Dear Cabinet Secretary

Preventative Agenda: Detect Cancer early programme

The Health and Sport Committee as part of their Preventative Agenda inquiry agreed to undertake a series of short focussed pieces of work looking at specific areas of public health activity with a view to assessing how far each activity is addressing the preventative agenda. The Committee have agreed to produce a report in the autumn once these pieces of work have concluded, with individual findings and suggestions being reported by letter to the Scottish Government as appropriate.

The latest topic was consideration of the detect cancer early programme with a specific focus on any preventative aspects. Having considered the evidence received the Committee agreed I should write to you setting out their thoughts. In particular they hope this early indication of their thinking will be taken into consideration in any refresh of the strategy.

As well as considering any preventative aspect the Committee were particularly interested in measurement and evaluation of the programme and the extent to which it was addressing any health inequalities that might exist. This short piece of work was not intended to be a comprehensive review of the programme; the Committee understand detailed evaluation is being undertaken by researchers from Edinburgh University which is due for publication later this year.
**Cancer statistics, survival rates and prevention.**

The Committee noted in 2015 over 16,000 people died of cancer and around 31,500 were newly diagnosed, yet an estimated 40% of cancers are attributable to preventable risk factors which could be addressed through behavioural changes. A recent study published in the Lancet shows that the United Kingdom lags behind other European countries in cancer survival rates for nearly every cancer apart from skin cancer. Although Scotland specific figures are not available we heard no evidence to suggest the figures are better here, although we acknowledge the evidence which suggests that with some countries accurate direct comparison might be difficult. The Committee would however welcome information from the Scottish Government on any Scottish specific figures that are produced or any plans for their collection.

One of the stated aims of the Detect Cancer Early (DCE) programme is to raise public awareness of the national screening programme and early awareness of the signs and symptoms of cancer to encourage the early seeking of help. Overall it appears the programme has increased diagnosis rates particularly for lung cancer while bowel cancer has reduced and breast cancer rates remained broadly static.

However the Committee noted the target of increasing the proportion of people diagnosed and treated in the first stage of bowel, colorectal and lung cancer by 25% fell disappointingly short. The benefits from increasing diagnosis rates are substantially diluted in terms of outcomes the later detection occurs. While recognising this was a challenging target the Committee would support similarly challenging targets going forward.

While raising awareness of symptoms DCE offers no support to the risk factors the Committee heard about which were broadly agreed as being diet and obesity, smoking, alcohol and a lack of exercise.

The 2012 programme almost exclusively has an emphasis on early detection and preventing complications. This clinical focus appears to be almost to the exclusion of activity looking at primary prevention and it was suggested this was a missed opportunity to inform and encourage cancer prevention activities. The Committee would like to see this area developed with an increased focus on actions designed to address the risk factors which are identified as causes of cancer, prevent conditions developing and would welcome the views of the Scottish Government on how this can be achieved. The Committee would also be interested in whether the Scottish Government has any plans to widen the programme to cover other cancers.

The Committee agreed with my concluding comments at the evidence session on 6 February that “we should continue to be more ambitious on detection, but do a good deal more on prevention.”
Differential Deprivation rates
The figures provided mask significant differences between the most and least deprived areas of Scotland. Cancer incidence is generally higher the more deprived an area a person lives in and screening uptake declines as the deprivation increases.

Figures from 2016 show people in the 45-74 year age group from deprived areas are more than twice as likely to die of cancer than those of a similar age in the least deprived areas are concerning. The Committee explored some possible reasons for this including known lifestyle influences including diet, smoking, alcohol and lack of exercise. They also heard about differentials between the sexes, women are better; race with ethnic minorities faring worse and age with younger people worse still.

The Committee understand national prevention messages are actually widening such differences. They heard there was a level of mistrust in health messages which allied to a strand of fatalism more prevalent in deprived areas are factors in the differentials.

A number of local initiatives were brought to the Committee’s attention including men’s sheds, using libraries and other community places, supermarket events many staffed by volunteers telling their personal stories which resonate more closely with local people. These “safe places”, places where people go to, are one way of reaching and engaging with the people the national messages are not reaching.

Despite some targeting by the DCE on deprived communities there has not been a reduction in deprivation differentials. The Committee would welcome detail of any proposals the Scottish Government has to widen the reach of the programme specifically to reach further into deprived communities with the aim of reducing these differences.

Existing diagnosis and treatment targets
All the available evidence suggests that early detection and treatment improves outcomes yet in recent years health board performance against the 62 day waiting time standard (covering the period from referral, through diagnostics to treatment) has been falling. In the last reported figures only 3 Boards were meeting the standard with the overall figure across Scotland at 87.2% against the 95% standard, a figure which has been broadly static for over 2 years.

The other standard covering the period from diagnosis to treatment is almost being met being at 94.5% with only 4 boards failing to meet it albeit two of them being the largest boards in the country in Greater Glasgow and Clyde and Lothian.

The Committee have explored the failings on the 62 day waiting time target with 2 of the health boards. Given the correlation between speed of treatment and outcomes the Committee would welcome details on waiting times across the country can be reduced.

Bouncing around the NHS
Finally the Committee heard about what appear to be unnecessary and in effect bureaucratic delays which could easily and quickly be addressed. Often on referral from a GP the patient will be seen at hospital before being assigned a subsequent date for the
very test the GP has suggested they be given. The Committee heard there is strong evidence from pilot areas that direct access is being used well and not overused. Can the Scottish Government advise when this pilot will become the norm across all areas?

I would be grateful if you could respond to this letter by the 13 April.

Yours sincerely

Lewis Macdonald
Convener
Health and Sport Committee