

Minutes of the Cross Party group meeting on Cancer: Priorities for the Cancer Delivery Plan for Wales in its last 18 months.

21st April 2015

Agenda

8.00am Introduction: Julie Morgan AM, Chair of the CPG on Cancer.

8.05am The 2014 Cancer Delivery Plan Annual Report - priorities for the plan, challenges and improvements: Dr Chris Jones, Deputy Chief Medical Officer, NHS Wales and Chris Dawson, Healthcare Policy Division, Department for Health and Social Services, Welsh Government.

8.25am Response on behalf of the Wales Cancer Alliance: Susan Morris, General Manager, Macmillan Cancer Support, Wales and Chair of the Wales Cancer Alliance.

8.45am – 9.30am Discussion: All

1. Chris Dawson outlined the positives within the 2014 Annual Cancer Plan Report – HPV vaccinations, donations to Wales Cancer Bank, Peer Review, Bowel Screening uptake rates are improving, the development of a key worker policy, and that lung cancer has been prioritised in Primary Care through the Significant Event Audits.

He then outlined some of the challenges - survival rates for lung cancer, variations in survival and incidence, the challenges of inequity, and meeting the 62 day target for waiting times.

The Cancer Implementation Group has prioritised 5 key priority areas to focus on in 2015 to help to tackle to above challenges: -

1. Primary Care Oncology

2. A Single cancer pathway measuring system

3. Cancer structures and information - to help better see through the delivery of the plan by creating an All Wales Cancer Network following the Health Committee Recommendation that Wales needs more all Wales planning.

4. Patient experience and the need for the key worker initiative to be rolled out consistently.

6. Lung cancer - Improve resection rates information and awareness.

£1 million has been allocated to accelerate the delivery of the plan.

It is likely that the next cancer plan to cover services from 2016 -2020 will stick with the broad principles in the current plan but that the CIG priorities will change each year to drive action in key areas.

2. Susan Morris responded on behalf of the Wales Cancer Alliance saying that the variation in Wales must be decreased rapidly, and the gap between performance in Wales and other comparable countries.

Wales need to be ambitious and ensure that we have the best effective treatment and care and provide a holistic experience for patients. Wales also need to prepare for changes and advancements in cancer treatments.

Susan also said that the Wales Cancer Alliance supported the Health Committee review into the Delivery of the Welsh Cancer Plan, and the Committees Recommendations, particularly the Recommendation that there needs to be an All Wales National Body set up to drive forward the Plan. The Wales Cancer Alliance remain concerned that there is variation between the Local Health Board Cancer Plans, and that there is no consistency between how each LHB are leading on meeting the actions set out in the cancer plan.

3. Discussion

Peter Thomas said that he is hearing the right things from the Welsh Government, but not actually seeing results, and that the key worker initiative needs to be delivered as a matter of high priority as a key worker can help improve all aspects of cancer care, and can help reduce variation as they can bring services together and address complexities within the system.

He also pointed out that the timeframe lag is unacceptable, as the key worker initiative was originally outlined in 2012. He also felt that the plan has just been nibbling at the edges since 2012 and that it needed funding, resource, and drive straight away.

Dr Tom Crosby said that the CIG having 5 key priority areas has helped to drive change forward particularly the key worker, and that we need more detail on how many key workers there are, how many there should be, and how do they work. He also added that we need an information system on how we are doing in all aspects of cancer services in Wales and that this information can then be used to set priorities.

Ed Bridges said that the NHS in Wales needs to do better on workforce planning, and whether a review of the workforce will be carried out in Wales.

Susan Morris asked what Chris Jones thinks are the 3 biggest challenges for cancer care in the next three years.

Chris Jones replied the:-

1. Inequity of outcomes
2. Genomic medicines and personalised healthcare and the cost of establishing this.
3. Patient experience and need for holistic support
4. The aging population and the complexities of this.

Tom Crosby reiterated that an operational structure is needed to understand current services then these can be reconfigured to meet the challenges of the prudent healthcare agenda and personalised medicines.

The need for Ovarian Cancer Screening to be rolled out was raised so that it can be picked up in the earlier stages as it is such a hidden disease. Chris Jones said that the National Screening Committee does not advocate ovarian cancer screening, but that the Health Minister is aware that it needs to be looked at.

Tom Crosby added that there is no evidence for ovarian cancer screening but that early detection as a whole needs to be prioritised by rolling out cancer awareness campaigns.

The International Cancer Benchmarking Partnership is looking at ovarian cancer, and this will help to identify where the gaps are. This study can then be used as a basis for any change in policy and practice.

Meeting closed 9.00am.