

# **Island Communities Impact Assessment**

## **New 10-year Cancer Strategy for Scotland**

**May 2023**

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### **New 10-year Cancer Strategy for Scotland**

#### **Policy/strategy**

Cancer Strategy for Scotland 2023-2033

#### **Minister**

Michael Matheson, Cabinet Secretary for NHS Recovery, Health and Social Care

#### **Directorate: Division: Team**

Healthcare Quality and Improvement Directorate: Healthcare Planning and Quality  
Division: Cancer Unit

#### **Is this new policy or revision to an existing policy?**

Revision to existing strategy: [Recovery and redesign: cancer services - action plan](#)

### **Introduction**

This is a summary of the Island Communities Impact Assessment (ICIA) conducted on the new Cancer Strategy for Scotland 2023-2033. This ICIA has been carried out in accordance with the provisions of the Islands (Scotland) Act 2018 (“Islands Act”). The Islands Act places a duty on the Scottish Ministers and other relevant authorities, including a number of public authorities, to have regard to island communities in exercising their functions. This duty is often referred to as ‘island-proofing’.

Island communities have unique needs and this impact assessment enables identification of how elements of the strategy can be shaped to meet such needs. It is recognised that it can be more difficult to access health services, particularly specialist cancer services, on an island. The consequences of geography can create particular problems for island communities, including a higher general cost of living which can lead to higher levels of poverty<sup>12</sup>, as well as more expensive and more complex transport options and poorer internet connection. There are also demographic concerns, including an aging population, and social and cultural issues, such as shortage of appropriate and affordable housing, dispersed deprivation, and challenges with alcohol misuse<sup>34</sup>. Recruitment of suitably qualified and experienced staff can also be a significant challenge alongside the need to support incoming staff in their new environment. All of these issues can exacerbate the problems and inequalities faced by already vulnerable people who have been diagnosed with cancer.

The findings in this summary are based on desk-based research and the formal analysis of the consultation on the strategy.

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<sup>1</sup> [lcpa-2019-oh-poverty-strategy.pdf \(cne-siar.gov.uk\)](#)

<sup>2</sup> [Shetland Islands Council Corporate Plan 2021-26](#)

<sup>3</sup> [shetland-partnership-plan](#)

<sup>4</sup> [6 6 1 - Strategic Plan - 2020-21 IJB 24-09-20.pdf \(ijbwesternisles.scot\)](#)

## Background

Cancer remains one of Scotland's single biggest health challenges, representing the largest burden of disease. The number of deaths from cancer has increased over the last decade, mainly due to the increasing number of cancer cases.

There have been huge changes in the understanding of the disease and how to prevent, diagnose and treat it better. Increasing cancer survival and the ageing population of Scotland mean that the population of survivors is likely to grow substantially in the coming decades, leading to increased demand on the health service.

The current national cancer plan '[Recovery and Redesign: An Action Plan for Cancer Services](#)' was published during the first year of the Covid-19 pandemic and set out a number of priorities to pave the way for remobilisation and recovery of cancer services. This plan ends in March 2023 and a new strategy is required to continue with and improve on the services available to all those affected by cancer, which includes people living with cancer and their families and carers, as well as the workforce.

The new strategy will be in place for 10 years and will be underpinned by consecutive action plans.

## Policy Objectives

Our 10-year vision is that "More cancers are prevented, and our compassionate and consistent cancer service provides excellent treatment and support throughout the cancer journey, and improves outcomes and survival for people with cancer".

The new strategy will provide a common direction to all affected by cancer, defining a clear aim - **improve cancer survival and provide excellent, equitably accessible, care** - along with a range of priority ambitions to help meet that aim.

The initial three-year period of the strategy will focus on stabilising systems and services, maintaining cancer as a priority while recovery from the Covid-19 pandemic and careful management of finances continues across all health systems. This will be followed by a reform of services and approaches to cancer control, recognising opportunities for change and better meeting strategic ambitions. Towards the end of the strategy, progress will be accelerated to truly transform services, embracing innovation and digital opportunities to best deliver services and support patients.

Throughout the lifetime of the strategy, there will be a focus on those cancer types that are the largest burden and have poorer survival. These include lung cancer and other less-survivable cancers. There is also a specific cross-cutting ambition to eradicate inequalities by:

- Aligning with other strategies that act to target actions in areas and communities most in need
- Promoting healthy living
- Targeted screening

- Introducing new technologies to facilitate alternative service sites and remote consultations
- Enabling equal access to all stages of care within the cancer journey.

## Rationale for Government Intervention

Cancer control (decreased incidence and mortality and increased survival) has improved over time, but Scotland still has lower survival rates and improvements have not been as rapid as in other comparable countries.

It is therefore important that the government keeps pace with all the ways to better control and manage cancer within the population. The scope of possible interventions is wide-ranging, for example:

- doing what matters to patients, and building care and treatment around them
- introducing new diagnostic and treatment techniques
- continuing the search for better scientific understanding of the disease.

Cancer control is important in meeting our [National Outcome](#) that **we are healthy and active**, through providing treatment and care for those with cancer, but also through population measures that will help prevent cancers in the future. These will be addressed through continuation of screening programmes and public health interventions targeted at specific preventable risk factors.

Governance and direction will be overseen by the Scottish Government, with a national oversight group owning the strategy and associated action plans, and responsibility for reviewing progress against them. Beyond this, responsibility of delivery of actions will vary from national to regional and local levels. The 'Once for Scotland' approach will be a core principle with national decisions and implementation made wherever possible for work that is universally applicable across Scotland. The cancer action plans underpinning the strategy will be owned and driven by relevant governance structures, recognising the breadth of responsibilities involved in delivering the comprehensive set of ambitions.

In addition, delivery of this strategic ambition will be interdependent with a range of other plans in health and beyond, including:

- [NHS Recovery Plan \(2021\)](#)
- [National Workforce Strategy for Health and Social Care \(2022\)](#)
- [Digital Health & Care Strategy \(2021\)](#)

## Consultation

### Within Government

We have engaged internally with other policy teams. Included in these discussions were:

- Chief Scientist Office
- Chief Medical Officer
- Clinical Priorities
- Openness and Learning
- Primary Care

- Older people
- Palliative Care
- Pharmacy and Medicines
- National strategies/specialist healthcare
- Earlier Diagnosis
- Diagnostics
- Genomics
- Mental Health
- Health Inequalities
- National Screening programmes
- Population health teams – diet/obesity, alcohol, smoking etc.
- Workforce (recruitment, modelling, care and wellbeing, pay, retirement)
- Chief Nursing Officer/Allied Health Professionals
- Person-centeredness and participation
- Realistic Medicine
- Infrastructure Spend
- Health Technologies

We have also engaged with governance groups aligned to the current national cancer plan and other stakeholder bodies, including:

- National Cancer Recovery Group
- Cancer Data Programme Board
- Detect Cancer Early Programme Board
- Systemic Anti-Cancer Therapy Programme Board
- Radiotherapy Programme Board
- National Cancer Quality Steering Group
- Scottish Primary Care Cancer Group
- Endoscopy and Urology Diagnostic Group
- Scottish Cancer Network
- NHS Education for Scotland
- Health Improvement Scotland
- Diagnostics in Scotland Steering Group

These groups are made up of leading clinicians and service managers from across NHS Scotland, as the main delivery body for the strategy and action plan. They typically have representation from across the 3 cancer regions, including the North Cancer Alliance (NCA). NCA represents not only mainland boards in the north but a number of island boards as well.

In addition we have engaged directly with the following Health Boards and groups: National Services Division of NHS National Services Scotland, Public Health Scotland, Centre for Sustainable Delivery; and territorial Boards through the Scottish Association of Medical Directors, Board Chief Executives, Directors of Pharmacy, and Directors of Planning, as well as the Cancer Managers Forum and the Regional Cancer Networks.

## Public Consultation

A public online consultation was open from 12 April to 7 June 2022. Views were sought on areas to prioritise in relation to cancer prevention, management and care: [New cancer strategy: consultation - gov.scot \(www.gov.scot\)](https://www.gov.scot/publications/new-cancer-strategy-consultation/pages/introduction.aspx).

257 responses were received - 156 responses were submitted by individuals and 101 responses submitted by organisations across various sectors.

The responses were independently analysed and the analysis was published on 17 November 2022: [Cancer strategy: consultation analysis - gov.scot \(www.gov.scot\)](https://www.gov.scot/publications/cancer-strategy-consultation-analysis/pages/introduction.aspx)

The responses, where consent was given, were also published on 17 November 2022: [Cancer strategy: draft vision, aims and priority areas - Scottish Government - Citizen Space \(www.consult.gov.scot\)](https://www.consult.gov.scot/consultation/cancer-strategy-draft-vision-aims-and-priority-areas). This included a response from the North Cancer Alliance.

Question 16c was specifically aimed at rural and island communities: “Is the experience of cancer different for people living in rural or island communities? What could be done to prevent any negative impacts? Please consider the impact of rurality on access to and quality of cancer services.”

There were 153 responses to this question (94 were from individuals and 59 from organisations). The response was broken down in the analysis by 3 themes: local and accessible cancer services, travel and associated costs, and the use of digital provisions.

## Business/Third Sector

We have consulted with the [Scottish Cancer Coalition](https://www.scottishcancercoalition.org/) (SCC) and the [Less Survivable Cancers Taskforce](https://www.lessurvivablecancers.org/) (LSCT) on the new Cancer Strategy. The SCC is a partnership of third sector organisations dedicated to improving cancer services and outcomes for patients in Scotland. The LSCT brings together six charities supporting patients who have these specific types of cancer.

We also consulted with a number of other third sector organisations not represented on the SCC, including:

- CanRehab Trust
- Marie Curie
- CLL Support Association

We feel that as the strategy will apply across the whole of Scotland and should benefit the population equally there is no further requirement to consult.

## Data and Evidence

Evidence from the analysis of consultation responses to Question 16C identified issues particular to rural and island communities as follows:

- Local and accessible cancer services
  - more specialist services to be accessible locally for rural and island communities

- better access to screening and diagnosis centres, e.g. mobile screening units
- Travel and associated costs
  - concerns over the physical and emotional impacts that travelling long distances could have on already unwell cancer patients
  - improved public transport links and/or provision of nearby accommodation
  - reimbursement for travel costs and/or financial support
  - support for patients, family and carers to reduce feelings of isolation
- The use of digital provisions
  - beneficial use of telecommunication and implementation of IT systems
  - conversely, where adequate access to devices or broadband is limited, other support should continue to be offered, e.g. maintaining face-to-face contact

The response from the North Cancer Alliance highlighted the need to recognise that delivery of cancer services in remote and island communities will need additional investment to ensure sustainability, resilience, and an excellent experience of care. This investment is needed to reduce any inequity in services and maintain service delivery as close to patients, where appropriate.

## Key Findings

The [National Clinical Strategy for Scotland](#) recognises that the co-ordination and delivery of health and social care in remote and rural areas presents very significant challenges. The small island populations cannot sustain specialist services. However, it highlights that the opportunities presented by digital solutions are important in increasing equitable access to services as well as noting that there is a need to preserve high standards of specialist skills, which means that patients will need, on occasion, to travel for care and treatment.

As treatments for conditions such as cancer become more complex and expensive, it becomes impossible to deliver them in every location. We expect local Health Boards to have arrangements in place to allow people to travel. The Scottish Government continues to provide help with travel costs if eligible patients need to attend hospital for NHS treatment: [Travel Costs \(to hospital for NHS treatment\) - Help with health costs \(HCS1\): information booklet - August 2021 - gov.scot \(www.gov.scot\)](#). Extra help to meet hospital travel costs is provided for eligible patients living in the Scottish Highlands and Islands: [Help with health costs \(HCS2\): quick guide - August 2021 - gov.scot \(www.gov.scot\)](#)

There is a range of work being taken forward by our NHS Boards to increase capacity, workforce and activity for diagnostics, including the use of seven mobile MRI and five mobile CT scanners to provide additional activity.

One of these seven MRI scanners visits NHS Orkney and NHS Shetland one week every 3 months, which decreases the requirement for patients to travel from the Islands to mainland Boards, and provides patient benefits such as equitable access closer to home and locally delivered service supported by regional and national coordination and collaboration.

A number of NHS Boards covering island communities offer mobile screening services. For example, the North East of Scotland Breast Screening Service offers a three-yearly service for both Orkney and Shetland, via a mobile breast screening unit.

Ambitions within the new strategy focussed on person-centred care and addressing mental health as part of basic care should ensure that patients, and their families and carers, are able to voice their concerns and needs, and seek support to reduce feelings of isolation, within what can be challenging, remote and lonely environments and communities.

In terms of the use of digital provisions, the new strategy includes an ambition focussed on research and innovation. It addresses the use of new technologies along the full cancer patient pathway, including alternative methods for consultations and information-sharing which should mean greater choice and convenience. This includes further development and roll-out of [Near Me](#), a video consulting service enabling people to attend appointments from home. Additionally, our [Digital Healthcare Strategy \(2021\)](#) will further enhance digital provision for people interacting with health and social care services in Scotland. This development aims to allow anyone to book or rearrange appointments, order prescriptions, update their details, and generally conduct routine 'transactions' online, and will support better coordination of care for people living with cancer.

## **Conclusion**

A number of initiatives are already in place, and will be further rolled out, to address the issues that come with living in island communities.

It would be for the relevant Health Boards to decide how best to engage with island, remote, and rural communities to address their specific concerns and needs. We recognise that there is potential for different islands requiring bespoke approaches, especially remote island communities.

There is also recognition that additional support and investment is required to ensure island communities receive equality of access and service delivery across the cancer patient pathway in comparison with non-island communities. In terms of the monitoring and review procedures below, the need for additional support and investment will be considered, when and where appropriate/required.

## **Monitoring and review**

Governance and direction of the strategy will be overseen by the Scottish Government, with a national oversight group owning the strategy and associated action plans, as well as responsibility for reviewing progress. Ownership of actions will vary from national to regional and local levels. The integration and delivery of the action plans will be the responsibility of the Health Boards.



A monitoring and evaluation plan is being developed to track delivery of the ambitions within the strategy and related outcomes, across the strategy and accompanying action plans' lifetime.

This impact assessment should be read in conjunction with assessments developed in parallel, including:

- Equality Impact Assessment (EQIA)
- Children's Rights and Wellbeing Impact Assessment (CRWIA)
- Business and Regulatory Impact Assessment (BRIA)
- Fairer Scotland Duty (FSD)
- Strategic Environment Assessment (SEA) screen

### **Publishing**

This impact assessment will be published on the Scottish Government website.

### **Accountability**

A review of this impact assessment can be requested in terms of The Island Communities Impact Assessments (Publication and Review of Decisions) (Scotland) Regulations 2020.

### **Authorisation of the ICIA**

#### **ICIA completed by:**

Gregor McNie  
Unit Head, Cancer and Rehabilitation Unit

#### **Date completed:**

28 March 2023

#### **ICIA approved by:**

Lynne Nicol  
Deputy Director, DHQI: Healthcare Planning and Quality Division

#### **Date approved**

31 March 2023



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