

Cyflwynwyd yr ymateb i ymgynghoriad y [Pwyllgor Iechyd a Gofal Cymdeithasol](#) ar [Gynllun Llywodraeth Cymru i drawsnewid a moderneiddio gofal a gynlluniwyd a lleihau rhestrau aros](#)

This response was submitted to the [Health and Social Care Committee](#) consultation on the [Welsh Government's plan for transforming and modernising planned care and reducing waiting lists](#)

PCWL 11

Ymateb gan: | Response from: Cymorth Cancer Macmillan | Macmillan Cancer Support



Health and Social Care Committee: Consultation on the Welsh Government's plan for transforming and modernising planned care and reducing waiting lists

Response from Macmillan Cancer Support

Macmillan Cancer Support welcomes the Committee's decision to consider the Welsh Government's programme for transforming and modernising planned care in detail, and is grateful for the opportunity to provide written evidence on this matter.

We welcomed the publication of the plan in April as a positive step for recovering cancer and wider NHS services from the impact of the pandemic. The plan recognises the significant disruption from COVID-19 to the delivery of NHS services and the wider harms that many people in Wales have faced since March 2020.

It contains key ambitions relating to cancer services: notably enhancing the national target for Suspected Cancer Pathway performance from 75% to 80% by 2026 and increasing the speed of diagnostic testing and reporting to eight weeks by spring 2024.

We have set out some comments across several of the areas listed by the Committee, but for any further information please contact Tom Davies.

A new target for national Suspected Cancer Pathway performance

One of the key ambitions of the programme to transform planned care is for the national target for Suspected Cancer Pathway performance to increase from 75% to 80% by 2026. This target relates to the percentage of people who start their first treatment for cancer within 62 days of cancer first being suspected.

We welcome the ambition to move from a 75% to 80% target. At the same time, we also have to recognise that performance will have to improve significantly for us to have any chance of meeting this goal. January 2022 saw a record low of just 53% of patients starting treatment on time, and the current 75% target has not been met once in the 34 months since the Suspected Cancer Pathway was introduced. We are also seeing historic levels of demand, with a record-high 15,300 suspected cancer pathways opened in March 2022 alone. For context, the average number of monthly referrals pre-pandemic was around 13,200.

We welcome the prioritisation of diagnostics in the planned care programme, particularly the commitment to establish a network of local community hubs and create a National Diagnostics Board. We also welcome the proposal to set up virtual centres in rural communities to allow people who are digitally excluded to make use of video consultations and other virtual approaches. All of these measures have the potential to help Wales reach the ambition of 80% Suspected Cancer Pathway by 2026, but we urgently need to see further detail and timescales for the delivery of these commitments.

Ensuring that people who have health needs come forward

The biggest challenge for cancer services in the first year of the pandemic was the decline in people presenting at primary care services with potential symptoms, leading to the worrying backlog of missed cancer diagnoses. Therefore, the fact that cancer referrals are now consistently at or above pre-pandemic levels is very encouraging.

However, it is worrying to hear the Welsh Government report in the programme document that more cancer patients are now presenting with advanced cancers. This is something we have observed as well, through a 20% rise in DS1500 applications being reported by our welfare benefits advice teams in Wales (applications to the Department for Work and Pensions for people with fewer than six months to unlock or expedite access to welfare support).

We have said previously that the Welsh Government's 'Keep Wales Safe'/'Diogelu Cymru' campaign should have had a much stronger focus on urging those with potential cancer symptoms to seek help from their GP. Part of this campaign covered information about

accessing NHS services in Wales, but this focused primarily on the appropriate use of accident and emergency units, the Welsh Ambulance Service, primary care and other services. What was needed in addition to this was a strong push from the Welsh Government to reassure people that primary care services wanted to hear from them with any potential cancer symptoms.

The planned care programme states that the Welsh Government will continue to promote key messages about cancer symptoms and the importance of people presenting at primary care promptly, which is welcome. We were also pleased to see the Welsh Government respond positively to Recommendation 3 of the Committee's *Waiting Well* report that the Minister for Health and Social Services should work with NHS Wales and the third sector to deliver a national campaign within the next 12 months on cancer symptoms awareness. We look forward to seeing the proposals for this awareness campaign as soon as possible.

Improving patient outcomes and their experience of NHS services

We welcome the focus within the planned care programme on better information and support for people waiting for diagnosis or treatment. It is positive to see the Welsh Government reference cancer pathways specifically and the fact they need to remain person-centred, with comprehensive information, support and holistic care for people throughout their cancer journey.

For those waiting for treatment to start, clear communication from health boards amidst potential disruption from COVID is crucial. If extreme pressures do result in disruption to cancer treatments, it is absolutely imperative that anyone whose treatment is affected is actively communicated with and monitored by health boards. In such circumstances, health boards should also be working across regional footprints where appropriate to ensure treatment can be rearranged as soon as possible.

The programme states that NHS organisations' websites and correspondence to patients should have clear structures signposting to appropriate support from third sector organisations. We would be keen to see further details on what this would look like as we know that, within cancer services, signposting to information and support can be inconsistent across Wales. For instance, we know from the 2016 Wales Cancer Patient Experience Survey that only 48% of people felt they had been given adequate signposting and information about financial help and benefits following their diagnosis.¹

It is positive that the programme acknowledges the need for prehabilitation for those due to have surgery, but timely prehabilitation can also have benefits for patients who are due to receive chemotherapy, radiotherapy, and other non-surgical treatments.

Health inequalities

Even before the pandemic there was a persistent gap between the least and most deprived areas of Wales in cancer survival. Looking at the most recent five-year survival rates published by the Welsh Cancer Intelligence and Surveillance Unit, for some cancers – such as colorectal – the survival gap between the least and most deprived parts of Wales is really significant.ⁱⁱ For other tumour sites such as breast and lung, the deprivation gap is smaller but has widened in recent years, which is of serious concern.

We welcome the Welsh Government's commitment to reduce health inequalities within the planned care backlog, and the recognition that these inequalities existed before the pandemic but in some cases have also been exacerbated by it. What is missing from the programme at this point is further detail on how the Welsh Government plans to identify and address these inequalities.

Addressing workforce pressures

The health and care workforce remains the largest factor when considering how we can both tackle the waiting list backlog and support those people who have been waiting for diagnosis or treatment. Even before the pandemic this was a significant issue, with notable gaps in the diagnostic workforce in Wales as well as in the specialist cancer nurse workforce. The pandemic has only exacerbated these pressures.

Macmillan estimates that by 2030, we will need an additional 166 specialist cancer nurses in Wales (an increase of around 80%) in order to keep up with increasing cancer incidence.ⁱⁱⁱ Ensuring that we have enough specialist cancer nurses will be crucial in achieving the Welsh Government's aims for high-quality person-centred care for everyone living with cancer in Wales.

It will also be important for the Welsh Government to identify those tumour sites where there are comparatively few specialist cancer nurses in Wales. For instance, our cancer workforce census published in 2018 highlighted that 74% of breast and 50% of gynaecology specialist cancer nurses were over the age of 50, which means they are often within 10 years of retirement.^{iv} We also know the provision of secondary breast cancer clinical nurse specialists is a particular issue.

We welcome the recognition from the Welsh Government within the planned care programme that having a sustainable workforce in place will be key to tackling the planned care backlog, but also that this will not be enough to clear the planned care backlog. We would like to see further detail about plans for the Workforce Delivery Plan for Wales that

is mentioned within the programme, as the document does not go into any detail on what this might look like, who would develop this, or any timescales.

References

- ⁱ Wales Cancer Patient Experience Survey 2016, Welsh Government, Macmillan Cancer Support, July 2017. Available at: <https://gov.wales/sites/default/files/publications/2019-01/wales-cancer-patient-experience-survey-2016.pdf>
- ⁱⁱ Cancer Survival in Wales, 2002-2018. Welsh Cancer Intelligence and Surveillance Unit. Available at: <https://phw.nhs.wales/services-and-teams/welsh-cancer-intelligence-and-surveillance-unit-wcisu/cancer-survival-in-wales-2002-2018/>
- ⁱⁱⁱ Cancer nursing on the line: why we need urgent investment across the UK, Macmillan Cancer Support, September 2021. Available at: <https://www.macmillan.org.uk/dfsmedia/1a6f23537f7f4519bb0cf14c45b2a629/4323-10061/cancer-nursing-on-the-line-why-we-need-urgent-investment-in-the-uk>
- ^{iv} Cancer workforce in Wales: A census of cancer, palliative and chemotherapy specialist nurses and support workers in Wales in 2017, Macmillan Cancer Support, 2018. Available at: https://www.macmillan.org.uk/images/cancer-workforce-in-wales-census-of-cancer-palliative-and-chemotherapy-speciality-nurses-and-support-workers-2017_tcm9-326409.pdf