

Finance Committee consultation: Welsh Government Draft Budget 2022-23

Cancer Research UK Response – November 2021

Summary

Cancer Research UK is the world's largest independent cancer charity dedicated to saving lives through research. Our vision is to bring forward the day when all cancers are cured. We support research into all aspects of cancer, which is achieved through the work of over 4,000 scientists, doctors and nurses across the world. In 2019/20, Cancer Research UK funded over £5m of research in Wales. Our research in Wales focuses particularly on bowel, breast, urological and prostate cancers, as well as leukaemia.

The upcoming Welsh Government Budget is an important opportunity to make progress on our vision to see more people survive their cancer diagnosis in Wales, a vision we believe is shared by the Welsh Government. Following the UK Government's recent Budget and Spending Review, Wales now has clarity on additional annual funding across the Spending Review period up to 2024/25.

It is vital that the Welsh Government seizes the opportunity this multi-year settlement presents to deliver urgently needed investment in growing the cancer workforce – healthcare professions crucial to the diagnosis and treatment of cancer – as a priority, to make the change needed to improve the lives of people affected by cancer in Wales now and in the future.

Spending on health in Wales accounts for around half of the Welsh Government's budgetⁱ, and workforce shortages in the NHS have had enormous implications for Welsh Government finances. **The NHS is rarely considered as a vehicle for economic recovery or growth in Wales. It is true that investing to expand the NHS workforce is a fundamental requisite for improving cancer survival in Wales. But there is also a strong economic case for doing so.**

Cancer is the leading cause of death in Walesⁱⁱ. Around 19,600 people are diagnosed with cancer every year in Wales.^{iiiv}

Research in the last decade has found survival in the UK nations to lag behind other countries.^{vi} Survival in Wales has improved in recent years^{vii} however this international gap remains in many cancer sites^{viii}. This highlights that there are improvements to be made in Wales, in comparison with comparable countries around the world.

The challenges facing cancer services in Wales have been compounded by COVID-19. We now know that in the year between April 2020 and March 2021, around 1,700 fewer people than expected began cancer treatment in Wales.^{ix} Many factors might have contributed to this, such as the closure of screening programmes. Disruption to services risks later stage diagnosis, making it much harder to treat and worsening survival chances. There is a real risk that cancer survival could go back in the UK for the first time in decades.

While some cancer services have now largely returned to around pre-pandemic levels, we must recognise that outcomes in Wales were not good enough before the pandemic. There remains an urgent need to transform services in order to continue recovery from COVID and improve cancer outcomes for the long-term. To do this, we need to see investment from the Welsh Government to grow and support the cancer workforce.

Q6. The Committee would like to focus on a number of specific areas in the scrutiny of the budget, do you have any specific comments on any of the areas identified below, particularly in light of the COVID-19 situation and how these should be reflected in the 2022-23 budget?

- **How resources should be targeted to support economic recovery and what sectors in particular need to be prioritised.**

The NHS is the largest employer in Wales, giving it an unparalleled ability to enhance local economies and drive growth and prosperity. The NHS in Wales currently employs over 100,000 people, directly supporting around six per cent of Welsh employment.^x This means that it is likely that in every community in Wales there will be someone employed by the NHS in Wales, giving the NHS in Wales – through its investment in staff and local services – an unparalleled ability to drive the economic recovery of local communities.

The profile of the jobs created by investing the cancer workforce in Wales can also help tackle inequalities in communities across Wales. The average annual wage in NHS Wales exceeds the all-Wales average. In 2016/17, NHS Wales had an average annual wage of £33,800, compared to an average of £24,600 across the wider Welsh economy – and the NHS in Wales is a Real Living Wage employer.^{xi} Given the capacity of the NHS, in its role as an employer, to reach into communities across Wales, this can provide well-paid, stable jobs to more deprived communities. Many staff live and spend their salaries locally, meaning that the benefits of investing in the health workforce are not just felt by the staff employed by the NHS, but spill over into the wider local economy.

The Health Foundation’s report *Building Healthier Communities* outlined how NHS organisations can help embrace their role of the as ‘anchor institutions’ – and the vital role of the health workforce in doing so.^{xii} An anchor institution is a large, public sector organisation that has a significant stake in a geographical area and is unlikely to relocate. They have a mission to advance the welfare of the populations they serve. To fully realise the regional economic benefits of the NHS as an anchor institution, workforce investment is vital. We support the Health Foundation’s recommendations that the Welsh Government should also:

- **Widen workforce participation**, by targeting positions for local people, understanding local demographics and opportunities, and build a local talent pipeline through pre-employment programmes, work placements and work experience
- **Build the future workforce**, by engaging young people and supporting career development, for example through increasing the number and types of apprenticeships
- **Be a good employer** by supporting health and wellbeing staff, offering fair pay and conditions, and supporting professional development and career progression

We support the Welsh NHS Confederation’s argument that given the “size, scale and reach of the NHS”^{xiii}, it is uniquely placed as an institution to influence and progress the economies of local communities in Wales. **Given the challenges we have faced as a nation through the pandemic, we believe that now is the time for the Welsh Government to see investment in the NHS workforce as a benefit to the national economy, alongside health and wellbeing outcomes.**

The NHS in Wales can also help drive economic recovery through its role as an environment in which life sciences research and innovation thrive. Research by KPMG has found that in 2018/19, NHS Wales health research activity supported around 1,600 FTE jobs and £93 million of Gross Value Added (the value generated by any unit engaged in the production of goods and services).^{xiv} CRUK’s report *Creating Time for Research* highlighted the unique environment the NHS provides for health-related research, and outlined the role the cancer workforce plays in clinical research – if given the time.^{xv}

Giving the NHS workforce in Wales the time to undertake clinical research – and unleashing the potential this can have to support economic recovery – relies on an adequately staffed workforce.

- **How resources should be prioritised to address the pressures felt in sectors that need to “catch-up”, such as Health and Education.**

The NHS in Wales has faced enormous and unprecedented challenges due to the COVID-19 pandemic. We know that NHS staff are exhausted after responding to the pandemic, as well as trying to maintain planned services – such as cancer services – including increased infection control measures. Every effort was made to ensure that cancer services were able to continue throughout the pandemic, yet we know that many people affected by cancer have experienced delays and cancellations.

The NHS Cancer Waiting Times data for September 2021 show 59% of patients received their first treatment within 62 days of being suspected of having cancer.^{xvi} This is well below the Suspected Cancer Pathway target of 75%. These worrying statistics tell us patients are waiting far too long for diagnosis and treatment.

The NHS diagnostic and therapy service waiting times for August 2021 show an increase in the number of people waiting over 8 weeks for one of 7 key tests¹ most commonly used to diagnose cancer, compared to pre-pandemic levels. By the end of August 2021, around 10 times more people were waiting over 8 weeks for one of these diagnostic tests compared to before the pandemic.^{xvii}

Whilst recovery from the pandemic needs to be a priority, we know that waiting lists are unlikely to reduce in the coming months. Harnessing innovations will be the best way for cancer services to recover and improve – and investing in new technologies and innovations can help reduce waiting times through reduced workloads.

The strategy must be much more focused on transformation of cancer services for the future, as outcomes were not good enough in Wales before the pandemic. Survival has improved in recent years but more must be done to close international gaps.^{xviii} Funding must accompany this strategy, and the priority must be to boost capacity within the system through investment in the cancer workforce.

The NHS workforce has borne a massive burden through the pandemic, going above and beyond to protect vital cancer and other services. The latest BMA survey of doctors in Wales, England and Northern Ireland found that over half of respondents were suffering from poor mental health such as stress and burnout.^{xix} The NHS has relied on the goodwill of its workforce to keep services running, with over one in four doctors working more than their contracted hours without pay^{xx}.

Workforce shortages in the NHS have had enormous implications for Welsh Government finances. NHS Wales’ spending on agency staff almost trebled from £50 million to £143 million between 2010/11 and 2018/19.^{xxi} This is equal to more than half of HEIW’s £217m annual spend on healthcare education and training,^{xxii} highlighting the inefficiency of the current system where significant resource is spent on outsourcing rather than investing in the long-term growth of the NHS workforce.

Even before the pandemic, Wales was experiencing significant gaps in the diagnostic and cancer workforce, such as in imaging, endoscopy, pathology, and non-surgical oncology. These gaps have

¹ 7 key tests most commonly used in the diagnosis of cancer are Non-Cardiac MRI, Non-Cardiac CT, Non-Obstetric Ultrasound, Colonoscopy, Flexible Sigmoidoscopy, Cystoscopy and Gastroscopy

severely affected its ability to diagnose cancers early, provide the most effective cancer treatment, and improve cancer survival. Unless addressed, these workforce gaps will only be exacerbated:

- The clinical oncology (CO) consultant workforce in England and Wales has grown by 3% per year (on average) over the past five years compared with the average growth of 5% and 6% per year seen in Northern Ireland and Scotland respectively.^{xxiii}
- At regional level, the north of Wales has seen no growth in the CO consultant workforce over the past five years.^{xxiv}
- In 2020 Wales had just 7.8 radiologists per 100,000 compared to a European average of 12.8. Compared to France and Spain, Wales has half the number of radiologists per head of population.^{xxv}
- North and West Wales and the North of Scotland are the UK regions with the fewest CR (clinical radiology) consultants per head of population.^{xxvi}

These shortages have serious consequences for patients. The RCR recently found that 60 per cent of clinical directors believed there were insufficient radiologists to deliver safe and effective patient care in Wales.^{xxvii} As described above, these workforce shortages also have a clear impact on waiting times for patients.

Gaps in the NHS workforce are a fundamental barrier to transforming cancer services and improving cancer survival in Wales, and making the ambitions in the Quality Statement for Cancer a reality. If Wales wants to be able to meet growing demand and achieve world-leading cancer outcomes for cancer patients, then it must invest in the NHS workforce as a matter of urgency. Given the burden of disease, we believe that the diagnostic and cancer workforce need to be at the front of the queue for investment in health services in the Welsh Government Budget 2022-23 and for subsequent years. It is also important to note that the benefits of investing in the diagnostic workforce reach far beyond cancer, with the same expanded capacity supporting more timely diagnosis for a range of other conditions that will require the same diagnostic tests.

The Welsh Government must expand the number of staff in key cancer professions by investing year-on-year in training and employing more cancer staff to fill current vacancies. This would help ensure that the workforce has the capacity to meet increasing demand as well as time to innovate and transform services.

This Welsh Government Budget is an invaluable opportunity to invest in the cancer workforce in Wales for the long-term, to ensure that every cancer patient has access to timely, quality care now and for decades to come. In addition, investing in cancer and early diagnosis can be a driver for change that benefits all NHS patients.

- **Sustainability of public services, innovation and service transformation.**

The pandemic has proven that the NHS is able to adapt and innovate at pace and scale. Innovation holds opportunities to revolutionise the way diagnostic services operate across Wales, consider how we use currently limited workforce capacity to its fullest potential, and put research at the heart of cancer services. As noted above, innovative new technologies and approaches can help ease the pressure on the cancer workforce, for example, by triaging patients or reducing the administrative burden on staff.

In March 2021, the Minister for Health and Social Services published the Quality Statement for cancer alongside the health and care services pandemic recovery plan. The Quality Statement was pitched as

a five-year plan to ‘improve the quality of cancer services and outcomes’.^{xxviii} The principle that a comprehensive national cancer strategy offers an effective way to bring together policies, leadership and resources to transform cancer outcomes is well established internationally. However, the Quality Statement does not include the right level of ambition, vision or detail to make the difference to cancer services that we need to see.

In Wales we are missing opportunities to take up new innovations that could support outcomes. Together with over 20 other cancer charities who make up the Wales Cancer Alliance, we have strongly urged the Welsh Government to produce a more comprehensive cancer strategy.^{xxix} We need to see a plan that is able to realise the potential of cancer innovations – such as the Single Cancer Pathway, an ambitious UK-leading approach to cancer waiting times, and the introduction of Rapid Diagnostic Clinics, which are being rolled out across Wales. Without a funded national plan – including staff, equipment and infrastructure – to bring these innovations to life, the NHS in Wales will be unable to drive transformations in cancer services.

The upcoming Welsh Budget is an opportunity to invest in innovations to transform cancer services for the future, through investing in staff and equipment to make these innovations a reality. Without additional investment in cancer workforce and services, the Welsh Government will not deliver on its aim “to improve population survival and reduce cancer mortality rates” as set out in its Quality Statement for Cancer.^{xxx}

In order to improve outcomes and survival rates for people affected by cancer in Wales over the coming decades, an ambitious, resourced plan that helps to unlock early diagnosis and provide space for treatment innovations to be taken up is vital.

Now is the time for Welsh Government to be ambitious about cancer services, to make the investment needed to build a cancer workforce fit for the future.

For more information and any queries on our submission, please contact Katie Till, Public Affairs Manager on [REDACTED]

ⁱ Welsh Government Budget 2021-22

ⁱⁱ ONS, Mortality statistics - underlying cause, sex and age.

(<https://www.nomisweb.co.uk/query/construct/summary.asp?reset=yes&mode=construct&dataset=161&version=0&anal=1&initset=>)

ⁱⁱⁱ <https://www.cancerresearchuk.org/health-professional/cancer-statistics/incidence/all-cancers-combined#heading-Zero>

^{iv} The International Cancer Benchmarking Partnership: Cancer survival in Australia, Canada, Denmark, Norway, Sweden, and the UK, 1995 – 2007 an analysis of population - based cancer registry data

^v The International Cancer Benchmarking Partnership,

Cancer survival in Australia, Canada, Denmark, Norway, Sweden, and the UK, 1995 - 2007 an analysis of population-based cancer registry data.

^{vi} [https://www.thelancet.com/article/S0140-6736\(10\)62231-3/fulltext#tables](https://www.thelancet.com/article/S0140-6736(10)62231-3/fulltext#tables)

^{vii} <https://phw.nhs.wales/services-and-teams/welsh-cancer-intelligence-and-surveillance-unit-wcisu/cancer-survival-in-wales-2002-2018/>

^{viii} <https://gco.iarc.fr/survival/survmark/index.html>

^{ix} Analysis by Cancer Research UK Cancer Intelligence Team based on Welsh Government Cancer Waiting Times data

^x Welsh NHS Confederation. (2021) Health, wealth and wellbeing: The NHS' role in economic and social recovery.

^{xi} Welsh NHS Confederation. (2021) Health, wealth and wellbeing: The NHS' role in economic and social recovery.

^{xii} The Health Foundation. (2019) Building healthier communities: the role of the NHS as an anchor institution.

^{xiii} Welsh NHS Confederation. (2021) Health, wealth and wellbeing: The NHS' role in economic and social recovery.

^{xiv} Welsh NHS Confederation. (2021) Health, wealth and wellbeing: The NHS' role in economic and social recovery.

^{xv} CRUK, 2021. Creating Time for Research. Accessed November 2021 via

https://www.cancerresearchuk.org/sites/default/files/creating_time_for_research_february_2021_-_full_report-v2.pdf

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- ^{xvii} Calculated by CRUK Cancer Intelligence based on Welsh waiting times data. <https://statswales.gov.wales/Catalogue/Health-and-Social-Care/NHS-Hospital-Waiting-Times/Cancer-Waiting-Times/Monthly>
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