NHS Fife

Cancer framework

For the population of Fife we will deliver effective cancer prevention, early diagnosis and high quality sustainable cancer services for those living with and beyond cancer.

2022–2025

Published April 2023

www.nhsfife.org

Contents

Executive overview

It is my pleasure to present the Strategic Cancer Framework for NHS Fife. This framework sets out how we will deliver effective cancer prevention, early diagnosis and high quality sustainable cancer services for those living with and beyond cancer. We want to ensure that we deliver excellent cancer services which we would be happy for our family, friends and loved ones to access and experience a positive journey.

The Cancer Framework 2022–2025 has been developed to ensure there is a full system approach to the delivery of sustainable cancer services to support the increased incidence in cancer and those living with and beyond a cancer diagnosis in NHS Fife.

To support writing of this document extensive public, patient, staff and third sector engagement was undertaken to share thinking and incorporate their priorities on what is important to them. The framework will align with the Scottish Government Cancer Strategy, Recovery Plan post COVID and our local Health and Population Wellbeing Strategy. It will be underpinned by the 6 principles of realistic medicine and will link in with national and regional services to ensure our patients receive the best care and are at the heart our services. Assessment of health inequalities provided an understanding of population groups and factors contributing to poorer health and health inequality.

The impact of COVID will be seen for some time with a notable reduction in cancers diagnosed during the pandemic of approximately 9% across Scotland. Furthermore the temporary pause of screening is expected to affect earlier diagnosis.

A cancer governance structure to support both leadership and accountability is in place to ensure strategy and operational delivery, along with innovation will combine leadership, continuous improvement and achievement throughout services.

Eight strategic commitments have been established supported by key priorities

1. Prevention, early diagnosis and reduction in inequalities
2. Person-centred
3. Optimal pathways and integrated care
4. Research, innovation and knowledge
5. Digital and information
6. Workforce
7. Property and asset management
8. Quality and performance improvement

To ensure the framework remains contemporary, a delivery plan will be agreed on an annual basis to ensure our priorities remain relevant and will continue to engage with public, patients and staff.

Key priorities for 2022-2023

- Reduction of health inequalities
- Single point of contact
- Rapid cancer diagnosis service expansion
- Cancer estate review
- Improving access to clinical trials
- Pathway review/best supportive care
- Cancer workforce review

This framework will ensure cancer services remain high profile within NHS Fife and allow us to have oversight and be assured that the complexity of cancer services are in line with national and local strategy.

Dr Christopher McKenna
Medical Director

Meet the cancer framework leadership team

Christopher Mckenna

Dr McKenna - started his career in NHS Fife in 2011, when he was employed as one of the first consultants in Acute Medicine. He trained as an Acute Physician in the South East of Scotland and is a Fellow of the Royal College of Physicians Edinburgh. He was appointed as the Clinical Director for the Emergency Care Directorate within the Acute Services Division in 2015 and has played a key role in the improvement of unscheduled care delivery within the Victoria Hospital. Dr McKenna completed the IHI Improvement Advisor training programme in 2012 and has been involved in a number of quality and safety initiatives across the Acute Division. In 2018 Dr McKenna took part in the Leading for the Future programme and he is passionate about the development of Medical Leadership. He took up his position as Medical Director for NHS Fife in March 2019.

Gemma Couser

Gemma is the Associate Director for Quality and Clinical Governance. Part of her portfolio includes responsibility for Cancer Strategy, Audit and Performance. Gemma began her career in the NHS as a graduate management trainee. Over the past decade she has held senior manager posts across a variety of clinical specialties including Clinical Services Manager for the Edinburgh Cancer Centre. Gemma is committed to making a positive contribution to the population of Fife and to ensuring that healthcare professionals and patients are at the heart of how our services are designed.

Kathy Nicoll

Kathy is the Cancer Transformation Manger for NHS Fife. Alongside the strategic development of the Cancer Framework, she has responsibility for the management of Cancer Waiting Times performance and the Cancer Quality Performance Indicators. Kathy chairs the National Cancer Managers' Forum and works closely with Scottish Government. She is a member of various groups at a national level supporting cancer delivery through the Early Cancer Diagnosis Programme Board, Cancer Delivery Board, Early Cancer Diagnostic Oversight Group and Cancer Prehabilitation Implementation Group. She moved from Derbyshire to Fife 27 years ago, where she still lives.

Murdina MacDonald

Murdina is the Lead Cancer Nurse for NHS Fife. She trained as a cancer nurse in 1990 at the Royal Marsden Hospital (UK) and worked within Oncology in several fields: radiotherapy, Systemic Anti Cancer Treatment (SACT), supportive care, gastrointestinal (GI) and urology for over a decade. As the Lead Cancer Nurse Murdina provides forward thinking clinical and professional leadership to the tumour site cancer nursing teams. She also provides support, guidance and represents the broad views of nurses involved in the delivery of cancer, working collaboratively with a wide range of partner charities, cancer network teams and is a member of national nursing bodies. Murdina acts as advocate for our patients, to ensure they remain central to designing how we deliver cancer care.

Nick Haldane

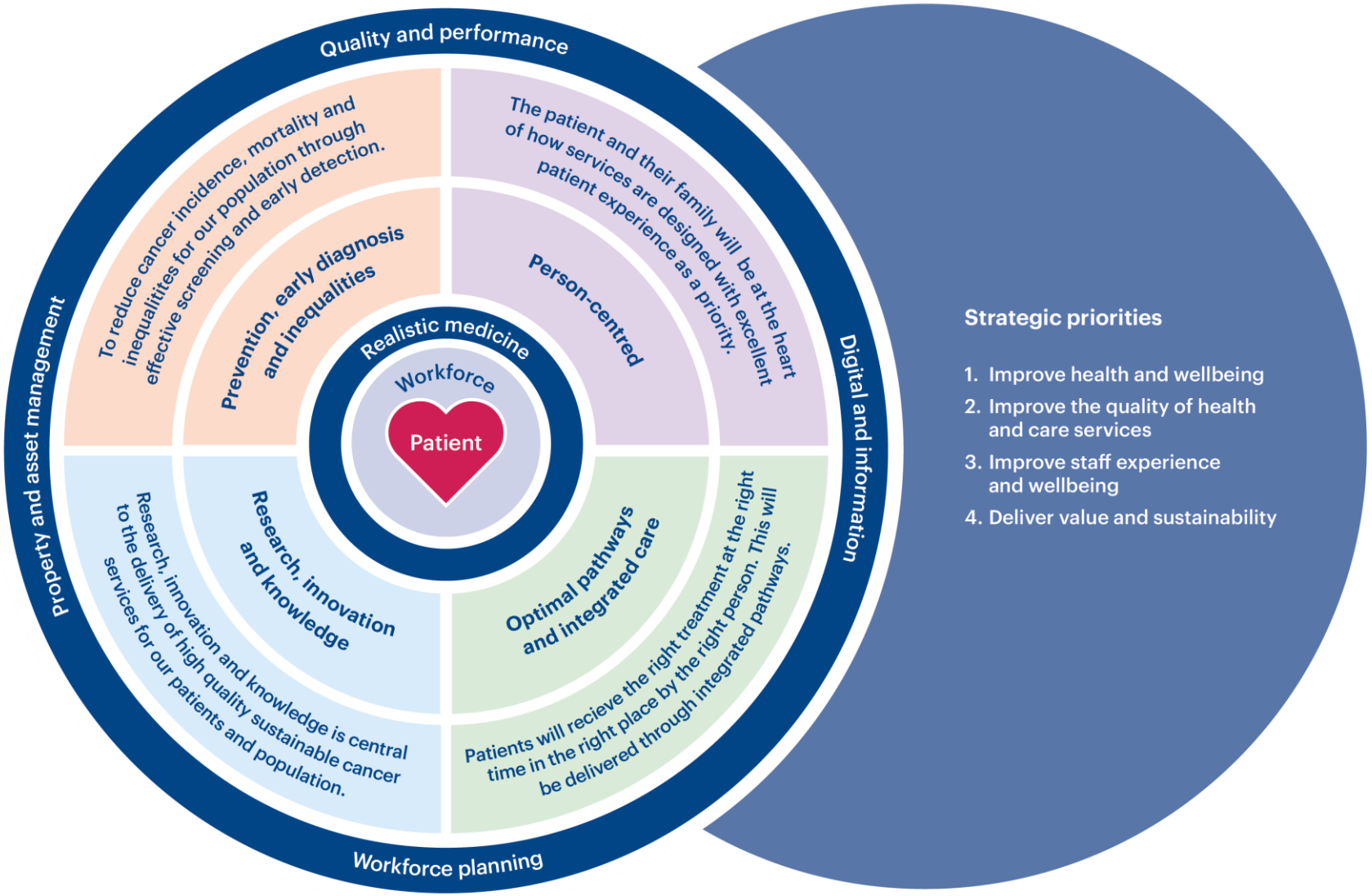
Nick is a General Practitioner (GP) in St Andrews. Along with his GP workload he currently plays an active part in the in-patient care at St Andrews Community Hospital including medical cover to the Palliative Care beds. Nick enjoys his role as an Educational Supervisor helping to train the GPs of the future. Nick is the NHS Fife Lead GP for Cancer and Palliative Care providing a Primary Care voice within Fife and representing Fife Primary Care both regionally and nationally within the Cancer Networks. He grew up in Burntisland and was educated in Kirkcaldy. He graduated from the University of Dundee in 1999 and completed his GP training in Tayside before returning to Fife to take up a partnership in 2004. As a proud Fifer Nick is delighted to be able to contribute to this exciting work.

John Robertson

John is a Consultant Colorectal Surgeon working at the Victoria Hospital Kirkaldy and is the Lead Cancer Clinician for Surgery in Fife. He originally grew up and was educated in Glasgow, training there before undertaking a research degree in cancer metastases at University College London. Subsequently John completed his training in the South East of Scotland rotation prior to being appointed a consultant in August 2015 in Fife. He is very keen to ensure optimal care for all cancer patients having had significant exposure in various surgical specialties throughout his training.
He continues to have daily involvement with colorectal cancer patients in clinic, endoscopically and surgically and is part of the local SCAN network. John is heavily involved in teaching and is an Honorary Senior Clinical Lecturer at the University of Edinburgh and has regular interactions with surgical colleagues in both NHS Lothian and Tayside.

Acknowledgement of thanks to Dr Neill Storrar, Consultant Haematologist and Lead Cancer Clinician for Oncology and Medicine for his contribution to the framework.

Our framework



Introduction

National context

The aim of the framework is to deliver a system-wide ambitious strategic plan to provide high quality, person-centred cancer care to every patient across the NHS Fife healthcare system, from prevention and early diagnosis to survivorship and end of life care.

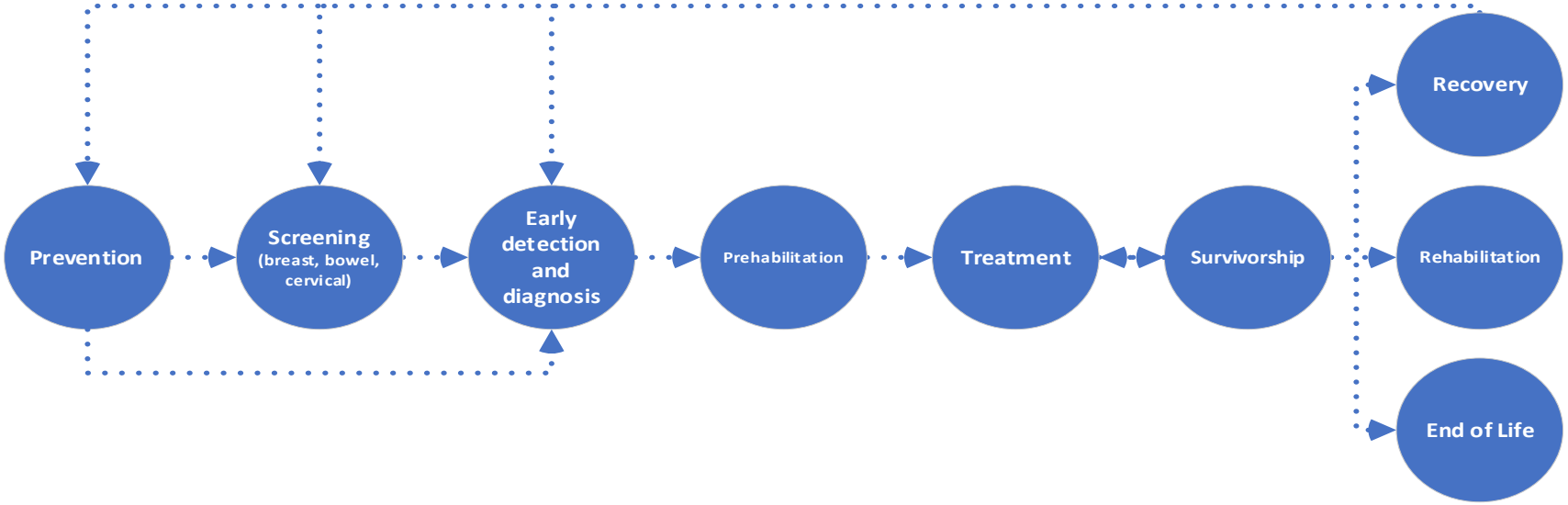
Cancer is everyone's business with cancer touching all parts of our healthcare system. This framework puts our patients and people (population and staff) at the heart.

This framework aligns with the NHS Fife Population Health and Wellbeing Strategy and with the National Recovery & Design: An Action Plan for Cancer Services and will be supported by national and public health initiatives. Underpinning this framework are our organisational values and the 6 principles of Realistic Medicine. We will have good conversations with patients and will be prudent about the care that is delivered. Through implementation of the framework, we will work with colleagues to ensure we are cognisant of more sustainable and greener healthcare.

Incidence of cancer is rising and more people are living with and beyond a cancer diagnosis. NHS Fife continues to prioritise cancer care and recognise that a full system approach is required to deliver clinically sustainable cancer services. In order to achieve this, we will ensure that the voices of those affected by cancer are listened to and are at the heart of this framework.

Our hope is that this framework creates improvements for how we can help support our local population to be more cancer aware and improve care for those living with and beyond cancer.

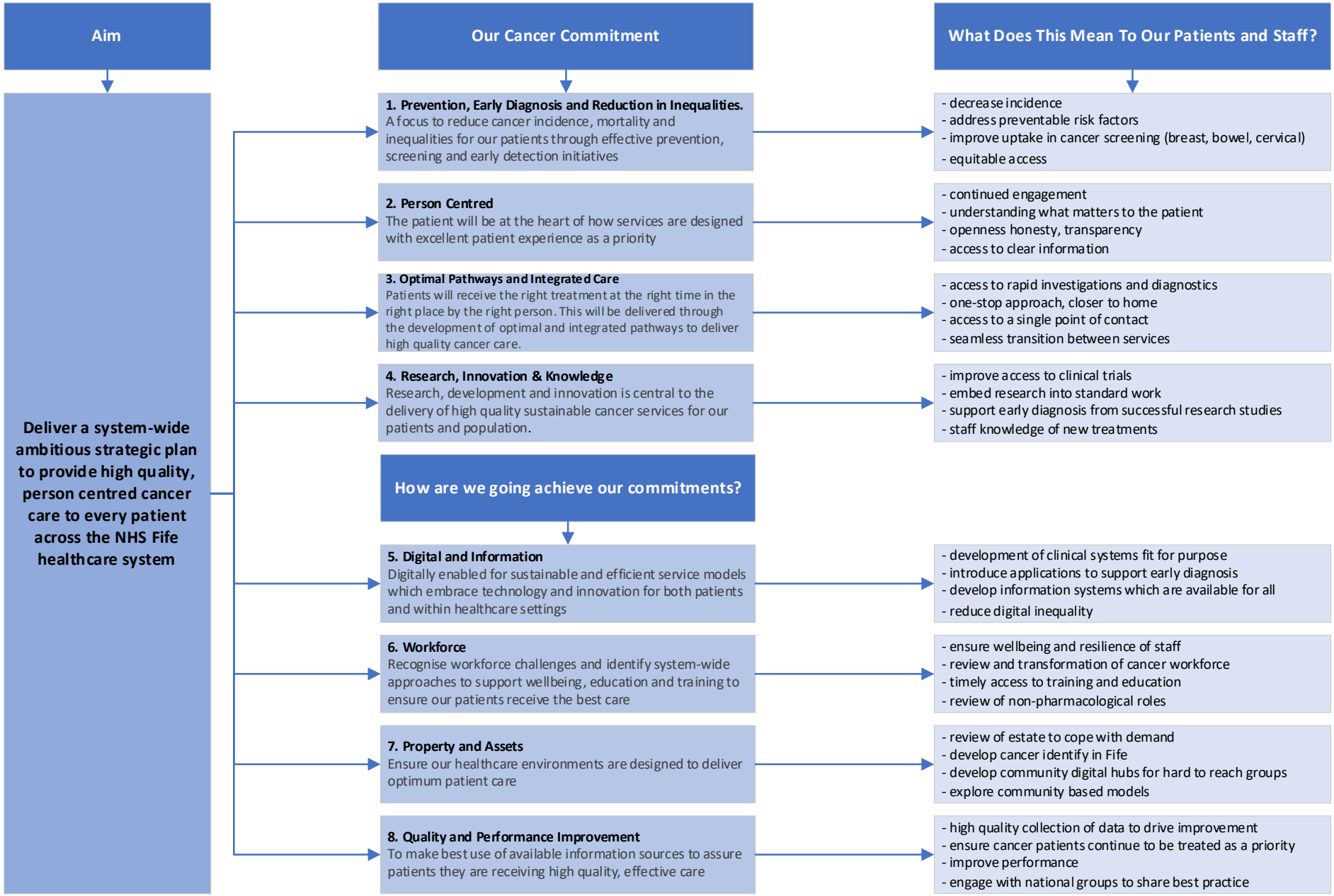
The patient journey



Delivering this framework

The purpose of this framework is to make a difference; a delivery plan will be agreed on an annual basis which will set out key workstreams for delivery in year to ensure this remains contemporary and reflects any strategic changes decided by the Cancer Governance and Strategy Group along with changes in national priorities.

Cancer services are dynamic and ever evolving and as such an annual review of this framework will be completed to ensure that our priorities remain relevant.


Aim
Deliver a system-wide ambitious strategic plan to provide high quality, person centred cancer care to every patient across the NHS Fife healthcare system
Our Cancer Commitment
1. Prevention, Early Diagnosis and Reduction in Inequalities.
A focus to reduce cancer incidence, mortality and inequalities for our patients through effective prevention, screening and early detection initiatives
2. Person Centred
The patient will be at the heart of how services are designed with excellent patient experience as a priority
3. Optimal Pathways and Integrated Care
Patients will receive the right treatment at the right time in the right place by the right person. This will be delivered through the development of optimal and integrated pathways to deliver high quality cancer care.
4. Research, Innovation & Knowledge
Research, development and innovation is central to the delivery of high quality sustainable cancer services for our patients and population.
How are we going achieve our commitments?
5. Digital and Information
Digitally enabled for sustainable and efficient service models which embrace technology and innovation for both patients and within healthcare settings
6. Workforce
Recognise workforce challenges and identify system-wide approaches to support wellbeing, education and training to ensure our patients receive the best care
7. Property and Assets
Ensure our healthcare environments are designed to deliver optimum patient care
8. Quality and Performance Improvement
To make best use of available information sources to assure patients they are receiving high quality, effective care
What Does This Mean To Our Patients and Staff?
- decrease incidence
- address preventable risk factors
- improve uptake in cancer screening (breast, bowel, cervical)
- equitable access
- continued engagement
- understanding what matters to the patient
- openness honesty, transparency
- access to clear information
- access to rapid investigations and diagnostics
- one-stop approach, closer to home
- access to a single point of contact
- seamless transition between services
- improve access to clinical trials
- embed research into standard work
- support early diagnosis from successful research studies
- staff knowledge of new treatments
- development of clinical systems fit for purpose
- introduce applications to support early diagnosis
- develop information systems which are available for all
- reduce digital inequality
- ensure wellbeing and resilience of staff
- review and transformation of cancer workforce
- timely access to training and education
- review of non-pharmacological roles
- review of estate to cope with demand
- develop cancer identify in Fife
- develop community digital hubs for hard to reach groups
- explore community based models
- high quality collection of data to drive improvement
- ensure cancer patients continue to be treated as a priority
- improve performance
- engage with national groups to share best practice

Cancer within our population

Incidence and prevalence			
Cancer in Scotland		**Cancer in Fife**	
34,000 new cancers diagnosed per year. **Lung cancer** is the most common cancer in Scotland.	**44** people every day die from cancer.	**2446** In 2019, 2446 Fife residents were registered as having a new cancer (all cancers) - rates are slightly higher in men.	**Cancer** Lung, prostate, breast and colorectal are the most common cancers in Fife and in the rest of Scotland.
3.7% of the population are estimated to be living with cancer (**250,000** people).	**1/3** Around one third of people with a new cancer diagnosis in Scotland lives less than one year from diagnosis.	**Cancer** One of the most common causes if ill health and mortality in Fife.	**Cancer** Cases of cancer in Fife have been increasing which reflects the growing and ageing population.
Cancer in older age Numbers are increasing due to the increasing average age of our population and the increased likelihood of cancer in older age.	**9%** The total projected percentage increase in the population from 1983-1987 to 2023-2027 is **9%.**		
29% Cancer deaths represent **29%** of all deaths	**4%** The percentage increase in the timeframe of 2013-2017 to 2023-2027 is **4%** in the population and **20%** in cancer cases.		

Mortality

Cancer in Scotland

16,366
Cancer (all types) is the most common cause of mortality. In 2019 there were 16,366 cancer deaths (excluding NMSC) registered in Scotland.

16,184
Draft Cancer data shows that in 2020 there were 16,184 deaths from cancer in 2020 (2.5 times greater than deaths from Covid-19 in 2020).

7,991
Female (in 2019).

8,375
Male (in 2019).

4 in 10
of us get cancer.

85-89
Risk of cancer peaks between 85 and 89 years of age.

Cancer in older age
Numbers are increasing due to the increasing average age of our population and the increased likelihood of cancer in older age.

9%
The total projected percentage increase in the population from 1983-1987 to 2023-2027 is **9%.**

29%
Cancer deaths represent **29%** of all deaths.

4%
The percentage increase in the timeframe of 2013-2017 to 2023-2027 is **4%** in the population and **20%** in cancer cases.

21%
Mortality rates are projected to fall by 21% in the UK between 2014 and 2035.

Cancer in Fife

1,206
In 2019 there were 1,206 deaths from all cancers in Fife and cancer was the most common cause of death.

Cancer
Lung cancer is the most common cancer in Fife and Scotland with higher mortality rates.

31%
Female.

28%
Male.

Under 75
Half of these were persons aged under 75 years of age.

Cause of death
Colorectal, prostate, oesophageal, and breast cancer are the next most common cause of death.

A focus on lung cancer

Cancer in Scotland

Lung cancer

Lung cancer is the most common cause of cancer deaths which has a considerably higher mortality rate than the next four most significant causes of mortality, which are colorectal cancer, oesophageal cancer, prostate cancer and breast cancer.

Cancer in Fife

Lung cancer

Lung cancer is the most common cause of cancer mortality for both sexes.

75 per 100,000

Mortality rate of 75 per 100,000 in Fife slightly higher than the South East region.

Treatment

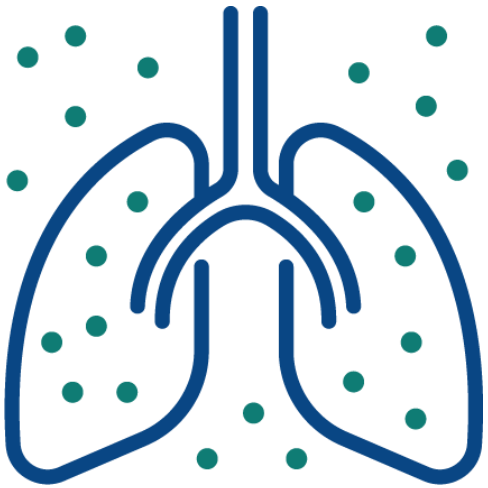
A significant proportion of people with lung cancer cannot, or choose not to, have treatment. Their survival is typically measured in weeks or short months

Smoking

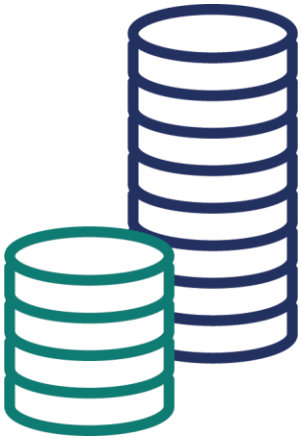
Smoking is a major risk factor for lung cancer.

2018

The numbers of deaths have remained the same in 2018 compared to 2008.



Inequality and deprivation[1]		
Cancer in Scotland	**Cancer in Fife**	
Inequalities There are stark inequalities in cancer incidence and mortality between the most and least deprived populations. A definition for health inequalities is **'the unjust and avoidable differences across our population and between groups within it'**	**30% higher** Incidence of cancer is 30% higher in the most deprived areas compared to the least deprived areas.	**Mortality** Mortality is more than double the rate in the most deprived areas compared to the least deprived areas.
Inequalities The inequalities we experience can be down to where we are born, live, socialise and work over the course of our life and are faced by people because of income and wealth and also inequalities in power, agency and opportunity.	**Inequalities** There are wide inequalities in incidence and mortality for all types of cancer.	**Inequalities with lung cancer** There are particularly marked inequalities associated with lung cancer.
	Deprived areas Late stage diagnosis is more common for people living in the most deprived areas.	**Screening programmes (breast, bowel, cervical)** The causes are complex but one factor may be lower rates of participation in the screening programmes.



1 http://www.healthscotland.scot/health-inequalities/what-are-health-inequalities#:~:text=Health%20inequalities%20are%20the%20unjust,denote%20unjust%20differences%20between%20groups.

Screening[2] and HPV Vaccination

Cancer in Scotland

Cancer screening

Cancer screening for breast, bowel and cervical cancer is the process for identifying people who appear healthy but may have a higher chance of developing the disease.

It aims to detect cancers at an earlier stage when treatment will be more effective. It also aims to prevent some cancers occurring.

For cervical screening, younger people are less likely to come forward than older people.

HPV Vaccination

S4 females (2019/20) - 88.2% of those first offered 1st dose in 2016/17 had received 1st dose; 81.7% had received 2nd dose.

15%

There is a substantial socioeconomic gradient - almost 15% difference in 2nd dose uptake between the least and most deprived quintiles at S4.

Those vaccinated against HPV are more likely to take up the offer of screening than the unvaccinated population

Cancer in Fife

Uptake of screening in Fife

Uptake in Fife in line with Scotland.

Mental health

Collaborative project in Fife to support those experiencing severe and enduring mental health conditions to engage with screening programmes.

Uptake of screening in Fife

Bowel 65.2%

Breast 73%

Cervical 70.3%

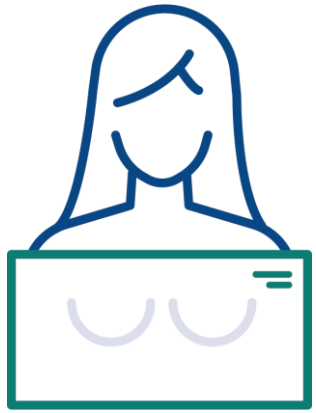
Uptake of screening in Fife

Uptake is much lower in most deprived areas in Fife compared to least deprived areas:

Bowel – 18.5% lower

Breast – 18.4% lower

Cervical – 11.5% lower (for the 25-64 age group)



[2] Cancer Framework Documents\NHS Fife Integrated Screening Report 2022 v4 25.10.22 CGC.docx

Prevention and early diagnosis

Cancer in Scotland

Around 40% of cancers are thought to be preventable. There is a large opportunity to prevent many of the commonly occurring cancers in Scotland through lifestyle changes by preventing smoking, improving diet and reducing obesity and alcohol consumption. Many of these risk factors for health are influenced by the wider standards of living, including experience of poverty and influencing change requires whole system and in some cases national collaboration and change:

- 79% of lung cancers would be prevented if people did not smoke
- 65% of adults are overweight and obesity causes 6% of cancers
- 4-6% of cancers can be attributed to poor diet
- Drinking alcohol contributes 3-4% of cancers.
- Overexposure to ultraviolet radiation contributes 3-4% of skin cancers
- Exposure to certain infections contributes 3-4%.

Exposure to certain substances at work continues to contribute to cancer cases.

Research shows that regular physical activity reduces the risk of a variety of cancer types.

Cancer in Fife

1,206

Whilst smoking has been declining, 1 in 5 of the population over 16 in Fife reports that they smoke– similar to Scotland.

Cancer

Highest rate of smoking is in the 16-34 age group amongst whom 24% of people smoke, higher than the rate in Scotland (20%).

Two thirds

Around two thirds of people in Fife are overweight (including obese).

Overweight

Patterns of overweight, obesity and physical activity is similar to Scotland.

1/4

Over a quarter of people report having low or very low activity levels.

11.2 units

On average, people in Fife drink 11.2 units of alcohol per week.

1 in 4

Just over 1 in 4 people (22%) in Fife drink more than the weekly recommended level of 14 unit for women and 21 units per week for men

Alcohol

Patterns of alcohol consumption in Fife is similar to Scotland.

Deprived areas

In the most deprived areas of Fife, smoking rates are 4 times higher along with alcohol consumption and obesity with physical activity and good diet being lower than in the least deprived areas and show similar patterns with the rest of Scotland.

The impact of COVID-19 on cancer and screening services

Much of the data presented in the cancer framework pre-dates the COVID-19 pandemic. We know that the pandemic may change the picture presented here. For example, reduced primary care face to face appointments, constraints on performing aerosol generating procedure, reduced health service capacity due for example to social distancing, cleaning etc and redeployment are all likely to have influenced cancer related appointments and diagnosis and thus cancer registrations. Overall in Scotland, the rate of new cancers fell by 9% and the number by 8% between 2019 and end of 2020. Most of the decrease is estimated to be due to under-diagnosis caused by the pandemic:

- Reduction in lung cancer by 7%.
- Reduction in female breast cancer by 11%.
- Reduction in colorectal cancer by 19%.
- Reduction in cervical cancer by 24%.
- Reduction in prostate cancer of 10%.

Furthermore a temporary pause and reduced capacity in screening is expected to have affected our ability to detect some cancers early. The proportion of early detected breast cancers appears to have reduced significantly as a consequence of the pausing of screening programmes (under diagnosis of early-stage breast (-20%), colorectal (-33%) and cervical (-45%) cancers compared with the number of early detected cancers in 2019.) There were also in some cases, changes to treatment to reduce risk during the pandemic.

At this stage it is difficult to assess the precise and lasting impact of COVID-19 on cancer incidence and outcomes and deprivation, but it is clear there has been a significant and potentially lasting effect on services and rate of diagnosis which we will need to monitor and respond to over time.

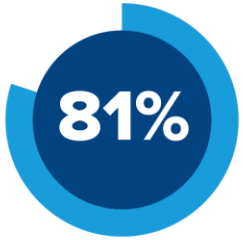
For more information, visit
https://publichealthscotland.scot/media/12645/2022-04-12-cancer-incidence-report.pdf

Cancer activity in Fife – a brief summary

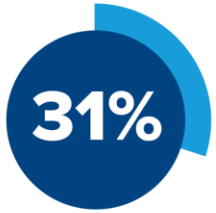
Number of urgent suspected referrals recieved in 2021

Percentage of cancers diagnosed from an urgent suspected cancer referral

Number of cancers diagnosed in 2019

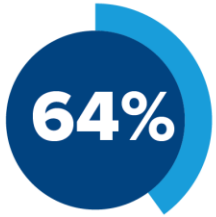


Percentage of patients who recieve their first treatment in Fife



Percentage of patients with surgery as a first treatment

Number of SACT episodes delivered in 2021



Percentage increase of SACT episodes from 2017–2021

5 year average 62 day cancer waiting times performace

5 year average 31 day cancer waiting times performance

Radiotherapy attendances for Fife patients in 2019

Percentage of patients treated with best supportive care

Early cancer diagnosis centre conversation rates

National context

Scottish Government vision

"To improve cancer services and patient outcomes and ensure equitable access to care wherever a patient may live, especially while the risk to COVID-19 persists. To do this, we will make the best use of workforce skills, technology and service innovation to drive earlier cancer diagnosis and treatment, and champion person-centred care"

The Remobilise, Recovery and Re-design Framework published in December 2020 aims to effectively mobilise the NHS to a better health and care system through:

- innovation and integration
- ensuring equity of access
- achieving better outcomes for people in Scotland, and their families.

Our framework supports relevant actions identified within the recovery plan.

The revised Effective Cancer Management Framework was published December 2021. As the cancer journey continues to be challenging, this plan aims to incorporate new ways of managing cancer pathways and services in response to the pandemic in order to effectively manage cancer patients, their experience and improve their outcomes. The key elements align with our commitments.

To drive cancer up the strategic agenda a National Cancer Governance structure has been agreed.
See Appendix 1

Regional context

NHS Fife is part of the South East Scotland Cancer Network (SCAN) along with NHS Borders, NHS Dumfries & Galloway and NHS Lothian. Services are delivered locally where possible with specialist interventions delivered regionally. Reprovision of the Edinburgh Cancer Centre for the SCAN network is planned and a regional transformation programme has been initiated to support the development.

We work closely with our regional partners to ensure a coherent strategy (Appendix 4) is developed through the Regional Cancer Strategy Group which will provide a forum that will support the SCAN boards to collaboratively develop their respective cancer strategies ensuring they complement and align. A regional strategy will support the Regional Cancer Planning Group to ensure that an equitable approach is taken to the development and provision of cancer services across the South East of Scotland and that national and local standards are met. Appendix 2 shows the regional governance structure.

We also work closely with NHS Tayside which supports cancer services in the North East of Fife. In addition to specifically delivered services, there are circa 400 patients from North Fife directly referred from GPs to NHS Tayside for cancer care each year. NHS Fife will engage with NHS Tayside's aim to design, plan and deliver a new build modern cancer centre for the population of Tayside and North East Fife based at Ninewells Hospital Dundee.

For more information on where our cancer services are delivered across the region, see
Table 4 Regional Services Provided to NHS Fife (December 2021)

Local context

An ambitious Population Health and Wellbeing Strategy is in development. The Strategy will describe the vision and future direction of health and care services in NHS Fife with a focus on health and wellbeing of citizens in Fife. Innovation and changes in models of care and staffing will be critical to enable NHS Fife to continue to deliver modern, high quality care for the next 5 years and beyond.

As a significant employer in Fife, embedded within the NHS Fife strategy plan is our aim to establish ourselves as an Anchor Institution playing a recognised role in the community, contributing to the local economy and aims to optimise on local employment opportunities. This is key in our cancer framework to help develop our strategic thinking and strengthen our approach to partnership working both within and outwith Fife.

This framework will align with the NHS Fife Population Health and Wellbeing Strategy and will build on the successes of the previous Cancer, Palliative Care and Last Days of Life Strategy. The priorities within the strategy, set out here, also endeavour to support delivery of NHS Fife's 4 strategic aims:

- Improving the quality of health and care services.
- Improving health and wellbeing.
- Improving staff experience and wellbeing.
- Delivering value and sustainability.

Accomplishments from the previous Cancer Strategy – Cancer, Palliative Care and Care in the Last Days of Life	
• Development of a clinical nursing team defined as a point of contact and subsequent employment of clinical support workers to support patient centred care • Implementation of Improving the Cancer Journey, in alliance with Macmillan Cancer Support • Dermatology initiative with GP practices using dermatoscopes to improve early referral of suspicious skin lesions. • The introduction of qFIT for bowel screening has led to a significant increase in screening uptake. Fife piloted a project to assess the use of qFIT for symptomatic patients by GPs to improve early diagnosis. • Development of the acute oncology service within Fife to provide urgent access to specialist cancer advice, treatment and care, for patients without a clearly defined cancer pathway.	• Local campaign last year on the benefits of sun protection. • Health and Social Care support for patients returning to work following successful treatment. • Maggie's Centre Cancer in the Workplace course. • Review of Specialist Palliative Care services to improve provision of supportive care and palliation. Expansion of the Specialist Palliative Care Outreach team which is consultant led and provides increased support in the community. • The Lead GP for Cancer and Palliative Care was involved in the review of the Scottish Referral Guidelines for Suspected Cancer.

We have developed a governance structure to support both leadership of and accountability for cancer overseen by the Medical Director (Responsible Executive for Cancer); this model ensures that strategy, operational delivery and innovation combine to ensure leadership, continuous improvement and achievement are maintained throughout services. Cancer Services Governance Structure for NHS Fife is shown in Appendix 3.

For more information on cancer services delivered in Fife please see Table 5: Local Cancer Services Provided in NHS Fife (December 2021)

Developing this framework in collaboration with our patients, staff and population

In order to develop the framework a full system approach to engagement was adopted. The objective of the engagement work is to ensure that the Framework has meaning and ensures that those who are responsible for the delivery of the cancer services are connected to the priorities that are identified. The development of the NHS Fife Cancer Framework has involved extensive engagement with a wide range of stakeholders and included approximately 35 services. A big thank you to all of our staff and teams who engaged to develop this Framework, without your input this would not have been possible. For a full list of those teams who engaged to develop the Framework please see Appendix 5

This is what our staff told us

It is of the upmost importance that this Framework connects with our workforce delivering cancer care. As part of the engagement sessions, services were asked to complete a Strength, Weaknesses, Opportunity and Threat (SWOT) analysis.

Strengths	Weaknesses	Opportunities	Threats
• A person-centred approach is taken There are strong, resilient, supportive and unified teams throughout the organisation demonstrating flexibility, cohesion and multi-professional working both within Fife and interfacing with our regional partners. • Continuous development of its workforce to allow personal growth through innovation,	• Staffing resources are stretched due to increasing demand and ageing population with limited cover arrangements, particularly seen in nursing and single-handed specialist practitioners. • National workforce shortages impact on ability to provide sustainable services. • Management of succession planning. Limited opportunity for	• Establishment of a cancer identity in Fife with a view to developing a 'Cancer Unit' for Fife. • Development of roles and review of staffing across cancer services, introducing advanced practice models to reduce the specialist burden, work with regional partners. • To establish fully nurse-led services.	• Dual site working for systemic anti cancer treatment therapies (SACT). • Intermittent clinical and medical oncology support due to site specific pressures due to resource, increasing demand and complexity. • Expanding and tolerable SACT treatments leading to better survival and increasing return of patients with resource issues.

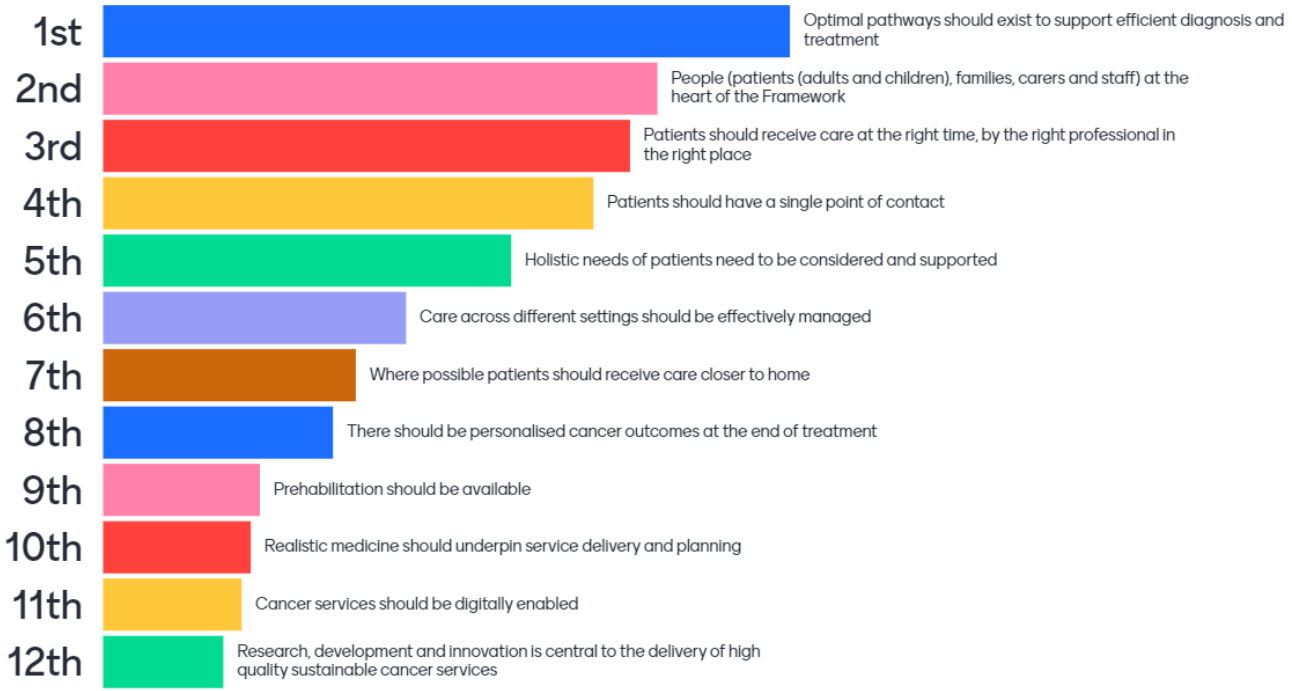
Strengths	Weaknesses	Opportunities	Threats
education and training to maximise skills within the workplace. • The workforce is knowledgeable and skilled, with specialist expertise in complex diagnostics, interventions and treatments. • A progressive approach is taken optimising on the availability of new innovations and technologies to ensure patients receive timely information and the best treatment available. • Accreditation and quality assurance ensures that patients receive safe care.	continued professional development, education, learning and teaching due to workforce constraints. • Links between services could be more efficiently optimised to ensure a whole system approach is taken to timeously manage our cancer patients, including use of the wider workforce, e.g. AHPs, palliative care, spiritual care. • Outdated estate and perceived under-utilisation of wider estate, including of community hospitals. • Minimise cross-site working. Space a factor in relation lack of EOL beds, with no room for growth and expansion. • Requirement for additional equipment to meet demand, e.g. CT, MRI. • Delivery of Cancer Waiting Times performance standards. • Lack of Information systems and digital enablement.	• Non-medical prescribing of oral SACT and delivery in the community. • Maximise use of estate in Fife for care closer to home wherever possible. • Improve interfaces between all services across Fife to provide an optimal pathway. • Develop staff training programmes to provide education to ensure a skilled generalist workforce. • Provide prehabilitation for all patients diagnosed with cancer • Continued development of digital resources and introduction of new and emerging technologies. • Understand and maximise on the offer that can be provided by wider workforce to 'make every contact count' to spread the burden of support.	• Staffing restraints due to recruitment and retention, an ageing workforce with vulnerability of and reliance on retired members of staff to undertake significant proportions of work. • Projected increase in cancer cases with an anticipated increase in presentation with advanced disease. • Lack of permanent funding impacts on the ability to continue with successful pilots or test of change initiatives. • Lack of opportunity to educate the workforce in respect to services that transcends all care, e.g. Palliative Care, Allied Health Professionals (AHPs), Realistic Medicine. • Equity of access to services, including where services are offered in tertiary centres.

This is what our patients told us

Engagement was also carried out in collaboration with the public, people affected by cancer, our 3rd sector colleagues and through an Equality Impact Assessment (EQIA); this was achieved by virtual consultation as summarised below.

The patient and public engagement session was set the context of the Framework, listening to patients who have experienced cancer. Discussion led to agreement of emergent and priority themes and this is how our patients and population ranked our cancer priorities:

Ranking priorities



Care Opinion

Comments from Care Opinion in 2020-2021 regarding cancer experiences in Fife also provided useful insights.

There were 20 positive stories:

1. Prompt tests/diagnosis
2. Exemplary care and treatment from all disciplines
3. Professionalism
4. Communication
5. Treatment during height of pandemic

And one negative around Communication

Complaints

Complaints can be a measure of quality service provision and themes identified through Patient Liaison shows issues with:

- Coordination of care
- Communication relating to all areas of care
- Late or misdiagnosis
- Waiting times
- Support at home

Equity framework

An Equality Impact Assessment (EQIA) was carried out to set out the impacts of the cancer framework to determine key recommendations and amendments to enable a more equitable and adjusted service to meet the needs of all.

The aim of the EQIA was to understand population groups and factors contributing to poorer health/health inequality, the potential impacts and to determine recommendations to reduce or enhance such impacts.

Potential impacts to patients	EQIA recommendation	Framework objective
• Location of services can present a challenge to patients in attending appointments and treatments including: – travel to/from appointments both within and outwith Fife – availability of patient transport – coordination of public transport – cost of travel.	• Consideration of where services are – it can be stressful to go out of Fife to go to an appointment or get treatment. • We need to look at our expenses budget and who gets the support.	**2.8** Ensure care is close to home where possible, repatriating care from out with Fife, where appropriate. **2.9** Review transportation for patients to access services both within and out with Fife. **3.8** Focus on equality when planning and designing new cancer related services to avoid and reduce the impact of social inequalities in accessing cancer services including screening, diagnosis, treatment, information, support and clinical trials. **4.1** Explore a Hub and Spoke model of care to ensure equitable access to clinical trials with care closer to home. **5.4.1** Ensuring the reduction of digital exclusion in the design of solutions (with particular consideration of people without access to data, devices, digital literacy and disabilities which may affect use of digital options. **7.2** Explore community-based models of care, such as community dispensing or supportive therapies. **7.4** Assess digital requirements in relation to development of Hubs for hard to reach groups.

Potential impacts to patients	EQIA recommendation	Framework objective
• Non-smoker living in a smoking environment – smoke free homes project. • Accessibility to green space, parks. • Promotion of healthy lifestyles, such as walking.	• Restart the Smoke Free Homes Project. • Link in with initiatives to enable access to parks and leisure. • Promote physical activity through existing initiatives.	**1.1** Reduce the harms associated with preventable risk factors for cancer, with a focus on supporting healthy communities, early and targeted intervention, effective and integrated harm reduction and reducing inequalities.
• Returning to work after a cancer diagnosis.	• Signpost for financial support from charities, such as Marie Curie. • Explore opportunities to retrain if not able to return to job.	**2.10** Make returning to work after a cancer diagnosis a health outcome, including signposting and awareness of public and 3rd sector organisations that support return to work after illness such as Access to Work/FEAT/Health Working Lives.
• Access to advice, including digital access.	• A combination of access to services should be available for those who do not have use of digital resources.	**5.3.1** Development of a cancer webpage for staff and patients to access up to date, relevant information. **5.2.4** Introduce patient access to information and patient initiated review. **7.4** Assess digital requirements in relation to development of Hubs for hard to reach groups.
• Access to services for protected groups.	• Improve community messaging. • A holistic approach, including spiritual care, for Palliative Care and not just medicines.	**1.2** Protect people from cancer through screening and HPV vaccination with high rates of uptake and address inequalities in uptake. **2.6** Patient choice, spiritual belief and understanding must be central to the care received and delivered.

Our cancer commitments

Prevention early diagnosis and reduction in inequalities

Commitment 1: To reduce cancer incidence, mortality and inequalities for our population through effective prevention, screening and early detection initiatives.

There are striking inequalities in cancer incidence and outcomes in Fife, largely due to the unequal distribution of social factors that influence health. In order to reduce cancer incidence and mortality we need to focus on the known modifiable risk factors for cancer, reducing inequalities and addressing the broader 'upstream' factors that contribute to inequalities in our health. Preventing cancer in Fife will be a complex and a long-term endeavour and whole system collaboration with partner organisations is critical to achieving our priorities.

Where we live has a direct impact on health and wellbeing. Our ambition is to make sure the fundamental building blocks needed for good health are in place for Fife. A Plan for Fife | Our Fife - Creating a successful, confident and fairer Fife sets out our joint ambitions within Fife Partnership over the next 10 years.

Existing workstreams in Fife are underway and support broader strategies to reduce harms and inequalities associated with cancer, and directly align with broader recommendations in relation to the NHS Fife Population Health and Wellbeing Strategy and Prevention & Early Intervention Strategy planned by the Health and Social Care Partnership (HSCP).

To deliver this commitment the priorities identified for reducing cancer incidence, mortality and inequalities in Fife are:

- **1.1.** Reduce the harms associated with preventable risk factors for cancer, with a focus on supporting healthy communities, early and targeted intervention, effective and integrated harm reduction and reducing inequalities. Key priority areas are:
  - 1.1.1. Develop a system wide approach in collaboration with Health Promotion to focus on promoting holistic assessments of patient's risk for the cancers which are attributable to life style across hard to reach groups e.g., Making every contact count.
  - 1.1.2. Promote good community orientation through improving awareness.
  - 1.1.3. Support the public, patients and staff to eat well, have a health weight and be physically active.

1.1.4. Reduce harm associated with tanning practices in our community.

1.2. Protect people from cancer through HPV vaccination, maintaining immunisation coverage rates and reducing inequalities in coverage in line with the Fife Immunisation Strategic Framework 2021-24.

1.3. Review the impact of the Fife Rapid Cancer Diagnosis Service (formerly known as Early Cancer Diagnosis Centre (ECDC)) for those with vague symptoms with a view to expanding to other specific tumour sites

1.4. Work with partner organisations across the whole system to address the broader upstream determinants of health that contribute to cancer inequalities.

1.5. Embed a culture of 'prevention' and 'mitigating inequalities' into routine services, increasing staff awareness and capacity to intervene early with regards to risk factors for cancer.

1.5.1. Increase health professionals' awareness to promote the Health and Social Care Partnership (HSCP) Reduce the Risk of Cancer initiative by providing key messages to share and signpost information of the key preventable risk factors for cancer.

1.5.2. Build on work to increase advice and support relating to income maximisation for cancer patients.

1.6. Ensure screening is easy to access, local and supported by appropriate resources to support patients to participate, with a focus on populations that have difficulty accessing screening to address inequalities in uptake.

1.7. Ensure Primary Care Healthcare Professionals have appropriate and equitable access to diagnostic imaging and triage to support urgent suspected cancer referrals.

Person-centred

Commitment 2: The patient will be at the heart of how services are designed with excellent patient experience as a priority.

Patients have told us their top three priorities are to experience an optimal pathway for rapid diagnosis and treatment, that people should be at heart of the Framework and they should receive the right care at the right time in the right place.

To achieve this commitment we will:

2.1 Actively include the views and experiences of patients, families and unpaid carers through continued engagement to ensure shared decision making, including Care Opinion.

2.2 Services will be designed to ensure there is a dedicated Single Point of Contact to provide information points for appointments, advice, clinical and other support.

2.3 Improve sharing of quality information with patients and care providers through digitally enabled systems, e.g., Holistic Needs Assessments (eHNA) and Treatment Summaries, Digital Patient Hub. electronic Key Information Summaries (eKIS) in primary care including Palliative Care summaries

2.4 Develop a Cancer Services website dedicated to helping *people* who face *cancer* learn about patient services

2.5 Ensure patients have access to prehabilitation and rehabilitation for optimum fitness prior and post treatment

2.6 Patient choice, spiritual belief and understanding must be central to the care received and delivered.

2.7 Ensure optimal pathways exist to ensure efficient diagnosis and treatment of patients.

2.8 Ensure care is close to home where possible, repatriating care from out with Fife, where appropriate.

2.9 Review transportation and financial support for patient access to services both within and out with Fife.

2.10 Make returning to work after a cancer diagnosis a health outcome, including signposting and awareness of public and 3rd sector organisations that support return to work after illness such as Access to Work, FEAT and Healthy Working Lives.

2.11 Continue to offer patients support through the Macmillan Improved Cancer Journey (ICJ) pathway to ensure they can access support as their circumstances change.

Optimal pathways and integrated care

Commitment 3: Patients will receive the right treatment at the right time in the right place by the right person. This will be delivered through the development of optimal and integrated pathways to deliver high quality cancer care.

There is a recognised need to improve timely access for our patients and use of patient pathways and integrated models of care will be a key priority. Variation across pathways should be reduced and underpinned by optimum referral pathways to deliver timely access to diagnostics and treatment. To do this, services need to be integrated to ensure the patients' care is coordinated from referral to end of life care.

Due to the growing and ageing population we need to recognise the full multi professional teams to support patients during diagnosis, treatment and beyond treatment including care for people with cancer who do not receive cancer treatment (best supportive care). Central to meeting changing demand is the embedding of a greater sense of 'shared responsibility' for all steps in the pathway between patients, secondary, primary, community health services and other partner agencies with accountability for timely communication between services and the availability of accessible plans of care.

NHS Fife places great emphasis upon preventing avoidable deaths, however, when preventing death is no longer an option, we will continue to treat and support our patients, including those affected by cancer, throughout their last months and weeks of life.

To achieve this commitment, we will:

3.1 Implement sustainable optimal cancer pathways with review of timed cancer pathways to improve cancer waiting times performance and to ensure clear timelines for appointments, diagnostics, decisions and treatments, including direct patient navigation for the most complex patient pathways from initial referral through to palliative and end of life care.

3.2 To embed a new model for Specialist Palliative Care, to optimise generalist palliative care access and provision in acute and community settings; to develop a Best Supportive Care (BSC) pathway with care that is multidisciplinary, integrated and coordinated; improving Primary Care, Acute Care and Specialist Palliative Care linkages.

3.3 Develop Systematic Anti Cancer Treatment (SACT) models to ensure patients are treated in the most appropriate setting.

3.4 Review the contribution of the wider workforce for continuing care and utilise all the workforce to ensure that every contact counts.

3.5 Ensure effective design of Multidisciplinary Team (MDT) meetings to optimise on early diagnosis and timely treatment and care, fostering a culture of strong leadership and teamwork across all services.

3.6 Ensure that prehabilitation and rehabilitation are embedded in care pathways.

3.7 Actively engage with Edinburgh Cancer Centre in relation to opportunities in Fife.

3.8 Focus on equality when planning and designing new cancer related services to avoid and reduce the impact of social inequalities in accessing cancer services including screening, diagnosis, treatment, information, support and clinical trials.

Research, Innovation & Knowledge

Commitment 4: Research, innovation and knowledge is central to the delivery of high quality sustainable cancer services for our patients and population.

A positive research culture in health care is associated with better job satisfaction for staff and better outcomes for patients. NHS Fife Research, Innovation and Knowledge Department hosts and sponsors a large and growing number of research studies ranging from international multi-centre drug trials to short term student projects. They work with a variety of commercial and non-commercial sponsors and funders, investigators and researchers with a wide range of interests and experience, members of the public and service users and colleagues from across Scotland and the UK. NHS Fife will make every effort to ensure cancer patients have access to the most up to date technology and innovative diagnostics and treatments.

To achieve this commitment, we will:

4.1 Explore a Hub and Spoke model of care to ensure equitable access to clinical trials with care closer to home.

4.2 Improve links with East Region Innovation Hub.

4.3 Understand the cost benefits of improved clinical trial participation.

4.4 Embed research into standard work through the research, innovation and knowledge programme of education.

4.5 Ensure staff have the appropriate time allocated to acquire knowledge of new treatments.

4.6 Support healthcare professionals to be innovative in pursuing continuous quality improvement, prioritising tests of change to support early diagnosis and wider best practices from successful research studies.

4.7 Align with the NHS Fife Innovation governance Framework to ensure new innovations are appropriately planned, resourced and monitored.

4.8 Seek opportunities to test innovative solutions with the McKenzie Early Diagnosis Institute and the South East Health Innovation Hub (HISES).

4.9 Work closely with our educational partners.

4.10 Align work with Public Health to reduce inequalities in research

Our enablers

Digital and Information

Commitment 5: Digitally enabled for sustainable and efficient service models which embrace technology and innovation.

Digital and Information Department have a strategy and programmes service area which collaborates across Digital, NHS Fife, NHS Scotland, suppliers and partners to develop strategy and deliver service change that is focussed on improved patient care through digital transformation. Existing strategic priorities currently being undertaken which supports cancer patients are:

- Near Me
- Digital Patient Hub
- Electronic Patient Record Development

To provide staff and patients with access to digitally enabled health it is imperative that the use of the Scottish Approach to Service Design is considered to ensure systems are efficient and effective. Digital and Information Department will require service commitment when adopting existing and implementing new digital capability in support of the Cancer Framework.

To achieve this commitment, we will:

5.1. Develop cancer clinical information systems that:

- **5.1.1.** Track patients referred with urgent suspected cancer or diagnosed with cancer.
- **5.1.2.** Provide a Multidisciplinary Team (MDT) solution which is fit for purpose.
- **5.1.3.** Manage and monitor activity, for example inpatient SACT and HPB surveillance.

5.2. Support the improvement of the cancer referral process through:

- **5.2.1.** Implementation of Fife Referral Organisational Guidance (FROG).

5.2.2. Introduction applications ('Apps') to support referral, e.g. photo triage, in a secure and compliant manner.

5.2.3. Prepare for the implementation of nationally provided artificial intelligence (AI) to support early detection.

5.2.4. Implementation of Acute Clinical Referral Triage (ACRT) and Patient initiated review (PIR).

5.3. Ensure information is available to patients and staff to improve their patient journey and outcomes:

5.3.1. Development of a cancer webpage for staff and patients to access up to date, relevant information.

5.3.2. Development of information resources, e.g. electronic treatment summaries, palliative performance scale.

5.3.3. Implementation of Electronic Patient Record.

5.4. Support the change by:

5.4.1. Ensuring the reduction of digital exclusion in the design of solutions, with particular consideration of people without access to data, devices, digital literacy and disabilities which may affect use of digital options.

5.4.2. Ensuring the availability of the Digital Enablement team to support both patients and staff with their adoption and use of digital systems.

5.4.3. Ensuring the solutions are safe and secure by meeting both clinical and information governance standards.

5.4.4. Ensuring appropriate cancer data is available for reporting in support of operational improvement and strategic planning.

Workforce

Commitment 6: Recognise workforce challenges and identify system-wide approaches to support in relation to wellbeing, education and training to ensure our patients receive the best care.

To deliver this Framework we recognise that our staff are our biggest asset. The NHS is the biggest employer in Europe, and the world's largest employer of highly skilled professionals. There is evidence that staff are feeling the strain, particularly since the pandemic and there is some evidence that many of those leaving the NHS would remain if employers could reduce workload pressures, offer improved flexibility and professional development. Staffing gaps are already present, in particular in diagnostics, such as radiology, pathology and the specialist nursing workforce. Consideration of alternatives is required where there are national shortages such as oncology, and specialist consultant posts. There are also concerns around the ageing workforce and we therefore need to take the opportunity to look at how we resource the cancer workforce differently to ensure it is balanced, resilient and fit for the future. Table 3 shows the current cancer specific workforce. Any workforce implications will align with the NHS Fife Workforce Strategy.

To achieve this commitment, we will:

6.1. Review the cancer workforce, including skill mix and supporting roles, to inform future service delivery models and succession planning.

6.2. Work towards the national agenda to transform roles with consideration of Senior Professional Leadership, Management of CNS, ANP and AHP workforce being aligned to support the broader vision and developments.

6.3. Review wider roles, such as AHPs and palliative care to complement an integrated cancer care pathway. Ensure the wellbeing and resilience of the cancer workforce including improved access to Spiritual Care and other wellbeing services as part of the approach to staff wellbeing.

6.4. Identify gaps in medical workforce working with regional partners to develop a regional plan to ensure resilience and equity of care.

6.5. Take forward leadership opportunities across the workforce to highlight opportunities available to cancer workforce colleagues, encouraging new talent to take up leadership roles.

6.6. Make sure all staff have the time to undertake appropriate training and development in order to carry out their role and to equip them for future roles.

6.7. Optimise on education and training from others in the workforce to ensure patients receive the most appropriate care, for example Realistic Medicine, Occupational Medicine and Palliative Care.

6.8. Take a holistic approach to the management of patients with cancer to include those treating patients who are not in cancer roles, for example inpatients.

6.9. Introduce a cancer awareness programme in teaching of junior doctors to educate and ensure early understanding.

Property and Asset Management

Commitment 7: Ensure our healthcare environments are designed to deliver optimum patient care

Review of our current estate is crucial for optimal patient care, with the design of patient pathways informing configuration of our estate, both currently and in the future to ensure we can accommodate future demand and growth. As cancer prevalence increases and people are living longer, current accommodation is an issue. The Framework aims to address these challenges, now and in the longer term, and it is therefore imperative we review estate throughout Fife with the aim of increasing capacity and to give the ability to offer care closer to home, where appropriate.

To achieve this commitment, we will:

7.1. Review the estate in line with the Board's Property & Asset Management Strategy to accommodate new ways of working and new technologies so that capacity can cope with demand now and in the future.

7.2. Explore community-based models of care, e.g., community dispensing, supportive therapies and the non-hospital based services, for the palliative phase of illness to ensure services are accessible for all, including people living in the most deprived areas of Fife where incidence and mortality of cancer is higher.

7.3. Develop the case for a Cancer Unit in Fife in line with the developing Population Health and Wellbeing Strategy.

7.4. Assess digital requirements in relation to development of Hubs for hard-to-reach groups.

Quality and Performance Improvement

Commitment 8: To make best use of available information sources to assure patients are receiving timely, high quality, effective care.

Performance data on the current Local Delivery Plan (LDP) standards set priorities between the Scottish Government and NHS Boards to provide assurance on NHS Scotland performance. In October 2008, Better Cancer Care – An Action Plan was published and stated that 95% of all patients diagnosed with cancer will begin treatment within 31 days of decision to treat, irrespective of route of referral and 95% of those referred urgently by their GP with a suspicion of cancer will begin treatment within 62 days of date of receipt of referral. Graph 6 shows quarterly 62 and 31 day performance from 2017 to 2021.

To strengthen the commitments made in in the 2008 publication, Quality Performance Indicators (QPIs) were introduced to improve safe, effective and person centred care (CEL06 (2012)).

Cancer has remained a priority through the pandemic and the refresh of the Effective Cancer Management Framework provides teams with tools to effectively manage patients from the point of referral to first treatment and aims to improve patient experience as well as cancer waiting times performance.

To achieve this commitment, we will:

8.1. Embed the Effective Cancer Management Framework into the cancer team's workplan, supported by senior management to ensure full adoption.

8.2. Ensure cancer patients continue to be seen and treated as a priority.

8.3. View national 62 day and 31 day Cancer Waiting Times targets as a minimum standard.

8.4. Continue to drive and improve quality performance through robust governance of the Quality Performance Indicators and local use of data to improve service delivery.

8.5. Full engagement with the Cancer Managers' Forum and other national groups to share good practice.

8.6. Ensure consistent, good quality data collection through formal education for the cancer data collection team and through the formal Quality Assurance programmes.

Risk to delivery

Title	Description	Risk Profile
Cancer workforce issues	There is a risk that we will be unable to deliver the Cancer Framework within the stated timescales due to: lack of succession planning, inability to recruit suitably trained staff to vacant posts, national shortages of specialist posts and posts not being funded substantively, resulting in sub optimal patient experience and outcomes, increased pressure on staff, staff wellbeing and services and adverse publicity.	
Financial delivery of cancer framework	There is a risk that we will be unable to deliver the Cancer Framework due to insufficient financial investment in Cancer Services and funding being provided on a non-recurring basis resulting in disruption to / loss of services, sub optimal patient experience and clinical outcomes, and adverse publicity.	
Digital and information challenges	There is a risk that lack of digital and information support for cancer services will impact on our ability to delivery key commitments identified in the Framework in relation to: • Lack of robust quality and performance improvement data collection systems resulting in disparate data collection impacting optimal pathways and integrated care. • Digital exclusion for those without access resulting in inequalities to person-centered care.	TBC
Cancer services property Infrastructure	There is a risk that we will be unable to deliver the cancer framework due to inadequate space/capacity to accommodate the expected increase in patients with a cancer diagnosis and with extended active treatment times, resulting in sub optimal patient care, experience, outcomes and safety.	
Expansion of Edinburgh Cancer Centre (ECC)	There is a risk to delivery of the Cancer Framework if there is inadequate regional collaboration and funding to support the repatriation of patients should the Edinburgh Cancer Centre (ECC) expansion Initial Agreement (IA) and Outline Business Case (OBC) be successful in terms of staffing and recruitment, estate, patient experience, pathways.	

Risk profile

Likelihood	Consequence				
	Negligible 1	**Minor 2**	**Moderate 3**	**Major 4**	**Extreme 5**
Almost certain 5	LR **5**	MR **10**	HR **15**	HR **20**	HR **25**
Likely 4	LR **4**	MR **8**	MR **12**	HR **16**	HR **20**
Possible 3	VLR **3**	LR **6**	MR **9**	MR **12**	HR **15**
Unlikely 2	VLR **2**	LR **4**	LR **6**	MR **8**	MR **10**
Remote 1	VLR **1**	VLR **2**	VLR **3**	LR **4**	LR **5**

In terms of grading risks, the following grades have been assigned within the matrix.

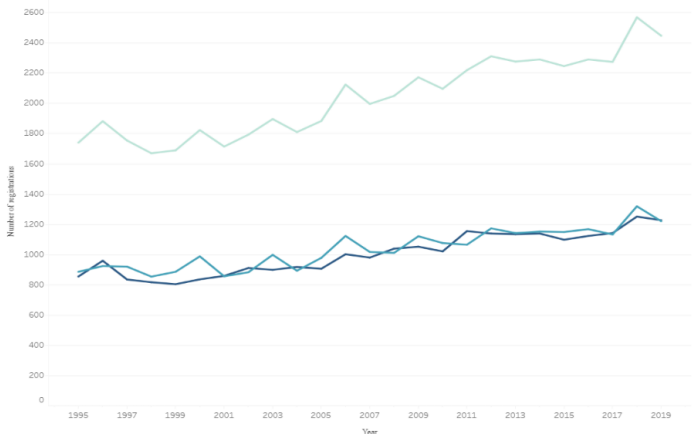
- Very Low Risk (VLR)
- Low Risk (LR)
- Moderate Risk (MR)
- High Risk (HR)

Descriptor	Remote	Unlikely	Possible	Likely	Almost Certain
Likelihood	Can't believe this event would happen – will only happen in exceptional circumstances (5-10 years)	Not expected to happen, but definite potential exists – unlikely to occur (2-5 years)	May occur occasionally, has happened before on occasions – reasonable chance of occurring (annually)	Strong possibility that this could occur – likely to occur (quarterly)	This is expected to occur frequently / in most circumstances – more likely to occur than not (daily / weekly / monthly)

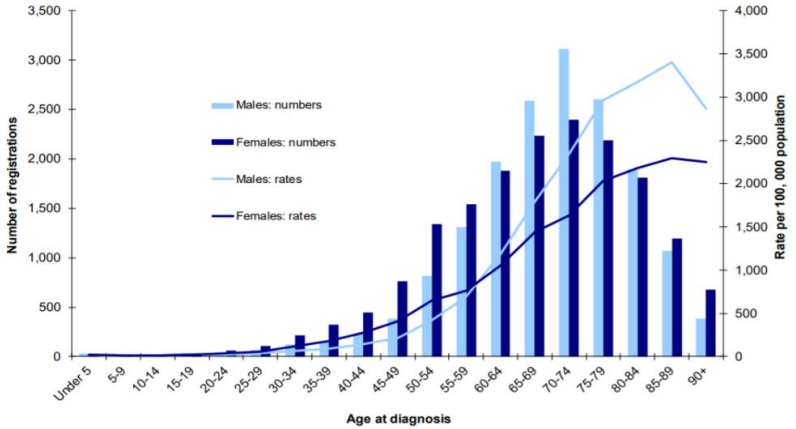
Data and information

Public health data

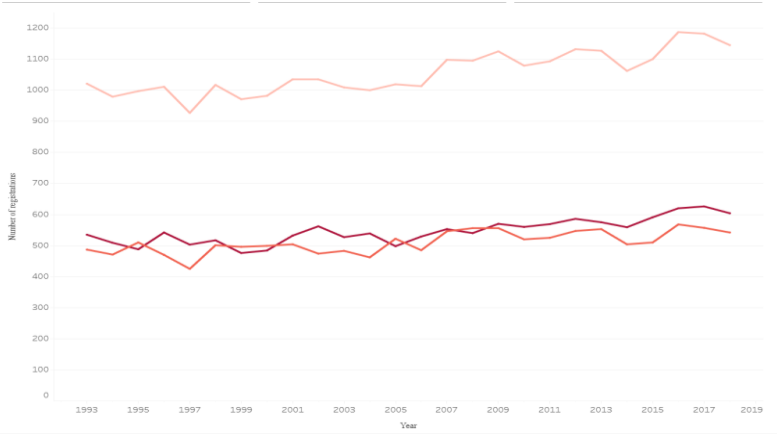
The table below shows new cases of cancer in Fife from 1995–2019



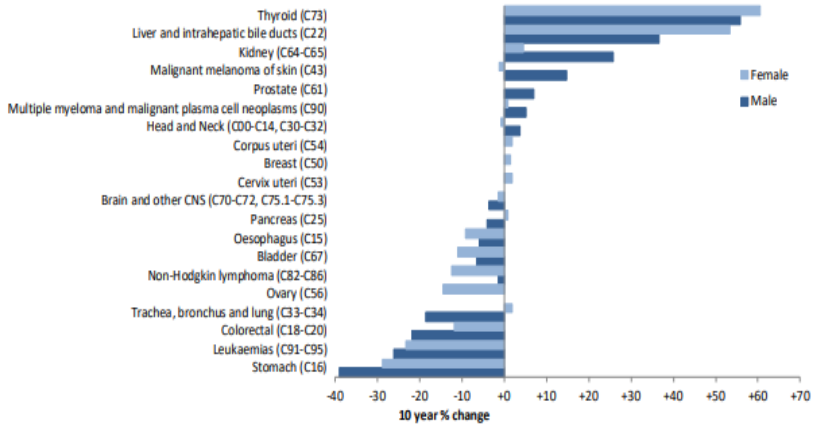
Numbers diagnosed male/female



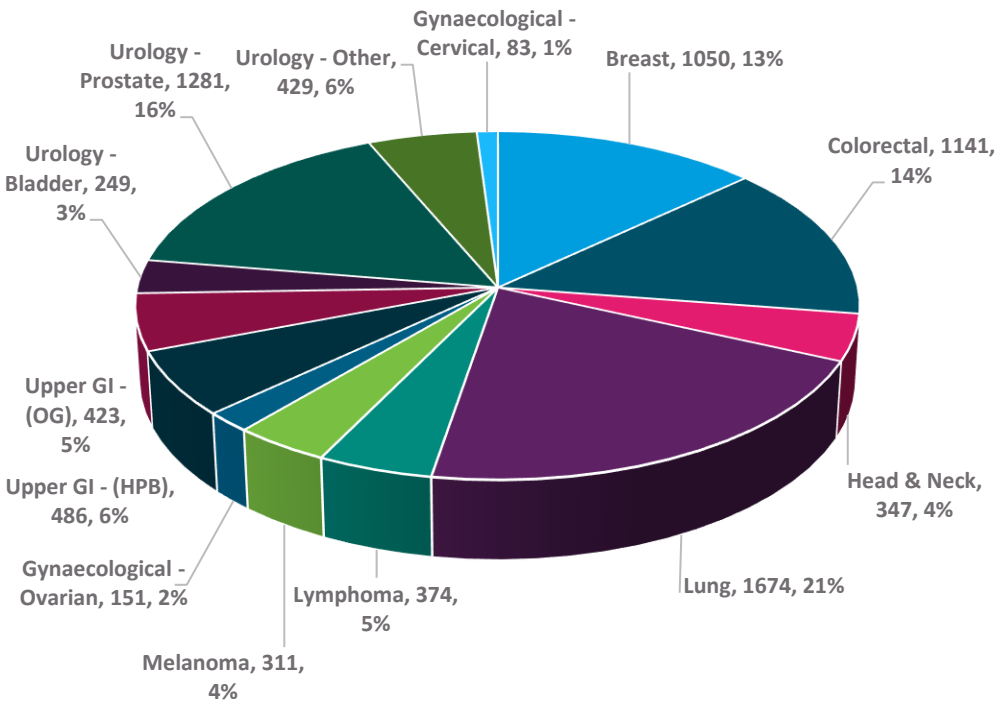
The graph shows number of deaths due to cancer in Fife from 1993 to 2019.

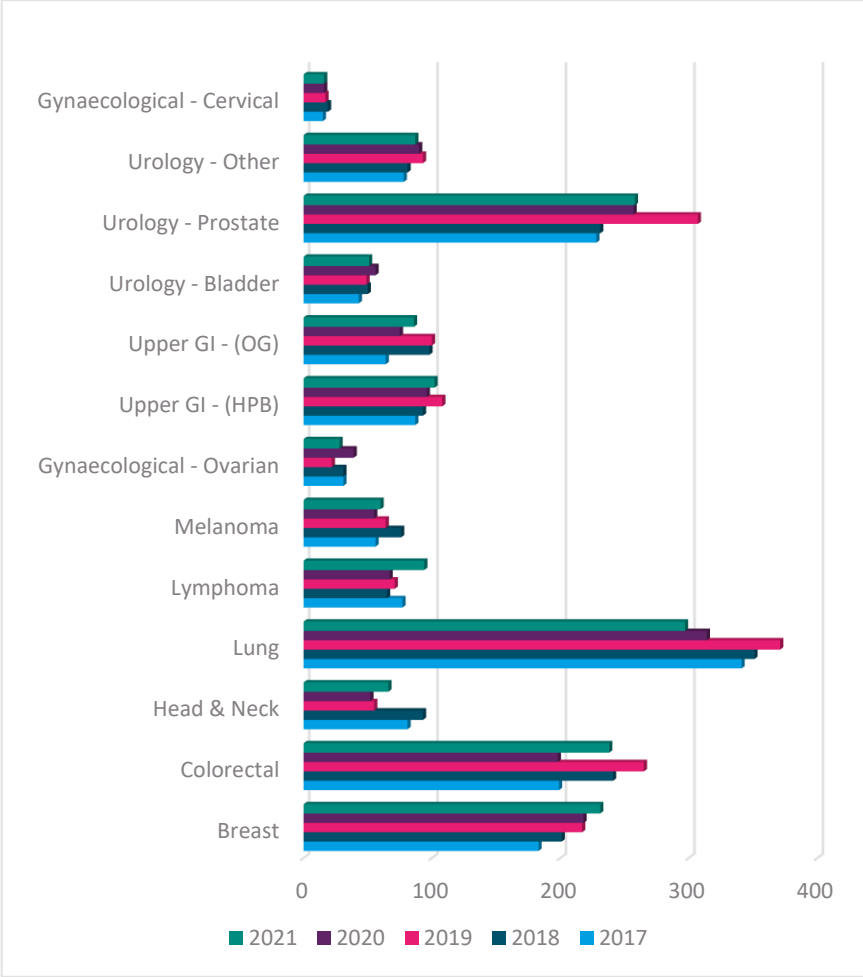


10 year percentage change in age-adjusted incidence rate for 20 most common cancers

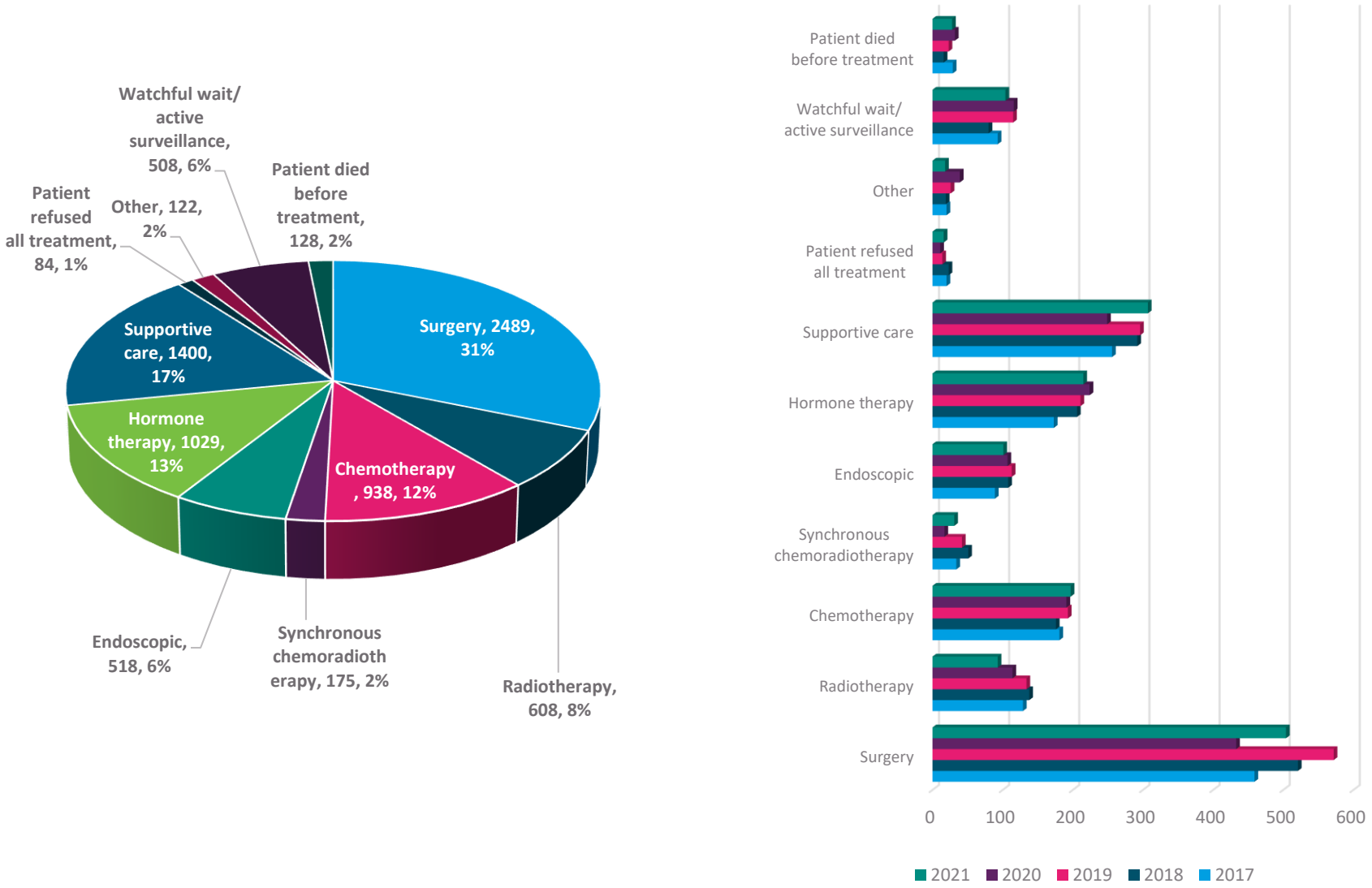


Graph 1: Number of New Cancers Diagnosed (reportable cancers January 2017–December 2021)

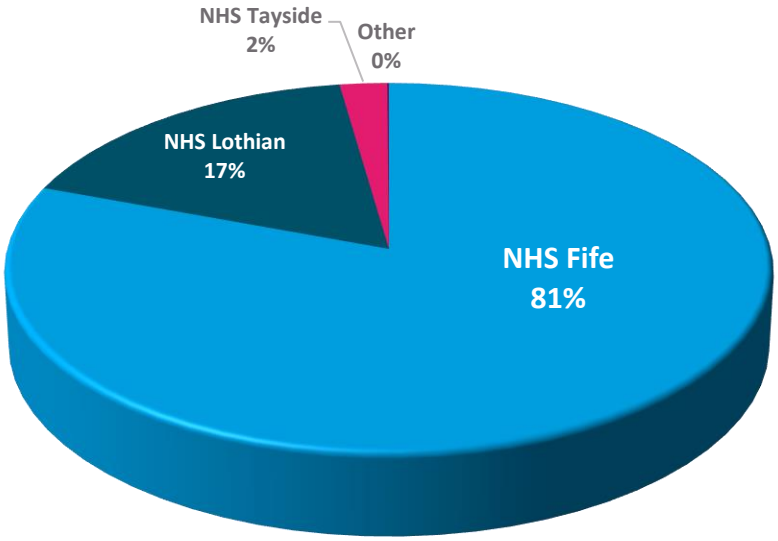




Graph 2: Number of New Patients Treated by Treatment Type (reportable cancers) January 2017–December 2021

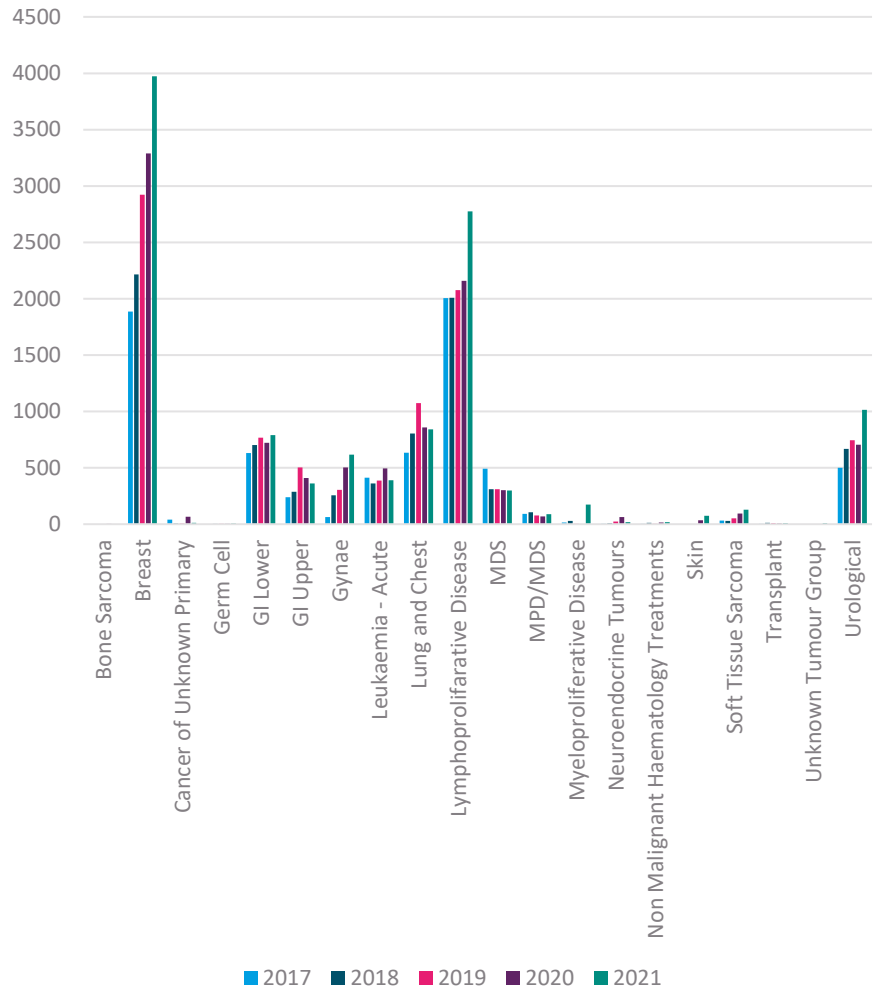


Graph 3: Proportion of New Patients Treated by Board (1st Treatment – reportable cancers) January 2017–December 2021



Board of treatment	
Board of treatment	**No pts**
NHS Fife	6448
NHS Lothian	1368
NHS Tayside	176
Other	7
Grand total	**7999**

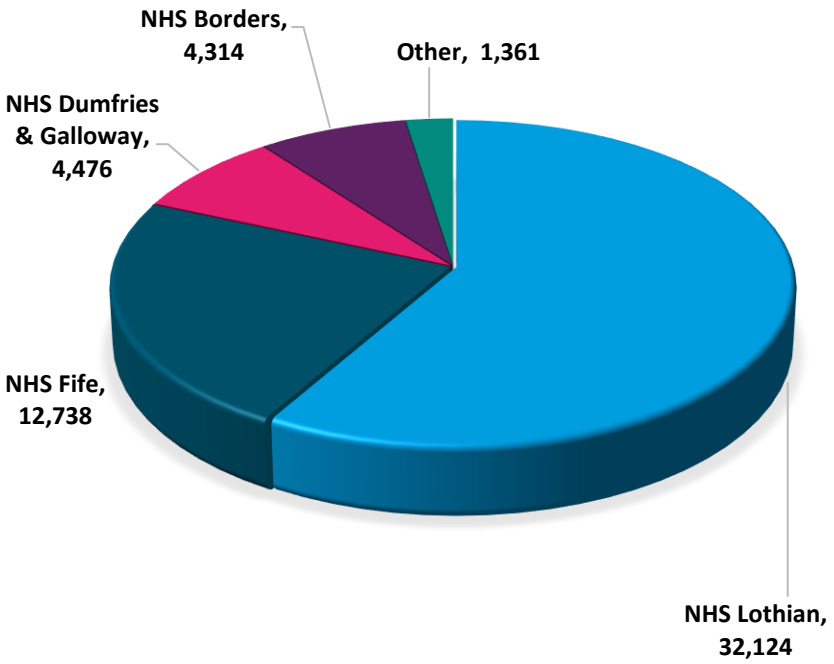
Graph 4: Systemic Anti-Cancer Treatment (SACT) Episodes January 2017–December 2021



Tumour type	2017	2018	2019	2020	2021
Bone Sarcoma				<5	
Breast	1886	2215	2923	3290	3974
Cancer of Unknown Primary	41	5	6	65	11
Germ Cell		<5	<5	>5	<5
GI Lower	630	701	767	723	790
GI Upper	240	287	503	410	360
Gynae	63	256	305	503	618
Leukaemia - Acute	413	362	386	494	390
Lung and Chest	633	805	1073	859	841
Lymphoproliferative Disease	2005	2009	2075	2160	2775
MDS	493	311	310	302	300
MPD/MDS	92	105	77	69	89
Myeloproliferative Disease	14	28	<5		174
Neuroendocrine Tumours	<5	9	22	64	19
Non-Malignant Haematology Treatments	>5	13	<5	16	19
Skin				35	74
Soft Tissue Sarcoma	33	28	53	93	128
Transplant	<5	13	8	6	8
Unknown Tumour Group					9
Urological	501	668	744	705	1015
Grand total	**7050**	**7816**	**9263**	**9799**	**11601**

	2017	2018	2019	2020	2021
Non SACT Interventions	1408	1639	3112	3492	4064
SACT given as Intervention	183	220	507	369	718
Total interventions	**1591**	**1859**	**3619**	**3861**	**4782**

Graph 5: South East Cancer Network (SCAN) Radiotherapy Treatment Episodes 2019



NHS Board	Number of attendances
NHS Lothian	32,124
NHS Fife	12,738
NHS Dumfries & Galloway	4,476
NHS Borders	4,314
Other	1,361

Graph 6: Quarterly Cancer Waiting Times Performance from Q1 2017 to Q4 2021

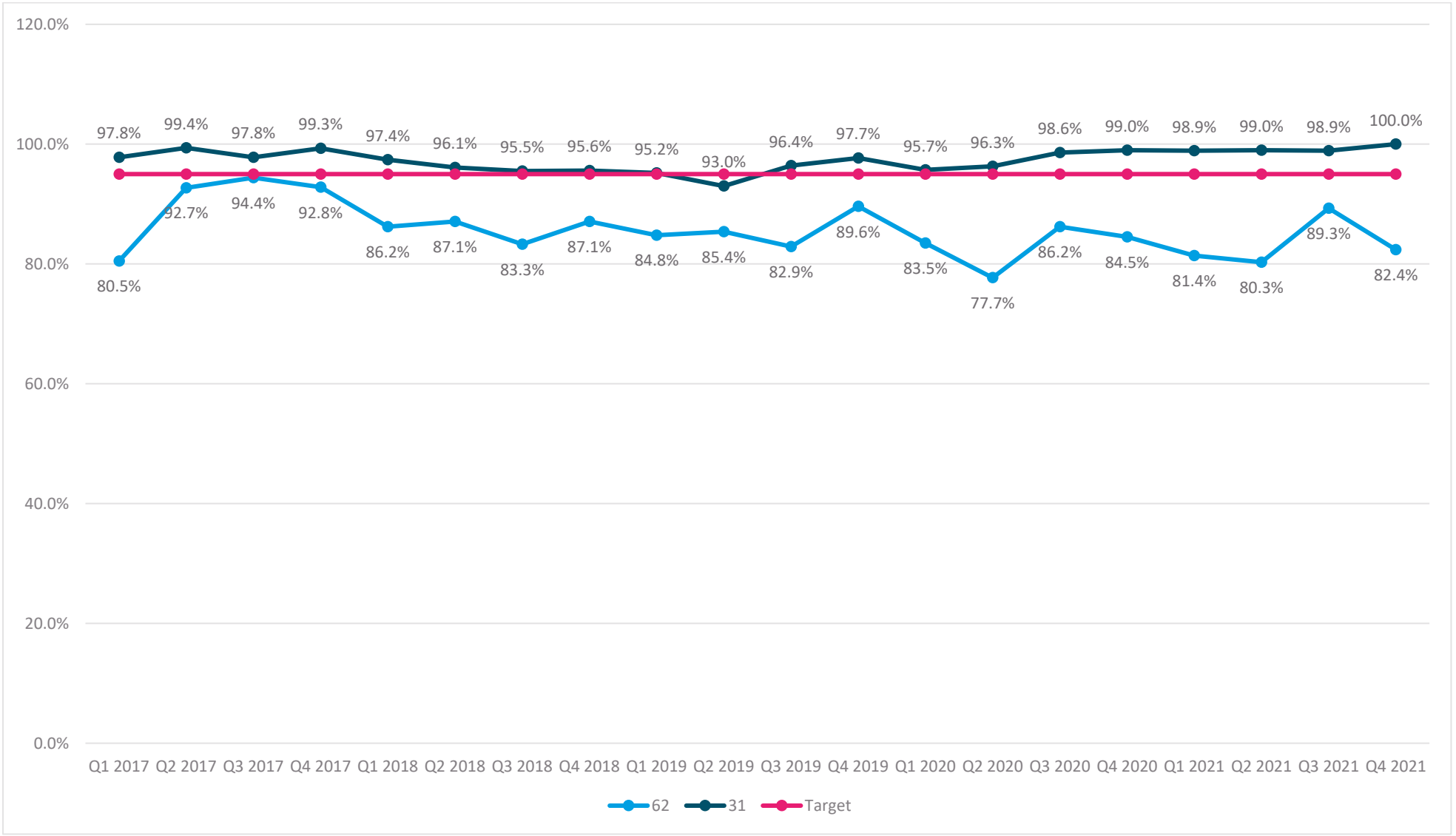


Table 1: Referral vs Diagnosis – Conversion 2017–2021

NHS Fife	Conversion Rates (USC Referral/Diagnosed)														
Tumour Site	2017			2018			2019			2020			2021		
	Referrals	Treated	Conversion	Referrals	Treated	Conversion	Referrals	Treated	Conversion	Referrals	Treated	Conversion	Referrals	Treated	Conversion
Breast	836	109	**13%**	1281	139	**11%**	1375	133	**10%**	1541	175	**11%**	1873	167	**9%**
Colorectal	836	43	**5%**	1048	68	**6%**	1226	89	**7%**	887	95	**11%**	1447	81	**6%**
Head & Neck	464	32	**7%**	747	34	**5%**	959	32	**3%**	753	35	**5%**	750	41	**5%**
Lung	427	130	**30%**	473	154	**33%**	466	173	**37%**	373	112	**30%**	397	114	**29%**
Lymphoma	27	22	**81%**	54	12	**22%**	72	15	**21%**	77	9	**12%**	121	14	**12%**
Melanoma	929	22	**2%**	1918	42	**2%**	2082	41	**2%**	1382	37	**3%**	1908	35	**2%**
Ovarian	63	14	**22%**	61	16	**26%**	77	11	**14%**	51	14	**27%**	77	9	**12%**
Upper GI - (HPB)	38	15	**39%**	52	23	**44%**	75	25	**33%**	63	20	**32%**	95	30	**32%**
Upper GI - (OG)	484	27	**6%**	658	31	**5%**	680	32	**5%**	390	31	**8%**	525	29	**6%**
Bladder	317	13	**4%**	434	29	**7%**	486	19	**4%**	398	29	**7%**	565	24	**4%**
Prostate	230	84	**37%**	333	139	**42%**	358	147	**41%**	309	114	**37%**	402	132	**33%**
Urology - Other	86	20	**23%**	112	24	**21%**	131	27	**21%**	84	22	**26%**	127	15	**12%**
Cervical	50	3	**6%**	91	5	**5%**	118	4	**3%**	117	8	**7%**	173	5	**3%**
Grand total	**4787**	**534**	**11%**	**7262**	**716**	**10%**	**8105**	**748**	**9%**	**6425**	**701**	**11%**	**8460**	**696**	**8%**

Table 2: SCAN Clinical Trial Performance: Clinical Trial Quality Performance Indicator

Target = 15% for all Tumour sites.

Tumour Site	Cohort	Fife		Borders		D&G		Lothian		SCAN	
		%	No Pts	%	No Pts	%	No Pts	%	No Pts	%	No Pts
Lymphoma	2019-20	0%	0/73	0%	0/31			2.1%	4/187	1.4%	4/293
Acute Leukaemia	2019-20	5.9%	1/17	0%	0/4			16.1%	5/31	22%	6/51
Bladder	2019-20	1.7%	1/60	5.3%	1/19	6.3	2/32	5.6	7/125	4.7	11/236
Renal	2020	4.8%	3/62	40%	8/20	21.2%	7/33	33.3%	49/147	25.6%	67/262
Testis	2019-20	0%	0/12	0%	0/3	0%	0/6	0%	0/36	0%	0/57
Prostate	2019-20	0%	0/253	0%	0/107	0%	0/122	4%	21/525	2.1%	21/100
Oesophago-gastric	2020	2%	2/99	13.2%	5/38	4.3%	2/46	10.1%	18/178	7.5%	27/361
HPB	2020	3.8%	4/104							1.5%	7/445
Colorectal	2020-21	1.6%	4/243	11.2%	11/98	5.9%	7/119	17.2%	90/523	11.4%	112/983
Gynaecology (Cervical)	2019-20	6.8%	1/15	0%	0/6	0%	0/6	7.6%	2/26	5.7%	3/52
Gynaecology (Endometrial)	2019-20	3.8%	2/53	0%	0/13	0%	0/25	9.9%	10/101	6.2%	12/192
Gynaecology (Ovarian)	2019-20	41.4%	12/29	11.1%	1/9	40%	6/15	122.2%	77/63	82.8%	96/116
Breast	2020	2.4%	5/209	24.7%	18/73	1.9%	2/108	32.5%	299/921	24.7%	324/1311
Head and Neck	2019-20	18.8%	13/69	23.6%	5/19	20%	7/35	19.3%	37/192	19.7%	62/315
Lung	2019	1.1%	4/354	0.9%	1/106	0%	0/155	2%	15/7612	1.5%	20/1377
Melanoma	2019-20	0%	0/71	0%	0/37	0%	0/34	1%	2/188	0.6%	2/325

Table 3: Current Cancer-Specific Workforce (December 2021)

	Role	Establishment
Cancer Specific Workforce	Cancer Lead, Surgery	1 PA/Week
	Cancer Lead, Medicine & Oncology	1 PA/Week
	Cancer Lead GP & Palliative Care	2 PA/Week
	Cancer Lead Nurse	1.0wte
	Cancer Transformation Manager	1.0wte
	Cancer Audit & Performance Manager	1.0wte
	Cancer Audit Facilitators	3.6wte
	MDT Coordinators/Trackers	4.2wte
	Tracker	0.5wte
	Central Referral Unit	1.55wte

Cancer Workforce Specialty	Cancer Consultant/Lead	Staff			
		WTE			
		Band 8A	Band 7	Band 6	Band 5
Pharmacy	Principle Pharmacist 1.0wte	2.8	2.0 fixed + 0.5 rotational	nil	2.0
Oncology (Visiting)	50 PA/week				
Allied Health Professionals					
Dietetics				1.0	
Occupational Therapy			3.2		
Physiotherapy			1.6		
Speech & Language		0.6	0.6	0.6	
Radiology	No cancer-specific workforce				
Other	Specialty Doctor 1.0wte				

Cancer Workforce Specialty	Consultant/Lead	Advanced Nurse Specialist (ANP) Clinical Nurse Specialist (CNS)			Clinical Support Workers (CSW) Administrative Support			
		WTE						
		Band 8A	Band 7	Band 6	Band 5	Band 4	Band 3	Band 2
Acute Oncology	Yes		1.0	1.0				
Breast	Yes		1.0	2.0				
Colorectal	Yes		1.0	2.0	1.5		1.0	
Head & Neck (ENT & OMFS)	Yes		1.0	0.6			0.8	
Lung	Yes		2.0					
Haematology	Yes		1.0	1.0				
Haematology Day Unit	Yes		1.0	2.0	15.2		2.0	1.2
Haematology Ward 34	Yes		1.0	1.8	13.0			7.8
Gynaecology	Yes		1.0			1.0		
Dermatology	Yes			3.8				
Upper GI (HPB & OG)	Yes		2.0					
Urology	Yes		1.0	2.0	0.4	1.0	0.6	
Early Cancer Diagnosis Centre	Yes		1.0			1.0		
SACT	Yes (Nurse Consultant)	1.0						

Table 4: Regional Services Provided to NHS Fife (December 2021)

Area	Service provided	Cancer types	Services Provided	Cancer Types
	Lothian	Lothian	Tayside	
Outpatients	Oncology (visiting)	All (seen in Fife)		
Specialist Interventions	Speech & Language	Head & Neck		
Specialist Diagnostics	PET Molecular Testing ERCP Mediastinoscopy Staging Laparoscopy	All (except Lung) All Upper GI/HPB Lung Upper GI	PET	Lung
Treatment	Chemotherapy Chemoradiation Surgery Robotic Surgery Radiotherapy (including specialist) Brachytherapy Proton Beam Immunotherapy VATS CHART Radiofrequency Ablation (RFA)	Head & Neck Head & Neck (ENT) Lung, Upper GI, HPB Complex Breast. Prostate All Prostate, Cervical Lymphoma All Lung Lung, Liver, Kidney, other abdomen	Chemoradiation Plastic Surgery	

Area	Service provided	Cancer types	Services Provided	Cancer Types
	Lothian	Lothian	Tayside	
Other	Genetics		Fertility Sparing	
Regional Multidisciplinary Team (MDT) Meetings	MDT	Head & Neck (ENT) Haematology Gynaecology Skin Upper GI HPB		

Table 5: Local Cancer Services Provided in NHS Fife (December 2021)

Area	Service provided		Cancer types
Early Cancer Diagnosis Centre	A service to refer patients with vague symptoms who do not meet the Scottish Cancer Referral Guidelines.		Vague but concerning symptoms
Outpatients	All first outpatient appointments take place within NHS Fife. (within 14 days of referral) Follow Up appointments Post treatment care/appointments Oncology (visiting Oncologists)		All
Diagnostics	**Radiology** Xray Ultrasound CT MRI Mammography Bone Scan Skeletal survey **Other** ECHO	**Endoscopy** Bronchoscopy Colonoscopy OGD Colposcopy Cystoscopy Flexible sigmoidoscopy Flexible cystoscopy Hysteroscopy Microlaryngoscopy Nasendoscopy Ureteroscopy	All

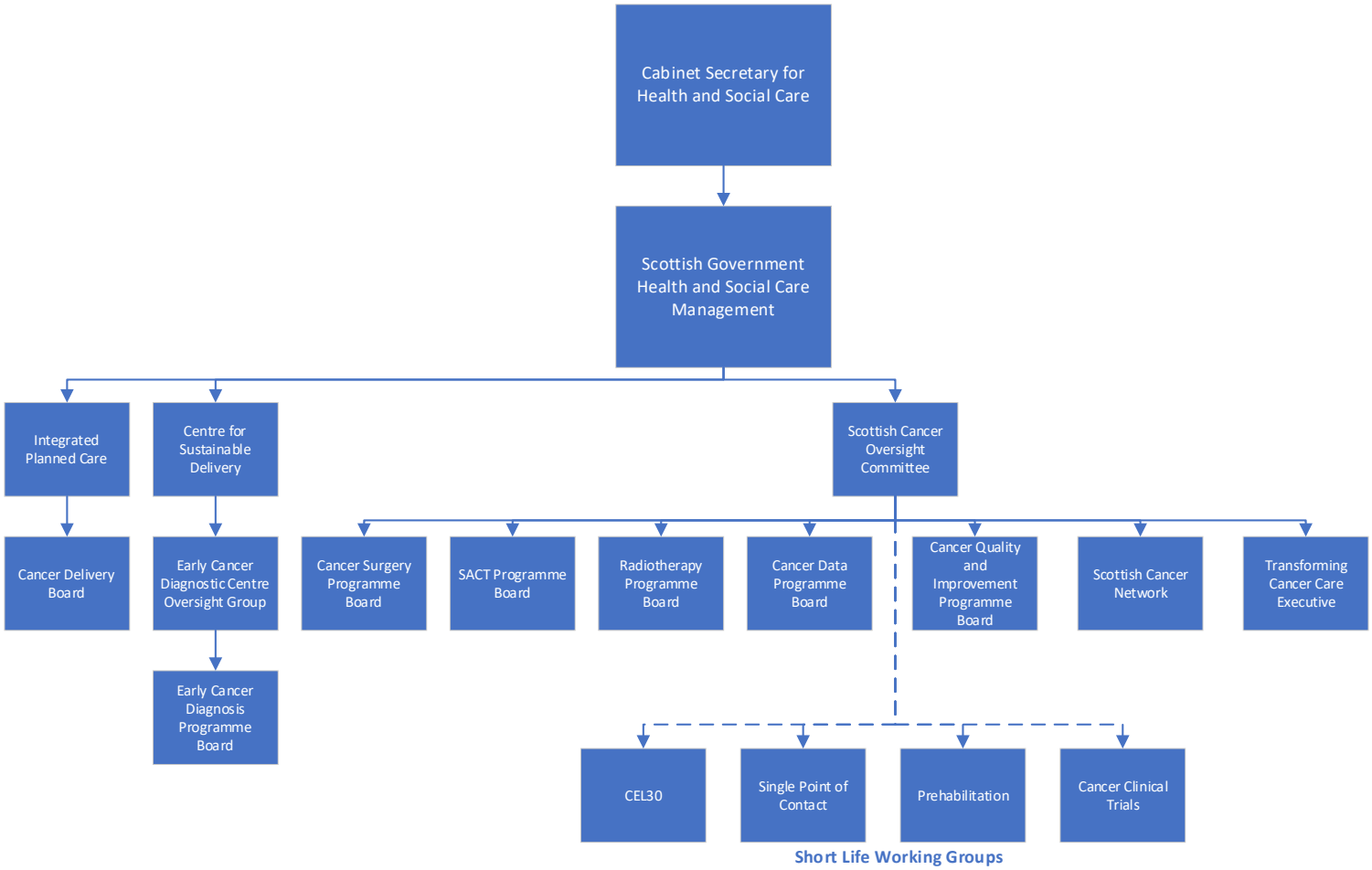
Area	Service provided	Cancer types
Specialist Diagnostics	CT guided biopsy	All
	Ultrasound guided biopsy	
	CT Colon	Colorectal
	MRCP	
	Cytosponge	
	Colon Capsule	
	EUS	Upper GI
	ERCP/MRCP	
	EBUS	Lung
	Thoracoscopy	
	VATs	
	TRUS	
	Trans perineal Biopsy	Prostate
	Template Biopsy	
	Bone Marrow Aspirate/Trephine	Haematology
	Biopsy (incision, excision, lymph nodes, etc)	All (except HPB)
	Cellular Pathology	All (except where treatment done out with Fife)
	Nuclear Medicine	Breast
Pre Treatment	Prehabilitation	Colorectal, Urology
	Maggies Prehabilitation	All

Area	Service provided		Cancer types
Treatment	Surgery (including complex) Robotic Surgery Chemotherapy Hormones LLETZ TURBT Pharmacy Pharmacy Aseptic Services		Breast, Colorectal, Head & Neck, Skin, Gynaecology, Urology (bladder, kidney, testes, penile) Colorectal, Renal, Gynaecology All (except Head & Neck and very specialist) Breast, Prostate Gynaecology Bladder
Specialist Interventions	Speech & Language Dietetics Physiotherapy Occupational Therapy	Podiatry Spiritual Care Psychology Cancer of Unknown Primary	All
Post Treatment Care	Acute hospital Acute Oncology Hospice Palliative Care Health & Social Care GP		All
Multidisciplinary Team Meeting	Local MDT		Breast, Colorectal, Lung, Urology, Complex Pelvic Surgery, SCC

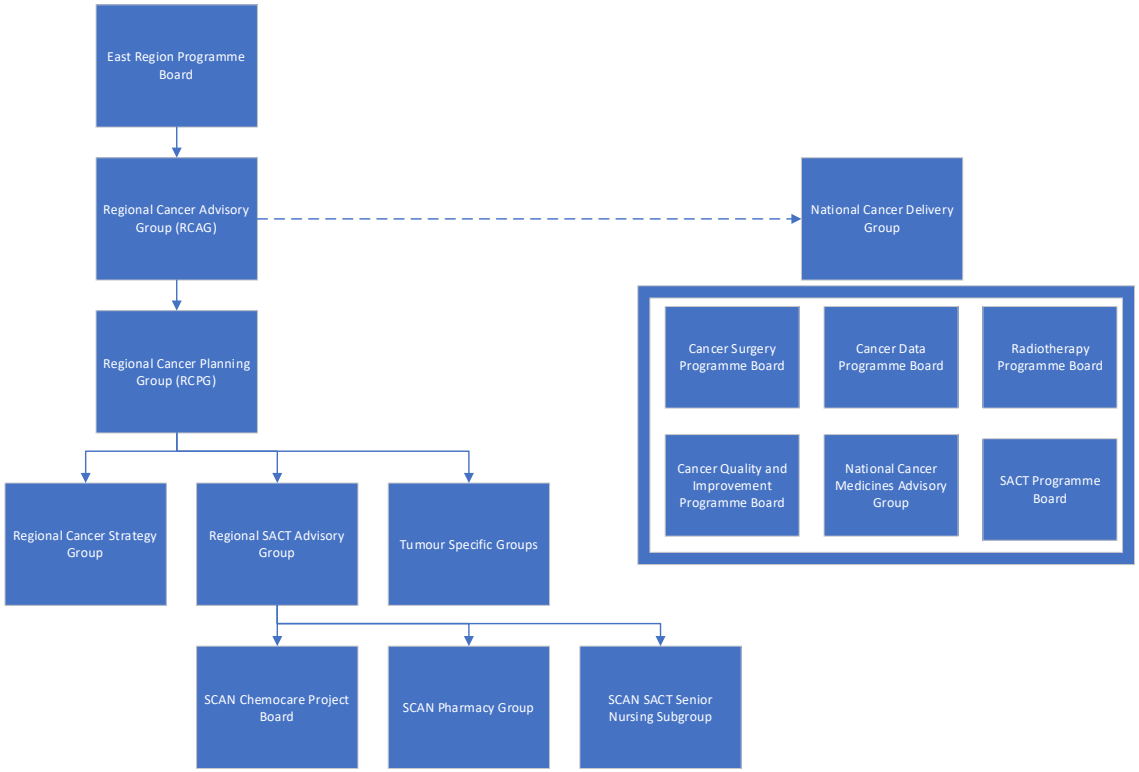
Area	Service provided	Cancer types
Other	Maggies ICJ pathway 3rd sector	

Appendices

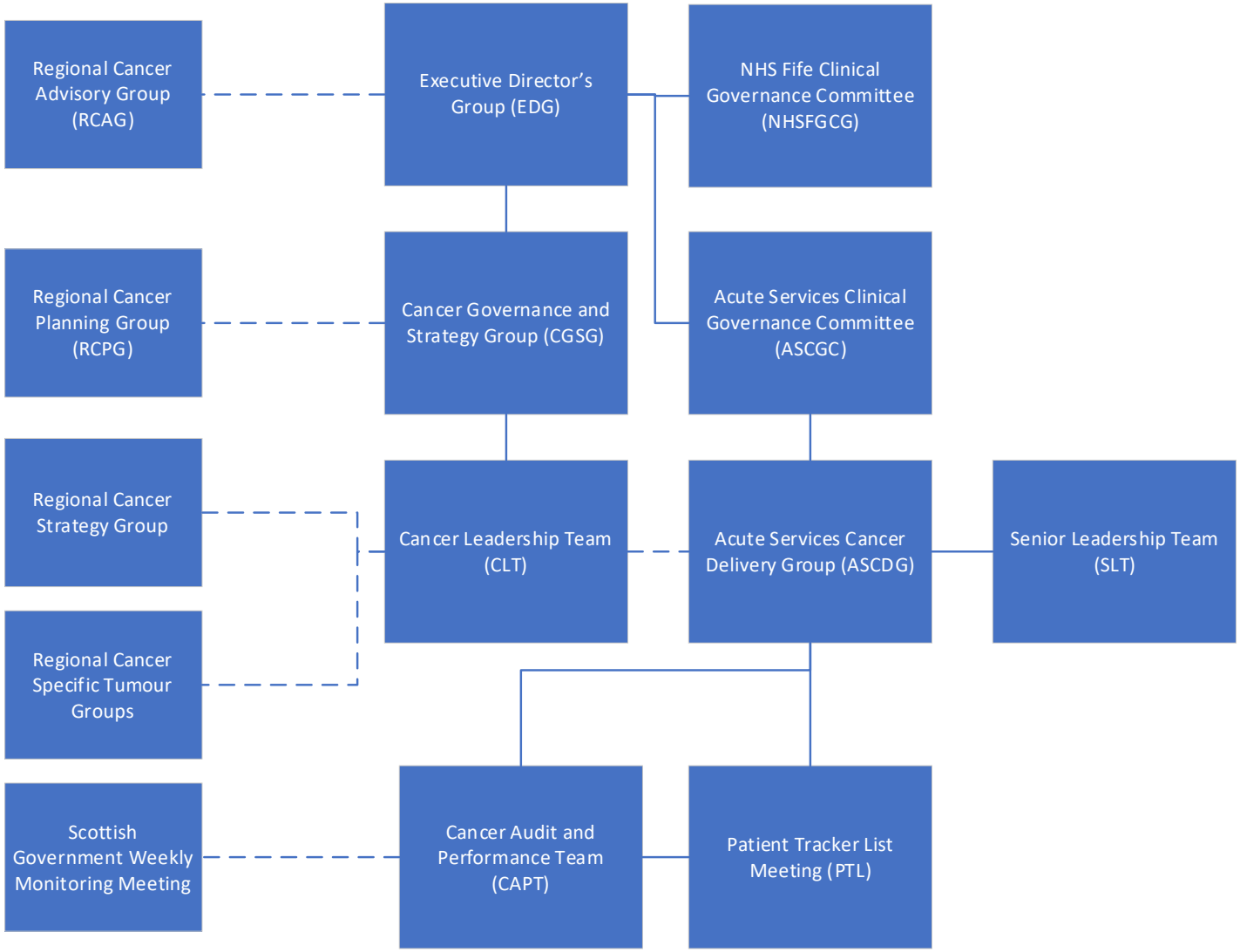
Appendix 1. Scottish Government Cancer Governance Structure (2021)



Appendix 2: Regional Governance Structure (2021)



Appendix 3: NHS Fife Cancer Services Governance Structure (2021)



Appendix 4: SCAN Regional strategic priorities

Remobilisation of services

- Workforce sustainability.
- Rapid Cancer Diagnosis Service (formerly known as Early Cancer Diagnosis Centre (ECDC).
- Review of cancer pathways across the region in order to improve patient journeys and implement improvement opportunities.
- Regional approach to Acute Oncology services.
- Reprovision of the Regional Cancer Centre and potential transformation opportunities with alignment between the boards' emergent local cancer strategies.

SCAN Regional Services SWOT analysis – top 5

Strengths	Weaknesses	Opportunities	Threats
1. Desire to do as much locally as possible. Majority SACT delivered at cancer units. Only specialist and combined treatment at Edinburgh Cancer Centre. Outreach at Dumfries & Galloway (D&G). 2. Good use of SACT planning tool (Borders and D&G) for capacity planning. 3. Tumour group specific support workers in Fife. Planned in D&G. 4. Supportive therapies within ambulatory care; D&G community hospital and Borders, keen to increase locations in Fife 5. D&G able to maintain 100% capacity during COVID due to modern build and spaces.	1. Acute oncology model has limited/ no medical cover at Borders and variable for Fife. D&G no oncologist but via specialist palliative care. Sub optimal model of acute oncology units compared to Centre – lack of senior decision making increases the likelihood of admission. 2. IT – limited use of Near Me and requirement to revert to face to face but improved in D&G. 3. Seen as Edinburgh and not an East service. 4. Not all staff able to work at top of license, limited skill mix, limited staff pools. 5. Number of manual processes in place where technology could support, e.g. SACT 'ready check'.	1. Potential for regional workforce model re medical input to acute oncology service and Cancer Treatment Helpline with rotational posts; virtual resource to enable 7 day service to all units. 2. Shift supportive therapies into community settings, e.g. Borders community hospital sites; other sites in Fife and elements to community/primary care, e.g. phlebotomy; use of home models, e.g. Hospice @ Home. 3. Wider opportunities (both sites) IVT biologics, OPAT, supportive therapies to be combined and provided outwith cancer unit. 4. Maximise use of IT – virtual consulting; automate SACT 'ready', patient portal, access to off-site medical cover. 5. Palliative Team part of MDT in future, more joined up earlier in the process.	1. Regional Aseptic service may limit what can be delivered in the Borders. 2. Workforce – unable to advertise due to wider Board issues. 3. Radiotherapy patients: previously accessed accommodation (pre COVID) on site, use of hotels/self-catering. Currently out of tender. 4. Service models based on individuals rather than standardised processes adopted consistently by teams are unsustainable longer term and create disparities shorter term.

Appendix 5: Staff and public engagement – who we engaged with

Staff and public engagement	

• Patients
• Public Health & Health Promotion
• Primary Care
• Patient Centred Care
• Palliative Care
• Health and Social Care Partnership
• Research Development and Innovation
• Psychology
• Specialist Nursing Teams
• Tumour Group Multi-Professional Teams
  – Breast
  – Colorectal
  – Dermatology
  – Respiratory
  – Oncology/Acute Oncology/Cancer of Unknown Primary
  – Systemic Anti Cancer Treatment (SACT)
  – Haematology
  – Ears, Nose & Throat (ENT)
  – Hepatopancreatobilary (HPB)
  – Urology
	• Allied Health Professionals
	  – Dietetics
	  – Occupational Therapy
	  – Physiotherapy
	  – Speech and Language Therapy
	• Pharmacy and Medicines
	• Digital and Information
	• Property and Asset Management
	• Realistic Medicine Team
	• Spiritual Care Team
	• Radiology
	• Pathology
	• Organisational Development and Workforce
	• Laboratories
	• Cancer Audit & Performance Team
	• 3rd Sector
	• Occupational Health
	• Dental

Appendix 6: Measuring success

Measure	Standard	Target
Cancer Waiting Times (CWT) Performance	62 day standard from Referral to Treatment. 31 day standard Decision to Treat to Treatment.	95%
Rapid Cancer Diagnosis Service (formerly known as Early Cancer Diagnosis Centre (ECDC)	Patients referred urgent suspected cancer with vague symptoms will have a cancer diagnosis or had cancer excluded within 21 days of date of receipt of referral.	21 days
First Urgent Suspected Cancer (USC) Appointment	Aim to see all patients within 14 days of receipt of an urgent suspected cancer referral.	14 days
Multidisciplinary Team (MDT) Meeting	All patients with a diagnosis of cancer will be discussed at a multidisciplinary team meeting.	100%
Quality Performance Indicators (QPIs)	Quality Performance Indicators will drive improvement in clinical care and inform cancer recovery.	Specific
Data Quality Assurance (DQA)	Continue to comply with the Data Quality Assurance (DQA) programme.	95%
Detect Cancer Early (DCE)	To increase the proportion of people diagnosed with early stage disease (stage 1) by 25% for Breast, Colorectal and Lung.	25% from 2010 baseline
Access to Clinical Nurse Specialist (CNS)	Aim to assess all patients within 48 hours of a cancer diagnosis.	48 hours

Glossary of terms

Acronym	Meaning
AHP	Allied Health Professional
AI	Artificial Intelligence
ANP	Advanced Nurse Practitioner
AO	Acute Oncology
BSC	Best Supportive Care
CHART	Continuous Hyperfractionated Accelerated Radiation Therapy
CLL	Chronic Lymphocytic Leukaemia
COVID-19	Coronavirus Disease 2019
CT	Computerised Tomography
CWT	Cancer Waiting Times
DCE	Detect Cancer Early
EBUS	Endobronchial Ultrasound
ECC	Edinburgh Cancer Centre
ECHO	Echocardiogram
eHNA	Electronic Health Needs Assessment
ENT	Ears, Nose and Throat
EQIA	Equality Impact Assessment
ERCP	Endoscopic Retrograde Cholangiopancreatography
EUS	Examination Under Anaesthetic

Acronym	Meaning
FiCTS	Fife Cancer Tracking System
GP	General Practitioner
HPB	Hepatopancreatobilary
ICJ	Improved Cancer Journey
IR	Interventional Radiotherapy
LDP	Local Delivery Plan
LINAC	Linear Accelerator
LLETZ	Large Loop Excision of the Transformational Zone
MDT	Multidisciplinary
MRCP	Magnetic Resonance Cholangiopancreatograpy
MRI	Magnetic Resonance Imaging
NHS	National Health Service
OGD	Oesophago-gastroduodenoscopy
OMFS	Oral Maxillofacial Service
PET	Positron Emission Tomography
qFIT	Quantitive Faecal Immunochemical Test
QPI	Quality Performance Indicator
RCDS	Rapid Cancer Diagnosis Service (formerly known as Early Cancer Diagnosis Centre (ECDC)
RD&I	Research Development & Innovation
RFA	Radio Frequency Ablation

Acronym	Meaning
SACT	Systemic Anti Cancer Treatment
SCAN	South East Cancer Network
SCC	Squamous Cell Carcinoma
SPOCH	Single Point of Contact Hub
TRUS	Trans Rectal Ultrasound
TURBT	Trans Urethral Resection of Bladder Tumour
UK	United Kingdom
Upper GI	Upper Gastrointestinal
VATS	Video Assisted Thoracic Surgery

References

Strategic references and publications

Recovery and Redesign: An Action Plan for Cancer Services

Cancer Staging Data using 2018-2020 DCE Data – the impact of COVID-19

Beating Cancer: Ambition and Action

Effective Cancer Management Framework

Realising Realistic Medicine

'Reduce the Risk of Cancer'

Cancer In Scotland (ISD)\Cancer-in-Scotland-July-2020

Local references and documents

NHS Fife Population Health and Wellbeing Strategy [to follow]

Cancer Strategic Framework Communication Strategy v0.1

EQIA\Cancer Strategy Stage 1 Impact Assessment - signed 100821

High Level Summary of Engagement Sessions

Service Aims & Objectives

Service Priorities

SWOT All

NHS Fife provides accessible communication in a variety of formats including for people who are speakers of community languages, who need Easy Read versions, who speak BSL, read Braille or use Audio formats.

NHS Fife SMS text service number 07805800005 is available for people who have a hearing or speech impairment.

To find out more about accessible formats contact:
fife.EqualityandHumanRights@nhs.scot or phone 01592 729130.

NHS Fife
Hayfield House
Hayfield Road
Kirkcaldy, KY2 5AH

www.nhsfife.org

facebook.com/nhsfife
twitter.com/nhsfife
Instagram.com/nhsfife
linkedin.com/company/nhsfife