Preventative Agenda: Detect Cancer Early Programme
10 April 2018

Dear Lewis

Many thanks for your letter dated 6 March 2018. To ensure all your points are addressed I will stick to the themes the Committee has pulled out as part of their Preventative Agenda inquiry.

Cancer statistics, survival rates and prevention

The Detect Cancer Early (DCE) Programme was launched in February 2012. Its aim is to bring improvements in survival for people with cancer in Scotland to amongst the best in Europe by diagnosing and treating the disease at an earlier stage. Current 5-year survival rates from cancer in Scotland are considerably lower than other European countries, and when analysed further, this difference occurs mostly in the first year after diagnosis, suggesting that advanced stage at disease presentation contributes to this survival deficit.

![Graph showing survival rates for all cancers excluding non-melanoma skin cancer](https://example.com/graph)

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Cancer treatments continue to be most effective when cancer is detected early, before it has a chance to grow and spread. That is why the Scottish Government has reinforced our commitment to earlier diagnosis and treatment in our £100 million cancer strategy, Beating Cancer: Ambition and Action.

When we launched the DCE Programme over six years ago now, we had an ambitious aim but we needed to be just that if we were to improve Scotland’s cancer survival rates. Indeed, overall cancer death rates have dropped by 11% over the past 10 years and increasing early detection is vitally important to continuing this trend.

For the first time, with DCE, we adopted a whole systems approach to improving cancer outcomes working collaboratively with NHS Boards, health professionals, third sector, patients, academics, policy makers, communication experts and the research community to improve the diagnosis and treatment of cancer at the earliest stages.

The change which has taken place since the DCE Programme was launched in 2012 shouldn't be overlooked or underestimated:

- For people with breast, bowel or lung cancer, 25.5% were diagnosed at the earliest stage (stage I). This is a 9.2% increase from the baseline (2010 and 2011 combined).

- 85.4% of breast cancers were diagnosed at stages I and II in 2015 and 2016.

- Men are returning on average 3,000 more screening tests a year since DCE launched (compared to 2011 data).

- 65% increase in strong agreement with ‘the best way to detect bowel cancer early is to do the home screening test’.

- Spontaneous awareness that having a cough for three weeks or more could be a sign of lung cancer has increased by 61%.

The DCE Programme is fundamentally an early detection rather than prevention programme so this is where efforts and funding has been focused to date. However, we do recognise the role of prevention in improving Scotland’s cancer survival rates and, as such, the DCE Programme actively engages in the prevention agenda by:

- Sitting on the Scottish Cancer Prevention Network Programme Board, helping shape Scotland’s cancer prevention strategy.

- Contributing to the Scottish Cancer Prevention Network’s core funding.

- Utilising DCE’s channels to share prevention messages where possible and relevant.

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- Funding Teenage Cancer Trust to roll-out their education programme in secondary schools across Scotland – raising awareness of early signs and symptoms and how to reduce their risk of developing cancer by adopting healthy behaviours.

- Funding the Scottish Cancer Prevention Network’s feasibility study of BeWEL, encouraging those who have had an adenoma detected through the Scottish Bowel Screening Programme – and are at risk of bowel cancer and other obesity related comorbidities - to enter a lifestyle intervention.

- Funding the Scottish Cancer Prevention Network’s healthy living magazine, available in the breast screening setting, to land cancer prevention messages and prompt women to take action to help reduce their risk of breast cancer.

The Scottish Government is determined to help people make better, healthier choices which can reduce their risk of cancer. Smoking rates are declining as the result of a range of actions we have taken – banning displays, banning advertising and promotion, educational activities in schools and media campaigns and smoking bans – in public spaces, cars and hospital grounds.

Our alcohol Minimum Unit Price legislation comes into effect in May 2018 and will have a significant impact on harmful drinking levels in the communities where preventable cancers are more likely.

Scottish Ministers are publishing refreshed tobacco and alcohol strategies in mid-2018 which will set out a range of actions Scotland will take to continue to reduce the numbers of people harmed by tobacco and alcohol.

On diet and obesity, Ministers consulted this year on a draft strategy to improve diet and weight and reduce the harms from unhealthy eating, recognising that obesity is the second largest cause of preventable cancer. Ministers will publish an action plan in mid-2018, which will include world-leading measures to restrict the marketing of foods high in fat, salt or sugar.

We’re confident that these bold changes alongside the work of the DCE Programme and wider cancer strategy will help cement the importance of prevention in the health agenda and empower people in Scotland to take action and reduce their risk of cancer.

The DCE Programme has traditionally focused on bowel, breast and lung cancers, as they account for 43% of all cancers diagnosed in Scotland however Melanoma was added in 2017. Since then, small scale tests of change have been piloted in Boards across Scotland to explore new ways of working and optimal pathways, initially on a small scale. Funding for phase two is now being considered with additional, larger scale Melanoma pilots expected to be rolled out later in 2018.

Information on additional tumour groups have been added to DCE’s public-facing website since launch and a new pan-tumour campaign, that aims to reduce fear of cancer and increase belief and optimism around early detection, is currently being developed with consultation the Scottish Cancer Coalition. The campaign is expected to act as a ‘halo’, benefiting all tumour groups with its overarching message of survival and will launch in 2018.

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The DCE Programme Board will continue to monitor all available data and evidence and consider the formal introduction of additional tumour groups to the Programme, similar to Melanoma, moving forward.

**Differential deprivation rates**

The DCE Programme has always adopted a two-pronged approach – running mass awareness campaigns on a national stage while delivering local, targeted interventions in close collaboration with Boards. There have been some positive shifts in the most deprived quintile since DCE launched, including:

- For people with breast, bowel or lung cancer in the most deprived areas, 23.8% were diagnosed at the earliest stage (stage I) - a 17.4% increase from the baseline.

- Since DCE was launched, for people with breast, bowel or lung cancer diagnosed at stage I, the percentage point difference between those in the most deprived and least deprived areas has decreased from 6.4% to 4.7%.

- Since the beginning of DCE, the percentage of patients diagnosed with stage I lung cancer in the most deprived areas has increased by 43.3%.

However, of course there’s more that needs to be done to reduce the health inequality gap. That’s why the Scottish Government is working towards the development of an NHS Scotland inequalities network, to develop innovative strategies and share learnings around inequalities in screening. Screening remains one of the most effective ways to find cancer early.

Over £900k has been invested to Health Boards and third sector organisations since 2016 to help identify new and innovative ideas to improve screening uptake amongst groups least likely to participate. These projects range from funding outreach worker posts to engage low uptake groups i.e. Chinese community; evening pop-up clinics for cervical screening non-attenders; education days for people with learning disabilities; piloting GP screening endorsement letters; and providing a mobile unit to enter communities in the Borders with low screening uptake.

Each project will be robustly evaluated with results circulated through relevant networks and Boards to ensure learnings are shared. Additional targeted pilots will be funded through the inequalities network in 2018/19.

It’s also worth noting the introduction of FIT to the Scottish Bowel Screening Programme in November 2017 – a UK first. The single-sample test, compared to the previous three-sample test over several days, is much simpler and expected to result in an increase in participation, particularly among groups with historic low uptake i.e. men and those in areas of deprivation. Anecdotally, we know from the Scottish Bowel Screening Centre that more tests are being returned, compared to the same time period previous years. Understanding who exactly these tests are coming from will take a little longer – published statistics from the Bowel Screening Programme are expected in August 2018.

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In regards to delivering messages in ‘safe places’ specifically, this is something that has been largely undertaken since DCE launched through the roadshow – visiting areas of high footfall (i.e. shopping centres) and community hubs (i.e. football matches). Some of Scotland’s biggest employers from ScottishPower to Warburtons have also been supportive of DCE and helped educate employees on the benefits of early detection and importance of screening in the workplace setting. Engaging people – especially those at higher risk of cancer – in everyday settings that they’re comfortable with will continue to form part of DCE’s communications strategy moving forward.

**Existing diagnosis and treatment targets**

Not all cancers are preventable so it’s essential that when a patient receives a cancer diagnosis they do not have to wait longer than necessary for treatment.

Over the last five years in Scotland over 57,000 cancer patients have been treated within the 62 days standard, and almost 110,000 treated within the 31 day standard.

While on average, once a decision to treat has been reached, cancer patients in Scotland wait on average six days for treatment, some continue to wait longer than the 62 day target to go through diagnostics and receive treatment.

Boards have given me reassurance that cancer patients continue to be prioritised however performance is simply not good enough in an area of high clinical priority area.

The Ministerial Cancer Performance Delivery Group, which I Chair, is focused on driving forward service redesign and improvement at pace, and supports the £4.86 million investment already made in 2017/18.

The Group has been tasked with a series of reviews and actions and is making good progress, including: an audit of NHS processes for managing and tracking patients on a suspected cancer pathway, reducing variation in timed cancer pathways, implementation of new scrutiny and monitoring processes with Health Boards who are struggling to maintain the 62 day standard, and investment to support the roll-out of new technology in more locations to assist with pressures on diagnostic services.

In May, I will host an event bringing together cancer experts across Scotland to share best practice and learning, and consider what other innovative approaches can be taken to drive up performance.

**Direct access to diagnostic investigations**

There are several pilots underway across Scotland with the aim of improving access to diagnostics, especially for primary care. Specifically we have provided an additional £1 million investment to the National Radiology Transformation Programme to support the roll-out of new technology in more locations to assist with pressures on diagnostic services.

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Coupled with a comprehensive data collection process this will mean the building blocks for a much more coordinated and joined up service will be in place and NHS Boards can develop collaborative models of service capitalising on this technology.

We are also exploring, via the Scottish Clinical Imaging Network, variation in direct access to radiology in NHS Boards.

I hope I have addressed all of your points raised however if you require any further detail or information please don’t hesitate to get back in touch.

Rest assured, we are all in agreement of the key role that prevention can play in improving Scotland’s cancer survival rates. It is also important to note that the Detect Cancer Early Programme and stage at diagnosis is only one aspect of overall cancer care in Scotland and it will take many years before the full impact of the Programme is realised.

I look forward to continue working with you all to ensure Scotland leads the way in cancer prevention, detection, treatment and care. Together we can turn the Big C into the wee c.

[Signature]

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