South Wales East Regional Committee

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Date:16 June 2006
Venue:Oasis Christian Community Centre, Cefn Forest, Blackwood
Title:South East Wales Cancer Network

Background

The Network covers a population of 1.42 million, and represents 10 Local Health Board and 6 trusts across South East Wales, as well as primary care providers, voluntary sector organisations and patients and carers. It was set up in 2002 to support the planning, organisation and delivery of cancer and palliative care services across the whole of the region. Its primary objective is to inform and support the commissioning process in order to improve the quality of services and improve patient outcomes.

An overview of Cancer Networks was presented at the Health & Social Services Committee meeting on 11th May 2006 – HSS(2)-08-06.

We are very grateful to the Committee for the opportunity to raise some of the major issues facing cancer and palliative care services, but we are very aware of the short time that we have to deal with such a large subject, so we have decided to concentrate on a few key areas.

Need for continued investment in Diagnostic & Treatment equipment

Cancer services require expensive equipment to provide the best possible treatments, be it things such as scanners to diagnose cancer and monitor the effects of treatment, or linear accelerators (known as linacs) which provide the radiotherapy treatments.

All too often, replacement of this kit, or the provision of additional equipment to increase capacity, is delayed until there is a crisis. As long ago as 1988, the then Welsh Office commissioned an external report which recommended the establishment of a planned All Wales rolling programme of Linear Accelerator replacement and expansion of capacity to meet increasing demands. We are still waiting for that programme

Currently, Velindre Hospital has five linear accelerators, which is 3.5 per million population. This is one of the lowest figures in the UK; by next year, England will have 4.7 linacs per million, and Scotland 4.98 per million. At times, breakdowns of increasingly ageing equipment have left only three linear accelerators available.

There is an immediate need for a replacement linear accelerator and a further additional linear accelerator at Velindre (which will still only take us to 4.2 per million).

In addition, the Cancer Services Co-ordinating Group (CSCG) is undertaking a review of the future likely demand for radiotherapy. This report is likely to recommend between 6-10 additional linear accelerators in Wales by 2016 as well as 11 replacements. Given that the cost of a linac is around £2.4 million (and £1.5 million for the special bunker to house it), there will need to be significant capital (and revenue consequences) made available, and this is just one example of the capital requirements of cancer services.

National Cancer Standards and NICE Improving Outcomes Guidance

In 2005, the Welsh Assembly Government published a series of National Cancer Standards. Cancer Networks have the lead for ensuring that services comply with these Standards by March 2009, as set out in 'Designed for Life'.

These Standards are closely in line with the Improving Outcomes Guidance series (published by the National Institute for Clinical Excellence – NICE) which makes recommendations, based on the best available clinical evidence, on how cancer services should be organised and delivered.

It is certain that in moving towards these Standards, there will have to be some significant reconfiguration of services including changes in where some specialist services are provided. For a number of the less common cancers, there is evidence that concentrating complex care in fewer centres and limiting the number of clinicians so that they each undertake more cases, will lead to improved outcomes for patients.

One example is oesophageal and gastric cancer, where the Guidance states that radical surgery should be provided on a single site by teams serving a population of 1-2 million. There is evidence that this will lead to fewer deaths following surgery and improved long-term survival.

Currently, we have we have eight surgeons undertaking radical Upper GI cancer surgery on six separate hospital sites. There are approximately 60 oesophageal and 120 gastric resections per year, so that on average each surgeon will now be undertaking less than one resection a fortnight, and six hospitals will be 'sharing' 180 resections a year. This is not in line with the National Cancer Standards or the Improving Outcomes Guidance.

At the same we also need to be looking at developing those services which can still be appropriately provided more locally, such as initial diagnosis and assessment, large parts of the chemotherapy service, follow-up and palliative treatment and care. However, we will need to recognise that for some patients requiring specialist surgery and other treatment, it may be necessary to travel to a regional service.

This is clearly going to be a very difficult area to handle, and we will have to work closely with the public so that they are fully aware of why we feel changes are necessary. We also need the full support of Trusts, Local Health Boards and clinicians if we are to make these changes.

Palliative Care

Palliative Care is a key part of cancer services (and increasingly of services for other conditions). Within S E Wales, palliative care is provided by a large number of providers from both the NHS and the charitable sector and the Network is working closely with all providers. As part of this, the Network undertook a Needs Assessment study last year, looking at what levels of services are required to meet the needs of our population. Among the main issues we are looking to address are:-

- Services should be provided to enable patients to die in the place of their choice.
- Charitable sector funding
- Need for 24 hour care including specialist palliative care, district nursing etc.
- Shortage of key staff e.g. shortfall of 5.5 wte consultants in palliative medicine in S E Wales
- Improving care of the dying in all settings e.g. the Network's Care Homes project funded by Macmillan.

Although palliative care services have primarily been cancer related, increasingly Welsh Assembly Government policy is stressing the need for palliative care for other conditions e.g. The National Service Framework for Older People. The existing of services will be unable to meet these increasing demands without significant development and investment.

Other Important Issues

Patient Centred Services

- We must increase the involvement of patients and carers in the planning and provision of services. The Network has a Patient and Carer Involvement Programme (initially funded by Macmillan), and patients have recently established a group called CaSEWALES to provide the patient and carer voice in the Network. Currently there is no funding to continue this initiative once Macmillan funding has ceased.

New drugs

- Need to improve how we manage the introduction of new drugs, including 'horizon scanning' so we are aware of likely new drugs as early as possible, so that we can plan for their use. We also need to stop 'post-code prescribing' in Wales, through the development of agreed All Wales guidance. The cancer networks in Wales are working with the CSCG on this.
- Major advances in chemotherapy and other anti-cancer agents will continue, with significant rises in hospital drug costs likely. We need to look as to how commissioners will fund this.

New Treatments

- Need to be able to plan and find resources for the implementation of new developments in treatment to ensure that services are on par with the best in the UK e.g. Sentinel Node Biopsy.

Waiting Times Standards

- There are two waiting times standards for cancer in Wales which must be achieved by December 2006. i) Patients who are referred with suspected cancer should wait no longer than 62 days from receipt of the referral to the start of their treatment. ii) All other patients should wait no longer than 31 days from the date they agree their treatment with their doctor to the start of that treatment. We are currently working with trusts to improve their performance, but there are concerns about the capacity of some services, as well as the quality of the waiting times data.

Commissioning

The Healthcare Inspectorate Wales (HIW) Inspection Report of the Three Cancer Networks in Wales recommended a review of the process for commissioning cancer services and clarification of the role of the cancer networks in commissioning.

The Assembly Government is due to issue new guidance on commissioning shortly, and there are also plans in South East Wales to develop a consortium approach so that some services, such as cancer, can be commissioned on a regional basis rather than the current situation where 10 LHBs and Health Commission Wales all commission services in the region.

The Cancer Network, with its clinical advisory structure (including a new Primary Care Advisory Group), can be a key source of advice to the commissioners in any new process and ensure that commissioning decisions take into account national guidelines, best clinical practice and evidences and the views of patients and carers.