# **Health & Social Services Committee**

# HSS(2)-06-06(p2)

# Meeting date: Thursday 23<sup>rd</sup> March 2006 Venue: Committee Room 3, Senedd, National Assembly for Wales Title: Cancer Services for the People of Wales

#### Purpose

The Health and Social Services Committee is proposing to undertake a policy review of cancer services available to the people of Wales, for publication in March 2007. The purpose of this paper is to provide the Committee with an overview of activity to improve cancer services to aid the review process.

#### Summary

This paper sets out a brief overview of the key issues relating to cancer services and the current and planned developments in place to take the cancer agenda forward to improve diagnosis, treatment and care for people suffering with cancer throughout Wales and to achieve the 2012 health gain targets.

#### **Diagnosis and Treatment**

LHBs in South Wales, through the South West and South East Wales Cancer Networks are developing a commissioning strategy for improving radiotherapy services in line with Royal College of Radiographers and the Cancer Services Coordinating Group recommendations. This strategy will inform future revenue and capital investment plans for both new and replacement linacs. It is recognised that the level of provision at Velindre is lower than for other parts of Wales, North Wales for example has 4.09 linacs per million population.

The CSCG has also set up a group to undertake a review of chemotherapy services and will be submitting its recommendations on improvements to the delivery and commissioning of chemotherapy on an all Wales basis.

On 3 October 2005, the Minister for Economic Development and the Minister for Health and Social Care announced a multi-million pound investment for a PET scanning facility for Wales, to be based in purpose built accommodation that the University Hospital of Wales, Cardiff. This substantial investment is a major step forward in the development of Wales as a centre of excellence for bio-medical research. It will provide significant benefits for patients in Wales, as well as boosting our capacity for cutting-edge medical research. Combined with the latest in X-ray technology, this facility will produce detailed

and accurate images for both clinical staff and researchers. It is expected to be operational in April 2008.

Linear accelerators (linacs) are the key equipment used to deliver 90% of radiotherapy. The Royal College of Radiographers (RCR) issued a target of 5.0 linacs per million population by 2006 (based on WHO guidance) and then moving on to 5.5-6.0 per million. England has 4.5 linacs per million. Scotland currently has 4.54 per million and, with additional machines being installed, will reach 4.9 per million in 2006. Northern Ireland will achieve 4.75 per million during 2006. Wales has 3.73 linacs per million population.

Wales, in comparison to the rest of the UK, has the least number of medical oncologists (those able to administer drugs) but the highest number of clinical oncologists (those able to administer drugs and radiotherapy) which future commissioning will need to address.

The Assembly Government is looking at better ways of evaluating and planning for the implementation of new cancer drugs to ensure prompt and appropriate access to them by patients. Treatment will be organised and provided through Managed Clinical Networks which will ensure that the right combination of skills and equipment is available in each locality and that clinicians who deal with the right mix and volume of patients ensure their skills are fully used and kept up to date. Video-conferencing and emerging technology will be used to support full multi disciplinary team working.

## **Tackling Cancer**

Tackling cancer is one of the Assembly Government's top health priorities. There are formal health gain targets which aim to reduce premature death from this disease. The Assembly Government's policy approach aims to be more holistic than in previous years with a focus on prevention, early detection, improved access to services and better quality diagnosis, treatment and palliative care. In line with the requirements of Designed for Life, a formal policy statement reflecting this holistic approach with specific policy aims is being developed which includes formal targets to guide activity over the coming years.

### **Commissioning Cancer Services**

Establishing the 3 Cancer Networks in 2001 for South East Wales, Mid and South West Wales and North Wales has been a cornerstone in our actions to improve health services for cancer patients. These Networks provide a means for planning, organising and delivering cancer services collaboratively across a wider geographical area to improve their quality and success. The three regional Cancer Networks have a significant role to play in the commissioning process, and this role needs to be strengthened. The Networks provide a forum where all commissioners and providers within the region should plan and decide service developments to support clinical networks and care pathways. Patient views are important both locally and at a strategic level and patient involvement across Wales through the Networks is being established. Regional Directors will work with the Local Health Boards in each NHS region to develop approaches to service commissioning that strengthen the role of the Networks in accelerating region-wide service reconfiguration and accreditation to ensure services are safe, sustainable and of high quality. The Assembly Government is looking at the use of commissioning directions as a means to strengthening the link between cancer policy and delivery. Work will be undertaken to develop and use numeric information derived from current services to inform commissioning and judge its effectiveness. Explicit care pathways for the treatment of cancer will be developed by the Cancer Networks to support commissioning,

Currently Cancer Networks facilitate and support the NHS statutory organisations. They do not directly manage clinical networks themselves. They do, however work with clinicians, and managers, including the voluntary sector to determine local solutions to problems, define care pathways and plan future services. All 3 Networks have established commissioning groups. The Cancer Networks have influence rather than authority and this is the source of frustration in being able to drive the changes that are needed. This is being addressed through the requirements placed on the 3 Networks following the publication of the 2005 National Cancer Standards. Health Inspectorate Wales (HIW) is currently undertaking a review of the 3 Cancer Networks looking into their organisation, commissioning and efficacy which is due to be published on the 24<sup>th</sup> March.

In terms of improving cancer services, there are a number of key areas of activity.

# **Early Detection**

# **Cancer Screening**

Health Commission Wales (HCW) currently commissions 2 high quality screening programmes for breast and for cervical cancer. Following advice from the National Screening Committee (NSC), HCW is now developing proposals for bowel cancer screening for men and women aged 50 to 74 in Wales. To be rolled out across Wales from April 2007. The NSC is currently reviewing evidence for anal cancer and is running a population-based screening project for ovarian cancer. Any future pilots for screening in lung and prostate cancer have yet to be agreed by the NSC.

### Improved access and better services

# **National Cancer Standards and Waiting Times**

The new National Cancer Standards were published by the Welsh Assembly Government in June 2005. The Standards, which cover the 10 major types of cancers together with specialist palliative care, represent the elements of cancer care that patients should expect to receive across the whole patient pathway from diagnosis to treatment and care.

Driving the delivery of these Standards is seen as the key to ensuring the best possible outcomes for

patients with cancer and key to achieving the cancer health gain targets whilst also implementing service guidance issued by NICE. .Designed for Life states that the National Cancer Standards must be met in full by March 2009. To strengthen their role, the Cancer Networks have been made formally responsible for leading implementation and the accreditation process for cancer services. Network action plans to direct the activity and change that is needed to comply with the Standards are nearing completion.

Formal Service and Financial Framework waiting times targets from referral/diagnosis to start of definitive treatment have been set for December 2007.

# **Palliative Care**

Palliative care is not specific to cancer and should not be associated exclusively with end of life care. Much palliative care and terminal care is provided in the community by primary care teams and it is acknowledged that there needs to be a smooth progression of care between home, hospital and hospice. In 2003, the Assembly Government published its policy document A Strategic Direction for Palliative Care Services in Wales, which recognises that, because of their quality and flexibility, voluntary organisations should play an integral part in the provision of palliative care. The Assembly Government is providing £10 million in support of the voluntary sector in recognition of that role.

The 3 Cancer Networks provide a means of bringing the statutory and voluntary sector together to plan and organise services in an integrated way. A recent network based needs assessment will inform future service planning and investment decisions.

### **Paediatric Cancer**

HCW commissions specialised paediatric services including those for cancer. Future commissioning will be informed by Standards for Children and Young People's Oncology and Palliative Care services, drafts of which are about to be issued for public consultation. A Managed Clinical Network will be established for these services as part of the Children and Young People's Specialist Services Project. The Director of Children and Young People's Healthcare and Cancer Services is working closely with the Chief Cancer Adviser and CSCG to ensure that standards for children's cancer dovetail appropriately with the National Cancer Standards.

# **Cancer Research**

The Wales Cancer Bank is currently funded by WORD until March 2007. The aim of the WCB is to collect and store cancer tumour, tissue and blood samples from all consenting patients with possible or confirmed cancer as a basis for future scientific studies. These studies will help to establish the causes of cancer, and help to identify new areas for treatment and to select the best treatments for individual patients. The Welsh Assembly Government also fund the Wales Gene Park whose research undertaken will lead to a better understanding of the role of genes in the development of cancer, as well as new methods of diagnosis and treatment of the disease. The Welsh Cancer Trials Network also aim is to

make research a routine part of cancer services and to ensure that every patient who is eligible has an equal opportunity to take part in a research trial.

Brian Gibbons AM

Minister for Health and Social Care

Contact Point: Cathy White, Community, Primary Care and Health Services Directorate. Tel: 029 2082 6108