

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 27

Ymateb gan: | Response from: Cancer Research UK



The Senedd Cymru Health and Social Care Committee consultation: The Welsh Government's plan for transforming and modernising planned care and reducing waiting lists

Cancer Research UK Response – June 2022

Cancer Research UK welcomes the opportunity to respond to the Committee's ongoing inquiry into the Welsh Government's plan for reducing waiting times and tackling NHS backlogs ('Recovery Plan'). Our response offers an assessment of relevant announcements in the Recovery Plan and how the Plan could make an impact for people affected by cancer in Wales.

We welcome the prioritisation of cancer in the Plan, and the acknowledgement of the enormity of the challenge faced by cancer services to recover post-pandemic. However, we believe there should be greater ambition – in terms of improving waiting times and access to innovations – for cancer patients in Wales than the current plans would deliver.

Our submission focuses on the questions most relevant to Cancer Research UK's evidence and expertise.

Whether the plan will be sufficient to address the backlogs in routine care that have built up during the pandemic, and reduce long waits.

The problems facing cancer services in Wales are significant and have been exacerbated by the COVID-19 pandemic.

NHS cancer waiting times for March 2022 show that the percentage of patients receiving their first treatment within 62 days of being suspected of having cancer was below pre-pandemic levels at 59%. This is well below the Suspected Cancer Pathway performance target, which aims for 75% of patients to start treatment within 62 days of first suspecting cancer. No Health Board has met the 75% target since it was set in February 2021.

One of the contributing factors to the long waiting times are delays in diagnostics. The NHS diagnostic and therapy service waiting times for March 2022 show a major increase in the number of people waiting over 8 weeks for one of 7 key tests¹ most commonly used to diagnose cancer, compared to pre-pandemic levels. By the end of March 2022, around **16 times** more people were waiting more than 8 weeks for one of these diagnostic tests compared to before the pandemic.²¹

We now know that in the year between April 2020 and March 2021, 1,700 fewer people began cancer treatment in Wales.² Many factors contributed to this, with some people reluctant to present to primary care with symptoms due to not wanting to burden an overwhelmed system or because of safety fears during the height of the pandemic. We know that fewer patients began treatment following screening programmes being paused for some time. Disruption to services affected patients, risking increased later stage diagnosis when cancer is much harder to treat and worsening survival chances.

¹ 7 key tests most commonly used in the diagnosis of cancer are Non-Cardiac MRI, Non-Cardiac CT, Non-Obstetric Ultrasound, Colonoscopy, Flexible Sigmoidoscopy, Cystoscopy and Gastroscopy Welsh Government Interactive Stats Dashboard

² Compared to March 2019. 2019 numbers adjusted for working days, based on Wales Cancer Waiting Times data.

The pandemic put a huge strain on NHS staff³, who worked their hardest to maintain cancer services with limited capacity, in part due to increased infection control measures and high staff absences due to COVID-19.

There is a real risk that the improvements we've seen in cancer survival in recent decades could now stall.

Cancer Research UK has long called for a cancer strategy for Wales to deal with the immediate issues facing services, and to embed systems and capacity to boost efficiency and outcomes for the future. The Cancer Services Delivery Plan came to an end in 2020, with no replacement until the publication of the Quality Statement for Cancer in March 2021. The Quality Statement is a series of high-level policy statements, and did not deliver what was needed to support services to recover from the pandemic and improve for the future.

The NHS Recovery Plan for Planned Care goes some way to address the short to medium-term issues that cancer services face in Wales, but we do not believe it is ambitious enough to tackle the deeper barriers to improving cancer outcomes in Wales.

The key areas covered in the Recovery Plan, that are relevant to cancer services include the below (taken directly from the Plan):

- *We will establish a network of local community hubs to co-locate frontline health and social care and other services. These will provide a consistent approach to support health checks for people in deprived areas and potentially detect health issues that can be treated to prevent the conditions worsening.*
- *Cancer diagnosis and treatment to be undertaken within 62 days for 80% of people by 2026.*
- *Welsh Government to form a Diagnostics Board. The board will bring together key partners from across the NHS and Social Services, and will have delegated authority from the NHS Wales Leadership Board to provide direction on all diagnostics related matters including service models and allocation of available resources. The board will use input from national programmes such as Imaging, Pathology and Endoscopy and agree a holistic diagnostics approach for Wales.*

These commitments are welcome and will go some way to tackle the backlog in cancer services. But the plans will still leave cancer patients in Wales behind in terms of access to timely diagnosis and services. Moreover, without further injection of funding for key initiatives like the roll out of community diagnostic hubs across Wales, it is difficult to see how their implementation will have tangible impact and meaningfully expand capacity.

For example, whilst it is a positive step to increase the cancer waiting time target to 80%, from 75%, of people to receive first treatment within 62 days of GP referral, we need to reflect on the fact that no health board has met the current Single Cancer Pathway target since it came into force. Therefore, significant investment in diagnostics – staff and infrastructure – will be needed to boost capacity in the system to meet new more ambitious targets.

In summary, we need more detail on how cancer services will be supported to transform and improve further and faster than is set out in the Recovery Plan.

The Minister for Health and Social Services has recently announced a new NHS Cancer Services Action Plan will be developed by the Cancer Network Board⁴. We understand that this will bring together the local and national planning response to the Cancer Quality Statement (published March 2021) and the

NHS Recovery Plan for Planned Care into one document, and that this will cover the three-year planning cycle.

The announcement of the new Action Plan is positive. It is an opportunity to set out an ambitious plan that tackles the immediate issues of capacity to manage demand in the system, and that sets cancer services up to transform into the future.

But it must do more than simply bring together existing plans. With renewed ambition and political will for services to improve, we could see the transformation in diagnosis, treatment, and outcomes that people affected by cancer in Wales need and deserve.

Recommendation:

The NHS Cancer Services Action Plan must tackle the immediate challenges such as long waiting times as well as set out how Wales is preparing services for new cancer innovations and transforming cancer services for the future. There are key elements needed in a strategy to see transformation in cancer services:

1. Identifying ambitions and making them a reality
 - The NHS Cancer Services Action Plan should aim for transformation in cancer services, with bold ambitions that bring together cancer services and the health system around a shared vision for change that will deliver a real step change in cancer outcomes.
 - This must be underpinned by ambitious, measurable objectives with achievable timelines.
2. Tracking progress
 - There must be robust reporting mechanisms that regularly and transparently update on progress.
3. Empowering leadership to drive transformation
 - To drive change and lend credibility to any transformation agenda, there must be dedicated leadership, bringing the right people together including clinical expertise, system management and transformation, IT and infrastructure experts, service planners, third sector partners and patients
 - Underpinning strong and diverse leadership through the Wales Cancer Network should be a robust framework for governance and implementation, through the new NHS Executive.
4. Embedding joined up cancer services
 - A key principle to guide the new Action Plan should be ensuring that everyone has equitable access to timely diagnosis and the most effective evidence-based treatment and support.
 - Where inequalities persist, consideration should be given to how adequate capacity and expertise can be brought together to enable timely access and transformation, including where consolidation of services would support this, as well as where cancer services could be brought closer to communities and patients.
5. Investing in people and infrastructure
 - Lasting transformation that will deliver improvements in outcomes will be impossible without adequate investment, most notably in growing the cancer workforce across the strategy as well as infrastructure for kit, facilities, informatics and data collection
 - Long-term investment will also support testing innovative approaches to service delivery in opportunity areas such as early detection and diagnosis, digital pathology and developing an integrated IT system

Do you anticipate any variation across health boards in the achievement of the targets by specialty?

The current variation across health boards in access to cancer services is stark. Under the national waiting times statistics there is a worrying picture of variation and inequality, both by geography and cancer type.

There is substantial variation between Health Boards in relation to cancer waiting times, with Cwm Taf Morgannwg UHB seeing just 45% of patients starting treatment within 62 days of first being suspected of cancer in March 2022 compared with 70% of patients in Betsi Cadwaladr UHB.⁵ While no part of Wales is currently hitting this target, it is unacceptable that where someone lives in Wales is impacting their access to timely diagnosis and treatment.

We welcome the increased ambition for cancer waiting times, as timely diagnosis and treatment has an important role to play in improving patient experience and can also help improve cancer outcomes. However, no health board has met the existing target since its introduction and it is not currently clear in the Recovery Plan how Welsh Government will expect or support services to recover current waiting times, or to achieve the new target. We also do not believe the new target will help services to reduce variation in waiting times across health boards without targeted support. It is essential that the Recovery Plan is backed with funding for policies which will expand capacity to support services to meet the current target and ensure they are prepared for the future one.

One of the key announcements for cancer diagnostics in the Recovery Plan is the introduction of two new community diagnostic hubs. This is a welcome step from Welsh Government, as Cancer Research UK have advocated for this approach for some time, and we included this recommendation in our previous evidence to this inquiry. The Recovery Plan commits to two new community diagnostic hubs, with more to follow by the end of the Senedd term.

The concept of community diagnostic hubs was established in the Sir Mike Richards Review into Diagnostics in England in 2020, which 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. They 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 150 community diagnostic centres across England.

Wales has been falling behind on this innovation. Rapid diagnostic centres, which are for people with vague symptoms that could be cancer, have taken several years to roll out from Wales since the initial pilots were set up in 2018. Therefore, whilst the move to introduce community diagnostic hubs in Wales is very welcome, the extent of the investment will not meet demand or make demonstrable improvement to many waiting for cancer diagnosis or treatment in Wales. We need to see Welsh Government committing to going further, through more investment in this initiative, and faster, to truly make the transformation needed to improve cancer diagnosis. Where possible, the new community diagnostic hubs should be located in areas of greatest need – those with the longest waiting times, in the first instance.

There is also a commitment in the Recovery Plan to form a Diagnostics Board, which will bring together key partners from across the NHS and Social Services, and 'agree a holistic diagnostics approach' for Wales. This is an important development for cancer diagnostic services, however the Recovery Plan lacks detail on how the Board will operate, governance and accountability. The Diagnostics Board could be a way to ensure that variation across health boards is reduced in waiting time targets, but without the detail on how the Board will operate and what resource it will be given to work to bring up all health boards, it is impossible to say with certainty what impact it will have.

As developments for the new Diagnostic Board continue, it will be essential to understand the responsibilities of the Board and governance, to understand how to drive innovations in diagnostics across Wales.

Does the plan adequately address health and social care workforce pressures, including retention, recruitment, and supporting staff to work flexibly, develop their skills and recover from the trauma of the pandemic?

Gaps in the NHS workforce are a fundamental barrier to transforming cancer services and improving cancer survival. 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 and provide the most effective cancer treatment.

The Royal College of Radiologists (RCR) found that shortfall of clinical radiology consultants in Wales is 37% – higher than the UK average of 33%. In 2020, Wales had just 7.8 radiologists (who read and interpret medical images in order to diagnose, treat and monitor diseases) per 100,000 people, compared to the European average of 12.8. Without action, shortages show no sign of abating, with Wales seeing the slowest growth in the clinical radiology workforce in the UK – averaging just two additional Whole Time Equivalent (WTE) radiologists per year.⁶

Shortages are evident across the cancer pathway. For example, the RCR found that in Wales there is a 20% shortfall of clinical oncologists (CO), who are specialists key to treating cancer patients given their role in using radiotherapy and chemotherapy to treat and manage patients with cancer. The current trend of retirements outnumbering training completions means that without action there will be 10 fewer CO consultants in post in 2025 than now.⁷

These shortages have serious consequences for patients. The RCR found that 60% of clinical directors believed there were insufficient radiologists to deliver safe and effective patient care in Wales.⁸ The NHS has relied on the goodwill of its workforce to keep services running, with over one in four doctors in Wales, England and Northern Ireland reporting they worked more than their contracted hours without pay – this is unsustainable.⁹ NHS Wales' spending on agency staff almost trebled from £50 million to £143 million between 2010/11 and 2018/19, showing the financial burden that workforce shortages have in Wales.¹⁰

The NHS workforce has borne a massive burden through the pandemic. We know that NHS staff are exhausted after responding to COVID-19¹¹, as well as trying to maintain cancer services.

Against this context, we need to see a significant boost in the diagnostic workforce if we are to speed up cancer diagnosis in Wales. Getting recruitment and retention right in cancer services is essential if we are going to recover and transform services. Commitments to reduce waiting times through increasing targets or introducing community diagnostic hubs will not be achieved without a concerted effort to boost workforce numbers across the cancer pathway.

The Recovery Plan does not adequately address the pressures that the workforce face in cancer services. These shortages will hinder the effective roll out of the Recovery Plan, including ambitions to establish community diagnostic hubs to increase capacity and productivity. Without growth in the diagnostic workforce, staffing these hubs will require drawing healthcare professionals out of acute care, meaning overall diagnostic capacity does not improve.

In 2020, Health Education and Improvement Wales (HEIW) and Social Care Wales published the Workforce Strategy for Health and Social Care in Wales.¹² It is unclear what progress has been made

in implementing the strategy. As a result, it is unlikely the diagnostic and cancer workforce will have the capacity it needs to meet the challenge in cancer services now and in the future.

However, with the announcement of the NHS Cancer Services Action Plan, there is an opportunity to develop and deliver a long-term strategy to build a cancer workforce fit for the future.

We will now look to the NHS Cancer Services Action Plan to deliver the detail and ambition needed to plan for a workforce with the resource they need to transform cancer services and improve the lives of those affected by cancer now, and in the future.

¹ <https://statswales.gov.wales/Catalogue/Health-and-Social-Care/NHS-Hospital-Waiting-Times/Cancer-Waiting-Times/Monthly/suspectedcancerpathwayclosedpathways-by-localhealthboard-tumoursite-agegroup-gender-measure-month>

² Analysis by Cancer Research UK Cancer Intelligence Team based on Welsh Government Cancer Waiting Times data

³ BMA, 2021. BMA survey COVID-19 tracker survey February 2021. Accessed April 2021 via <https://www.bma.org.uk/media/3810/bma-covid-tracker-survey-february-2021.pdf>.

⁴ <https://record.senedd.wales/WrittenQuestion/85056>

⁵ <https://statswales.gov.wales/Catalogue/Health-and-Social-Care/NHS-Hospital-Waiting-Times/Cancer-Waiting-Times/Monthly/suspectedcancerpathwayclosedpathways-by-localhealthboard-tumoursite-agegroup-gender-measure-month>

⁶ Royal College of Radiologists. 2021. Clinical radiology UK workforce census 2020 report. Accessed August 2021 via https://www.rcr.ac.uk/system/files/publication/field_publication_files/clinical-radiology-ukworkforce-census-2020-report.pdf

⁷ Royal College of Radiologists. 2021. Clinical oncology UK workforce census 2020 report. Accessed August 2021 via https://www.rcr.ac.uk/system/files/publication/field_publication_files/clinical-oncology-ukworkforce-census-2020-report.pdf

⁸ Royal College of Radiologists. 2021. Clinical radiology UK workforce census 2020 report. Accessed August 2021 via https://www.rcr.ac.uk/system/files/publication/field_publication_files/clinical-radiology-ukworkforce-census-2020-report.pdf

⁹ BMA, 2021. BMA survey COVID-19 tracker survey February 2021. Accessed April 2021 via <https://www.bma.org.uk/media/3810/bma-covid-tracker-survey-february-2021.pdf>.

¹⁰ <https://heiw.nhs.wales/files/key-documents/workforce/workforce-strategy-for-health-and-social-care-final-pdf/>

¹¹ BMA, 2021. BMA survey COVID-19 tracker survey February 2021. Accessed April 2021 via <https://www.bma.org.uk/media/3810/bma-covid-tracker-survey-february-2021.pdf>.

¹² HEIW, 2020. A Healthier Wales: Out Workforce Strategy for Health and Social Care. Accessed October 2021 via https://socialcare.wales/cms_assets/file-uploads/Workforce-strategy-ENG-March-2021.pdf