Health and Social Services Committee

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Meeting date: Wednesday 15 November 2006
Venue: Committee Room 1, Senedd, National Assembly for Wales
Title: Additional Information from Cancer Services Co-ordinating Group

Following the HSSC meeting on the 11th October I now enclose some additional text covering points that I think may be relevant to the committee as background.

The relationship between the CSCG and the 3 operational Cancer Networks

The CSCG manages a single, all Wales, clinical advisory structure which advises the Assembly and commissioners in relation to cancer policy/best practice. The Cancer Networks officers are members of the CSCG and have representation at all CSCG groups however responsibility for local implementation remains with the statutory network stakeholders. Using the National Cancer Standards as an example, the CSCG worked with its clinical advisory groups to set the standards. The responsibility for implementation lies with the statutory organisations facilitated by the Cancer Network core teams and their local expert knowledge and clinical support. Monitoring and reporting on compliance and actions to address non compliance is also facilitated by the Network core teams with the CSCG collating the Network information and reporting back to the Assembly on compliance from the all Wales perspective.

Clinical leadership

The Assembly and NHS have access to lead clinicians for each of the main cancers via the chairs of CSCG advisory groups. However, these clinicians also meet together to provide the CSCG an all cancers perspective and this group, chaired by Professor Mansel, also acts as the Oncology sub committee to the Welsh Medical Committee. This is a recent development to further strengthen clinical expert advice and in his capacity of chair, Professor Mansel is recognised as the Lead Cancer Clinician to the CMO. The Lead Clinician and Director of CSCG/Lead Adviser work together as a team.

The current Cancer Strategy

In 2001 the CSCG was tasked by the Assembly to oversee the development of the Cancer Networks, the implementation of the Cancer Information Framework and advise on a national cancer development plan. This has been and remains the focus with the CSCG Strategic Plan of 2002 spanning prevention through to treatment, palliative care and R&D and emphasising the need to develop radiotherapy services and implement NICE service guidance. This CSCG plan was the basis for subsequent Cancer Network costed plans as required in SaFF targets in 2002/03, 2003/04 and

2004/05. Cancer waiting times targets should also be included in this summary. These were first specified in 2004/05 with compliance to the 31/62 day targets, requirements of the National Cancer Standards, required by the end of 2006. Finally, during this time frame the CSCG has been asked to update the 2002 plan which has resulted in an updated Radiotherapy Strategy and Bowel Cancer Framework both now being take forward.

Timescales

'Designed for Life' has drawn together these current themes and requires participation in national clinical audit by 2008 and compliance with the National Cancer Standards by 2009. Integral to this is implementation of NICE service guidance and will depend on a robust commissioning framework.

I hope these additional comments provide useful background for the Committee. I assume you will have been in contact with the Cancer Networks directly so I have not included specific examples of Cancer Network led projects. There are a number of projects, often funded by the voluntary sector, that show innovation and response to specific local needs. The Welsh Cancer Networks are still at an early stage, compared to their English counterparts. The successes and frustrations experienced are not unique to Wales and Networks in general have identified the challenges of partnership working and joint decision making which need to be resolved as they underpin the Assembly policy outlined in 'Making Connections' and the Beacham Report.

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