

Health and Social care Committee

Access to medical technologies in Wales

MT ToR 22 Cancer Research UK



Cancer Research UK submission to the National Assembly for Wales's Health and Social Care Committee inquiry into access to medical technologies in Wales

October 2012

Cancer Research UK welcomes the opportunity to shape the work of the National Assembly for Wales's Health and Social Care Committee. We welcome the Committee's plans to conduct an inquiry into access to medical technologies in Wales.

Last year Cancer Research UK spent £332million, across the UK, on research into developing greater understanding of cancer and improved ways to prevent, treat and diagnose the disease.

Although the UK invests far more in cancer research than any other country in Europe, it is often much slower to take up the fruits of this research. Innovations such as Total Mesorectal Excision (TME) and Intensity modulated radiotherapy (IMRT) were developed in the UK, but were adopted more swiftly into practice elsewhere.

Cancer Research UK believes the Welsh Government should be doing more to encourage the uptake of new technologies into the NHS.

The Welsh Government's *Together for Health: Cancer Delivery Plan*, published earlier this year, recognised the importance of new technologies in the fight against cancer.

"Local Health Boards and Trusts need to work together, either through the Cancer Networks or WHSSC, to plan for the prompt and equitable introduction of new technologies, such as new genetics and radiotherapy techniques, where there is evidence to support their effectiveness. It is considered essential to continued excellence and the reputation of NHS Wales that cancer services are cutting edge wherever possible."

The Committee's inquiry is therefore timely and we would welcome strong recommendations to support the Welsh Government in achieving this aim. To this end, we believe Committee should focus on ways to improve uptake of:

1. Radiotherapy

Radiotherapy is a highly effective way of treating cancer. Four in ten people whose cancer is cured have received radiotherapy. Each year radiotherapy helps cure more people than cancer drugs.

Currently, the proportion of patients who receive radiotherapy in the Wales is below internationally accepted recommendations and there has been slow progress in rolling out new technologies. We would like the committee to consider how access for patients in Wales is being improved for the following radiotherapy treatments:

- **Intensity modulated radiotherapy** (uses hundreds of tiny devices called collimators to shape the radiotherapy area, giving very precise doses to a cancer or to specific areas within the tumour or to avoid structures that would be damaged by the radiotherapy).

- **Image guided radiotherapy** (uses scans during radiotherapy treatment to show changes in the size and position of the tumour).
- **Stereotactic body radiotherapy** (gives radiotherapy in fewer sessions, using smaller radiation fields and higher doses than 3D conformal radiotherapy).
- **Proton beam therapy** (uses a different type of radiation beam called a proton beam which gives a higher dose of radiation straight to the cancer, so there is less chance of damage to nearby healthy tissue).

While funding for intensity modulated radiotherapy (IMRT) has recently been agreed by the Health Boards in Wales, and a five year implementation plan is in place, there is still some way to go to ensure that all patients who need IMRT have access to it. It will be important to ensure that appropriately trained staff, and the most up to date equipment, are available in all three cancer centres in Wales so that patients are not missing out, regardless of where they live.

IMRT is only one of a number of new technologies needed to ensure that we are delivering the best possible radiotherapy treatments to cancer patients. Guidance for the roll out of stereotactic radiotherapy (SABR) and image guided radiotherapy are now available in England, and plans for dedicated centres for proton beam therapy are in place. Cancer patients in Wales also need to know that these treatments will also be available to them when they need them.

2. **Molecular diagnostic tests for cancer**

To fully realise the potential benefit of advances in molecular diagnostics the UK needs to have a testing service that is fit for purpose. Although there are examples of where this works well, the current service is fragmented and not sufficiently quality controlled.

We hear from experts that there is variation in Wales in access to tests currently in use elsewhere in the UK. Where funding is being made available centrally, for example for epidermal growth factor receptor (EGFR) testing, this appears to be working well. Where this funding is not available it is understood that local variations occur.

However, there real difficulties are reported in introducing new tests into the NHS in Wales. In addition to identifying appropriate funding for the development and validation of new tests, the commissioning process needs to be streamlined. At the moment, local health boards are required to approve requests for new services before these are referred to the Welsh Health Specialised Services Committee (WHSSC). Not only does it often take time for plans to be scrutinised at a local level, experience is that the WHSSC has been difficult to access, which has meant that it is currently virtually impossible for any new services to be commissioned.

Cancer Research UK would be very happy to provide additional evidence to the Committee on both these issues, and can provide the names of experts working within the health service in Wales to give oral evidence as necessary. For further information, please contact Vicky Crichton, Public Affairs Manager, Cancer Research UK at vicky.crichton@cancer.org.uk or on 0131 243 2641.