

## Minutes of the Cross Party Group on Cancer meeting

21<sup>st</sup> October 2014

The meeting focused on the Health and Social Care Committee's Inquiry into progress made to date on implementing the Welsh Government's Cancer Delivery Plan.

<http://www.senedd.assembly.wales/mgIssueHistoryHome.aspx?IId=8979>

### **Inquiry's Recommendations**

**Recommendation 1.** That the Minister for Health and Social Services ensures that there is a body which has the remit and resources to drive the delivery of the Welsh Government's Cancer Delivery Plan at a national level, hold health boards to account on the delivery of their local plans and undertake strategic forward planning of cancer services.

**Recommendation 2.** That the Minister for Health and Social Services reminds health boards of the requirement in the Cancer Delivery Plan for them to publish their local cancer delivery plans and annual reports on their websites to enable the public to hold them to account, and asks health boards to make this information prominent and easy to locate.

**Recommendation 3.** That the Minister for Health and Social Services provides an update to the Committee after 12 months on the strategy for targeting cancer prevention campaigns at harder to reach groups and socioeconomically deprived areas, to include information on the intended timescales, financial implications and how the effectiveness of campaigns will be measured.

**Recommendation 4.** That the Minister for Health and Social Services provides an update to the Committee after 12 months on the steps that have been taken to ensure that all opportunities are explored and taken up to promote screening among harder to reach groups, and the impact of such promotion on screening uptake.

**Recommendation 5.** That the Minister for Health and Social Services works with the Wales Deanery and the General Medical Council to ensure that GPs' training and continuing professional development raises awareness of cancer symptoms, early diagnosis, and the tools and resources available to support GPs in their roles.

**Recommendation 6.** That the Minister for Health and Social Services requires health boards to take steps to ensure that GPs have clarity about the services available and the referral arrangements in their areas.

**Recommendation 7.** That the Minister for Health and Social Services makes a statement on cancer diagnosis, to include diagnostic treatments, the Minister's strategy to support diagnostics across Wales, and the impact and value for money resulting from the additional funding provided in 2014-15.

**Recommendation 8.** That to ensure that there is consistency and equity across Wales, the Minister for Health and Social Services establishes a national panel to consider and make decisions about Individual Patient Funding Requests.

**Recommendation 9.** That the Minister for Health and Social Services provides an update after 12 months to the Committee on the actions taken, including the guidance he has committed to provide, and progress made by health boards to ensure that the requirements in the Cancer Delivery Plan for all patients to be assigned a key worker and provided with a written care plan are met by 2016.

**Recommendation 10.** That the Minister for Health and Social Services sets out the actions which will be taken, with associated timescales and financial implications, to address the aftercare needs of the increasing numbers of people living with cancer in the longer term. Such actions should take account of patients' medical and non-medical needs.

**Recommendation 11.** That the Minister for Health and Social Services sets out the actions which will be taken, with associated timescales and financial implications, to reduce inequities in access to end of life and palliative care, and provides the Committee with an update after 12 months on the impact of those actions.

**Recommendation 12.** That, as a matter of priority, the Minister for Health and Social Services considers the development or replacement of the Cancer Network Information System Cymru, and ensures that both clinical and research priorities are taken into account, including secondary episodes of care.

**Recommendation 13.** That the Minister for Health and Social Services sets out the actions which will be taken, with associated timescales, to ensure the development and service delivery of stratified medicine in Wales.

## **Agenda**

8.00 am - Julie Morgan AM, Chair, to introduce the meeting.

8.10 am - David Rees AM, Chair of the Health and Social Care Committee: Health and Social Care Committee's Inquiry into progress made to date on implementing the Welsh Government's Cancer Delivery Plan.

8.30 am - Susan Morris, General Manager, Wales, Macmillan Cancer Support, and Chair of the Wales Cancer Alliance: The Wales Cancer Alliance response to the Committee's Inquiry.

8.40 am – Discussion/Feedback on the Inquiry and Report.

9.20 am – Next steps.

9.25 am – Julie Morgan AM, to close the meeting.

### **1. David Rees AM, Chair of the Health and Social Care Committee**

Thanked everyone involved in the Inquiry particularly the patients who participated in the focus groups.

The report reflects what the Committee heard from patients and witness about the overall focus of the Cancer Delivery Plan being right, but that it needs a central driver to ensure that the Plan is implemented.

Some of the key recommendations are that:

There needs to be a central driver and national leadership to implement the Plan.

There needs to be more training for GPs so that cancer can be diagnosed at an earlier stage.

Each patient needs to have a written care plan.

A National panel should be established to deal with IPFR requests to remove variation in access to medicines in Wales.

The Welsh Government now has 6 weeks to respond to the recommendations, then there will be a debate in the Assembly before Christmas.

The Health Committee will check on progress of the recommendations in 12 months, then again before and after the Assembly Elections in 2016.

## **2. Susan Morris, General Manager, Wales, Macmillan Cancer Support, and Chair of the Wales Cancer Alliance**

The WCA welcomed the Health Committee Inquiry which has helped to keep a political focus on cancer. It was also very timely as it is halfway through the Cancer Delivery Plan.

Agree that the Plan has the right focus but implementation is an issue. Also agreed that 3<sup>rd</sup> sector, patient, and clinical views have been reflected in the Committees Report.

The WCA feel the Cancer delivery Plan needs to make better use of data - using evidence to inform action, and that there needs to be more national leadership and accountability.

Welcome that the Cancer Implementation Group have given the WCA a seat at the table, but are concerned that without more national leadership the variation in services across Wales will continue to be widened not shortened. It is important that no matter where you live you can access the right treatment across all of Wales.

The WCA does understand the need to plan differently in different localities, but there does need to be a central driver to ensure consistency and implementation of the actions set out on the Cancer Delivery Plan.

### **3. Discussion**

Jocelyn Davies AM, Aled Roberts AM, Mike hedges AM, Alun Davies AM, Julie Morgan AM, David Rees AM, Chris Dawson, Healthcare Policy Division, Department for Health and Social Services, Welsh Government, Professor Malcolm Mason, Professor of Clinical Oncology at Cardiff University. Margaret Pritchard, Chief Executive, George Thomas Hospice. Ed Bridges, Public Affairs and Policy Manager, Prostate Cancer UK, Susan Morris, General Manager, Wales, Macmillan Cancer Support, and Chair of the Wales Cancer Alliance. Wayne Griffiths, Patient Representative, Peter Thomas Patient Representative, Dr Ian Lewis, Tenovus, Sasha Daly, Head of Policy, Teenage Cancer Trust.

#### **Patients being treated in England**

There was a discussion about whether the Committee has looked at how many patients are travelling to England to access cancer treatment, following claims in the Daily Mail that morning that 15,000 patients from Wales were being treated in England. Chris Dawson, WG, said that the figures were inaccurate as they relate to episodes of treatment, rather than numbers of patients.

Several AMs welcomed the recommendation for national leadership of the Plan because of Wales' size in comparison to England. It was felt that whilst it is important for LHBs to take their local needs into account, we are small enough for health policy to be set and driven at national level.

#### **Research**

Professor Malcolm Mason congratulated the Committee on its work and Report, but was a bit concerned that research is being forgotten, and said that it is getting harder to run clinical trials in secondary and tertiary care because of the lack of provision of pathology blocks for tumour analysis.

There is a danger that Wales will not be able to carry out clinical trials as we are not attracting enough researchers to Wales, and we need recruit more of the best health professionals.

David Rees AM said that the Committee did look at research and have recommended that the Minister provides an update on this next autumn, and also that there will be an opportunity to focus more on these issues during the debate.

The Committee also recognised recruitment and workforce issues in general in Wales and may look at this as a future item of work.

### **GP Training, recruitment and cancer awareness**

The importance of pushing forward the recommendation on GP training so more cancers can be diagnosed earlier was emphasised, and David Rees said that he will closely monitor this as too many cancers are being diagnosed in an emergency setting. The Committee would like the Health Minister to work with the GMC to plan more training for GPs.

Issues around GP recruitment and retention in Wales were discussed and again the Health Committee Chair said that the Committee may consider this as a separate piece of work.

A question was asked on why the Committee has only recommended more screening promotion and more cancer awareness for harder to reach groups rather than on an All Wales Basis, however the Committee had received evidence that these groups needed to be target first to improve cancer outcomes and reduce inequalities.

### **Key Worker**

Patients at the meeting were concerned about the lack of progress with rolling out a key worker for every cancer patient in Wales, and Susan Morris mentioned how the Patient Experience Survey had also picked up on not enough patients having a key worker, and how this is such a vital role.

David Rees asked for this point to be highlighted as the report goes through the Assembly, and reassured patients that he will monitor how the Minister intends to take forward this issue, and that more national leadership would help avoid patchy implementation of things like a key worker.

### **National Leadership Body**

Dr Ian Lewis pointed out that any future National Leadership Body will also need to incorporate Public Health Wales, and the National Institute of Health and Social Care Research.

The Teenage Cancer Trust were also concerned that rarer cancers and children's cancers can get lost in local LHB Plans so there is need to make sure that these cancers are planned for nationally.

It was also pointed out that the third sector and their services can also help to drive the Cancer Delivery plan forward.

**Meeting closed at 9.00am**