

CPG Inequalities Report Launch Minutes – 08/06/2023

Meeting details:

- What: The launch of the CPG's report on Cancer Inequalities
- When: 14:00-15:30, Thursday 8th of June 2023
- Where: Teams meeting

Attendees:

1. Megan Cole
2. Andy Glyde
3. Rees, David (Aelod o'r Senedd | Member of the Senedd)
4. Simon Scheeres
5. Owen Jackson
6. Jenni Macdougall
7. Glenn Page
8. Megan MacDonald
9. Hannah Buckingham
10. Mandy Edwards (Aneurin Bevan UHB - Clinical Trials)
11. Thomas Brayford
12. Paul Munim
13. Hannah Wright
14. Benedict Lejac
15. Eleanor Jones
16. Greg Pycroft
17. Pamela Smith
18. Jones, Nicholas
19. Hilary Webb
20. Louise Carrington (NHS Executive)
21. Renard, Brandon (Staff Cymorth yr Aelod | Member Support Staff)
22. Davies, Anthony (HSS - Quality & Nursing Directorate)
23. Joanne Ferris
24. Claire Birchall (NHS Executive)
25. Dawn Casey (CTM UHB - Patient Care & Safety)
26. Dr Lee Campbell
27. Tracey Burke
28. Julie Hepburn
29. Joseph Woolcott
30. Hearne, Emily (Staff Cymorth yr Aelod | Member Support Staff)
31. Richard Adams (Velindre - Consultants)
32. Judi Rhys
33. Lowri Griffiths
34. Tom Crosby (Velindre - Consultants)
35. Chris Jones (HSS - Quality & Nursing Directorate)
36. Angela Harris
37. Maddy Young
38. Abigail Hayward (NHS Executive)

39. Chris Coslett (NHS Executive)
40. Kayleigh Chainey (NHS Executive)
41. Jennifer Sharp (NHS Executive)
42. Ellie Davies (NHS Executive)
43. Eryl Daniels (NHS Executive)
44. Gareth Popham (NHS Executive)
45. Hoang Tong
46. Anna Hughes (NHS Executive)
47. Brenda Basweti (NHS Executive)
48. Alexandra Richards (NHS Executive)
49. Sian John (NHS Executive)
50. Sarah Macaulay-Nolan (NHS Executive)
51. Magda Golebiowska (NHS Executive)
52. Doyle, Ryland (Staff Cymorth yr Aelod | Member Support Staff)
53. Clare Jordan (NHS Executive)
54. Ann Hosken (NHS Executive)
55. Stevie Davies (NHS Executive)
56. Wendy Roberts (NHS Executive)
57. Sarah Fry
58. Dr Peter Henley
59. Laura Munglani (NHS Executive)
60. Dominique Willson (NHS Executive)
61. Claire Wright (NHS Executive)

David Rees MS introduced the meeting

- Thank everyone involved within oral evidence, speakers, consolation responses, and CRUK (special mention to CRUK's Katie Till, who is currently on maternity leave).

- Highlighted that the CPG is not just a talking shop, it is also a place for action: achieving change and pushing agendas.

- 'Cancer inequalities exist on the pathway, and we must address them. Doing so will ensure that no matter where you live, no matter your background: you should be entitled to the same access to treatments as anyone else'.

- The report highlights that we need more data to get a full picture of health inequalities in Wales: it will help our understanding of how economic factors and beyond affect cancer inequalities across the pathway'.

- 'It is frightening to me that mortality rates are 55% higher in deprived populations than least deprived'.

- Highlighted the reports focus, findings, and key recommendations (available on slides/speech notes).

- Raised the importance of timely screening, and how this can impact health outcomes later on the pathway.

- Raised that issues of travel and work commitments impact a person's ability to attend appointments.

- Concerns over vaping was raised, and how this may be replacing smoking in Wales.

-I very much appreciate the government's cancer improvement plan and the cancer quality statement, though I always challenge the fact that the quality statement needs an improvement plan to tell us how they achieve the quality.

Chris Jones:

- we'll look closely at your recommendations....because I think a lot of them are either for the NHS and Welsh Government to approach together.

-I think it's very helpful for the CPG to have updated the evidence and reminded us of this issue. I think it does play into a very receptive policy perspective in Wales.

-Chris Jones Welcomed the report, and said that he hopes the Welsh Government and Welsh NHS takes it on board.

-Chris Jones raised that the CMO's report raised a lot of the inequalities raised within the report, particularly around deprivation and smoking. A lot of the report tally's with the CMO's recommendations.

-Chris Jones raised that equity is highlighted within the Welsh Government's quality statement: equity is in integral part of the health system in Wales. Chris Jones relayed hope that the report will be used to drive equity.

-CJ highlighted the importance of The Future of Wellbeing Act

Owen:

-But what I would say from that is clearly we've all read this report and drawn similar conclusions. Which speaks to its clarity and and and some of the things that highlights is urgent that needs to be addressed.

-The report shows that your chance of getting cancer, your chance of surviving cancer and are affected by who you are, where you live, your background and all of those things are frankly unacceptable.

-the vision that we set out our strategy, which is: that everyone who everyone who is affected by cancer lives longer, better lives. We have to make sure the progress that we make on cancer is felt by everybody.

-And for me in in, in my role stretch of policy for the charity: that means work with governments and health systems around the UK to ensure that adoption of innovation in cancer services is taken up broadly and that barriers that exist are addressed systemically

- to counter inequalities we need innovations to be adopted that work for everyone.

-One limitation of the report is the lack of available data. We need data on ethnicity, age, sex to get a full picture of health inequality.

-Lung screening: Since last September, it's been a recommendation from the UK NSC for lung screening for the whole of the UK, so the plan for a pilot later in the year in Wales is something we support. We know lung screening can improve lives and outcomes- which work in more deprived areas where more people smoke. We hope the pilot in Wales doesn't slow it down, as lung screening is a UK wide recommendation.

-In terms of people needing to make frankly horrendous choices between their treatments and then continuing with their work or their existing caring responsibilities.

- Wales is ahead of England in terms of long term strategies. We will be certainly looking to build on the knowledge that we we have on on how things are working well in other nations, and making those recommendations to the UK government

-We're taking a piece of work called the Manifesto for Cancer Research and Care Right now, and this is a piece of work with focusing on tiling timed to coincide he to the UK general election and this is the plan to deliver actionable practical policies to beat cancer sooner.

Discussion:

David Rees: How well is the duty of quality disseminated to the relevant people (i.e health professionals).

Chris Jones: The duty of quality I whenever I meet executive boards, I always ask them how they're implementing the duty of quality, and I always get quite a fulsome answer about some of the organizational changes that they're making and some of the sort of data collection and reporting arrangements they're starting to put in place, like, I don't know that I can answer with regard to how far deep during, throughout organizations, the knowledge is there, but it is largely about decision making.

Tom Crosby:

So there is something about demanding, as Chris says, not just a Welsh government but the NHS executive, which isn't a it is in a place of change and new establishments at the moment. So I I don't anticipate early responses etcetera, but anticipating from both government oversight and also from the service **of actually a plan that actually addresses some of the things that we've discussed today and then we can discuss how we implement that plan because we've all agreed it's not easy to fix.**

Lung Screening: And I think there is something about the lung health checks, Chris. **I think we need to take back to Welsh Government. I think there needs to be a response from Welsh Government. There's a national screening committee recommendation that they should happen, and at the moment the pilot is not a pilot of whether we should do it or not, or the the the learning from that to inform a decision from Welsh Government.**

Data: Digital sort of solutions completely agree about the information we're pretty good at getting post codes and then we can interpret those around, you know, deprivation schools, etcetera. But we're not collecting data at the moment about other things like around ethnicity. So so we're we're not collecting that routinely.

So I'd be interested in asking how are we gonna change and and bend the curve to do something different in the future there and accountability.

Regional: But almost certainly the solutions are gonna be beyond just a health board level and I'm still uncertain how the accountability at a regional level, which I suspect this needs work. So how is one health board responsible in some way for making sure in their region that there isn't a 20 point variation in in outcome and then just something for the future?

Digital solutions: We are going to practice health differently in the future. We we've got to start now with digital enablement to ensure that that project and program, which is clearly going to be be introduced to pace now doesn't disadvantage a certain populations.

Future of health: bottom line is we are going deliver health in the future very differently. There will be pointer care testing. There will be interactions with apps that support you through pathways and programs, et cetera. And we just need to make sure that that program of work doesn't leave people behind.

-my fundamental plea would be that we ask for a delivery plan against your, you know, what we all accept is unacceptable variation in in outcomes at the moment.

