

Cafodd yr ymateb hwn ei gyflwyno i ymgynghoriad y [Pwyllgor Iechyd a Gofal Cymdeithasol](#) ar [Flaenoriaethau'r Chweched Senedd](#)

This response was submitted to the [Health and Social Care Committee](#) consultation on [Sixth Senedd Priorities](#)

HSC PSS 122

Ymateb gan: | Response from: Cancer Research UK



Health and Social Care: Priorities for the Sixth Senedd

Cancer Research UK Response – September 2021

Summary

Cancer Research UK welcomes the opportunity to respond to the Health and Social Care Committee's consultation on its strategic priorities for the sixth Senedd. Our response is focused on the priority areas highlighted by the Committee where Cancer Research UK believe there is a need for the Committee's scrutiny: ensuring Wales' cancer workforce is fit for the future, improving cancer prevention to save more lives, and transforming cancer services through innovation.

Cancer is the leading cause of death in Wales. Around 19,500 people diagnosed with cancer every year in Wales.ⁱ Survival has improved in recent decades, with around half of people surviving their cancer for five years or more, yet the UK still lags behind other comparable countries in Europe and internationally. While survival has improved in Wales, one-year survival rates for stomach, colon, pancreatic, lung and ovarian cancers fall below the UK average.ⁱⁱ This highlights that there are improvements to be made in Wales, in comparison with other nations.

The challenges facing cancer services in Wales have been compounded by COVID-19. We now know that in the year between April 2020 and March 2021, 1,700 fewer people began cancer treatment in Wales.ⁱⁱⁱ Many factors have contributed to this, with many people reluctant to present to primary care with symptoms and fewer patients beginning treatment following screening. Disruption to services affected patients, risking later stage diagnosis, making it much harder to treat and worsening survival chances. We also know that NHS staff are exhausted after responding to the pandemic, as well as trying to maintain cancer services, including increased infection control measures. There is a real risk that cancer survival could go back in the UK for the first time in decades.

While many cancer services have now largely returned to around pre-pandemic levels, we must recognise that outcomes in Wales were not good enough pre-pandemic. There remains an urgent need to transform services in order to continue recovery from COVID and improve cancer outcomes for the long-term.

The Quality Statement for Cancer, published in March 2021, was an opportunity for the Welsh Government to set out a strategy for improvements to cancer diagnosis, treatment and research in Wales, particularly as the Cancer Delivery Plan 2016 ended in 2020. Yet the Quality Statement lacks detail and accountability – it does not set the vision we need to support services to recover from the impact of the pandemic and further improve cancer survival through innovation and transformation in the long-term. It means that Wales is soon to be the only UK nation without a cancer strategy, which the World Health Organisation recommends all countries have.^{iv} We need to see much greater detail and ambition from Welsh Government and NHS Wales on how health boards will be supported to deliver improved cancer outcomes.

Our response also highlights the need for an inquiry into how to improve cancer services in Wales, to harness the learnings of the last eighteen months and to ensure we are ambitious about the opportunity to improve cancer survival in Wales in the years ahead.

Q1. Issues to prioritise

Workforce

The NHS workforce has borne a massive burden through the pandemic, going above and beyond not only to provide care for patients with COVID-19 but also protect vital cancer and other services. The latest BMA survey of doctors in Wales, England and Northern Ireland found that over half of respondents were suffering from poor mental health such as stress and burnout.^v The NHS has relied on the goodwill of its workforce to keep services running, with over one in four doctors working more than their contracted hours without pay^{vi}.

Gaps in the NHS workforce is a fundamental barrier to transforming cancer services and improving UK cancer survival. If Wales wants to be able to meet growing demand and achieve world-leading cancer outcomes for cancer patients, then it must invest in the NHS workforce as a matter of urgency.

Even before the pandemic, Wales was experiencing significant gaps in the diagnostic and cancer workforce, such as in imaging, endoscopy, pathology, and non-surgical oncology. These gaps have severely affected its ability to diagnose cancers early, provide the most effective cancer treatment, and improve cancer survival. Unless addressed, these workforce gaps will only be exacerbated:

- The clinical oncology consultant workforce in England and Wales has grown by 3% per year (on average) over the past five years compared with the average growth of 5% and 6% per year seen in Northern Ireland and Scotland respectively.^{vii}
- At regional level, the north of Wales has seen no growth in the CO workforce over the past five years.^{viii}
- In 2020 Wales had just 7.8 radiologists per 100,000 compared to a European average of 12.8. Compared to France and Spain, Wales has half the number of radiologists per head of population.^{ix}
- North and West Wales and the North of Scotland are the UK regions with the fewest CR (clinical radiology) consultants per head of population.^x

In the short- to medium-term, there are steps that can be taken. Adopting skill-mix approaches and innovative new technologies can help maximise the capacity of the cancer workforce, while supporting their wellbeing can improve staff retention. But there are no silver bullets in tackling the workforce crisis, and these measures will not be a solution to the wider issues of understaffing.

The Welsh Government must expand the number of staff in key cancer professions by investing year-on-year in training and employing more cancer staff to fill current vacancies and ensure that the workforce has the capacity to meet increasing demand as well as time to innovate and transform services.

Tackling the health workforce crisis in Wales will be a complex task, one that requires a long-term view and multidisciplinary approach. Without investment in education for all healthcare staff involved in the delivery in cancer services, as well as workforce planning, we won't have the frontline staff and specialists needed to address the cancer backlog, cope with future demand, or make progress towards ambitions to diagnose and treat more cancers at an early stage.

In 2020, Health Education and Improvement Wales (HEIW) and Social Care Wales published a health and social care workforce strategy.^{xi} One action was to develop plans for key medical groups. So far, we have seen little progress in the implementation of this strategy. This would be an opportunity to deliver a national cancer and diagnostics workforce plan, similar to those being developed in other UK nations.

This year we will see the first UK Government Comprehensive Spending Review (CSR) since 2015, meaning that for the first time since then the Welsh Government will have budget certainty for a multi-year period. This will provide an invaluable opportunity to invest in the cancer workforce in Wales for the long-term, to ensure that every cancer patient in Wales has access to timely, quality care now and for decades to come.

Given the urgency needed to address the workforce issues in Wales and the opportunity following the UK CSR, now is the time for the Committee to undertake an inquiry into the NHS workforce in Wales. It is good to see that HEIW will be in front of the Committee in the coming weeks and we look forward to submitting more detailed evidence to support this session alongside the above.

In addition, we are in real need of more data on workforce in Wales, to highlight the areas where most focus is required – an inquiry could help uncover data blind spots, which would help give Welsh Government the information it needs to invest in better data collection, systems, analysis and utilisation in planning.

Public health and prevention

The pandemic has shone a light on the importance of public health. The Welsh Government has been ambitious about the public health and cancer prevention agenda in recent years, for example shown through the Public Health (Wales) Act 2017 and the subsequent establishment of the Healthy Weight: Healthy Wales strategy. Yet we must go further in reducing adult smoking prevalence in recent years, and there are many questions about the role of the pandemic in exacerbating health inequalities.

With four in 10 cancers in Wales caused by modifiable risk factors such as smoking and being overweight and obese,^{xii} focusing on public health and prevention is vital. As cancer incidence is due to increase as the population ages and grows,^{xiii} we need to aim to improve overall population health, address the risk factors associated with developing cancer and in turn guarantee sustainability of NHS services. With the Welsh NHS under such significant strain, it's clear that now more than ever, investment in disease prevention must be a priority for the Welsh Government.

More than 30,000 extra cases of cancer in the UK each year attributable to socio-economic variation.^{xiv} Given the higher prevalence of smoking, obesity, and some other cancer risk factors in Wales' most deprived populations, action to address the environmental factors leading to ill health and reduce preventable disease is needed to have a positive impact on health inequalities and overall health, and importantly reduce people's risk of cancer.

Smoking is the largest single cause of avoidable early death in Wales^{xv}. It is the biggest preventable cause of cancer and is responsible for around 3,000 cases of cancer in Wales every year, with 7 in 10 lung cancers

in Wales caused by smoking^{xvi}. Smoking rates in Wales are strongly associated with socio-economic deprivation: you are more likely to smoke and experience the subsequent health impacts if you are from a more deprived background.^{xvii} Similar trends have been identified for youth smoking. Despite good progress in reducing smoking rates in Wales in the previous decade, less progress has been made in recent years.^{xviii}

We know Welsh Government are developing a new tobacco plan for Wales in the coming months. This is an opportunity to secure a smoke-free target for Wales by 2030, where smoking prevalence is below 5% across all socioeconomic groups. Our modelling in 2020 showed that Wales is on track to reach this by 2037 and would require a 40% increase in progress to achieve a 2030 target. If Wales achieved this, there would be 222,000 fewer smokers in 2030 than there were in 2020^{xix}.

Overweight and obesity is the second biggest preventable cause of cancer after smoking and is responsible for around 1,000 cases of cancer in Wales a year^{xx}. Wales has a higher rate of obesity than the OECD average^{xxi} and the highest childhood obesity rate in the United Kingdom with 26.4% of children aged 4-5 years old in Wales being overweight or obese^{xxii xxiii xxiv xxv}. The economic impact of preventable disease is significant, with the Welsh Government estimating that the cost of obesity and excess weight to the NHS in Wales is £86 million each year^{xxvi}.

Reducing the burden of obesity requires a comprehensive approach that addresses the environmental causes of obesity, empowers people to make and maintain healthier behaviours and provides evidence-based treatment to those who need it. The Healthy Weight: Healthy Wales strategy does much of this, and we look forward to feeding into a consultation on further legislative measures as expected later this year. Ensuring robust and comprehensive legislation to reshape the food environment, for example through restricting price promotions on the unhealthiest food and drink in supermarkets, will be critical to tackling childhood obesity. Research shows that children who are overweight or obese are five times more likely to continue to be overweight or obese in adulthood^{xxvii} – meaning acting early could defuse the timebomb of obesity.

There is a role for the Committee to undertake an inquiry into health inequalities – covering issues such as tobacco use, cancer prevalence and healthy lifestyles, and we believe it could be a positive move to undertake such an inquiry jointly with the Equality and Social Justice Committee. This lens on prevention could help uncover new support mechanisms and policy thinking, to improve cancer outcomes for specific groups.

Evidence-based innovation in health and social care

There are opportunities that health systems and governments should seize as we look to the future of cancer services beyond this current pandemic. Innovation is at the heart of transformation in cancer services, and the pandemic has proven that the NHS is able to adapt and innovate at pace and scale. Innovation holds opportunities to revolutionise the way diagnostic services operate across Wales, consider how we use currently limited workforce capacity to its fullest potential, and put research at the heart of cancer services.

Innovative new technologies and approaches can help ease the pressure on the cancer workforce, for example, by triaging patients or reducing the administrative burden on staff. Innovation has been central to how the workforce has dealt with the pandemic and will be central to how it recovers.

Yet we are missing opportunities in Wales to take up new innovations that could support outcomes. For example, the cytosponge is designed to detect an early sign of oesophageal cancer – a condition called Barrett’s oesophagus which some people develop prior to developing into cancer. The typical test for Barrett’s oesophagus, endoscopy, is both invasive and expensive. Whereas the cytosponge-TFF3 test is a ‘sponge on a string’ coupled with a laboratory test called TFF3 developed by scientists funded by the Medical Research Council and Cancer Research UK – a simple, quick and affordable test for Barrett’s oesophagus that can be done in a GP surgery. The latest results, published in *The Lancet*, suggest this test can identify ten times more people with Barrett’s oesophagus than current GP care.^{xxviii} Whilst other UK nations have adopted this innovation to support early diagnosis of oesophageal cancer, the cytosponge has not yet been introduced in Wales.

Wales could be well-placed to deliver impactful cancer research that improves patient outcomes. However, Wales does not attract the same level of outside funding for cancer research as other UK nations and this is to the detriment of cancer patients in Wales. Funding must be increased to finance research itself and the time needed to carry out research through backfilling research-engaged roles. We need to see the Welsh Government publish a cancer research strategy for Wales, which is essential if we are to realise the potential of Welsh cancer research and delivering innovations that improve patient outcomes, alongside uplifting long-term funding for Health and Care Research Wales.

The Committee needs to play a role in boosting the profile of the health research and innovation sector in Wales, through ensuring the issue forms part of the scrutiny of the Minister for Health and Social Services – and working with the Economy, Trade and Rural Affairs Committee where relevant (given the Economy Minister holds responsibility for life sciences and research and innovation briefs in Welsh Government).

Q2. Additional key priorities

The Quality Statement for Cancer

Alongside the publication of the health and care services pandemic recovery plan in March 2021, the Health Minister also published the Quality Statement for cancer – a five-year plan to ‘improve the quality of cancer services and outcomes’.

The principle that a comprehensive national cancer strategy offers an effective way to bring together policies, leadership and resources to transform cancer outcomes is well established internationally. However, the Quality Statement is a missed opportunity to make long-term improvements. Together with over 20 other cancer charities who make up the Wales Cancer Alliance, we have strongly urged the Welsh Government to produce a more comprehensive cancer strategy.

We need to see a plan that is able to realise the potential of cancer innovations – such as the Single Cancer Pathway, an ambitious UK-leading approach to cancer waiting times, and the introduction of Rapid



Diagnostic Clinics, which are being rolled out across Wales. Without a coherent national plan to bring these innovations to life, Wales will have missed opportunities to use these mechanisms to drive transformations in cancer services– and ultimately to save lives.

In lieu of a comprehensive cancer strategy, there is an urgent need to add the detail to the Quality Statement through implementation plans. We now need to see strong leadership for cancer in Wales, and clear plans including ambitious targets, mechanisms for tracking progress, and links between government, clinicians, third sector organisations and patients. Crucially, we need to see investment for staff, equipment and infrastructure if we are to truly make an impact on cancer survival in the future.

It is clear that Quality Statements are going to be a key feature of the Welsh Government’s health policy, with more statements expected to be published across a range of health areas. Yet it remains unclear how the Quality Statement for Cancer is going to become a reality through delivery or implementation plans, and how or who will be held to account on Wales’ cancer outcomes in the next five years.

The Quality Statement is the opportunity this Senedd to improve cancer survival in Wales, we must not waste it. We therefore urge the Committee to undertake an inquiry into cancer services in Wales, to help secure answers from Welsh Government on the accountability and governance arrangements for the Quality Statement, and to join calls for detailed delivery plans. Given that Quality Statements will cover several health areas, it may also be interesting for the Committee to take a look at how these new policy documents will be put into practice within the health system across the board.

Cancer Research UK

Cancer Research UK is the world’s largest independent cancer charity dedicated to saving lives through research. We support research into all aspects of cancer, which is achieved through the work of over 4,000 scientists, doctors and nurses across the world. In 2019/20, Cancer Research UK funded over £5m of research in Wales. Our research in Wales focuses particularly on bowel, breast, urological and prostate cancers, as well as leukaemia. Our Facilitator Programme supports primary care in three Local Health Boards to improve referrals of suspected cancer, as well as supporting cancer screening.

For more information and any queries on our submission, please contact [REDACTED], Public Affairs Manager

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