

Minutes of the Cross Party Group on Cancer Meeting 30 September 2021

What: Cross Party Group on Cancer: Recovery and Transformation of Cancer Services

When: 30 September 14:00pm – 15:30pm **Where:** Microsoft Teams

Agenda

Time	Agenda Item
14:00	Welcome from David Rees MS
14:05	AGM Chair and Secretariat Election
14:15	Judi Rhys, Chief Executive, Tenovus Cancer Care
14:25	Bami Adenipekun, Inspire to Soar
14:35	Anthony Davies, Senior Policy Manager for Major Health Conditions, Welsh Government
14:45	Claire Birchall, Wales Cancer Network Update
14:50	Panellist Discussion and Q&A Session, David Rees MS to chair
15:30	Close, David Rees MS

Speakers

Judi Rhys

Bami Adenipekun

Professor Tom Crosby

Claire Birchall

Anthony Davies

Secretariat

Alaw Davies, CRUK

Topic

1. *The impact of Covid-19 on cancer care and how we transform services to be fit for the future*

The aim of the CPGC session will be to provide a helpful overview of cancer services in Wales, with a focus on recovery and transformation following Covid-19.

The challenges facing cancer services in Wales have been compounded by COVID-19. Cancer services have been severely affected, with significant disruption to diagnostic and treatment services, especially during the peak of the first wave. Despite the hard work and best intentions of the Welsh Government and NHS Wales to keep essential services running during the first wave of the pandemic, urgent suspected cancer referrals from primary and diagnostic services were lower than previous years, cancer screening was paused, and some elective cancer surgeries were cancelled or altered to a different cancer treatment. We now know that in the year between April 2020 and March 2021, 1,700 fewer people began cancer treatment in Wales.

While many cancer services have now largely returned to around pre-pandemic levels, there remains an urgent need to transform services in order to continue recovery from COVID and improve cancer outcomes for the long-term.

2. *Refresher on the Quality Statement for Cancer*

The Welsh Government published the Quality Statement for Cancer in March 2021, which succeeded the Cancer Delivery Plan 2016 which came to an end in December 2020. This is a 'five year plan to improve the quality of cancer services and outcomes'. The Quality Statement includes the immediate, short-term focus on recovery and also consideration of the longer-term potential for transformational innovations, such as liquid biopsy. However, its substantive focus is on the medium-term development of services during the Parliamentary Term.

The introduction of quality statements was signalled in *A Healthier Wales* and has been described in the National Clinical Framework as the next level of national planning for specific clinical services. It forms part of the

enhanced focus on quality in healthcare delivery that was described in *A healthier Wales: long term plan for health and social care* and the *Quality and Safety Framework*, which sets out Quality statements as integral to the future planning and accountability arrangements for the NHS in Wales.

Alongside the Quality Statement for Cancer, the Health Minister published the health and care services pandemic recovery plan in March 2021.

Annual General Meeting

- David Rees MS was re-elected as Chair of the Cross Party Group
- Alaw Davies was elected as Secretariat of the Cross Party Group

1. Welcome

David Rees MS (Chair) opened the meeting and welcomed members.

The Chair briefly described the meeting agenda and etiquette.

The Chair introduced the panellists.

2. Presentation by Judi Rhys, Chief Executive of Tenovus Cancer Care

The Chair welcomed Judi Rhys. Judi Rhys presented on the impact of COVID-19 on cancer services and the third sector. JR thanked the Chair for the invitation to speak. JR noted IW noted the difference between larger charities in the sector and their provisions compared to smaller, volunteer-run charities and how they have been disadvantaged during the pandemic. JR noted that the impact on Tenovus Cancer Care (TCC) has been considerable, especially on fundraising and retail. JR explained that TCC were forced to shut their 60 retail shops, with 40 of these being in Wales which provide 60% of their income. JR noted that regrettably, there was a large-scale redundancy which led to a loss of 30-35% of their staff. As a result of the pandemic, TCC also had to make the hard decision to halt new research. TCC made a big decision to focus on their services for people affected by cancer throughout the pandemic, strengthen their policy and public affairs function and ramp up their local engagement with the communities they serve. A key part of their new strategy is exploring opportunities for collaboration and partnership with a variety of partners. Two examples of this is the joint funding of a PHD with Northwest Cancer Research, as well as funding a TCC clinical psychologist who's working out of Maggies in Velindre.

Like everybody else, TCC moved a lot of their services online. Fortunately, TCC were able to protect many of their mobile services. TCC were mindful of the catastrophic affect of the pandemic on people affected by cancer, wherever they were in their journey. TCC are particularly concerned about all the people who have not entered the system through screening services or visiting their GP and have spoken up about that in the media.

As a Wales based charity, TCC have tried to support the NHS throughout the pandemic. TCC have done non-cancer related things such as offering capacity of their mobile services to the Wales Ambulance service for COVID-19 vaccination in West Wales. Keen to support the NHS in any way that helpful as JR understand that there is a need to work together. JR noted that the rhetoric of working together isn't always genuinely played out.

JR noted the significant risks cancer services still face over the winter period due to the ongoing pandemic, and that the recovery of cancer services won't be linear or happen as rapidly as they hope. JR expressed the importance of working in a joined-up approach right across the cancer pathway.

As TCC, they are a member and support the priorities of the Wales Cancer Alliance. However, TCC have taken forward particular priorities, such as workforce and easily accessible diagnostics as well as the need to keep innovating. JR noted that the NHS can learn from innovation in other sectors, and on the NHS to be more open to ideas and developing stronger and more equal partnerships with the third sector.

TCC remains focused on finding the people who haven't come forward during the pandemic. TCC has highlighted this issue right from the start as an unintended consequence of Covid-19. JR also noted the impact of Covid-19 on research.

3. Presentation by Bami Adenipekun, Inspire to Soar

The Chair welcomed Bami Adenipekun. BA presented on the case for prioritising cancer care in Wales and presented from a patient's perspective. BA explained that first and foremost she is a patient, having been diagnosed with breast cancer in 2013 and losing both her Mother and sister to cancer. BA explained that this means she is also able to speak from the perspective of a caregiver and a relative as well as a storyteller and advocate. BA also noted that she is a Black British woman, and in the context of Covid-19 it is important to note that the effects of the pandemic have been even more devastating for the ethnic minority community.

BA noted that 1 in 2 people born after 1960 will have cancer in their lifetime, and at the moment that is 77.5% of the UK population. There was a BBC Panorama investigation in 2020 which showed that there will be between 11,000 and 35,000 extra cancer deaths as a result of delayed treatment and cancelled diagnostic services. Prior to the onset of the pandemic, cancer services in Wales were already under strain without the adequate staff to address the increasing incidence of cancer.

BA made a case for why it is important to invest in cancer services now. BA detailed that the fallout over the past 18 months has had a devastating impact which will only increase if no concrete action is taken. BA expressed the importance of remembering that behind the numbers are your loved colleagues and maybe you. The current Quality Statement for cancer unfortunately puts many at risk of a later diagnosis and poor prognosis.

BA explained that time is of the essence and that earlier diagnosis is the difference between a mother watching her children grow up versus dying in her prime. With respect to wider access to cutting edge treatment, it's the gift of time with loved ones versus the ending of a life that takes loved one by surprise. For the first time in decades, there is a risk of a reversal of the gains made to improve cancer survival rates in Wales.

BA notes that more investment in cancer services will raise the chances of beating cancer and living with no evidence of the disease. BA highlighted that that is what patients and their loved ones want more than anything else, and that that is what the people of Wales deserve.

4. Presentation by Anthony Davies, Welsh Government

The Chair welcomed Anthony Davies. Anthony Davies quoted A Healthier Wales: NHS Wales Core values by noting that the main focus of his office in the Welsh Government (WG) is "putting quality and safety above all else – providing high value evidence-based care for our patients at all times".

AD reiterated a statement from A Healthier Wales which sets out that "A series of quality statements, which will describe the outcomes and standards we would expect to see in high quality patient focussed services, will be developed for the NHS. These will set out ambitions to be delivered consistently across Wales. They will inform national oversight of delivery through the planning framework and the performance management system." AD explained that the WG wants to build on what they've done with the delivery plans, but also move on from the delivery plan era. There are three things to take away from the statement; that they want to be able to describe what a high quality look like, they want to deliver them consistently across Wales and they want to develop a closer link with the planning and performance regime.

AD set out the twenty-two things they want to achieve set out in the Quality Statement. AD noted five of these commitments in particular:

1. The cancer workforce is planned to meet forecast demand; specifically, clinical and medical oncology, cancer nurse specialists, medical physics and therapeutic radiographers.
2. An immediate system-level focus on recovering the pre-pandemic waiting list volume
3. More specialist cancer services that are fragile or cannot meet vital standards have reconfigured into more resilient regional, super-regional or national services.
4. The Single Cancer Pathway and its Nationally Optimised Pathways are comprehensive and dully embedded in local service deliver.

5. The cancer patient record is delivered on a modern and resilient IT platform that enables greater integration of care and provides the relevant data to guide service development.

AD explained that these commitments have quite big implications and will require a lot of work, investment and focus over the coming years. AD expressed that he believes these are not trivial commitments.

AD noted that the cancer Quality statement doesn't exist in isolation and is one in a series of Quality Statements that links across with other policies such as workforce planning. AD confirmed that the Minister for Health and Social Services is accountable for any of the policies and cancer Quality Statement.

AD explained how the National Executive function will work. AD detailed a diagram, explaining the top down structure with the Welsh Government, followed by the interventions that the NHS Executive will apply including Primary Care Programme, Emergency Care programme, Planned Care Programme, End of Life care Programme, National Clinical Networks and National Support Units. AD explained that the networks will have an important role as part of the Executive function in terms of national leadership, enabling collaboration between NHS bodies and developing nationally agreed pathways.

AD set out the next steps which includes establishing the new cancer network board, embedding quality statements in the NHS planning framework, ensuring local providers reflect commitments in their IMTPs, developing a network leadership and enabling plan, adding service specifications, additional NOPS and metrics from the outcome framework and getting ready for the NHS Executive function.

5. Presentation by Claire Birchall, Wales Cancer Network

The Chair welcomed Claire Birchall to present an update on the Wales Cancer Network (WCN). CB outlined that she will present on where the WCN was during Covid-19 and the contribution the network made, as well as what they are doing at the moment and how they are going forward.

CB reminded members that the WCN sits within the NHS Wales Health collaborative, and work on behalf of the NHS Chief Executive, health boards and trusts across Wales to advise and support cancer delivery across Wales.

The WCN was sent home as soon as the pandemic hit, which was frustrating as the NHS needed support more than ever. The WCN therefore became an expert group of colleagues to advise on what was a rapidly changing plan. Some of the examples of this was changing to treatment guidance, ways of treatments, delaying treatments and actively trying to understand the impact of the pandemic on cancer services. There were also technical aspects around different regime for radiotherapy, as well as advising and supporting pathways.

One action that the WCN did was pull together a clinical group where they had senior people from all of the tumour sites across health boards to come up with clinical expertise and guidance around stabilising and moving forward. The second action was developing the operational cancer managers from each of the health boards. The WCN also contributed to a number of public health campaigns alongside colleagues and charities.

Currently the WCN is actively monitoring the impact and feeding that back to colleagues as well as sharing areas of concern. The WCN has a number of priority programmes, such as the Single Cancer Pathway. A project that started before Covid-10 was the Rapid Diagnosis Clinics (RDCs) where the WCN had a couple pilots ongoing. An opportunity for funding came around during the pandemic to open more pilot RDCs. One of the challenges at the moment is ensuring equity of access across wales to RDCs, so the WCN has invested in the areas that are still struggling to access RDCs.

The WCN is actively working on the delivery aspect of the Quality Statement. A part of that is focusing on the workforce, and WCN will be working HEIW to understand the constraints and pressures on the workforce as well as the new roles and responsibilities needed to deliver on that agenda.

6. Panellist Discussion

- The group discussed the need for organisations and charities to work in partnership and commit resource to overcome the issues facing cancer services in Wales. The group discussed how the lung health check is supported, but it is acknowledged that the workload and demand will increase for

colleagues, highlighting the workforce issues that need to be addressed. Members stated that improvements to workforce will make the most difference to patient outcomes, and asked questions regarding the timings for a cancer recovery plan.

- **Close**

The Chair thanked all speakers and participants for their contribution.

Meeting closed 15:30

Attendees

1. Alaw Davies (Secretariat)
2. Judi Rhys
3. Joel James MS
4. Chris Rowland
5. Katie Till
6. Bami Adenipekun
7. David Rees MS (Chair)
8. Jaynie Old Mill Cancer Foundation
9. Mandy Edwards
10. Sarah Beard
11. Joe Kirwin
12. Darren Northall
13. Caroline Townsend
14. Malcolm Mason
15. Dawn Casey
16. Joe Woollcott
17. Richard Daniels
18. Bernadette McCarthy
19. Hannah O'Mahoney
20. Joanne Ferris
21. Georgina Smerald
22. Mike Hedges MS
23. Sikha de Souza
24. Madelaine Phillips
25. Sara Bale
26. Sian Lewis
27. Cefin Campbell MS
28. Louise Carrington
29. Claire Birchall
30. Rachel Downing
31. Anthony Davies
32. Greg Pycroft
33. Lubna Latif
34. Deborah Roebuck
35. Maggie Clark
36. Craig Lawton
37. Bethan Hawkes
38. Tom Crosby
39. Calum Forrester-Paton

40. Thomas Davies
41. Richard Adams
42. Lowri Griffiths
43. Gareth Popham
44. Ryland Doyle
45. Hannah Wright
46. Joseph Carter
47. Mark Isherwood MS
48. Rhun ap Iorwerth MS