Professor Aileen Keel, SCPN Conference 2017, 06 February 2017

Good Morning everyone and thanks for that introduction Andrew. Thanks also to Annie for inviting me to speak today about the Scottish Government's Cancer Strategy *Beating Cancer: Ambition and Action.*

Many of my fellow speakers today have already, or will later, cover the detail of specific risk factors in relation to cancer, so that's not my job today. You'll also be relieved to hear I am not going to give you a blow by blow account of all the objectives and actions in the Cancer Strategy - I am sure you are all very familiar with them. Instead, I want to focus on some of what I believe are its key points. I'll also say something about how we might measure the success of the Cancer Strategy in the future, and touch on the work to develop a Scottish Cancer Intelligence Framework which some of you who were here last year may remember I spoke about then. The Innovative Healthcare Delivery Programme that I head up continues to pursue the aim of developing the SCIF (as we call it), and we're making good progress in that respect.

Whatever specific aspect of cancer those of you in this room are individually engaged with, I'm confident that you all recognise that data are vital to the successful delivery of our cancer ambitions. The main driver for all of the work around implementing the strategy is to improve outcomes for people with cancer. In my view the development of the SCIF will make a huge contribution to achieving this goal.

As you know the strategy was published almost exactly a year ago, and it provides the context and building blocks to realise the vision of improving Scotland's cancer outcomes. Alongside the commitment by the Scottish Government to invest £100M, the strategy sets out a number of objectives and ambitions that include the detection, diagnosis, treatment and after care of people affected by cancer. It also highlights the crucial need for research targeted to improving outcomes, as well as what I had just been talking about – better utilisation of data as a way of illuminating why our outcomes are poorer than other comparable countries.

We've already seen investment of £5M to provide additional capacity for diagnostic scopes to increase early detection. And over the next years there will be further significant investment in areas such as radiotherapy equipment and training, improved access to health and social care services, reducing inequalities in screening, improvements in diagnostics, treatments and waiting times performance. However, while the significant Scottish Government investment that goes with the strategy is very welcome and indeed necessary, on its own it will not deliver the progress we need.

A key theme of my speech already today, and one that I will return to later on, is that to successfully achieve the prize of greater avoidance of cancer and improved outcomes for those who develop it, we must be able to make better use of the significant range and depth of cancer information that NHS Scotland already possesses.

Our health service is awash with cancer data. However, that data is not currently linked or effectively aligned, so we are not using it efficiently, nor are we exploiting it to the full for the benefit of patients and clinicians. We need to turn these data into intelligence and make it readily available as near to real time as possible, using that intelligence to guide improvements in prevention, diagnosis, treatment and research, and to achieve our overarching aim of improving survival.

Before I come to some of the key pillars of the strategy and talk a bit more about the specific work of the Innovative Healthcare Delivery Programme – a bit of context. As you all know, the population of Scotland is changing and people are living longer than ever before. By 2037 – twenty years from now - the number of people in Scotland age 75 or over is expected to increase by 360,000 – that's more than the population of Aberdeen and Dundee put together. Of course this is a positive story – people are living longer and spending more time with their loved ones. But this emerging scenario also brings challenges. We need to get to a position where Scots are not just living longer, but also healthier lives, which is where all the work aimed at addressing lifestyle risk factors to prevent not just cancer, but a host of other illnesses, comes in. It's already clear that the work of the Innovative Healthcare Delivery Programme in relation to cancer can and will open up new pathways for tackling other diseases and conditions. Our next data challenge is likely to be in the field of rare diseases – and of course this mean there will need to be clear linkages made and lessons learned from our work in the field of rare cancers. Indeed, it might be said that we are already heading towards a position where **all** cancers are classified as rare, given each has its own, unique genotype.

A bit of further context – Cancer Research UK estimates that one in every two people born after 1960 will be diagnosed with cancer at some point in their lifetime. They also expect that the average number of new cancer diagnoses per year will increase by a third during the five-year period between 2023 and 2027. So – the scale of the future challenges we face is considerable, but it is by no means all bad news. Significant progress is already being made and more people than ever before are surviving cancer. Over the last 10 years, the overall age – adjusted mortality rate has fallen by 11% - a great improvement. But we know we need to do better. In spite of all of our efforts for far, and the significant improvements I've just referred to, the UK, and Scotland in particular, still lag behind other European countries in terms of cancer survival across a wide range of tumour types. I come back to the data. If we get better at joining it up and using it, we'll better understand why this is the case.

In keeping with the overarching theme of today's conference, the strategy has a significant focus on measures that can help us to prevent cancer. This is the ultimate and great prize and Cancer Research UK are clear that as many as four in ten cancers **can** be prevented. To achieve this, we need to continue our long standing programmes to increase public awareness that lifestyle choices can impact on the chances of developing cancer and indeed surviving it. As you would expect, the strategy covers a range of specific actions in relation to improving public awareness and tackling the problem of lifestyle risk factors – including obesity, alcohol consumption, smoking and physical inactivity – all of which you're going to hear about today.

As I've already said, the benefits of this approach are not restricted to cancer. Progress in this area will fuel improvement for other conditions such ask cardiovascular disease and type 2 diabetes. The trick (and we have not as yet pulled this off) is to get the messages over to the general population, as opposed to people like you and me in this room today. Until then, we're simply "preaching to the converted" at conferences like this.

Scotland is not unique in having unacceptable levels of inequality, but no developed country can ever be comfortable that there are such stark differences in the life chances that people have. That's why encouraging healthy lifestyle continues to be a fundamental part of Scottish Government policy around disease, and specifically cancer, prevention. A key success measure for the strategy will be a narrowing of the gap in survival rates between Scotland, the rest of the UK and other comparable European countries, as well as narrowing the survival gap between rich and poor cancer patients in Scotland. That's why action to address inequalities in cancer screening uptake already feature large in strategy implementation plans.

Social deprivation is also linked to later presentation with possible symptoms of cancer, and we know that later diagnosis, for majority of cancers, is associated with poorer prognosis. So early detection is key to improving our survival rates. The objectives and actions of the Cancer Strategy reflect this, the Detect Cancer Early Programme being key amongst them.

We all know how daunting it is for individuals to confront troubling symptoms. The work being carried out in the DCE programme is helping to challenge preconceptions, reduce the fear around cancer and encourage people to seek help earlier. Once people are in the system, rapid diagnosis needs to be the norm, which is why investment of £2M each year will be made in support of swift access to diagnostics for people with a suspected diagnosis of cancer. In the current year we have already invested an additional £5M to underpin sustainable delivery going forward.

Alongside this, we need to enhance the crucial role of our primary care colleagues in early diagnosis. The strategy sets out a number of actions in this area, covering primary care education and training in cancer detection.

Moving on to treatment, as I noted earlier, Scotland's demographics are changing and the coming years will place unprecedented demands on our health service. More people than ever before will require access to high quality cancer services. To improve outcomes for all patients we'll need to reduce current inequalities of access and variations in treatment across the country, to ensure that all Scots, regardless of where they live, have equitable access to high quality and timely screening, diagnostic and treatment services. The measures outlined in the strategy will help to deliver that ambition.

And of course this isn't just about new kit for diagnosis or treatment. Most importantly we need a sustainable workforce to allow that kit and these new treatments to be applied. That's why a whole chapter in the strategy is devoted to workforce. That chapter also references the National Clinical Strategy which you're about to hear about from Angus, and which sets out the direction of travel for all of our NHS services, including cancer.

What about life after a cancer diagnosis and treatment, now that so many more people are now living with and beyond cancer for significant periods of time? How can we meet their needs effectively? The work that Macmillan are leading on Transforming Care After Treatment and the Improving the Cancer Journey project in Glasgow, provides the type of support that people need. It's clear that after cancer diagnosis the needs of patients and their families often relate to housing, education and benefits advice. These are the things that matter to them and we need to provide this kind of advice if we're to fulfil the aspiration for truly "person centred" NHS. Our third sector colleagues are absolutely vital here - so the mantra needs to be "maximising the use of all the available resources!".

And that brings me back to the resources of data and intelligence and what we are trying to achieve through the IHDP. As I've already said, loads of cancer datais collected across Scotland in primary, secondary and tertiary care and in future we'll also need to tap into social care data. The problem is we are not harnessing the power of these data sources to deliver what patients and healthcare professions need. In simple terms, we need to transform the cancer information we already have into intelligence and use this to effectively tackle all of the issues identified in the Cancer Strategy. Cancer is the initial focus of the IHDP. If we can successfully link and align the cancer data into a single Scottish Cancer Intelligence Framework we'll be much better able to understand the underlining reasons for the variations in treatment and outcomes that we already know exist. This will require investment in technical solutions, but also a new approach to data sharing across NHS Scotland,

which raises Information Governance issues. Last Autumn IHDP, with the help of Andrew Fraser, ran an Information Governance Summit to begin that nationwide conversation - so I think it's fair to say we are on the case.

In conclusion, the Cancer Strategy sets out a number of key actions which need to be put in train to achieve the overarching ambition of improving Scotland's cancer survival to a level at least equivalent to other UK and European countries and reducing the variation in survival rates between the least affluent and most affluent areas in our society. Survival from cancer should not be determined by socioeconomic status. The steps outlined in the Cancer Strategy if implemented, will bring us closer to these goals.

Thank you for listening.

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