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Five changes needed to Scottish cancer policy to support necessary transformation of services

Ashleigh L Ward [abc], Liz Forbat [d]

a. Faculty of Health Sciences and Sport, University of Stirling, Stirling, FK9 4LA
b. Faculty of Medicine, Dentistry and Nursing, University of Glasgow, Glasgow, G12 8QQ
c. NHS Forth Valley, Falkirk Community Hospital, FK1 5QE
d. Faculty of Social Sciences, University of Stirling, Stirling, FK9 4LA

Corresponding author: Ashleigh Ward, corresponding email address: Ashleigh.Ward2@nhs.scot

Abstract

Whilst Scottish healthcare policy has not yet set a clear direction for service transformation needed in lieu of budgetary constraints, it is important that policy makers are cognisant of where policy can support healthcare professionals to overcome barriers to service development, and better meet demand. An analysis of Scottish cancer policy is presented, informed by learning gained from supporting development of cancer services as a practitioner, insights from undertaking health service research, and known barriers to service developments. This paper is structured as five recommendations to policy-makers: the need to develop a shared understanding of quality care between policy makers and healthcare professionals to guide service development in the same direction; revisiting of partnership working given developing health and social care landscape; empowerment of national and regional networks and working groups to develop and implement Gold Standard care in speciality services; sustainability in the development of cancer services; and development of guidance relating to how services should be using and developing patient capacities within cancer services.

Keywords

Policy [N03.623], Health Care Reform [N03.349.300], National Health Programs [N03.349.550], Government [N03.540.348], Delivery of Health Care [N04.590.374], Patient Care Team [N04.590.715], Scotland [Z01.542.363.766], Neoplasms [C04], Medical oncology [H02.203.429.515], Primary Health Care [N04.590.233.727]

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Introduction

The Scottish government has committed to transforming NHS Scotland to manage budgetary constraints amid growing demand on healthcare services [1,2]. However, following the Christie commissioned report [3] that anticipated the need for service transformation, the Scottish government directed improved efficiency in the healthcare workforce [2] and other resources such as equipment and workspaces [4] to ensure saturation of resource usage across services, which has provided NHS Scotland some time to identify the direction of needed transformation. Though Scottish Government has a history of success in healthcare transformation including directing a 'shift' in care from secondary care to community and primary care services [5], and the integration of health and social care services [6], healthcare policy has not yet set a clear direction for transformation to meet demand. Analysis of Scottish cancer policy was undertaken in anticipation of the Scottish cancer policy due for release in 2023 and informed by learning gained from supporting development of cancer services as a practitioner and health service researcher, and known barriers to service development. Understanding of cancer policy within Scotland is important in informing policy makers and healthcare professionals during recovery and remobilisation of health services.

In response to the Christie commissioned report [3] and informed by reform in NHS England, the 2020 vision route map [2] to the 2020 quality healthcare strategy [1] pledged transformation. Following this, the Beating Cancer Action Plan [7] highlighting the ongoing implementation of a transformational change programme that included cultural transformation and further integration of primary and secondary care, followed by implementation of new models of care [4]. However, approaches to transformation within policy continue to be largely top-down and driven by government directives, despite the growing body of evidence that acknowledges bottom-up [8] or "*from within*" [9] approaches as the most effective approach to reform. This approach has led to tensions between policy makers and healthcare professionals and lack of understanding of respective roles [8,10].

Invest in a shared understanding of quality to situate Scotland as a high performing cancer system

The Scottish government have sought "*to become one of the highest performing cancer healthcare systems internationally*" [7] and are paving the way using a strategic vision for quality healthcare, positioning quality as the core driver for healthcare reform [2]. However, Scottish cancer policy states that international ambitions will be recognised through improved data sharing, the development of data and informatics, QPIs that measure adherence to protocols, and use of personal experience surveys to inform practice [7], which does not clearly present a vision for how Scotland can situate cancer services internationally. Rather, Scottish cancer policy was found to present a rigorous quality assurance programme, which focussed on guiding investment towards assuring a minimum level of care, which is often poorly aligned with measures of success, instead of a clear vision of how Scotland can develop as an internationally excellent cancer service.

Whilst Scottish government have refined their approach to quality care and international excellence over years, the approach to quality in Scotland remains focused on assuring a minimum quality of care [1,7,11] and directed only at the 'front end' of the patient pathway. This approach was found to be informed by transformation in NHS England [12,13] and aligned with the United States Institute of Medicine goals where quality healthcare was understood to be patient-centred, safe, effective, efficient, equitable and timely [14], and is a poor fit with

healthcare values in Scotland; deviation of NHS Scotland and NHS England healthcare values were quickly noted following devolution [15] and the United Stated conceptualise quality healthcare as unrestricted access to medical consultants, and tests and treatments [16,17]. This has resulted in healthcare professionals in Scotland being overall critical of the Scottish Government's approach to cancer care, which was found to be at odds with conceptualisations of quality care used in practice [10].

Quality healthcare is subjective and deeply entrenched in politics and culture. As such, a clearer understanding of quality in cancer care is needed in Scottish policy that correlates with how Scotland seek to become one of the highest performing cancer systems, with clearly aligned measurements to support healthcare professionals locally in the design and prioritisation of service developments. Further, one key change in cancer policy came in 2016 where measures of cancer care quality were delegated to the National Cancer Quality Performance Indicator (QPI) programme [7] who have so far extrapolated the Scottish government's quality assurance approach to conceptualise quality cancer care as adherence to protocols [7,18]. As such, the QPI programme remains an under-utilised resource in influencing perception of quality cancer care across Scotland.

Revisit the vision for primary and secondary care in 'partnership working'

Despite clear concerns related to capabilities of primary care practitioners to be the involved in the delivery of specialist care as healthcare professionals in secondary care sub-specialise [19], the drive for involvement of primary care practitioners in specialist care continues in policy. However, the feasibility of the shift of aspects of specialist care to primary care has not been revisited following national integration of social care, healthcare and community care services. Whilst, the development of partnership working between primary and secondary care was a key policy objective of the newly devolved Scottish government [20,21,22] and is now evident throughout Scottish policy [1,2,4,7,14] the feasibility of the shift of aspects of specialist care to primary care has not been revisited following national integration of social care, healthcare and community care services.

The shift towards partnership working by Scottish government [21] was informed by a need (i) to develop capacity within NHS Scotland considering financial limitations to improve health and reduce inequality given Scotland's significantly reduced health outcomes, and (ii) to facilitate development of services designed from the patient's viewpoint. Though partnership working has been successful in many areas such as end of life care, Weir [23] cautioned early that it was not a solution for all service delivery issues. Following escalating crises in primary care [19], there now a need for Scottish Government to revisit the widespread integration of specialist healthcare services considering the new health and social care landscape, such as the development of National Care Service, and the development of sub-specialist practice in tertiary care. Rather than focus on further increasing pressure on GP services, other models that already exist locally, as well as international models, should be considered by policy makers to support delivery of specialist care in the community, for example, community pharmacy, specialist community hubs, and One-to-One teams.

Further develop national and regional networks

Following devolution, Managed Clinical Networks (MCN) were identified as vehicles for bottom-up change by Scottish government [21,24], recognised as an important source of healthcare leadership in Scotland [12,14,21,24]. Specifically, MCNs were championed for facilitating the development of clinical management guidelines and protocols, and were tasked with improving the quality of care of patients. As a result, it was

proposed in 2007 [12] that MCNs should be further developed to enable this as reflected in the cancer care policy that followed [14]. However, the focus on developing MCNs has been lost from recent policy [1,4,7]. Whilst MCNs are often tasked with auditing services [7,14] they have not been developed to support the delivery of care, with regional responsibility of healthcare still being devolved to Health Boards only who deliver cancer care in collaboration with 32 local authority areas across Scotland [6]. Given the complexity of specialist services and shifts towards hub-and-spoke models of working across MCN regions, there is a need to explore an empowered role for MCNs in funding and governance of specialist services. MCNs offer an accepted leadership structure to Scottish cancer services, with support within the cancer community for further development [12,14,21,24]. As such, MCNs are an asset to NHS Scotland, and place NHS Scotland in a better position to transform healthcare than other regions of the UK, where there is a lack of allegiance, leadership and leadership structures to guide transformation [9].

There is a need for MCNs to re-enter Scottish cancer policy alongside new national developments, which should be encouraged to develop towards national speciality-specific networks that provide healthcare professionals with a platform for development of cohesive working relationships across cancer care, and anticipate and plan for necessary service development and transformation, thereby relieving pressures locally. Recent development of national Cancer Networks offers an opportunity to realise the much-needed translation of Scotland's international ambitions through development of national, Gold Standard, speciality-specific cancer services [10]. With further investment national networks have potential to provide healthcare professionals with a platform to position Scottish cancer care within an international context and make explicit the factors that drive quality care within Scotland to meet current international ambitions [7].

Sustainability of cancer services

Early drafts of the 2023 Scottish cancer policy still reflect the need for service stability and the new Centre for Sustainable Delivery is likely to be critical in shifting the understanding of service stability and sustainability presented in Scottish policy. Whilst Scottish Government continue to focus on demand on services as a result of the ageing Scottish population, the more significant influence on capacity requirements of cancer services relates to technologies and treatments [10,25]. Scottish Government's recent investment in innovation make attempts to transform the long-standing and culturally entrenched structures that have been criticised for being too rigid to easily accommodate change [2,3,4]. Scottish healthcare policy generally directs efforts towards altering current healthcare structure [1,7,14], service sustainability efforts are generally directed at the creation and then maintenance of the new sameness or status quo [2,4], rather than focussing on the sustainability of change itself; whilst some definitions of sustainability focus on the normalisation or institutionalisation of a change, when applied to healthcare services, this viewpoint promotes further problematic structural and functional rigidity. Whilst Scottish Government and NHS Scotland have embraced innovation (e.g. development of regional innovation hubs), the innovation approach has not yet extended to the support services themselves to adapt to change quickly. Rather, to enable cancer services to develop to meet demand and continue meeting demand, Scottish cancer policy should reflect the need for sustainability of services to be viewed as the ongoing development or innovation of services design to keep speed with the rapidly changing healthcare environment.

Utilising the capacity that patients can offer cancer services

Informing policy, the Christie commission report [3] advocated the development of services around "*the needs of people and communities, their needs, aspirations, capacities and skills, and work to build up their autonomy and resilience*". Whilst Scottish Government recognise the important of patient experience in service development [1,2,4,7,14], policy gives limited guidance on how much healthcare services can ask of patients, including whether it is reasonable to give some patients more responsibility over their follow-up than others to account for different capabilities across the Scottish population. The Patient Rights (Scotland) Act (2011) [26] states that it is reasonable for patients to expect that support for their care, such as decision-making and autonomy in follow-up pathways, is tailored to a patient's individual capabilities. Specifically, (i) healthcare must consider the needs of the patient, whilst allowing and encouraging the patient to participate as fully as possible, and (ii) that the desirability of action delivering healthcare should be proportionate, and otherwise appropriate, to the circumstances of each case. The right of a patient to participate as fully as possible in their own care has been a pertinent area of transformation in Scottish healthcare [27,28]. However, cancer policy has not yet explored the reasonable expectations that healthcare professionals can have on patient involvement. This leads to inequity in service developments and professional unease where patient capabilities are utilised to relieve capacity issues within cancer services, often with limited governance.

Conclusion

Recovery and remobilisation towards a 'new normal' offer policy makers and healthcare professionals unique opportunities to transform cancer services. Policy makers in Scotland have not yet set a direction for healthcare transformation to manage increased financial demand, instead advocating increased efficiency [2,4]. With new cancer strategies and further developments in partnership working looming, policy makers need to be cognisant of barriers to service development, and therefore transformation, in practice. Five recommendations are made to facilitate transformation in Scottish cancer services considering barriers to service development: development of a shared understanding of quality care between policy makers and healthcare professionals to guide service development in the same direction; revisiting of partnership working given new health and social care landscape; empowerment of national and regional networks and working groups to develop and implement Gold Standard care in speciality services; sustainability in the development of cancer services; and development of guidance relating to how services should be using and developing patient capacities within cancer services.

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