

Health and Social Services Committee

HSS(2)-18-06(p14)

Meeting date: Wednesday 13 December 2006

Venue: Committee Room 1, Senedd, National Assembly for Wales

Title: Saving Lives in Cancer; Policies and Practices That Make a Difference, Brussels November 2006

This European conference addressed the issue of what can be done at a national level to improve the services that cancer patients receive. A major theme of the conference was the development of national cancer plans. Several bodies have made statements recommending the development of National Cancer Plans (WHO, World Health Assembly, European Commission) to improve the outcomes for patients with cancer, to reduce the incidence of cancer, to improve the early diagnosis of treatable disease and provide better palliative care for those who are not cured.

It is evident that between European countries there is wide variation in cancer incidence as well as in outcomes of cancer treatment. There are also differences in levels of access to treatment that seem to have a direct impact on outcomes.

The cancer plans presented and discussed at the meeting described work very similar to that which is happening in Wales at the present; development of cancer networks, reconfiguration of services, targets for time to treatment, setting of standards, hearing the patient voice, avoiding post code provision, dealing with new technologies and expensive treatments, providing information, screening, early diagnosis, prevention through anti smoking legislation and other health promotion activity. Much of this work has been going on in Wales, through CSCG there has been a steady move towards most of the above. What has been lacking is an accepted national cancer plan which lays down the vision and the steps in getting there. CSCG published a strategy document in 2003, this covered most of the areas that a cancer plan would, but it was an internal document that was not presented as central policy.

Unfortunately at the meeting there was little discussion around what constituted a good plan, and probably more importantly, whether or not significant funding was needed for any plan to have an impact.

There was seen to be merit in revising the plan after 5 years (Denmark and England) to enable identified gaps to be addressed and accommodate changes in commissioning and provision.

Issues in recommending a cancer plan.

Much of the work has been done in Wales.

There would be an expectation that a cancer plan had significant funding associated with it.

"Designed to Tackle Cancer" covers most of the areas that a "plan" would and has the merit of being on a three year rolling review.

Dr Andrew Fowell

Chair, Expert Reference Group

Contact: Jane Westlake, Committee Clerk, tel 029 2089 8149