

Russell George MS
Chair of the Health and Social Care Sport Committee
Welsh Parliament
Cardiff Bay
CF99 1NA

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Dear Chair,

We would like to thank you once again for giving the Wales Cancer Alliance the opportunity to speak to the Committee in December. We hope that you and other Members found the session informative. Much of our discussion focused on the impact of the pandemic on cancer diagnosis in Wales, with Mike Hedges MS suggesting we could write to the Committee with some further information. Please see below for our additional comments on speeding up diagnosis and the financial impact of cancer.

Diagnostic capacity

It is hugely welcome that the Welsh Government has invested in new imaging equipment in recent years, to replace ageing equipment and boost diagnostic capacity. [OECD data](#) shows that the UK has 7 MRI units and 9 CT scanners per million people – much lower than the OECD average of 17 MRI units and 27 CT scanners. This gap will make it difficult to manage rising demand for imaging, not just for cancer but a range of diseases – particularly in light of the backlog caused by the pandemic.

In addition, as was alluded to in the evidence session, “planes cannot fly without pilots”, and we will need to see a significant boost in the diagnostic workforce if we are to speed up cancer diagnosis in Wales. Even before the pandemic, Wales was experiencing significant gaps in the diagnostic and cancer workforce such as in imaging and endoscopy. These gaps have severely affected our ability to diagnose cancers early and improve cancer survival, and unless addressed they will only grow.

In the short- to medium-term there are steps that can be taken, such as adopting skill-mix approaches and innovative new technologies to help maximise the capacity of the cancer workforce while supporting their wellbeing and improving 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. Without investment in education for all healthcare staff involved in the delivery in cancer services, as well as adequate 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 our ambitions to diagnose and treat more cancers at an early stage.

The Suspected Cancer Pathway

The introduction of the Suspected Cancer Pathway (SCP) as an ambitious new way to understand diagnostic pathways and measure waiting times was very welcome. However, this will not reduce waiting times. We can see from cancer waiting times data for October that just 60% of patients received their first treatment within 62 days of being suspected of having cancer – well below the target of 75%.

The Cross-Party Group on Cancer made a series of recommendations for how to take the SCP forward in its inquiry into cancer waiting times report, 'The Single Cancer Pathway: Next steps to achieve earlier diagnosis in Wales', in November 2020. These included calls for Welsh Government and NHS Wales to develop a cancer plan, to undertake public health awareness campaigns, and to address shortages

in the diagnostic workforce. Whilst many of these recommendations have been accepted by Welsh Government, we would like to see more progress against implementing these recommendations.

Rapid Diagnostic Clinics

Rapid diagnostic clinics (RDCs) can play an important role within the SCP as they can reduce the time to diagnosis for patients presenting with vague or non-specific symptoms. In 2017, the Wales Cancer Network funded two pilots – in Cwm Taf Morgannwg University Health Board and Swansea Bay University Health Board – to test this model in Wales. Both have seen positive results, diagnosing cases of cancer and other diseases and significantly decreasing waiting times – to a matter of days in some cases. Patient experience has been reported to be good, with patients liking being able to receive several tests at the same time. However, RDCs cannot be treated as a panacea for earlier diagnosis. Most of the cancers diagnosed through the pilot sites were late stage, however the RDC may have provided a more timely and managed diagnosis, including enabling treatment to begin earlier, in some cases palliative, than they otherwise would.

In September 2020, it was announced that the Wales Cancer Network would fund other health boards to develop their own RDCs. This was an important step towards a full roll out, but four years on from the initial pilot we still do not have RDCs in every health board, meaning some patients in Wales won't have access to this pathway. While the Wales Cancer Network has provided the funding and programme support to develop RDCs, progress in some health boards has been slower than we would have liked, and equitable access is needed as soon as possible.

Furthermore, it is important to recognise that RDCs are no longer the most innovative diagnostic pathway. The Sir Mike Richards Review into Diagnostics in England in 2020 demonstrated the opportunity for taking 'elective' diagnostics out of hospitals and running such services in 'community diagnostic centres'. These could be sited on high streets or car parks and would increase capacity in diagnostics as well as making it easier for patients to access the tests they require. Since this report, NHS England has already begun a programme of setting up these centres across England.

This is one of the areas where a comprehensive cancer plan for Wales could make a difference. Setting a bold vision and strategy would make it clear what the ambitions would be to transform the way we diagnose cancer, as well as make improvements across the rest of the pathway. The quality statement for cancer does not do this - it offers minimum standards for cancer care and expects health boards to develop their own individual plans for implementation. It is unclear how Wales will catch up on innovations such as community diagnostic centres without a clear national cancer plan.

COVID health and help seeking behaviour study

We would like to draw the Committee's attention to the [COVID health and help seeking behaviour study](#). This is a critically important piece of work funded by UK Research & Innovation and led by Cardiff University (Principal Investigator Prof Kate Brain) with Cancer Research UK, King's College London, the University of Surrey and Public Health Wales, to gather evidence about the impact of the pandemic on cancer early detection and prevention behaviours in the UK adult population.

Key findings from the UK-wide research include:

- Potential cancer symptoms were [commonly experienced](#) between March and August 2020, but nearly half (44.8%) of participants who experienced potential symptoms during this time reported not contacting their GP. This included red flag symptoms such as coughing up blood.
- Participants reported concerns about wasting healthcare professionals' time, over-stretching limited NHS resources, and fears of contracting COVID in a healthcare setting as barriers to seeking help with symptoms.

- Where participants did contact their GP, they reported generally positive experiences and reported wanting to retain remote consultations as an option after the pandemic.
- Although participants' intentions to participate in future cervical or bowel screenings were generally high, a significant minority of people said they were now [less likely to attend screening](#) than they were before the pandemic.

The study recommended that nationally funded and coordinated cancer awareness campaigns are needed to signal that cancer cannot wait and that NHS services are open safely for people with potential symptoms. We agree with this assessment and would have liked to have seen the Welsh Government's 'Keep Wales Safe/Diogelu Cymru' campaign place a much stronger focus on urging those with potential cancer symptoms to contact their GP.

For further information on this work, there is a comprehensive policy briefing [available here](#) and a specific briefing on cervical and colorectal screening [available here](#).

Financial impact and support

During the session, we referred to recent research from Macmillan Cancer Support on the financial cost of cancer for people in Wales and across the UK. This research is now publicly available - the key findings are as follows:

- 87% of people with cancer in Wales experienced some kind of financial impact from their diagnosis. For those affected, this reached an average of £734 a month on top of their usual expenditure.
- More than one in three people with cancer in Wales (38%) are severely financially affected by their diagnosis.
- Almost one in four (24%) experience extra costs of travelling to and from their appointments. 23% see their household bills rise following a diagnosis.
- These financial pressures can have wide-ranging effects including anxiety and stress, a decline in physical health and missed hospital appointments.

As we mentioned during the evidence session, charities such as Macmillan, Tenovus and Maggie's have welfare benefits advice services in place to assist people in Wales who may be struggling with the cost of cancer.

Thank you once again for inviting us to provide evidence to the Committee – we hope this supplementary information is useful. If we can be of further assistance, please don't hesitate to contact us with any additional questions.

Yours sincerely,

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