

## **Health and Social Care Committee**

**Date: 04 June 2014**

**Title: Progress made in implementing the Cancer Delivery Plan in Wales**

### **Purpose**

1. This paper provides evidence for the Health and Social Care Committee's one-day inquiry into the progress made in implementing the Cancer Delivery Plan in Wales.

### **Background**

2. We are making good progress in implementing the Cancer Delivery Plan. The second Together for Health Cancer Delivery Plan Annual Report, published in January 2014, highlights progress made in cancer services in Wales over the past 12 months and identifies areas for future improvement. The report can be accessed here:

<http://wales.gov.uk/topics/health/publications/health/reports/cancer-plan/?lang=en>

3. The national Cancer Delivery Plan is underpinned by collaborative working with NHS Wales and the third sector. Each health board now has a local delivery plan informed by national actions.

### **Achievement of the outcomes and performance measures by 2016**

4. The Cancer Delivery Plan, as well as our other delivery plans for major health conditions, provides a strong methodology to drive improvement in services. The implementation of the plan, with its small number of key actions and an emphasis on patient outcomes, rather than processes, has the support of the cancer community and provides a strong focus for coordinated activity. The preparation of local plans by Health Boards has improved the accountability of cancer services through greater transparency allowing greater scrutiny at a local level.
5. The cancer implementation group has an important role in monitoring progress against the plan. The transparent publication of reports and plans means that local communities, organisations and other groups are also able to challenge health boards on progress.
6. Progress against the outcomes and performance measures is set out in the annual report. The report highlights good progress against the measures in the plan in particular:

- Wales has shown the biggest improvement in cancer survival among the four countries of the United Kingdom, at 14% for one-year relative survival and 15% for five-year survival, from 1995-99 up to 2005-09 and 2001-05 respectively;
  - There has been a 5% increase in recruitment to clinical trials and over the past 12 months; tissue donations to the Wales Cancer Bank increased by 3.4%. We have already passed the target set for 2016 in the delivery plan;
  - The delivery plan set a target of achieving 70% cancer staging by 2013-14 and we have achieved 73%;
  - At the all-Wales level, performance against the 31-day target for those patients referred to hospital for reasons other than suspected cancer, but are subsequently diagnosed with cancer has been achieved in eight out of nine months since July 2013;
  - We need to build on improvements against the 62-day target for those patients newly diagnosed with cancer. Performance has been around 90% since October 2013, dipping in March 2014 to 88%. However the number of people treated has increased. In the period April 2013 – March 2014, 5,500 patients were treated, of whom 4,718 were treated in the target time. During the same period in 2013-14 (April 2013 – March 2014), 6,146 patients were treated, of whom 5,391 were treated in target. All health boards have committed to working towards the 62-day as part of their integrated plans and delivery is being monitored closely to ensure plans fully meet expectations.
7. Since the publication of the report in January, Bowel Screening Wales achieved its target of 60% uptake in February 2014 and is on course to sustain this performance.
  8. It is important to note that while the cancer implementation group provides an important function in monitoring the delivery of services it is only one element of monitoring the quality of services. Central performance management against targets, national clinical audit, peer review, as well as public challenge, all play a part in providing assurance and driving up the quality of services.

### **Inequalities in cancer incidence and mortality**

9. Inequalities between socioeconomic groups and geographic areas for cancer incidence and mortality are related to the wider social determinants of health and health inequalities. We need to make further inroads in responding to these challenges, with action on a number of fronts, including empowering individuals to take greater responsibility for their own health, tackling the inverse care law and effectively targeting our interventions at the hardest to reach groups.
10. Work on the wider determinants of health, such as smoking, diet, alcohol and exercise are crucial to support behavioural change to reduce the incidence of cancers.

11. Officials are working with colleagues in Cardiff University on a research proposal to develop and pilot an evaluation of the Tenovus health check: a targeted cancer awareness intervention for people from deprived communities. This work is linked to the national awareness and early diagnosis Initiative.
12. A number of our public health programmes also have a role in raising awareness of risk factors for a number of health conditions, including cancer. An example is the 'Add to Your Life' online health and wellbeing checks for people over 50, which takes a holistic approach by providing people with information and advice on a range of issues. In addition to information and advice on general risk factors, the assessment also includes questions aimed at raising awareness of specific types of cancer, which are particularly relevant to this age group, as well as raising awareness of screening opportunities.
13. The 'Add to Your Life' programme, led by Public Health Wales, has also been developed to incorporate additional steps for maximising participation and ensuring all social groups are supported to access it. For example, my department is working in partnership with the department for Communities and Tackling Poverty to provide targeted community support in Communities First areas.
14. Earlier this year the National Assembly for Wales passed three Legislative Consent Motions (LCMs) which allowed four amendments to the Children and Families Bill to extend to Wales. All the amendments were passed and are now part of the Children and Families Act. These cover retail packaging of tobacco products, proxy purchase of tobacco products, age of sale for electronic cigarettes and smoking in cars carrying children. Officials are working closely with Department of Health officials in England regarding proxy purchase of tobacco products and age of sale and proxy purchase of e-cigarettes. Officials are also discussing smoking in vehicles carrying children so if we decide to move on this matter in Wales we will be able to proceed in parallel with England.
15. We have also launched a consultation on our Public Health White Paper Listening To You – Your Health Matters. The consultation period started on April 2nd and closes on June 24th. The White Paper is seeking views on four specific tobacco issues; the creation of a tobacco retailers' register; the use of electronic cigarettes in enclosed or substantially-enclosed public places; smoke-free open spaces and internet sales of tobacco.
16. We have introduced a new target for smoking cessation, which is validated by carbon-monoxide (CO) monitoring. This has instilled new energy in the field to support people to quit. More pharmacies are providing level three smoking cessation services, particularly in the Cwm Taf area, and Health Boards are looking to increase this provision further.

17. The final phase of the Fresh Start Wales campaign on smoking in cars has been targeted, with Communities First funding, in Communities First areas and this has been supported by the distribution of educational materials to schools, and carbon monoxide monitors to local smoking cessation services.
18. Prevention remains the strongest weapon in reducing incidence and mortality from cancer. We must continue to appropriately target our interventions.

### **Cancer screening services**

19. Screening programmes are important public health initiatives as they allow for the early detection and treatment of potential health problems. Rates for breast and cervical cancer in 2012-13 show the programmes are meeting national standards, with uptake for breast screening at 71.2% (standard 70%) and coverage for cervical at 79.5% (standard 80%).
20. Meeting the 60% national coverage standard for bowel screening has proved challenging; during 2012-13, coverage was 50%. However, the picture is improving. Recent data has shown an upward trend in bowel screening uptake over the past five months across all health boards. In February 2014, Public Health Wales reported uptake of bowel screening had reached 60%.
21. Evidence shows uptake of cancer screening programmes is lower among more deprived groups. Reducing inequality across cancer screening programmes is a key priority and one that Public Health Wales' screening division is addressing through its inequities project. This includes developing a strategy for decreasing inequity in screening uptake across Wales; ensuring effective sustainable interventions are identified and are embedded in the community. The project's main focus is bowel screening but the work also encompasses the other adult cancer screening programmes.

### **Access - diagnostics and out-of-hours care**

22. Early diagnosis is the most important element of the cancer pathway, which is why it is important we have improved data on the recording of stage at diagnosis. This allows identification of where in the cancer pathway our focus needs to be. The data on staging does identify that too many cancers are being diagnosed at stage three and four. We are therefore taking action in a range of areas.
23. Primary care -and GPs in particular -has a vital role to play in the early diagnosis of cancer. We have made this a priority in the new GP contract arrangements for 2014-15. GPs will review diagnosis of cancer to identify opportunities to improve the system of care and remove barriers to early diagnosis and treatment. The work in 2014-15 will focus on lung and gastrointestinal cancers.
24. We have acknowledged that some of our diagnostic waiting times are too long, and £4m has been invested to support health boards to meet and sustain the

eight-week standard. For patients on an urgent suspected pathway, time to diagnostic tests is expedited to ensure delivery of the 62-day target. Health boards are implementing a range of actions to tackle this, such as developing more direct access for GPs. This will be a key focus for the forthcoming clinically driven planned care programme which was announced recently. The programme will also look at making improvements to outpatient and follow-up arrangements. This will build on the approach we have taken through our unscheduled care programme, thereby, taking a whole system approach which includes out of hours care.

### **Collaborative working across sectors to achieve person centred care**

25. The annual report provides a number of examples of collaborative working across sectors.
26. The cancer patient experience survey is an example of effective cross-sector working. It was delivered by Welsh Government, Macmillan Cancer Support and the survey organisation Quality Health working in partnership with NHS organisations. The results of the survey are extremely positive, with the vast majority of patients rating their care as good, very good or excellent (97%).
27. The results also provide a strong baseline to test our ability to achieve person-centred care. Meeting the holistic needs of individuals is an action in the delivery plan and the survey results show patients do receive advice beyond simply that on their clinical needs. At a national level, 68% of patients said they had discussed or been given information about the impact of cancer on work or education; 51% said they had been given information about how to get financial help or benefits by hospital staff, but this varied across Wales.
28. Here, the third sector has a key role to play as the providers of rounded support for individuals and it is the role of health professionals to know where to signpost patients for further advice and support. Over the next year the cancer implementation group has identified, as a priority, improving the role of the key worker through providing greater clarity and consistency in the role as an enabler in supporting patients to access rounded advice.
29. Another example of cross-sector activity is the Velindre Cancer Centre working in collaboration with the health boards through the cancer network to develop a shared approach to improve acute oncology services within Wales.