



Cancer in the UK

Scotland overview

2023

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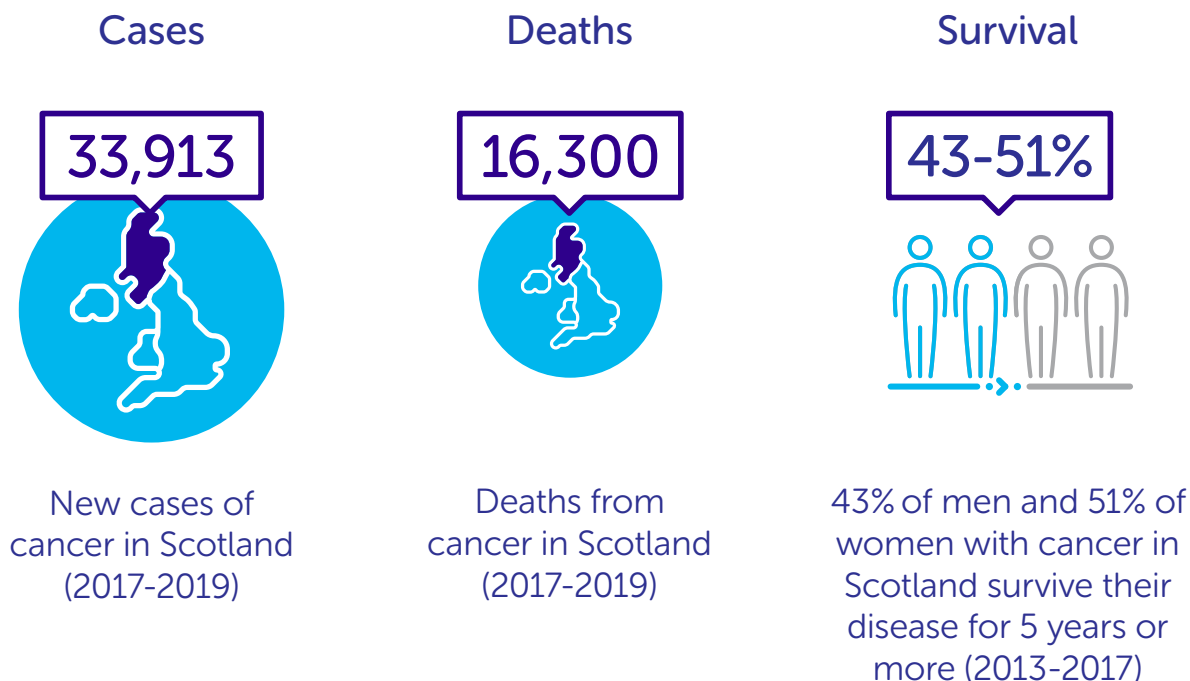


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Cancer in Scotland

Summary

This summary aims to provide an overview of key cancer metrics and data across the cancer pathway in Scotland, as part of the Cancer in the UK: Overview 2023 report which provides the full UK picture. It sets out the top line view of challenges facing cancer services and people affected by cancer today.



The number of cancer cases is rising in Scotland

Every day, 94 people are diagnosed with cancer in Scotland and around 45 people die from the disease.¹ The number of cases is projected to rise by more than a quarter, to around 42,100 new cases per year in 2040.²

This increase will place an unprecedented burden on an already stretched healthcare system.

Around four in ten cancer cases in Scotland can be prevented

Smoking and excess weight are the two largest preventable causes of cancer in Scotland. They cause around 5,700 and 2,200 cases of cancer each year in Scotland, respectively.³

Smoking levels are at their lowest recorded point – around 16% of the Scottish adult population smoke.⁴ But levels are not declining fast enough. Scotland is not on track to be smoke-free (less than 5% smoking prevalence) by the 2034 target. It will not reach 5% average adult smoking prevalence until after 2050.⁵

Meanwhile, overweight and obesity is at its highest recorded level – almost 7 in 10 (66%) adults are overweight or obese.⁶ If current trends continue, by 2040, 3.2 million people will be overweight or obese.⁷

Tackling cancer through prevention requires individuals to make changes to their lives but support from governments and health professionals is crucial to facilitate those changes. The Scottish Government has committed to bring forward legislation to restrict price promotions on food and drink high in fat, salt and sugar, and we urge this to be a top priority for the forthcoming year. This will help make the healthier choice the easier choice to make.

Screening uptake varies between programmes

There are currently three national screening programmes in Scotland, for bowel, breast and cervical cancer. Around 7% of all cancer cases in Scotland are detected through these screening programmes.⁸

Around 64.9% of people take up their bowel cancer screening invitation⁹ and around 75.1% their breast cancer screening invitation.¹⁰ Coverage of cervical screening is around 69.3%.¹¹

NHS National Services in Scotland should support evidence-led activity to address barriers to screening participation and reduce inequalities in all cancer screening programmes. Improvements to, and introduction of new screening programmes must be brought in on time and with enough diagnostic capacity. For example, the Scottish Government should take action in response to the UK National Screening Committee's recent recommendation to introduce targeted lung screening across the UK, including ensuring smoking cessation is an integral part of the screening programme.

People recognise many common cancer symptoms, but too few seek help if they experience them

CRUK data from 2022 using a UK representative sample (including Scottish participants) found that people recognise 12 out of 15 common cancer symptoms. The most commonly recognised symptoms are lump/swelling, change in the appearance of a mole, unexplained weight loss, and coughing up blood.¹²

Around 55% of people had noticed a potential symptom of cancer in the last 6 months. However, under half of those contacted their GP within 6 months which is concerning. The biggest barriers to seeing a health professional included finding it difficult to get an appointment, not wanting to be seen as someone who makes a fuss and worrying about wasting a healthcare professional's time.

Patients feel positive about the care they receive in Scotland, but across the UK people are concerned about the NHS's resources

Data from 2018 shows that patients overall had a positive experience of cancer in Scotland, scoring it 9/10.¹³

More recent data from CRUK during the pandemic found that 2 in 3 patients in Scotland had their care impacted, though the sample was small. It's not clear how the pandemic has affected patients views of their care long term.¹⁴

Concerningly, in 2022, across the UK, 79% of people don't think that the health service has enough staff or equipment to see, test and treat all the people that need to be.¹²

Early diagnosis saves lives

In Scotland, 28% of lung cancer cases are diagnosed at early stage (stage 1&2). Around 44% of bowel cancer cases and 86% of breast cancer cases are diagnosed early.¹⁵ We need data to be published for more cancer types, particularly if we are to understand the impact of the pandemic on early diagnosis in the future.

Nearly 1 in 5 people with cancer in Scotland are diagnosed through emergency referral routes.⁸ This is concerning when people diagnosed through an emergency presentation are more likely to have poor survival.¹⁶

Cancer services are struggling with demand

At the end of September 2022, 52.1 % of people waiting for key cancer diagnostic tests had waited more than 6 weeks.¹⁷ The waiting list has increased almost every day since the pandemic began, highlighting the huge pressures the service is currently facing.

NHS Scotland has two targets for cancer waiting times, the 62-day and 31-day targets. The 62 day target advises that at least 95% of eligible patients wait no more than 62 days from an urgent suspected cancer referral to begin treatment. The target has not been met since 2012 and performance has been steadily declining, with the latest figures showing only 74.7% of patients starting treatment within 62 days at the end of September 2022. The 31-day target advises that at least 95% of eligible patients wait no more than 31 days from decision to treatment to beginning treatment. Performance against this target has been more consistent and it was met in early 2022, with the latest figures for at the end of September 2022 showing that 94.3% of patients started treatment within 31 days.¹⁸

The Scottish Government must urgently prioritise and progress investment in a multi-skilled, future-fit cancer workforce to address long waiting times.

Surgery is the most common first treatment for cancer in Scotland

Ensuring access to optimal treatment is essential for improving cancer outcomes. In 2020, 32% of cancer patients in Scotland had surgery as their first treatment, 12% had chemotherapy and 8% had radiotherapy. Hormone therapy was used as a first treatment for 10% of patients.¹⁹ However, treatment regimens vary widely between different cancer types and many patients will receive a combination of surgery, chemotherapy, and radiotherapy over the course of their treatment.

Survival in Scotland

Around 2 in 5 men, and 1 in 2 women survive their cancer for at least five years.²⁰

Beating cancer in Scotland

Cancer is the leading cause of death in Scotland, with around 16,300 people dying of cancer every year. Around 34,100 people are diagnosed with cancer each year – almost 4 people every hour. This burden is only set to grow in the coming years, so cancer must be a priority for the Scottish Government.

With around 4 in 10 cancers being preventable, doing more to tackle the prevalence of key cancer risk factors such as smoking and overweight and obesity is vital. Limited progress has been made in efforts to reduce the rate of overweight and obesity in Scotland's population. In September 2022, the Scottish Government restated its promise to deliver legislation to restrict the use of multibuy offers on unhealthy foods, such as 3 for the price of 2 chocolate bars or crisps. The legislation should be introduced in 2023. Progress has been made in reducing adult smoking rates, but Scotland is not on course to meet its 2034 smokefree target until after 2050. At current rates this will only be achieved in the least deprived quintile of the population and the target won't be met nationally until after 2050. We look forward to the Scottish Government's refreshed Tobacco Control Plan for Scotland, due in 2023, which must ensure it helps make a smoke free Scotland a reality.

Despite the best efforts of its workforce, the NHS in Scotland is struggling under the weight of the ongoing pressures caused by the COVID-19 pandemic, as well as longer term staff shortages. One target on waiting times has not been met for nearly a decade; patients in Scotland deserve better.

Recent research from the International Cancer Benchmarking Partnership has highlighted the importance of consistent cancer policies backed up by implementation and funding. The Scottish Government has an opportunity to address the challenges currently facing cancer services in Scotland in its forthcoming 10 year cancer strategy, in particular:

- Funding: the strategy must be backed up with significant funding to help ensure it delivers the meaningful improvements people affected by cancer deserve, as well as gain the confidence of the cancer community and wider public. Investment is needed to improve patient outcomes and unlock the benefits of innovative approaches and increased efficiency.
- Action on workforce: the Scottish Government must set out long-term plans to deliver a sustained expansion of the cancer workforce to meet future demand for cancer services and tackle the chronic shortages in the workforce specialities key to diagnosing and treating cancer. This must be matched with sufficient and sustainable capital funding to ensure diagnostic and treatment capacity is meaningfully expanded across Scotland.
- Better use of data: data is fundamental to driving our progress against cancer. The Scottish Government should prioritise making improvements in the collection and reporting of datasets to unlock better intelligence and data-driven action in the years to come.

The new cancer strategy is due to be published by spring 2023 and has the potential to be a major milestone for people affected by cancer in Scotland, signalling a renewed drive and setting an ambitious roadmap towards better cancer outcomes.

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Our ability to understand and tackle cancer is heavily dependent on the quality of data we have. Much of the evidence presented here uses data that has been provided by patients and collected by the health service as part of their care and support. The data is collated, maintained and quality assured by different organisations, including the Scottish Cancer Registry, which is managed by Public Health Scotland.