

National Assembly for Wales

[Health and Social Care Committee](#)

[Inquiry into the progress made to date on implementing the Welsh Government's Cancer Delivery Plan](#)

Evidence from Macmillan Wales – CDP 16

	
<b>Briefing for:</b>	National Assembly Health and Social Care Committee.
<b>Purpose:</b>	Macmillan Wales response to the inquiry into progress made to date on implementing the Welsh Government's Cancer Delivery Plan.
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## 1. Introduction

Macmillan is committed to supporting partners, including the Welsh Government (WG), NHS Wales, Health Boards (HBs), Velindre NHS Trust and Local Government to improve care for people affected by cancer across Wales. We have invested nearly £10m in the last three years in improving cancer care in Wales and support more than 270 Macmillan professionals in Wales.

Macmillan welcomes this inquiry into the progress made to date on the implementation of the WG Cancer Delivery Plan (CDP) by the National Assembly for Wales' Health and Social Care Committee. We regard the WG CDP as a crucial lever for driving up standards, improving clinical outcomes and delivering the vision of person-centred cancer care in Wales. It is nearly two years since the WG launched its Cancer Delivery Plan and we believe that the Committee's inquiry is therefore timely and necessary to establish what progress has been made, where challenges exist and where the gaps are in its delivery.

Action is needed now if Wales is to achieve the vision set out in the WG Cancer Delivery Plan by 2016. We do not underestimate the scale of the challenge which requires committed and focussed clinical and managerial leadership at a national and local level.

With regards to the terms of reference for this inquiry, our response seeks to highlight:-

- whether Wales is on course to achieve the outcomes and performance measures, as set out in the CDP, by 2016; particularly in achieving the best in Europe ambition and improving outcomes in section 6.4 'Meeting People's Needs', a key area within the CDP for people affected by cancer.

- and whether progress has been made in reducing the inequalities gap in cancer incidence, survival and mortality rates.

## 2. Case for Change

As the diagnosis and treatment of cancer is becoming ever more effective, many more people are living longer with and beyond cancer. By 2030, it's estimated that the number of people living with or after cancer in Wales will nearly double to almost a quarter of a million (from 120,000 to 217,000) <sup>i</sup> As the nature of cancer changes, so do the needs of people who are affected by it – and the range of health and social care professionals and services required to help meet those needs. This growing population will have significant implications for both health and social care and will challenge existing models of cancer care. It is imperative that action is taken to ensure that care is holistic with non clinical needs routinely considered and covers social, financial, emotional, practical, psychological, spiritual and information needs. People need care beyond the clinical to enable them to live as well as possible and to become partners in their care enabling them to self manage as far as possible.

People who decades ago would have died shortly after diagnosis will increasingly survive for longer. 1 in 4 people will be living with the consequences and many will be living with an incurable cancer, remission and relapse. More focus is needed on this period of survivorship to improve quality of life, support patients to live well, as many more will be living with cancer, or the consequences of cancer as a long term condition.

## 3. Cancer Care in Wales

There are key policy documents, research and reports of patient experience which inform our response to the Health and Social Care Committee:

3.1 The *WG Cancer Delivery Plan* provides a national strategic approach to cancer treatment and care. It is the core document for steering cancer service delivery and monitoring cancer incidence, mortality and survival rates throughout Wales.

3.2 *The Cancer National Specialist Advisory Group: Technical Supplementary Report* collates epidemiological data, cancer specific profiles, audit and clinical trials and provides useful comparisons of data with other European countries. It therefore helps assess the progress made to achieving the ambition of being the best in Europe.

3.3 The *Wales Cancer Patient Experience Survey 2014* (CPES) results provide a robust and comprehensive analysis of people's experiences of cancer care in Wales, with the survey capturing the views of 7,352 patients and achieving a completion response rate of 69%. The CPES provides an important benchmark, both at a national and local level, in relation to the patient experience and the extent to which HB's are meeting people's needs as set out in the CDP. The survey was a joint initiative between Macmillan and Welsh Government.

It is important to acknowledge that the CPES results in January 2014 revealed high levels of satisfaction with NHS cancer care in Wales, with 89% of patients rating their overall care as excellent or very good and only 1% saying care was poor. This is a very clear indication that overall experience is a good one and provides a high baseline for further improvement. However, the survey

results also show low compliance against the Cancer Delivery Plan commitments and significant variation in experience across Welsh hospitals, health boards and cancer types.

The recommendations made in this document are intended to boldly build on existing good practices and identify areas for improvement to aid progress towards achieving the ambition to be the best in Europe.

#### **4. Key points for action**

**Macmillan is calling on WG to:**

**5.3 Provide clear strategic direction and leadership supported by an overarching all Wales structure for planning, accountability and performance. It should set priorities on an all Wales basis for a three year period until the end of 2016; set up robust monitoring systems to scrutinise and report openly on progress and use data to direct improvements in order to drive up standards and ensure a consistent approach to improving cancer care in Wales.**

**6.3 Review the content and quality of HB annual reports and ensure that HB Delivery Plans explicitly identify progress against all requirements within the Cancer Delivery Plan; ensure that HBs consistently publish their annual reports and delivery plans and ensure that they are timely, easy to access, clear and understandable. Proper overarching national scrutiny is needed to monitor standards, issue guidelines and ensure compliance against agreed targets.**

**6.6 Provide strategic leadership, absolute clarity and transparency on the application of waiting times, policies and targets and how performance against targets are measured. Action is needed now to ensure HBs achieve their waiting time targets so that patients do not face delays in being diagnosed or starting treatment.**

**6.9 Ensure HBs utilise the results of the Wales CPES data locally and explicitly demonstrate action taken to improve progress in delivering person centred care within their annual reports and delivery plans.**

**7.3 Produce a clear and unambiguous definition of the role of the Key Worker. This is crucial and urgently required to ensure equity of access and quality across Wales and will help ensure that the role is implemented consistently across HBs.**

**7.6 Produce a clear, nationally agreed definition of what the provision of holistic needs assessment and written care plan entails, linked with the role of the Key Worker, to help provide consistent equity of access and quality to person centred care across Wales.**

**7.9 Commit to ensuring that the recommendation within the Cancer Delivery Plan that people affected by cancer should have the opportunity to access welfare benefit advice is consistently implemented by HBs.**

## **7.12 Develop an all Wales strategic quality assured approach to provide consistent, accessible and tailored information and support for cancer patients in Wales.**

### **WG Together for Health – Cancer Delivery Plan**

#### **5. Responsibility and Accountability at a national level**

5.1. The WG Cancer Delivery Plan should drive national change and improvement and thus ensure consistency in services and standards for patients throughout Wales. The Chief Executive of NHS Wales stated in the Foreword 'I will hold LHBs to account on the outcomes they deliver for their populations'.

5.2 **Macmillan Wales response:** The strategic direction of the WG CDP was much needed and hugely valuable in 2012 but its operational implementation, to date, has been limited. The standards and targets identified within the document now require further refining and monitoring needs to be strengthened. Furthermore, consequences of non compliance are not addressed due to lack of clarity in governance, self reporting and absence of any real levers that drive action and change. There is insufficient rigour in the current system to reduce variation and few opportunities to share good practice across teams and HBs and thus avoid duplication of effort. We welcomed the creation of the Cancer Implementation Group and the valuable progress it has made to date, however, in its current form it is unable to effectively bridge the gap between national policy and local implementation. Additionally, current arrangements and infrastructure do not allow national or cross health board network planning for initiatives such as acute oncology. There is a clear need to look strategically at these areas not just incrementally and at a local level.

**5.3 Macmillan is calling on WG to provide clear strategic direction and leadership supported by an overarching national all Wales structure for planning, accountability and performance. It should set priorities on an all Wales basis for a three year period until the end of 2016; set up robust monitoring systems to scrutinise and report openly on progress and use data to direct improvements in order to drive up standards and ensure a consistent approach to improving cancer care in Wales.**

A national all Wales approach would:-

- enhance current monitoring and support targeted intervention which would provide assurance that standards are being met;
- support effective use of resources and avoid duplication of effort;
- facilitate sharing and spread of good practice and learning;
- ensure action is taken to reduce variation and inequalities across health boards;
- improve co-ordination of care across complex care pathways between organisations;
- improve the delivery of integrated cancer care across primary, community and secondary care settings;
- create opportunities to review, challenge and decommission traditional care pathways which exist in a non-commissioning environment to ensure care is cost effective.

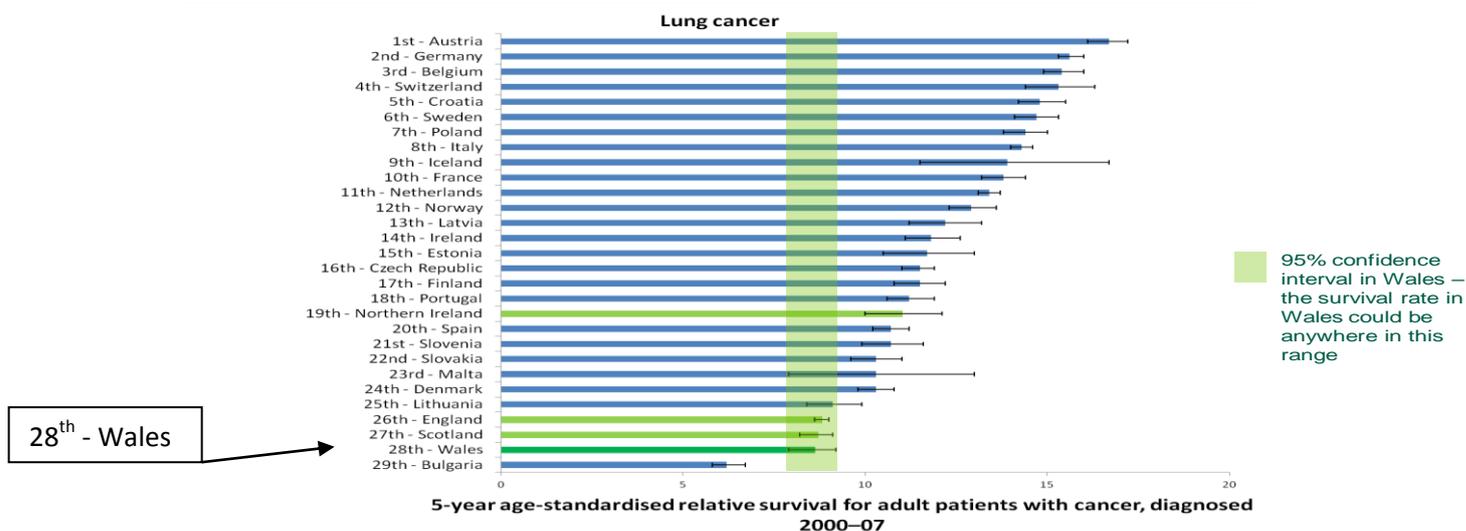
#### **National outcomes**

5.4 The WG Cancer Delivery Plan states that the ‘NHS would work with ambition- locally, regionally and nationally- to make us amongst the best in Europe for cancer treatment and outcomes’

5.5 **Macmillan Wales response:-** There is a need to keep pace with rapid change to ensure that cancer treatment is fast, effective and high quality. Whilst at a national level, five year survival in Wales has improved for stomach, rectal, breast and prostate cancers, there is minimal improvement in colon, lung and ovarian cancers. A Eurocare 5 population based study found that the UK and Republic of Ireland generally tend to have lower survival rates than the rest of Europe and report that the cancers where the UK and Republic of Ireland are most behind the rest of Europe are kidney, stomach and ovarian. A particular area of concern relates to lung cancer five year survival rates and the graph below (Figure 1) highlights very clearly Wales’ position in Europe as 28<sup>th</sup> out of 29 countries and shows only one country, Bulgaria, as having a smaller survival rate than Wales. Evidence from the same source suggests that for other cancers Wales’ position ranges from 19<sup>th</sup> out of 29 countries for Non Hodgkin lymphoma; 21<sup>st</sup> out of 29 countries for Breast and Prostate cancer. This demonstrates the huge challenge Wales faces in achieving the best in Europe ambition.

Figure 1.

### Lung Cancer



De Angelis R, Sant M, Coleman MP, et al. Cancer survival in Europe 1999–2007 by country and age: results of EURO CARE-5—a population-based study. *Lancet Oncol* 2013; published online Dec 5. [http://dx.doi.org/10.1016/S1470-2045\(13\)70546-1](http://dx.doi.org/10.1016/S1470-2045(13)70546-1).

5.6 Compliance with NICE Improving Outcome Guidance and Wales National Cancer Standards are vital in delivering high quality cancer care. The Health Inspectorate Wales (HIW) Peer Review of cancer tumour sites is a significant and important development for Wales. It is essential that the evidence on performance is co-ordinated to measure how well Wales performs in terms of achieving national standards and that there is a coherent approach to ensuring that improvements are supported.

Information to date suggests that services and standards for rarer cancers, children, teenagers, older people and those living in deprived areas need to improve. **A national all Wales planning process which identifies priorities both one year ahead and until the end of the Plan in 2016, in line with the shift to three year financial planning for HBs, would improve and support strategic**

**shifts and the radical change needed to move Wales closer to the aim of being among the best in Europe, as well as monitoring standards and compliance.** A reliable and robust quality assurance system will assure everyone that Wales is progressing towards the ambition of being the best in Europe, make the gap transparent whilst measuring progress towards closing it.

## **6. Accountability and compliance at Health Board level**

### **Reporting mechanisms**

6.1 The WG Cancer Delivery Plan requires HBs to *“publish regular and easy to understand information about the effectiveness of their cancer services” and “publish an annual report on cancer services for the public of Wales each year to demonstrate progress” and to “produce and publish a detailed local cancer delivery plan to identify, monitor and evaluate action needed by when and by whom...and publish these reports on their websites quarterly.”*

6.2 **Macmillan Wales response:** Our analysis of Health Board annual reports and delivery plans indicates that the implementation of these reporting commitments has only partially been met and that the quality of information about cancer services currently available to the public is patchy, inconsistent and inadequate. The quality and content of the published Reports is extremely variable and currently do not explicitly cover all the actions set out within the CDP. There is a lack of clarity within HB plans on how all the targets set in the CDP will be achieved by the date set of 2016. This is crucial to improving transparency, driving up standards, measuring outcomes and delivering person-centred cancer care consistently in Wales.

**6.3 Macmillan is calling on WG to:- review the content and quality of HB annual reports and ensure that HB Delivery Plans explicitly identify progress against all requirements within the Cancer Delivery Plan; and that HBs consistently publish their annual reports and delivery plans and ensure that they are timely, easy to access, clear and understandable. Proper overarching national scrutiny is needed to monitor standards, issue guidelines and ensure compliance against agreed targets.**

### **Achievement of waiting time targets**

6.4 A key performance measure within the WG Cancer Delivery Plan is for HBs to meet the cancer waiting time 31 and 62 day targets.

6.5 **Macmillan Wales response:** Our analysis of cancer waiting times shows that HBs are generally meeting the 31 day requirement but for urgent suspected cases, the 62 day target continues to be missed, with over half of HBs missing the target every quarter for the last three years. The Welsh average for this target has not been met for nearly four years and presently stands at 92.1%. This is 2.9% below the target of 95%. Additionally, there appears to be some confusion and different interpretation over the start time of the 62 day target. Although some improvement has recently been reported this still means that between January 2013 to December 2013, 1,054 patients did not start treatment within the waiting time targets.<sup>ii</sup> The Wales CPES results also show that whilst 78% of patients felt they were seen as soon as necessary, 1,524 patients felt that they should have been seen sooner. We are aware that WG is currently reviewing its waiting time policy and targets.

Cancer patients must receive access to the right diagnostic tests and treatment promptly to give them the best chance of surviving and living longer with cancer. Macmillan has anecdotal evidence that patients in Wales are facing significant delays in accessing diagnostic tests and this is concerning. Unnecessary delays in diagnosis and starting treatment can cause significant distress and anxiety for patients, and their families, as well as adversely affecting their clinical outcomes and this must be addressed as a matter of urgency.

**6.6 Macmillan is calling on WG to provide strategic leadership and absolute clarity and transparency on the application of waiting times, policies and targets and how performance against targets are measured. Action is needed now to ensure HBs achieve their waiting time targets so that patients do not face delays in being diagnosed or starting treatment.**

### **Delivery of person centred care**

6.7 The WG Cancer Delivery Plan makes a commitment to deliver person-centred cancer care in Wales and that *'people are placed at the heart of cancer care with their individual needs identified and met so they feel well supported and informed, able to manage the effects of cancer'*. Specifically, it calls on HBs to a) assign a Key Worker; b) assess the clinical and non-clinical needs and provide patients with a written care plan and c) provide each GP with an "end of treatment" summary.

6.8 **Macmillan Wales response:** We understand that some of these commitments will take time to be fully implemented. However, we are concerned that there doesn't appear to be clear processes and structures in place to ensure consistent interpretation and delivery of these commitments across Wales. Delivering on these commitments and making person-centred care a reality requires HBs to do things differently. Our analysis of HB Delivery Plans reveals that crucial areas such as the implementation of a Key Worker, holistic assessment the actions from which provides patients with a personal written care plan are key to delivering person-centred cancer care, are not being consistently addressed across Wales. Furthermore, there is little evidence visible to demonstrate HB's commitment to undertake the planning and instigate the changes required to deliver on these commitments across Wales. Person centred care is not an optional extra it is crucial to delivering high quality care, reducing harm and can reduce inefficient use of limited NHS resources.

**6.9 WG has committed to repeat the Wales CPES, possibly in 2015. The current survey results provide important baseline data and HB's need to act now in order to demonstrate future progress. Macmillan is calling on WG to ensure HBs utilise the results of the Wales CPES data locally and explicitly demonstrate action and the responses taken to deliver person centred care within their annual reports.**

## **7. WG Together for Health – Cancer Delivery Plan: 6.4: Meeting Peoples Needs**

### **Provision of Key Worker**

7.1 The WG Cancer Delivery Plan includes a commitment that all people diagnosed with cancer in Wales will have a Key Worker assigned from the point of diagnosis onwards to co-ordinate their ongoing care.

7.2 **Macmillan Wales response:** Our analysis of HB Delivery Plans reveals there is mention of Key Workers but there is inconsistency in the interpretation and implementation of the Key Worker

initiative in Wales. At present, the role and scope of the Key Worker role is defined and implemented locally, and we are concerned that this is leading to inconsistency in the way the role is implemented and geographical inequality in the quality of service provided for people affected by cancer in Wales.

The Wales CPES data provides evidence that not every individual with a diagnosis of cancer has a Key Worker and only 66% of the patients surveyed said they were given the name and contact details of their Key Worker. Results from individual HBs/Trust show that there are significant variations in the proportion of patients saying they were given the name of a Key Worker. Scores in HBs/ Trust ranged from 58% agreement at Hywel Dda uHB to 75% agreement at Aneurin Bevan uHB. Responses at Hospital site level reveal even more variation with only 49% of patients at Morriston and Glangwilli hospital reporting that they were given the name of a Key Worker compared with 74% of patients at Velindre hospital and Llandough hospital.

Macmillan’s view is that during active treatment, a Clinical Nurse Specialist (CNS) should be appointed the Key Worker, responsible for co-ordinating treatment and care on behalf of a team of professionals caring for the patient, ensuring smooth transition and communication with the team, the patient and their families. When active treatment has finished, the Key Worker role, in most cases, should be transferred to primary care e.g. the GP, practice or community nurse as the main point of contact. The transition between secondary and primary care is often a difficult phase for patients and integrated care is essential to reduce patients feeling abandoned. A Key Worker is crucial in providing support or promotion of self care during this transition period.

Throughout the survey results, patients assigned a Key Worker consistently reported more positively on areas covering verbal and written information, involvement in their care, information on finances, discharge information, post discharge care and emotional support. There is overwhelming evidence within the Wales CPES that having a Clinical Nurse Specialist as a Key Worker enhances the delivery of cohesive care and provides an overall more positive experience for patients and their family throughout and beyond their treatment (Figure 2).

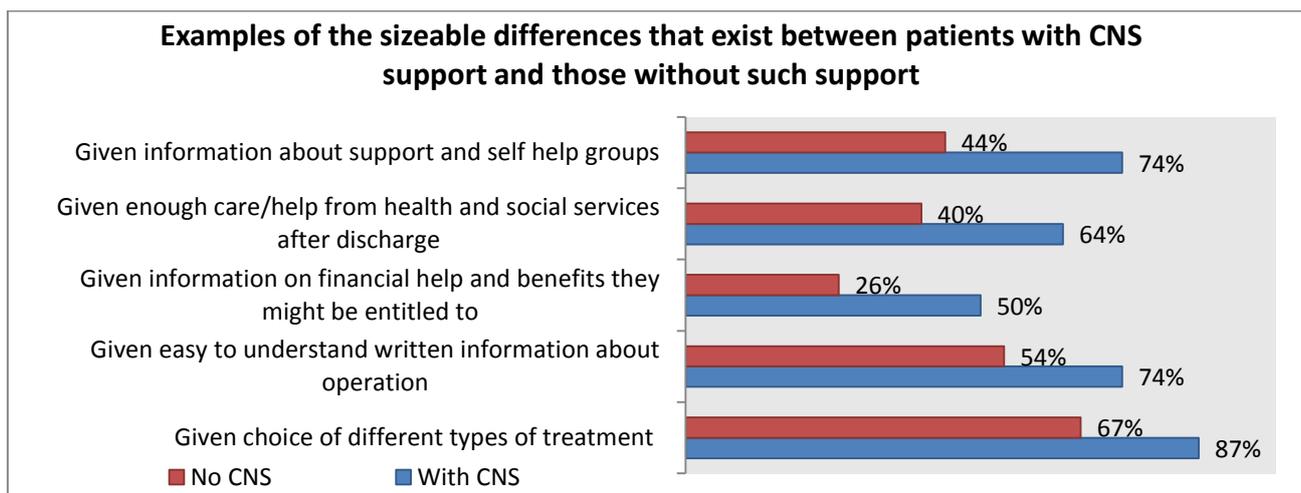


Figure 2: Wales CPES 2014.

*“My key worker was the most important person on the planet during and after my treatment, she always clearly followed up what was said in clinic and still answers emails and chats on the phone even though I know she is so busy. Thank you”. (Patient. Wales CPES 2014)*

**7.3 The WG Cancer Delivery Plan Performance measure required 100% of patients to be assigned a Key Worker by 2016. This performance measure has not been achieved yet. A clear and unambiguous definition of the role of the Key Worker is crucial and urgently required to ensure equity of access and quality across Wales and will help ensure that the role is implemented consistently across HBs.**

### Provision of Assessment and Care Planning

7.4 The WG Cancer Delivery Plan includes a commitment that all people diagnosed with cancer in Wales will receive an assessment of their clinical and non-clinical needs throughout and beyond their treatment with the outcome from this important discussion being written down in a care plan and a copy provided to them.

7.5 **Macmillan Wales response:** Our analysis of the HB Delivery Plans published reveal that all HBs, except Cwm Taf University Health Board, mention care plans. However, only Abertawe Bro Morgannwg University Health Board and Betsi Cadwaladr University Health Board mention holistic needs assessment. Despite this we are aware that many cancer patients in Wales are not being offered vital support in the months during, and after, their treatment to help them come to terms with their diagnosis, the side effects of treatment, its financial impact and preparing for care and self care after treatment. Appropriate assessment and care planning routinely implemented across Wales would help to ensure that this vital support is provided consistently across Wales.

Despite most HBs making reference to care plans, there is evidence within the Wales CPES results that shared decision making and care planning needs to significantly improve, with only 58% of patients highlighting that a discussion about their needs had taken place and only 22% of patients said they had been offered a written care plan. Furthermore, results from individual HBs / Trust show that there are significant variations in the proportion of patients saying they were offered the opportunity to discuss their needs and concerns and the proportion provided a written care plan. Scores in HBs/ Trust ranged from one in two (49%) agreement at Abertawe Bro Morgannwg uHB to two in three (67%) agreement at Velindre NHS Trust.

**7.6 The WG Cancer Delivery Plan Performance measure required 100% of patients to receive a written care plan during and at end of treatment covering both clinical and non clinical needs by 2016. This performance indicator is unlikely to be achieved without significant and focussed effort and commitment by HBs. A clear, nationally agreed definition of what the provision of holistic needs assessment and written care plan entails, linked with the role of the Key Worker, to help provide consistent equity of access and quality to person centred care across Wales.**

*“After care needs to improve in my opinion as far as I’m concerned with more information and given written care plans laid out for people and as for key worker every time I rang it was always an answer machine so I gave up.” (Patient. Wales CPES. 2014)*

### Access to financial advice and support

7.7 The WG Cancer Delivery Plan includes a commitment for people affected by cancer to be “*routinely offered the opportunity to access financial advice and support as part of the care assessment and planning process*”.

7.8 **Macmillan Wales response:** Macmillan has campaigned on this issue and we therefore warmly welcome this commitment; however, none of the HB Delivery Plans and Interim Reports make reference to how they address this requirement to ensure that all cancer patients are routinely offered the opportunity to access financial advice and support. Furthermore, there is clear evidence from the CPES data that it is not routinely being implemented across Wales. The CPES data highlights only 44% of patients said they had been given enough information about how to get financial help or benefits by hospital staff.<sup>iii</sup> Again significant variation exists at Health Board level and hospital site level as responses ranged from 22% of patients agreeing at Princess of Wales hospital and 60% at Wrexham Maelor Hospital.

Macmillan calculates that four out of five people affected by cancer in Wales are hit by the cost of a cancer diagnosis and on average are £640 a month worse off (£310 loss of income and £330 additional costs) During 2013 Macmillan Wales Welfare Benefit Advisers supported nearly 3000 people affected by cancer and obtained nearly £13.4 million in benefit income to help sustain them and their families during and after their cancer treatment.

**7.9 The Macmillan Welfare Benefits service clearly highlights the importance of people affected by cancer being provided with benefit advice services and Macmillan Wales endorse the written evidence to the inquiry provided by Helen Powell, Macmillan Welfare Rights Service Redesign Project Lead, which provides further evidence and action required. Macmillan are calling on WG to reiterate their commitment to the recommendation within the CDP to ensure that people affected by cancer have the opportunity to access welfare benefit advice, if needed. An overarching all Wales national structure could support the delivery of a consistent benefit advice service to all people affected by cancer in Wales.**

#### **Provision of tailored information relating to cancer and treatment**

7.10 The WG Cancer Delivery Plan included a commitment that ‘*people have access to timely information so they understand their condition and what to look out for and what to do and which service to access should problems occur*’.

7.11 **Macmillan Wales response:** Our analysis of HB Delivery Plans reveal that this area is very briefly covered and predominantly, tend to focus progress on the provision of clinical data and does not refer to meeting the information needs of people affected by cancer. High quality information and support is closely linked to a positive patient experience yet a number of the poorer scores given by patients in the Wales CPES data are in respect of information to them about key aspects of their condition, treatment and care. Again, there is variation of patient responses between the HBs and this is concerning.

*The long and short terms effects of radiotherapy should have been explained fully in detail to me- allowing me to make an informed decision before proceeding. (Patient. Wales CPES. 2014)*

**7.12 The importance of quality assured information and support for people affected by cancer has been substantiated in the written response to the inquiry produced by Caroline Walters, Macmillan/Public Health Wales Cancer Information Strategy Lead and highlights evidence and action required to take this important aspect of care forward. Macmillan are calling on WG to develop an all Wales strategic quality assured approach to provide consistent, accessible and tailored information and support for cancer patients in Wales.**

## **8. Inequalities within population and cancer types**

8.1 The WG Cancer Delivery Plan aims for Wales to have cancer incidence, mortality and survival rates comparable with the best in Europe and for the patient experience to be considered of equal importance as clinical effectiveness and patient safety.

8.2 **Macmillan response:** Our analysis of the CNSAG Technical Supplementary Report 2014 and the Wales CPES finds that inequalities within the population and cancer types exist in Wales.

Deprivation - We know that cancer has a greater impact in the more deprived areas of Wales. When responding to the Wales CPES patients in the most deprived groups answered less positively than those in the less deprived groups especially on questions relating to information needs, given easy to understand information about side effects, information about self help and support groups. This is a complex area and this group need additional consideration before, during and after their treatment. These results emphasise the importance of ensuring appropriate information is accessible to all groups in a variety of formats.

Tumour types/groups - In terms of responses from patients with different tumour types, patients with breast cancer were most likely to be positive about their care and treatment and the most likely to give poorer scores were patients with sarcoma, lung and urological cancers. The CPES data also suggests differences in experience between patients diagnosed with rarer and more common cancers.

General groups - The CPES results show that patients who commenced cancer treatment 5 years ago and over are less positive about their experience than those who started treatment in the last year. Patients who had other chronic conditions were also overall less positive about their experience. Furthermore, patients over 75 years old were not only less positive but appeared less likely to be assigned a Key Worker. Areas of concern surround arrangements for assessment and care planning, assignment of a Key Worker and provision of information for these groups.

This level of inequity of experience for different groups of people affected by cancer combined with the variation in delivery at each health board in Wales must be considered in more detail and focussed action taken to ensure improvements in these key areas are achieved.

**8.3 A clear strategic direction and leadership supported by an overarching all Wales policy process and supporting structure for planning, accountability and performance would help reduce inequalities and ensure the commitments already made are delivered consistently for all groups of patients across Wales.**

## **9. Conclusion**

The WG Cancer Delivery Plan is an important framework and sets the direction and vision for cancer services in Wales. It enables us to look at a variety of measures in the delivery of high quality cancer

treatment and care. Whilst some limited progress has been achieved in its implementation there is considerable work to be done to achieve the outcome indicators highlighted and the vision to be the best in Europe. There are significant gaps between the vision and targets identified within the document and the delivery and implementation across HBs in Wales. A lack of clarity and operational connectivity exacerbates the situation resulting in reduced accountability and transparency.

Person centred care is not an optional extra, it is core to delivering safe and effective and high quality care. Putting patients at the heart of cancer care is the solution to the increasing numbers of people needing care and the financial challenges facing the NHS in Wales. An overarching all Wales process and supporting structure for planning, accountability and performance, reducing the variation that exists between HB and hospital sites; decreasing the inequalities in the experience of patients with various tumour types and learning from the patient experience are crucial steps towards delivering the highest standard of care for everyone affected by cancer in Wales.

The Health and Social Care Committee Inquiry is timely and action by WG and HBs is needed urgently. WG and HBs need to refocus, provide bold leadership and increase the pace of change if real significant progress in implementing this ambitious plan and advance towards becoming the best in Europe, as set out in the WG Cancer Delivery Plan, is to be achieved by 2016.

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<sup>i</sup> Source: Internal analysis by Intelligence & Research, Corporate Development Directorate, based on figures from: Maddams J et al. (2008) Cancer prevalence in the United Kingdom: Estimates for 2008. British Journal of Cancer.

<sup>ii</sup> 822 patients not being treated *within the* urgent suspected cancer cases target and 232 patients non urgent suspected cancer waiting time.

<sup>iii</sup> All Wales Cancer Patient Experience Survey results 2014.

Figure 1. De Angelis R, Sant M, Coleman MP, et al. Cancer survival in Europe 1999–2007 by country and age: results of EURO CARE-5—a population-based study. Lancet Oncol 2013; published online Dec 5.