

Cafodd yr ymateb hwn ei gyflwyno i ymgynghoriad y [Pwyllgor Iechyd a Gofal Cymdeithasol](#) ar [Flaenoriaethau'r Chweched Senedd](#)

This response was submitted to the [Health and Social Care Committee](#) consultation on [Sixth Senedd Priorities](#)

HSC PSS 74

Ymateb gan: | Response from: Ymchwil Canser Cymru | Cancer Research Wales



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Re: Health and Social Care Committee: Priorities for the Sixth Senedd

1 Introduction

1.1 Thank you for this opportunity to respond and comment on the Health and Social Care Committee's (the Committee) priorities for the sixth Senedd. Cancer Research Wales is an independent Welsh charity, funding research into the prevention, diagnosis and treatment of cancer in Wales for the benefit of the people of Wales. Established in 1966 with the idea of funding projects with the potential to save lives, the charity funds world-class research in hospitals and universities across Wales, investing over £20m in cancer research to date.

1.2 In our response we will initially consider the Committee priorities most relevant to our role as a cancer research charity before we draw attention onto some critical issues that addressed decisively would have a profoundly positive effect on people in Wales affected by cancer.

2 Workforce

2.1 The Committee's focus on workforce, and in particular the HEIW/Social Care Wales strategy is welcome. During the pandemic the initial focus on protecting the NHS from COVID-19 contributed to delays in other areas of the health system. Cancer services across Wales face disruption and interruption again as Covid cases rise. As Wales takes steps towards living with COVID-19 we need to renew efforts to relieve bottlenecks in the cancer pathway. We need to rise to the challenge, making the critical decisions that resolve issues around workforce, for people affected by cancer.

2.2 We hope to respond more fully to this issue in the currently open call for evidence. However, we believe an initial focus on getting cancer diagnostics back on track will help to relieve bottlenecks and restore patient pathways as quickly as possible. However, the backlog



of patients in primary care, along with outstanding diagnostic tests and reporting of results following secondary care referral are expected to present problems for many months to come. Efficient safety netting practices will be paramount to ensure that patients and test results can be followed up in a timely manner.

2.3 The interaction between primary and secondary care is a critical point in the patient pathway. Research from the Cancer Research Wales funded [WICKED \(Wales Interventions and Cancer Knowledge about Early Diagnosis\) programme](#) has shown that there is a recognised need for better communication and safety netting at this interface. This evidence was used to build the [ThinkCancer! Intervention](#) – an educational workshop that will help to improve the quality and consistency of the approach to cancer referrals. Workshops are being trialled in primary care, representing all 7 health boards across Wales. Ensuring that the primary care workforce, GPs/MDTs through to more public facing reception staff have the capacity to participate in the workshops of the future will be critical to ensuring the success of interventions of this nature.

3 Innovation

3.1 It is undeniable that COVID-19 has pushed clinical practice into different ways of working. Innovative and new ways of working had to be introduced, at pace and considerable cost to maintain some semblance of health and care service. Remote consultations, digital technologies and in-community or at-home treatments were just some of the ways that the healthcare system across Wales has had to adapt.

3.2 The phrase ‘new normal’ has been used in conversations up and down the country, as we adapt and try to predict how life will change going forward. Guided by research and evaluation of the modifications made during the pandemic, we have a real opportunity to establish not just a new normal, but a better normal for cancer patients across Wales. Research can help to inform the scrutiny and identification of best practice - learning from the experiences of current patients will improve service delivery in future.

3.3 It is in this context that we welcome the decision by the Committee to examine evidence-based innovation across the health and care services during the sixth Senedd term. We hope that over the course of any inquiry the Committee will consider the barriers and threats to innovation in Wales, and also review and reflect upon the opportunities to promote and enhance innovation, allowing Wales to play to its strengths.

3.4 We encourage the Committee to consider clinical involvement in research projects that we believe leads to a greater chance of achieving a successful outcome. It is no coincidence that some of the most successful research projects that Cancer Research Wales has funded over the last 15 years had strongly forged partnerships between clinical and academic leads.

3.5 Examples include, the WICKED programme (referred to earlier in this response) that draws on the primary care clinical expertise of its researchers, Professor Claire Wilkinson and Dr Alun Surgey; the clinical gastrointestinal surgeon Professor Dean Harris, who has worked



closely with physicists [at Swansea University to develop a simple blood test that makes use of raman spectroscopy](#) for the early detection of bowel cancer – the results of which are already having impact in primary care. While Professor Andrew Godkin collaborated with immunologists at Cardiff University on the development of an immunotherapy trial for end-stage bowel cancer. This resulted in an extra 9-10 months for patients approaching the end of life with no or limited side-effects.

3.6 We also recommend the Committee considers the different fields in which health and care research is taking place - developing treatments, tools and interventions to improve health outcomes. For example, across cancer research innovative research is happening in laboratories and clinical settings across Wales – asking and answering fundamental questions and developing the tests and treatments of tomorrow. Behavioural scientists and health economists are also considering issues concerning earlier patient presentation to their GPs and the cost/value of developments such as Rapid Diagnostic Centres.

4 Earlier Diagnosis

4.1 At Cancer Research Wales, we continue to invest in research on the delays that cancer patients face at various stages of their diagnosis and treatment journey. The findings from these studies help provide the frameworks on which quicker and more streamlined pathways can be built and improve the speed and efficiency at which cancer is diagnosed. As we emerge from the shadow of COVID-19, we urgently need this work to continue more than ever. We call on the Health and Care Committee to allocate some of its time and attention on the issues surrounding earlier diagnosis of health conditions. The earlier conditions - such as cancer - are diagnosed the more treatable it becomes; outcomes improve and longer-term costs to the NHS and social care are lower.

4.2 It is understandable, but undeniable, that COVID-19 has introduced additional unwelcome delays to diagnostic services, including cancer services. As the pandemic eases and we return to a 'new normal' it is crucial that we start moving forward in Wales once again. The Committee could use this moment to better understand the barriers to earlier diagnosis, and the interventions being developed and trialled to achieve this ongoing aspiration. Research is critically important to understand and develop tools and interventions to improve health-seeking behaviour; efficient referral; and swift diagnosis, to achieve the best possible outcome for patients.

5 Scrutiny of “A Healthier Wales”

5.1 We would welcome scrutiny of the delivery of “A Healthier Wales” either as a separate committee inquiry or via the regular, ongoing scrutiny of the Minister and Welsh Government officials. Over the past year, the development of cancer policy – post-delivery plans - has been a source of concern, shared across the third sector and not limited to any single condition. The strategic leadership, planning framework and oversight mechanisms envisioned by A Healthier Wales would contribute to the consistent cancer patient experience and improving cancer patient outcomes that we value at Cancer Research Wales.



5.2 A long time coming – in part delayed by COVID-19 - the development of “quality statements”, their related “implementation plans”, their relationship with the National Clinical Plan and overall oversight by a yet-to-be-announced NHS Executive raises a number of questions the Committee is best placed to ask and better understand. Does the planning and governance framework proposed, and slowly, incrementally implemented, adequately reflect and align with A Healthier Wales either in principle or practice? Where does leadership and responsibility for delivering A Healthier Wales lie? Does the proposed NHS Executive need “executive” powers to discharge its role? What has been the impact of COVID-19 on the implementation of A Healthier Wales?

6 Health Inequalities

6.1 Finally, we call for an inquiry across all Senedd Committees on tackling wider health inequalities in Wales, a call we share with many health and care organisations across the health and care sector.

6.2 At their most extreme, inequalities determine people’s chances of cancer survival – an unacceptable outcome in a modern, relatively prosperous country. Overcoming cancer inequalities is a core aim of Cancer Research Wales, underpinning research we fund and support. For some common cancers cancer incidence and mortality is up to 25% greater in deprived areas compared to more affluent areas. A strategic response to health inequalities acknowledges the scale of the problem we face.

6.3 While COVID-19 has revealed and exacerbated pre-existing health inequalities, there have been many detailed and well-evidenced reports on health inequalities in recent years. In just the past year, many reports have called for system-wide action on health inequalities including the Welsh Health Equity Status Report initiative, [Placing health equity at the heart of the COVID-19 sustainable response and recovery](#) (Public Health Wales and Welsh Government), [Mitigating the impact of COVID-19 on health inequalities](#) (British Medical Association), [The Marmot Review 10 Years On](#) (Institute of Health Equity and the Health Foundation) and the most recent [Unequal pandemic, fairer recovery](#) (the Health Foundation). Every one of these reaffirms the need for coherent, coordinated activity across all delivery partners and in COVID-19 recovery, there is an opportunity to create a healthier, more resilient society, by addressing the root causes of poor health and invest in people and their communities – their jobs, housing, education and communities.

6.4 In April this year, we contributed to the Welsh NHS Confederation’s Health and Wellbeing Alliance short paper, [Making the difference: Tackling health inequalities in Wales](#). In this paper, we suggest initial steps that the new Welsh Government should take in their first year to respond urgently to health inequalities and make the greatest possible impact by coordinating renewed commitment from all partners:

- **Welsh Government leadership:** sustained, focused and coordinated action across all Government departments to tackle the root causes of health inequalities.
- **Invest in preventing health inequalities:** rebalance spend away from crisis to long-term prevention over the next Senedd term and provide the necessary transition



funds to support the long-term shift to a preventative approach. Investment should be targeted at infrastructure and services that offer sustainable solutions to the underlying causes of health inequalities, such as community-based support, quality homes, and access to education and skills at all ages.

- **Working in partnership:** The Welsh Government should facilitate an enabling, responsive, and innovative operating environment that includes citizens, communities, public bodies, not-for-profit and third sector partners, and the private sector. Priorities should include giving people a greater voice in defining solutions and making partnerships fit for purpose.

6.5 Through having a cross-Committee Senedd inquiry it will enable all Committees to consider what action each Welsh Government department is doing to tackle the root causes of health inequalities.

6.6 In the meantime, should Members of the Committee, or committee support staff require additional information concerning any of the above please feel free to approach me in the first instance.

Your sincerely

A handwritten signature in black ink, appearing to read 'Greg Pycroft', with a long horizontal flourish extending to the right.

Greg Pycroft
Policy and Public Affairs Manager
Cancer Research Wales