

Submitted to Cancer strategy: draft vision, aims and priority areas

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Overall and type of document

1a What are the most important aspects of the cancer journey you would like to see included in a long-term strategy?

Think about, for example, prevention, screening, diagnosis, treatment, support for people with or affected by cancer, other care.:

One of the most important aspects of any cancer journey is to ensure we have a seamless path for patients throughout their cancer journey. This includes not having to tell their story repeatedly and all healthcare professionals involved in their treatment team, including those in the community, actively and effectively communicating with each other. Using digital tools to enable this and ensure that all necessary information is available to all members of the patient's team.

We need to involve healthcare professionals in the community, including pharmacists and pharmacy teams, in prevention programmes. Those who have the most frequent contact with patients are ideally placed to get those important messages across about screening and signs and symptoms to look out for. They will also have an ongoing relationship with patients which may result in the disclosure of symptoms of concern, so we need referral pathways from community settings straight into specialist care, that are not filtered through another professional setting.

Part of any long-term plan must be investment in the area of pharmacogenomics. Pharmacists are the ideal profession to lead in this area. Testing patients for genetic risk factors for cancer to support preventative measures, and in tailoring drug therapies to optimise efficacy will ultimately result in better outcomes. The introduction of technologies such as AI backed risk assessment and diagnostic programmes, or blood sample-based cancer testing will offer pharmacies new opportunities to contribute to health improvement.

1b Are there particular groups of cancers which should be focused on over the next 3 or 10 years?

Examples of groups may include secondary cancers or less survivable cancers. :

1c What do you think we should prioritise over the short-term?

Consider what needs addressed within the first 3 years.:

Communication:

Improving communication between healthcare professionals with robust, secure and effective communication channels

Single shared record:

The development of a single shared electronic patient record with read/write access for all, including pharmacists and patients. This would improve the quality and safety of the services pharmacists provide to all patients and reduce health inequalities. RPS also wants to see better use of data, including using data to make treatment decisions and deliver personalised medicines, and using outcome measures to drive service improvement.

Community pharmacy:

Community pharmacists play a key role in identifying patients with 'red flag symptoms' and referring patients to their GPs for a potential early diagnosis of cancer as well as supporting patients through all stages of their cancer journey. This represents an opportunity to use community pharmacy services to support wider NHS strategic objectives and inform improvements in patient care.

In general, the community pharmacy workforce is underutilised despite a huge potential role in promoting healthy lifestyles to reduce cancer risk, encouraging participation in cancer screening programmes, early diagnosis of cancer as well as supporting patients living with and beyond cancer alongside the supply of oral chemotherapies.

Funding to upskill community pharmacists in this role and a commitment to embed this into the community pharmacy contract would help to realise this potential along with funding and commitment to expand cancer medicines into the New Medicine Service long term. There is currently no facility for community pharmacists to directly refer patients into rapid diagnostic services which would very effectively speed up the pathway to diagnosis.

Practice pharmacists:

Practice pharmacists will also play a role in early diagnosis, although quite often, by the time a patient comes to the GP practice they are often not at an early diagnosis stage.

Practice pharmacists will play a significant role in optimising medicines for patients with cancer and dealing with the potential side effects from medication used in the treatment or maintenance of remission. They will care for the patient holistically, considering any other long term, or acute conditions, that the person may have. This may be part of a formal Structured Medication Review or as part of a general appointment with the practice pharmacist. This will also apply to PCN pharmacist who are working in other care settings such as care homes, or in hospices providing end of life care.

Undertaking work to improve the skill mix in practice pharmacy teams to allow pharmacists to offer higher levels of the pharmacotherapy service and offer high level pharmaceutical care to those at the highest risk of harm should be a priority.

Hospital Pharmacy:

Specialised oncology pharmacists play an important role in hospitals and have moved away from the traditional operational role of production and manufacture of anti-cancer medicines. They work with the medical and nursing staff to maximise the benefits of drug therapy while trying to minimise toxicities and educate people with cancer about what to expect during treatment and the associated side-effects. They also provide advice on how to manage complications of cancer treatment and can often independently review patients on systemic anticancer therapies (SACT) and prescribe both anticancer medicines and supportive medicines. In the inpatient setting the specialised oncology pharmacist is integral in the management of the inpatient medication plan, right through to the medication plan that a patient will be discharged with. Investment to develop the role of specialist or advanced pharmacists in this area and increase the number of roles in this area would make a huge difference to patient's care.

There is a need for robust medicines governance around SACT given the risks of administration by different routes such as intrathecal. There is also need for improved capacity for aseptic dispensing and specialist training to ensure there is a sustainable workforce of both pharmacists and pharmacy technicians.

2a Do you agree with the proposal for a 10-year strategy?

Yes

2b. Please explain your answer and provide any additional suggestions.:

We agree that a ten-year plan will allow time for changes to take effect and for benefits to be seen while the three short term plans will allow for COVID recovery and addressing issues which require more urgent action at that time.

Vision, aims and principles

3a Do you agree with this vision?

Yes

3b. Please explain your answer and provide any additional suggestions. :

People at risk or affected by cancer and their experience should be at that heart, and the focus, of any vision and this statement reflects that.

4a Do you agree with these goals?

Yes

4b. Please explain your answer and provide any additional suggestions. :

We agree with the aims and another aim should be better joined up multidisciplinary working among all healthcare professionals working with those affected by cancer.

5a Do you agree with these principles?

Yes

5b. Please explain your answer and provide any additional suggestions. :

We agree with the principles.

Scope and Framing

6a Do you agree with these themes?

Yes

6b. Please explain your answer and provide any additional suggestions.:

We agree with the themes.

7a Do you agree with these areas of focus for person-centred care?

Yes

7b. In your experience, what aims or actions would you like to see under any of these areas?:

We agree with the proposed areas of focus. Under individual experience we would like to see an action take a Realistic medicines approach to care and ensuring patients feel involved in decisions made about their treatment options and that they have the opportunity to discuss their treatment with a pharmacist who specialises in this clinical area.

Under wider support, we would like to see an action to improve communication with all healthcare professionals who might be involved in a patient's care, including community pharmacists who have no access to records and are often left out of the loop.

7c. Please explain your answer and provide any additional suggestions.:

8a In your experience, what actions do you think would be most effective for helping to stop people getting cancer, and reducing inequalities in cancer incidence?

Please focus your response on the prevention of cancer and inequalities in cancer incidence. :

Pharmacy teams already have essential roles in preventing ill health by taking a holistic approach to care that goes beyond medicines. This includes the provision of lifestyle advice including using a social/green prescription approach, as well as referral to other services such as link workers and third sector organisations. Services provided which impact on cancer incidence and health inequalities include smoking cessation, healthy living advice, blood borne virus testing and treatment and weight management advice. Pharmacists and pharmacy teams working in the community are accessible and ideally placed to begin these discussions with patients and encourage and support change. Community pharmacy teams are well positioned to play a greater role in patients' journey to diagnosis and support identification of cancers at an earlier stage of disease. Community pharmacies are often embedded in some of the most deprived and challenging communities, providing daily contact for individuals who may not access conventional NHS services, making them ideal places for those opportunistic interventions and unplanned health advice. Community pharmacies are currently actively involved in public health campaigns which promote lifestyle interventions which reduce patients' risk of developing cancers, alongside several other serious healthcare conditions. Community pharmacy services also have an established role in supporting smoking cessation services within the portfolio of primary care services and has a demonstrated history of success in delivering this intervention.

The role of the established network of community pharmacies could be expanded to support earlier identification of cancers and help the NHS increase the proportion of cancers diagnosed at stages 1 and 2. An action to support this would be more training for pharmacy teams in the incidence of cancer, the impact of health inequalities and the impact of taking action on these figures to allow teams to have the background knowledge they need to drive services in their community. Investment in the health improvement services provided by pharmacy teams would also have an impact as would identifying key members of the team, not necessarily the pharmacist, who could take a lead in this area.

8b. Please explain your answer and provide any additional suggestions.:

Investment in pharmacy teams and the services they provide also increases interactions with patients and the likelihood that cancer red flags will be disclosed in the course of providing a service. This will result in patients seeking further help, earlier diagnosis, and hopefully better outcomes.

9a Do you agree with these areas of focus for timely access to care?

Yes

9b. In your experience, what aims or actions would you like to see under any of these areas?:

We would like to see the following actions included in the plan:

Education:

Better education of health professionals to be aware of cancer red flags and how to act on them, or address them, when they become aware. Also, the impact of health inequalities on the risks of developing cancer and training specific to addressing health inequalities should be explored. Increasing the practical cancer awareness content of undergraduate and postgraduate education has the potential to actively equip future healthcare professionals, including pharmacists, with the knowledge and skills to help reduce the risks of people developing cancer.

Training:

Expansion of advanced practice and consultant pharmacist roles would increase capacity within the cancer multi-disciplinary team and help alleviate many of the current challenges facing cancer services. To support cancer pharmacists to transition into these roles, and realise the benefits that they can provide, it is important to identify and implement suitable training pathways at local, regional, and national levels. Current training pathways should be optimised to increase provision of formal academic training at postgraduate level, such as MSc courses in oncology, to enhance capability of pharmacists and provide assurance of competence to support enhanced patient care. These changes should be initiated in conjunction with increased access to advanced practice qualifications to enhance the clinical skillset of pharmacists to allow them to assume greater responsibility for patient care and help address many of the challenges facing cancer services.

Public health campaigns:

Community pharmacies are ideally placed to host targeted public health campaigns around cancer screening, risk factors, healthy living, and the importance of early detection. Pharmacy teams in any setting can highlight and reinforce these messages. Public health is an intrinsic part of pharmacy practice. Teams can educate patients on the importance of healthy lifestyles and help when patients are ready to make changes. For campaigns to be successful all pharmacy team staff must be trained and involved. Public health campaigns around smoking cessation have been very successful in the

past. Organisations enhance their impact by working together and utilising visual aids, posters, leaflets, and training. Trained staff can then engage patients and get the important messages across.

Lifestyle interventions:

Community pharmacists could undertake a basic health assessment and provide information and support for people to make healthy lifestyle changes as well as recognise early signs and symptoms of cancer.

Referral pathways after disclosure of a red flag symptom:

There must be in place clear, straightforward, and robust referral pathways which do not rely on one healthcare professional or sector of healthcare. This would enable other healthcare professionals, such as pharmacists, to refer on if further care or assessment is thought to be needed e.g. as a result of disclosure of a red flag symptom for cancer, without delay or further distress to the patient. Community pharmacies provide a convenient and accessible place for people to present with symptoms that they may be concerned about. This could be a pivotal point at which people could be appropriately referred directly into secondary care for further clinical assessment and diagnosis. Pharmacists and pharmacy teams could provide screening services to enable early cancer diagnosis. Enabling pharmacy teams to be an active part of the referral pathway would benefit patients through reduced waiting times for diagnosis, which in turn leads to early treatment and improved health outcomes.

9c. Please explain your answer and provide any additional suggestions.:

10a Do you agree with these areas of focus for high quality care?

Yes

10b. In your experience, what aims or actions would you like to see under any of these areas?:

An action here would be investment in the specialist pharmacist roles in oncology would mean a pharmacists embedded into each multidisciplinary oncology team leading to improved outcomes and reduction in the harm patients may experience from their cancer treatment. Planning for the future workforce in this area is essential to ensure equity of access and availability of high-quality pharmaceutical care for all.

Another action would be to improve communication between healthcare providers to ensure all involved in a patients care have all the necessary information to provide appropriate care and treatment. This includes community pharmacists who may be asked about treatment for side effects or for support and information about a treatment regimen. A shared patient record would enable the sharing of appropriate information and allow professionals to feedback interactions they have with patients, advice they have given and even over the counter treatments they have accessed.

The CMOP programme <https://ggcmedicines.org.uk/cmop/cmop-homepage/> is a national collaborative project between the NHS boards in Scotland and the University of Strathclyde. It is funded as part of the Scottish Government's 'Recovery and Redesign: An Action Plan for Cancer Services', and hosted by NHS Greater Glasgow & Clyde (NHS GGC).

The aim of the programme is to better understand the real-life impact of cancer medicines on Scottish cancer patients to really improve quality of care for patients. Healthcare professionals can then implement what we learn and enable a more personalised approach to providing cancer care. It has shown variations in outcomes for patients taking medication in real life compared to those taking it during clinical trials and considered why that might be. Also, it looked at how patients report outcome measures from their medicines and how to make it easier for them.

We would like to see more investment in studies such as this to really look at the impact of these medicines on patients and how we can best gather their views and act on them to improve the quality of care patients receive while undergoing cancer treatment.

10c. Please explain your answer and provide any additional suggestions.:

11a Do you agree with these areas of focus for safe and effective treatments?

Yes

11b. In your experience, what aims or actions would you like to see under any of these areas?:

11c. Please explain your answer and provide any additional suggestions.:

We would also like to see medicines optimisation under this heading and the acknowledgement that the most appropriate healthcare professionals to advise on this are pharmacists. Both specialist pharmacists in oncology, and those working in other settings such as primary care and community, will have an important part to play in the optimisation of medication used to treat cancer and managing the risks and any adverse effects.

Pharmacists based in community settings are ideally placed to help these patients on a day-to-day basis with their medication and can;

Explain any concerning signs and symptoms, particularly symptoms of infection

Explain how the medicine should be taken and how it works

Provide reassurance as many people are apprehensive of these medicines

Counsel people on safe handling and storage of anti-cancer medicines

Review side effects that might occur and help people manage these alongside their symptoms.

Specialist pharmacists will more likely be involved in medicines optimisation in specialist treatment centres and hospital settings but also provide advice and support to other healthcare professionals based in the community. Investment in these specialist roles will improve outcomes for patients and reduce the harm from medicines in an already vulnerable patient group.

12a Do you agree with these areas of focus for quality of life and wellbeing?

Yes

12b. In your experience, what aims or actions would you like to see under any of these areas?:

12c. Please explain your answer and provide any additional suggestions.:

It is important to also recognise the important role pharmacists already play in palliative care and that investment in this area would enhance these services and improve equity of access to specialist pharmaceutical palliative care for patients.

People living with life-limiting conditions who are approaching the end of life must have timely access to medicines and clinical support from a skilled pharmacy team. They should expect to experience high quality, coordinated care, approaching death in comfort, surrounded by those important to them and in the setting of their choice.

Pharmacists and the pharmacy team have particularly important roles following a patient's diagnosis of a palliative illness to ensure that the medicines regimen is optimised, as well as to help coordinate the care and medicines supply for patients as they move from one care setting to another.

Pharmacists across a system can support the provision of pain treatment, special nutrition, and management of chemotherapy side-effects for palliative patients.

Community pharmacy palliative care network schemes

These schemes provide a network of Palliative Care Community Pharmacists with specialist pharmacist support. The network develops ways of working, which supports individual practitioners to deliver high quality pharmaceutical palliative care to the local population irrespective of care setting. Community Pharmacy Palliative Care Pharmacists carry a recommended stock of palliative care medicines and provide specialist advice to all other Community Pharmacists and other appropriate health care professionals as and when required based upon individual patient need. The overall aim is to ensure that patients can access palliative care medicines at the appropriate time to enable the patient to remain in their own home if desired. In many cases this access can be required during the extended or out of hours period and this should be considered for further investment to ensure that access remains in the future. Effective communication between the specialist palliative care prescriber/team and the community pharmacist should try to anticipate a patient's need for medication and plan accordingly.

Specialist palliative care pharmacists' network

A network of highly trained specialist pharmacists who provide expert pharmaceutical care advice for people with complex palliative care needs as part of a multi-professional specialist palliative care team. These pharmacists are accessible and provide expert advice for people in all care settings.

13a Do you agree with these areas of focus for data, technology and measurement?

Yes

13b. In your experience, what aims or actions would you like to see under any of these areas?:

New therapies

In the past 10 years there has been an exponential growth in the number of cancer medicines available leading to substantial patient benefit. However, this has come with significant capacity impact for pharmacy oncology services. The additional funding to implement new cancer medicines is generally focussed on the acquisition cost of the medicines with limited consideration of service costs so despite significant increases in cancer medicines funding this does not translate into increased service funding.

One example of the growth in cancer medicines is the increased use of immunotherapies. As of 1st February 2022, there are seven immunotherapies utilised in nine different tumour sites and over 20 different indications. The benefits from these treatments can be seen in direct patient outcomes but the differences in toxicities and duration of time patients remain in treatments in comparison to traditional chemotherapy has caused challenges, not least within oncology pharmacy services. The further expansion of immunotherapy into the adjuvant setting will only increase these challenges further.

Adequate resource, estates and infrastructure are required to properly implement advanced therapies and immunotherapies.

Advanced therapy medicinal products (ATMP's) including CAR-T therapy pose a huge burden on NHS pharmacist resource due to the complex nature of these therapies. Pharmacy departments and highly skilled specialist pharmacists and chief pharmacists are required to ensure institutional readiness for implementation of ATMPs at an organisational, governance, regulatory and clinical level.

The medicines brought about by new technologies have undoubtedly improved patient outcomes, however resource implications as these therapies continue to expand outside of the haemato-oncology remit is huge. There are currently a number of ATMPs and CAR-T therapies in the UK pipeline for approval, some are license extensions and some new therapies. It is recognised that additional pharmacy resource is required to ensure these highly specialist and complex therapies are implemented safely into routine clinical practice.

Genomics

The NHS has acknowledged the importance of genomic medicine services in diagnostic services to identify patients with high-risk conditions and inform treatment choices. Chemotherapy represents a treatment modality which carries a range of potential side effects with a growing body of evidence regarding treatment choices based upon patient genetic profiling. Recent commissioning of widespread DPYD testing to inform dosing for breast and bowel cancer patients has demonstrated the potential role for oncology pharmacists to utilise genetic assessment to ensure safe and effective use of chemotherapy agents. Extension of this principle to include testing for other genetic markers which inform dosing and treatment choices would build upon this work. To allow pharmacists to play a greater role in interpretation of genetic assessment results which inform treatment options it is important to establish and implement suitable training pathways. Current training pathways should be optimised to increase provision of formal academic training at postgraduate level, such as MSc courses in genomic medicine, to enhance capability of pharmacists and provide assurance of competence to support enhanced patient care.

Growth in the area of pharmacogenomics also presents an opportunity for pharmacists to lead in testing patients for genetic risk factors for cancer to support preventative measures, and in tailoring drug therapies to optimise efficacy. The introduction of technologies such as AI backed risk assessment and diagnostic programmes, or blood sample-based cancer testing will offer pharmacies new opportunities to contribute to health improvement.

Data

Granting access for treating healthcare professionals, including pharmacists, to all relevant patients' health information and the list of medication via the establishment of integrated eHealth solutions and digital communication tools, while respecting data protection and privacy rules is one of the key solutions to improving patient care. It is especially important to establish such good communication channels between community and hospital pharmacists in order to ensure successful medication reconciliation as part of the often frequent transitions of care for cancer patients. Integrated health and care records could lead to supporting healthcare professionals, including community pharmacists, to provide more personalised services and treatment to patients and robust, evidence-based information on issues related to therapies while promoting safe and rational medicines use.

E-health

Use of video consulting via Near Me, as well as telephone consulting, asynchronous communication, and submitting high resolution photos for clinical review, has increased dramatically during the Covid pandemic. This has improved access to care for patients in general practice and hospital. A key benefit of video consulting and Near Me is that it enables 3, 4 or even 5-way multidisciplinary team consultations through which pharmacists can remotely play a greater role in supporting patient care. This improves access for patients to the full multidisciplinary team, particularly in remote and rural areas where this would be an issue and allows pharmacists input into patient care where it may not previously have been possible.

13c. Is there any technology that you would like to see introduced to improve access to cancer care?:

Technology, and training on how to use it, to enable video consulting, asynchronous communication and submission of photos for clinical review is essential to improve access and the speed at which patients can be seen and issues reviewed.

13d. Please explain your answer and provide any additional suggestions.:

14 What suggestions do you have for what we should measure to make sure we are achieving what we want to in improving cancer care and outcomes?

Please focus your response on cancer care and outcomes.:

Earlier Diagnosis Vision

15a What would you like to see an Earlier Diagnosis Vision achieve?

Think ahead to the next 10 years, think big picture – what change(s) should we be aiming to influence when it comes to earlier cancer diagnosis? Consider access to care/cancer screening/primary care/diagnostics and awareness of cancer signs and symptoms.:

Early Diagnosis and Prevention

Community pharmacies provide a convenient and accessible place for people to present with symptoms that they may be concerned about. This could be a pivotal point at which people could be appropriately referred into either general practice or maybe in the future, directly into secondary care for further clinical assessment and diagnosis. Training for front line healthcare staff in early signs and symptoms, red flags would be essential.

Screening promotion

Community pharmacists, and pharmacists in other settings, can support national messages to raise awareness of different cancers. They could be used to disseminate patient education and awareness materials and actively promote recommendations to the public e.g., the use of sun protection for the prevention of skin cancer.

Community pharmacists are also ideally placed to support cancer screening programmes.

Referral pathways

Clear, robust referral pathways into secondary care for clinical assessment following a visit to a healthcare professional would speed up the time from awareness of a symptom to being seen by a specialist.

Shared records

Granting access for treating healthcare professionals, including pharmacists, to all relevant patients' health information and the list of medication via the establishment of integrated eHealth solutions and digital communication tools, while respecting data protection and privacy rules is one of the key solutions to improving patient care. It is especially important to establish such good communication channels between community and hospital pharmacists in order to ensure successful medication reconciliation as part of the often frequent transitions of care for cancer patients. Integrated health and care records could lead to supporting healthcare professionals, including community pharmacists, to provide more personalised services and treatment to patients and robust, evidence-based information on issues related to therapies while promoting safe and rational medicines use.

15b Should the Earlier Diagnosis Vision set itself a numerical target?

For example, 75% of all cancers diagnosed at an earlier stage. Please provide any suggested target you have.:

If setting specific numerical targets makes it more attractive to screen populations or would allow access to better financial support due to there being defined outcome measures, then yes, numerical targets should be set.

15c Should the Earlier Diagnosis Vision focus on specific cancer types?

The current programme focuses on lung, bowel and breast cancers that account for 45% of all cancers diagnosed in Scotland.:

Outcomes for all cancers are better the earlier they are diagnosed which makes focussing on, or dismissing, specific types difficult. If there is screening for a particular cancer, even not one of the most common, that should be made available routinely. Also, if we focus on some of the cancers which account for a smaller percentage of those diagnosed in Scotland and make a difference in a few, the cumulative effect will be evident in survival rates and outcome measures.

15d If you or a family member or friend have previous experience of a cancer diagnosis, where did the service work well and why was that? What could have improved the experience?

Please refer back to your personal experience to identify how services worked well and where improvements could be made.:

Services work well when patients are well-informed and empowered to make the right decisions for them with a good network of supportive healthcare providers who are working together. Patients experience will also be improved when they feel listened to and are treated as a valued member of the team.

15e From your previous experience, where would you like to access care if you had concerns about cancer that would be different to what is available currently?

Please identify where you would like to access care differently to improve your experience.:

15f What does good earlier cancer diagnosis look like for you?

Think about what a good outcome would be, for example more people being diagnosed when they can be cured of cancer, living well with cancer for longer etc.:

Better early detection, better treatment and living a fuller healthier life for longer.

Impact Assessments

16a In your experience, are there aspects of cancer diagnosis, treatment or care that affect people from marginalised groups differently? If there are negative effects, what could be done to prevent this happening?

Please consider the 'protected characteristics' of age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, and sexual orientation.:

16b Similarly, is how we manage cancer different for people from higher or lower income households? What could be done to do this better?

Please consider the impact of socio-economic inequality.:

Community pharmacies are often embedded in some of the most deprived and challenging communities, providing daily contact for individuals who may not access conventional NHS services, making them ideal places for opportunistic interventions and unplanned health advice which can result in the disclosure of symptoms of concern. Pharmacists and pharmacy teams working in all settings in the community are accessible and ideally placed to begin these discussions with patients and encourage and support change. Community pharmacy teams in particular are well positioned to play a greater role in patients' journey to diagnosis and support identification of cancers at an earlier stage of disease.

16c Is the experience of cancer different for people living in rural or island communities? What could be done to prevent any negative impacts?

Please consider the impact of rurality on access to and quality of cancer services.:

Conclusion

17 What other comments would you like to make at this time?

Please provide any additional comments regarding the long or short-term ambitions for cancer care.:

About you

What is your name?

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Are you responding as an individual or an organisation?

Organisation

What is your organisation?

Organisation:
Royal Pharmaceutical Society

The Scottish Government would like your permission to publish your consultation response. Please indicate your publishing preference:

Publish response with name

We will share your response internally with other Scottish Government policy teams who may be addressing the issues you discuss. They may wish to contact you again in the future, but we require your permission to do so. Are you content for Scottish Government to contact you again in relation to this consultation exercise?

Yes

I confirm that I have read the privacy policy and consent to the data I provide being used as set out in the policy.

I consent

Evaluation

Please help us improve our consultations by answering the questions below. (Responses to the evaluation will not be published.)

Matrix 1 - How satisfied were you with this consultation?:
Neither satisfied nor dissatisfied

Please enter comments here.:

The consultation was exceptionally long

Matrix 1 - How would you rate your satisfaction with using this platform (Citizen Space) to respond to this consultation?:
Very satisfied

Please enter comments here.: