

Scottish Parliament Cross Party Group on Cancer

Wednesday 31st May 2017 17.30-19.00

1) Welcome

Miles Briggs (The Chair) opened the meeting and welcomed the attendees and speakers to the meeting.

2) Minutes of the Last Meeting

The Minutes of the previous meeting of the Cross Party Group on Cancer on 1st March 2017 were approved by the group without amendments.

3) The Chair then welcomed the Minister of Public Health, Aileen Campbell (AC), to give an update on the Scottish Government's diet and obesity strategy

AC began by thanking Cancer Research UK for their work on highlighting the link between cancer and obesity. She noted the impact of cancer but pointed to mortality falling by 11% in the last ten years and recognised the efforts of people across the NHS, in primary and acute care, oncology, social care and the third sector. AC then noted that there is still work to be done and recognised the need is for continued action upstream to reduce the risk factors for cancer. She highlighted the need to make cultural, structural and legislative changes to encourage people to adopt healthy life choices and reduce their risk of cancer.

The Government's cancer strategy 'Beating Cancer: Ambition and Action' was then discussed and AC highlighted the actions which relate to Public Health. These include: to have smoking prevalence at 5% or less by 2034, reduced alcohol-related harm through prevention, making it easier for people to be more active, to eat less, and to eat better and to help people reduce their exposure to UV radiation.

AC then focused on obesity, noting that poor diet and a sedentary lifestyle are reasons for obesity. She stated that while the issues are simple to identify - to eat less, eat better and move more – it is a complex issue to enable more people to make the right choice more often. She highlighted the fact that there is no quick fix and no single solution and that the support and leadership of both the public and private sector is needed to tackle the obesogenic environment.

The Government's current work around obesity was then highlighted, noting the Supporting Healthy Choices Framework around the labelling and reformulation of products and the 'Eat Better Feel Better' campaign which is aiming to support parents to get children eating vegetables.

The importance of physical activity was then highlighted and the Government's Active Scotland Outcomes Framework was highlighted as well as Macmillan's Move More Programme and the Healthy and Active Rehabilitations Programme in NHS Ayrshire and Arran.

AC then discussed the Healthcare Retail Standard which sets standards for retail outlets in Hospitals and requires fifty per cent of all products sold to be from a healthy range and that restricts promotions on items high in fat, sugar and salt. She then highlighted the Government's £1 million support of the Actwell initiative to provide a personalised breast cancer risk reduction programme to women attending routine breast screening clinics.

In conclusion, AC noted the need to take an evidence-based approach to policy-making. Excess weight and obesity is a sensitive and challenging area, and one that brings into focus the impact of inequalities.

4) Questions to AC

Isabel Wilkinson, Teenage Cancer Trust: ‘What role does the Minister see for education in schools around the health implications of obesity, and will this feature in the strategy being drawn up by the Scottish Government?’

AC acknowledged the importance of health education in schools and noted that it forms part of the curriculum for excellence. She stressed the importance of wellbeing outcomes and pointed to the progress being made in schools and that 98% of school children receive 2 periods of PE a week. AC also stressed the importance of health education outside of the classroom in sport clubs and youth groups and that all opportunities must be used to teach wellbeing to children.

Gillian Rae, Royal College of Paediatrics and Child Health: ‘To ask the Scottish Government whether it will set a target for reducing the number of children who are overweight and obese (currently termed “at risk for overweight”) from the current 28% to 23% by 2020 and commit to focusing interventions in the most deprived areas?’

AC stated that any target on obesity must have a focus on inequality. She stated that the Government shouldn’t rule anything out before the consultation on the diet and obesity strategy and asked people to respond to the consultation to make their voices heard.

Moirra Adams, Challenge Breast Cancer Scotland: ‘With regards to breast cancer, the emphasis for prevention is often on lifestyle factors, many of which (alcohol consumption excluded) are out with the control of women e.g. age at menarche; number of children conceived and the age at which they are conceived; even the ‘choice’ of breast feeding is not always a ‘choice’.

Therefore, can the Minister give us some assurance that a future cancer strategy will recognise the impact of environmental issues e.g. workplace exposure to carcinogenic chemicals; air pollution; prolonged nightshift?’

AC noted that the Health and Safety executive works on issues relating to workplace conditions. She also highlighted that the Scottish Government is working in partnership with trade unions and employers to ensure that working conditions are safe. She emphasised the need to give people the opportunity to make the healthy choice.

Lorraine Dallas, Roy Castle Lung Cancer Foundation: ‘Whilst tobacco rates have been declining, we still have many young people who are vulnerable to the new media strategies of the tobacco industry and taking up smoking, normalising this behaviour. What steps will Scottish Government take to ensure our most vulnerable young people are discouraged from starting smoking and to resource health promotion teams to provide prevention and risk reduction services?’

AC noted that progress had been made on smoking rates but stated that we can’t be complacent if we want smoking rates to decrease further and noted that the Scottish Government had set tough targets. She then highlighted the need to focus on the role e-cigarettes can play in smoking cessation. She noted the work of the tobacco control working group and the work of the Scottish Grocers Federation as a strong partner in tackling smoking.

Heather Goodare: ‘A 2015 study by the School of Nursing, Midwifery and Social Care at Edinburgh Napier University found that nearly 70% of Scottish nurses are either overweight or obese. What measures are being taken to help NHS nurses and other health professionals to adopt a healthy lifestyle in Scottish hospitals?’

AC noted that the Health Promoting Health Service are acutely aware of the issue of health professionals not following health advice, but recognised the strains on health professionals such as shift patterns. She then gave a couple of examples of actions being taken to counteract this. Firstly, AC pointed to the Healthcare Retail Standards which aim to provide health professionals with healthy food. Secondly, she noted a partnership between NHS Forth Valley and Ramblers Scotland to mark out walking routes around hospitals. AC acknowledged the difficult conversations that are needed in the profession and recognised that the Chief Nursing Officer was leading work into this issue. She also pointed out that no one section of the healthcare workforce should be singled out on this issue.

MB then asked a supplementary point about how this affects the ability of health professionals to have conversations about obesity.

AC pointed to joint work with Local Authorities around shared public health priorities. She stated that health professionals need to be encouraged to gain the confidence to have these conversations, whilst accepting that this is a difficult issue. AC noted that obesity is particularly sensitive as it requires delicate conversations on an issue that affects a large number of people. She stated that it is necessary for all voices to be supportive on obesity, recognising the cost of obesity to the NHS in Scotland.

Gregor McNie, Cancer Research UK: 'How does the Government plan to allocate the Scottish proceeds of the Soft Drink Industry Levy?'

AC noted that the proceeds of the Soft Drink Industry Levy will be under consideration in the 2018/19 budget exercise but that people could raise this in their response to the forthcoming consultation on the diet and obesity strategy if they had suggestions.

The Minister was then asked a series of supplementary questions.

On the need for the obesity to have long term targets, AC noted that work on smoking began with the previous executive and acknowledged the need for cross party work to ensure that efforts to reduce obesity continue in the longer term. She stated that she does not believe this will be an easy journey and that she believes a bold and innovative strategy is needed.

On the advertising of alcohol and junk food to young people, AC stated that the alcohol group was looking at empowering licensing boards on what's available on streets. She noted that the powers do exist to act on public health at a local level but many authorities are concerned about backlash from private business. She stated that the Scottish Government had written to the UK Government to stop the advertisement of junk foods before the watershed and they will write a letter to the new Government after the General election. AC also highlighted that a refreshed alcohol strategy will be published this summer.

On the need to produce healthier foods in Scotland, AC recognised that more needed to be done to maximise the nutritional value of Scotland's primary produce. She stated that work needed to be aligned with the Good Food Nation Bill.

5) The Chair then welcomed Kevin Armstrong (KA) from Pancreatic Cancer UK, Kate Cunningham (KC) & Cameron Miller (CM) from OCHRE, and Amy Caffrey (AC) & Janette Lynch (JL) from the British Liver Trust to launch the Less Survivable Cancers Taskforce.

KA began by highlighting that while some cancers have seen remarkable progress in survivability, others are almost as deadly as they were as 40 years ago and make up half of all common cancer

deaths in the UK. He highlighted that Scots with any of the less survivable common cancers only have a 12 per cent chance on average of living for five years and 55% less chance of surviving beyond five years, compared with patients with one of the 14 more survivable common cancers. KA stated that the Less Survivable Cancers Taskforce represents the 'less survivable cancers', lung, liver, brain, oesophageal, pancreatic and stomach, all with a five year survival rate of less than 20%.

CM added that there have been great successes achieved by the more survivable cancers and we all want progress to continue until the war against these cancers is won. But stated that learning and resources now need to be replicated for less survivable cancers. The taskforce was set up by Pancreatic Cancer UK, The Brain Tumour Charity, the British Liver Trust, Action Against Heartburn (covering oesophageal cancer) and Core (covering stomach cancer) to demand and deliver the changes required in diagnosis, treatment and research.

CM stated that the Less Survivable Cancers Taskforce has prepared the following five calls to action through conducting studies of available data, learning from how the more survivable cancers progressed to where they are today and seeking advice from health practitioners. CM then highlighted the need to raise awareness of symptoms.

Only 25% of the British public could name a symptom of pancreatic cancer, compared to bowel cancer where public awareness of symptoms has been measured at over 70%. CM stated that delays in diagnosis have a detrimental effect on survival of these rapidly-advancing diseases, which are currently difficult or impossible to treat at later stages. If we can raise symptom awareness, we can catch less survivable cancers sooner and save lives.

KC then highlighted the issue of how quickly less survivable cancers are diagnosed and treated. She highlighted that less survivable cancers are twice as likely not to be diagnosed until symptoms are severe enough to go to A&E. Late diagnosis and slow progress to treatment can severely limit treatment options for patients and, therefore, survival. She then noted the innovations that are happening in treatment pathways but stated that they're not being replicated quickly enough.

The need for effective treatments was then highlighted. KC stated that less survivable cancers only currently have 21 clinical trials running on average, compared to 31 for the more survivable cancers. She suggested that investment in innovation is needed and that barriers to trials, such as budgeting and recognition of relative survival gains, for these cancers need to be removed.

AC then spoke of the need to set targets with governments for survival rates for the less survivable cancers. She stated that doing so would also require meaningful action to ensure that we collect and monitor data for all of the less survivable cancers, highlighting that some deaths from liver cancer are not being reliably recorded in Scotland.

The need for investment in research was then discussed. AC stated that cancers with better research funding and infrastructure, such as researcher expertise and biobanking, have seen greater innovations in care and improvements in survival. The taskforce wants to work with the Scottish Government to set up a Task and Finish Group to identify barriers to research into the less survivable cancers, and to increase spending on research for these diseases.

KA then concluded by asking people to visit their [website](#) for more information about the calls discussed.

6) Questions to Taskforce

On whether the taskforce will expand to focus on other cancers, such as kidney or head and neck cancer, KA stated that the taskforce is about the disparity those cancers with the lowest and highest survival rates. He emphasised the need to focus on the most common less survivable cancers to increase funding on these.

On whether the UK system of cancer referral affects the ability of the NHS to diagnose the less survivable cancers early compared to the European system of referral and scanning, KA said there is a need to diagnose the cancers early and pointed to the availability of new treatments, such as resection in pancreatic cancer, if the cancer is caught early. He also pointed to the trialling of the Danish model in wales and welcomed the ongoing work on lung cancer by the Detect Cancer Early programme. On the introduction of Multi-Disciplinary Diagnostic Centres, MB noted that the cancer strategy included plans to create centres of excellence for cancer and stated that he would ask for an update from the Scottish Government.

On why there are fewer clinical trials for the less survivable cancers, KA stated that as these cancers are harder treat, it is harder to create treatments. This, in turn, means that fewer clinical trials are created.

Action: The secretariat will arrange for parliamentary questions relevant to the Less Survivable Cancers Taskforce presentation to be tabled.

7) A.O.B

MB highlighted the CPG on Women's Health and asked any who are interested to contact the secretariat for details.

MB also announced that the Scottish Cancer Conference will take place on 20th November 2017 at Surgeon's Hall.

8) MB then closed the meeting. Next meeting 17.30-19.00, Wed 20th September 2017.

Attendees

Group Members

Member
Miles Briggs MSP
Brian Whittle MSP
Aileen Campbell MSP
Macmillan Cancer Support
Pancreatic Cancer UK
Pancreatic Cancer Scotland
Leukeamia Care
Heads Up Cancer Support
NHS Health Scotland
NHS Fife
Challenge Breast Cancer Scotland
Scottish Primary Care Cancer Group
Beatson Cancer Charity
Edinburgh Health Forum
Royal College Paediatrics and Child Health Scotland
OCHRE
Roche

WoSCAN
Cancer Research UK
Roy Castle Lung Cancer Foundation
British Liver Trust
Scottish Clinical Trials Research Unit
Merck
Prostate Cancer UK
NHS Greater Glasgow and Clyde
Teenage Cancer Trust
Brain Tumour Action
NHS Lothian
Mental Health Foundation
NHS Health Scotland
Scottish Pharmacist Magazine
CLAN Cancer Support
Pfizer
Breast Cancer Care
Breast Cancer Now

DRAFT