

Cyflwynwyd yr ymateb i ymgynghoriad y [Pwyllgor Iechyd a Gofal Cymdeithasol](#) ar [Cefnogi pobl sydd â chyflyrau cronig](#)

This response was submitted to the [Health and Social Care Committee](#) consultation on [supporting people with chronic conditions](#).

CC16: Ymateb gan: | Response from: Macmillan Cancer Support



Health and Social Care Committee – Supporting People with Chronic Conditions

Macmillan Cancer Support welcomes the opportunity to respond to the Health and Social Care Committee's inquiry into supporting people with chronic conditions.

There are currently more than 3 million people living with cancer in the UK, a number that is set to grow to 4 million by 2030.¹ Everyone's experience of cancer is unique, and people living with cancer should be cared for as a whole person, receiving high quality personalised care that meets their medical, emotional, psychological, practical and social needs.

This submission highlights the benefits of personalised care and support planning for people living with cancer. Personalised care isn't what we do, it's the way we do it. It's caring about people. It's looking beyond a diagnosis or prognosis and identifying what someone needs now, and what they'll need in the future. It's recognising that treatment is only part of the solution to the complexity of people's needs and will only have limited impact if they can't also get support to make their home warmer or address their anxieties around finance, for example. And it's recognising that every second or penny you think might be saved now by not working in this way will actually cost more in the long run, as issues become more acute and harder to resolve. It's what you would want for someone you love, and it's what we want for everyone, at every stage of their journey.

Personalised care is about integrating services to ensure people get access to the right care, at the right time, in the right place to meet their needs. It recognises that needs are holistic and evolve over time and ensures tailored support can be provided through integrated care across settings, from diagnosis right through to end of life care. It's the opposite of a one-size-fits all approach, and meets people's complex needs and expectations, based on what matters to them, because we know that no two cancer journeys are exactly the same.

At Macmillan, we believe that [personalised care can be delivered](#) through [Holistic Needs Assessments](#), which result in [Personalised Care and Support Plans](#), and ultimately ensure every person with cancer can access help to navigate the care and support they need.

As increasing numbers of people are surviving and living longer with cancer, it is progressively becoming a condition which must be managed, often alongside other long-term conditions, such as heart disease, dementia, and diabetes. Similarly, Wales' ageing population means that more people are living with

¹ [Macmillan statistics fact sheet. Accessed May, 2023.](#)

frailty in addition to increased co-morbidities, each of which can add further complexity to treatment and support and require greater integration of health, social care and community support. Macmillan believes it is vital that people living with and beyond cancer receive high quality treatment that also enables all existing illnesses to be managed well.

We need a health and care system that supports the holistic needs of individuals living with chronic conditions, such as cancer, and provides continuity of person-centred care across community and hospital settings. Key to achieving this will be a cancer workforce that can meet future demand and deliver the care and support for the 230,000 people who will be living with cancer in Wales in 2030.²

1. NHS and social care services

1.1 Access to essential services and ongoing treatment, and any barriers faced by certain groups, people from ethnic minority backgrounds and disabled people:

Research from Audit Wales published in 2022 found that poverty was the single biggest challenge facing people and public services in Wales.³ The multi-dimensional and complex nature of poverty has far reaching impacts, which often result in exclusion from essential health services. Issues include not being able to register for health services, difficulties accessing transport to attend medical appointments, difficulty getting the advice and information needed, and feeling marginalised by public services. The National Survey for Wales, published in November 2022, found that getting a primary care appointment was more difficult for some groups: 22% of people living in material deprivation wanted an appointment but hadn't got one, and 23% of those with a chronic condition said they couldn't get an appointment. The survey also found that people living in material deprivation were less likely to be satisfied with their GP than those who weren't deprived.⁴

We know that there is a strong link between deprivation and both cancer incidence and mortality. The overall age-adjusted cancer rate in the most deprived areas of Wales is around 20% higher compared to the least deprived areas.⁵ Whilst overall cancer mortality in Wales has decreased, the gap in mortality rate between the most and least deprived has widened, from 40% higher in 2002, to almost 55% higher in 2021.⁶ Macmillan research has also

² Macmillan Cancer Support (2021), [Cancer Nursing on the Line: why we need urgent investment across the UK](#).

³ Audit Wales (2022), ['Time for Change' – Poverty in Wales](#)

⁴ <https://gov.wales/hospital-and-gp-services-national-survey-wales-april-2021-march-2022-html>. Of those surveyed, 80% of people living in material deprivation were satisfied, compared with 87% of those who weren't deprived.

⁵ <https://phw.nhs.wales/news/trends-in-cancer-incidence-and-stage-at-diagnosis-in-wales-up-to-2019/>

⁶ <https://phw.nhs.wales/news/overall-cancer-mortality-decreases-during-the-pandemic-but-inequalities-widen-for-some-cancers/>

shown that those from deprived areas of Wales are more likely to have another chronic condition at the time of their cancer diagnosis.⁷

Additionally, the Welsh Government and public services must consider the intersectional nature of deprivation, with communities with multiple protected characteristics disproportionately likely to experience higher levels of deprivation. Intersecting characteristics can compound the inequalities people face in accessing essential services and ongoing treatment. However, the unavailability of data in relation to cancer treatments, including waiting times and treatment type, broken down by demographic groups makes it difficult to fully assess the extent and impact of barriers to treatment faced by different people. It is vital that Welsh Government ensure public services collect demographic data to identify gaps in service provision, improve support and measure progress toward equity.

Macmillan believes that providing targeted support through personalised care is one of the best ways to tackle health inequalities and ensure appropriate and tailored support is provided to people living with chronic conditions such as cancer. People with higher levels of socio-economic deprivation may have different, more varied or more severe needs. This can include being diagnosed with later-stage cancer or having more non-clinical needs that impact their treatment and outcomes.⁸ The impact of a cancer diagnosis can exacerbate existing health inequalities and many of the non-medical needs of people living with cancer, which may be, emotional, psychological, practical and social.

The Improving the Cancer Journey (ICJ) programme delivered by Macmillan in Glasgow in partnership with Glasgow City Council, was designed to meet the needs of those who needed greatest support, with over 75% of those supported living in the most deprived areas of the city.⁹

1.2 Support available to enable effective self-management where appropriate, including mental health support:

For people living with cancer, having access to a consistent, central point of contact is key to enabling effective self-management of their condition. Macmillan welcomes the commitment in the 2023 Wales Cancer Improvement Plan that everyone living with cancer should have access to a cancer Key Worker (often a clinical nurse specialist - CNS) by the end of March 2024.¹⁰ Results from the 2021 Wales Cancer Patient Experience Survey (WCPES) show that 89% of people living with cancer had access to a CNS at the time of the

⁷ [Overall cancer mortality decreases during the pandemic, but inequalities widen for some cancers - Public Health Wales \(nhs.wales\)](#)

⁸ Macmillan Cancer Support (2019), [Health Inequalities: Time to Talk](#)

⁹ Edinburgh Napier University (2017), [Improving the Cancer Journey: More than the sum of its parts.](#)

¹⁰ [Wales Cancer Improvement Plan: 2023-2026](#)

survey.¹¹ Of those who had access to a CNS, 68% reported that it was easy to contact them, with 25% reporting that they were sometimes difficult to access.¹² The role of the cancer Key Worker is vital in delivering truly personalised care for people living with cancer, discussing the needs and concerns of patients and providing access to support and information. Previous iterations of the WCPES have clearly demonstrated that having access to a Key Worker and CNS is associated with better patient experiences across the care pathway. One respondent to the 2021 WCPES said, *"The support that I had from the clinical nurse specialist both before and after the operation, she gave me loads of information and was always ready to answer any questions."*¹³

Macmillan believes that truly personalised care should be a fundamental principle which runs through and influences every aspect of service delivery for people living with cancer. This requires an holistic assessment of needs that covers both healthcare and support in the community, and the development of personalised care plans to ensure people's physical, emotional, psychological, practical and financial needs are met at every stage of their cancer journey. Tools such as Macmillan's Holistic Needs Assessment (HNA) are designed to help people discuss any concerns they may have with an experienced professional such as a cancer Key Worker or CNS. The use of holistic needs assessments has been shown to improve patient outcomes, and when used effectively can support people living with cancer to better self-manage their condition.¹⁴ Patients are better able access relevant support services based on their identified needs and make informed decisions about their care. Results from the 2021 WCPES show that only 42% of respondents were offered an opportunity to discuss their needs and concerns, and only 30% of respondents were offered a written care plan.¹⁵

We welcome the recent commitment from the Minister for Health and Social Services, Eluned Morgan MS, that "everyone presenting with cancer should receive holistic needs assessment to ensure they have the support they need."¹⁶ This commitment is reiterated in the 2023 Wales Cancer Improvement Plan with an action to ensure that patients have the opportunity to discuss unmet needs

¹¹ [Wales Cancer Patient Experience Survey \(WCIPES\) 2021](#). The survey was conducted by IQVIA in 2021 on behalf of the Wales Cancer Network and Macmillan Cancer Support with 6,259 respondents. Q21a. 'Did your care include access to...a CNS'

¹² [Wales Cancer Patient Experience Survey \(WCIPES\) 2021](#). Q22b. 'How easy was it for you to contact your...CNS'

¹³ [Wales Cancer Patient Experience Survey \(WCIPES\) 2021. National Report](#).

¹⁴ Macmillan Cancer Support, [Personalised Cancer Care: A quality improvement toolkit](#)

¹⁵ [Wales Cancer Patient Experience Survey \(WCIPES\) 2021](#). Q26. Have you been offered a written care plan?

¹⁶ <https://business.senedd.wales/documents/s130835/Correspondence%20from%20the%20Minister%20for%20Health%20and%20Social%20Services%2014%20October%202022.pdf>

through the use of "supportive conversations and patient needs assessment tools" by March 2024.¹⁷

A key aspect of personalised care for people living with cancer is the offer of support through community-based interventions, supporting people to have greater agency in their cancer journey. For example, in the Glasgow ICJ, the programme provided structured and personalised care and support for everyone with a cancer diagnosis via a Holistic Needs Assessment (HNA). The HNAs enabled non-clinical partners to identify patient needs and link people living with cancer to support in their community. The evaluation of the programme demonstrated how this approach had transformed care for people living with cancer who were most in need, unlocked £18 million in benefits and grants, provided 730 people with housing support and prevented 50 people living with cancer from becoming homeless.¹⁸ Over 90% of patients supported by ICJ Glasgow said assistance from link workers ensured they felt supported through their cancer journey and their concerns were reduced.¹⁹

2. Multiple conditions:

2.1 The ability of NHS and social care providers to respond to individuals with multimorbidity rather than focusing on single conditions in isolation.

Research conducted by the Wales Cancer Intelligence and Surveillance Unit and Macmillan in 2019, found that one in four people diagnosed with cancer in Wales were living with another chronic condition such as diabetes, dementia or heart disease.²⁰ The same research found that people with cancer were less likely to survive for a year following their diagnosis as the severity or number of existing illnesses increased. It's also the case that the long-term consequences of cancer and its treatment can increase the risk of other chronic conditions such as heart disease and osteoporosis.²¹

Evidence from Public Health Wales shows that 45% of those aged 75 and over have 2 or more chronic conditions.²² Given Wales' aging population, we know that multimorbidity will be a key challenge for the NHS and social care providers moving forward. Research has highlighted the variation in multimorbidity across cancer type, with people with lung cancer more likely to have an existing chronic condition at diagnosis compared to people with other cancer types. In

¹⁷ [Wales Cancer Improvement Plan: 2023-2026](#)

¹⁸ Macmillan Cancer Support and Edinburgh Napier University (2020), *Evaluation of Improving the Cancer Journey Programme*.

¹⁹ Macmillan Cancer Support and Edinburgh Napier University (2020), *Evaluation of Improving the Cancer Journey Programme*.

²⁰ Macmillan Cancer Support (2019), [Cancer patients with other chronic health conditions in Wales](#).

²¹ Macmillan Cancer Support (2013), [Cured – But at what cost? Long-term consequences of cancer and its treatment](#).

²² Public Health Wales (2018), [Health and its determinants in Wales](#).

contrast, 90% of women with breast cancer and just over 80% of men with prostate cancer did not have another chronic condition.²³

Every person's experience of a chronic condition such as cancer is unique, and with the increasing complexity of treating multiple chronic conditions, a person-centered approach to treatment and care is vital to ensure patients are supported with their needs through the treatment journey and beyond.

Personalised planning of care and timely identification of needs is vital, but to facilitate the effective delivery of care for people living with cancer there must be better record sharing across health and care systems. This is particularly true of people living with more than one chronic condition, where timely access to patient records for healthcare and other professionals is key to ensuring better outcomes and patient experiences and providing continuity of care across settings. There must also be interoperability between systems, to ensure records can be shared effectively. Macmillan believes improving record sharing is critical and we welcome the commitment in the 2023 Wales Cancer Improvement Plan to develop electronic treatment summaries for every patient by March 2024.

2.2 The interaction between mental health conditions and long-term physical health conditions.

Cancer impacts many parts of a person's life and wellbeing, including their mental health, and these challenges can continue well beyond their initial diagnosis and after treatment ends. As increasing numbers of people are surviving cancer and living longer with the disease, more will need support with their mental health. Research commissioned by Macmillan in 2019 found that 70% of people living with cancer reported at least one concern about their emotional wellbeing, including fear, anxiety and depression. Around 20% of people living with cancer have emotional needs that become prolonged or intense, needing medication or specialist mental health support and might be diagnosed with a mental health condition such as anxiety or depression. This is compared to around 5% of the general population.²⁴

Evidence suggests many of those with the most severe mental health needs are not receiving professional help, with just 14% accessing a mental health specialist.²⁵ Insufficient support in addressing mental health needs can lead to worse outcomes, even if treatment for cancer is successful. This significant unmet need underlines the importance of a personalised approach to chronic

²³ Macmillan Cancer Support (2019), [Cancer patients with other chronic health conditions in Wales](#).

²⁴ Macmillan Cancer Support (2019), [Health Inequalities: Time to Talk](#); Macmillan Cancer Support and Populus. (2019), *People Living with Cancer needs*. Paper and online survey of 6,905 people across the UK who were recently treated for cancer or were diagnosed with cancer in the last 5 years. Fieldwork July-September 2019.

²⁵ Macmillan Cancer Support and Populus (2019), *People Living with Cancer needs*.

conditions such as cancer and the need to provide holistic psychological and emotional support alongside medical care.

Responses to the 2021 WCPES highlighted the need for more emotional support as part of living with and beyond cancer. One respondent commented, *"My struggle following treatment has been getting access to emotional support. I now have contact with the psychology department but have had a long wait. There seems to be no package of emotional care offered after treatment."* Another comment highlighted the significant impact of cancer treatment on their mental health, *"I feel strongly that I have no support emotionally and visited my GP and am now on anti-depressants. I thought I would have had maybe some support relating to dietary needs, exercise and emotional support but I have received none and have found things very difficult."²⁶*

Recognising the emotional and psychological needs of people living with cancer, Macmillan is working with the Wales Cancer Network on a project to improve the availability of support. The Macmillan grant will provide the opportunity to undertake an initial comprehensive scoping exercise of current psychology services from counselling provision through to clinical psychology services. This will also include service evaluation from the perspective of the patient and the professional. The overall objective is to identify gaps, inequity of care and good practice, and publish findings and recommendations on a national level.

3. Impact of additional factors:

3.1 The impact of the pandemic on quality of care across chronic conditions.

Results from the recent WCPES show the impact the pandemic had on the quality of care for people living with cancer. The survey was completed in 2021, when the pandemic was still at its height, and responses show that there was a significant decline in the number of patients able to access the right support from their GP. Only 31% of respondents felt they were definitely able to access the required care and support from their GP, a drop of 25% on the figure from 2016.²⁷ One respondent to the WCPES commented, *"My GP has pretty much opted out of my care and other than blood tests I have not heard from them since Covid-19 began."²⁸* There was also a drop in the number of respondents who felt they were given enough care and support at home after leaving hospital, including coping with side effects from treatment, and access to social

²⁶ [Wales Cancer Patient Experience Survey \(WCIPES\) 2021. National Report.](#)

²⁷ [Wales Cancer Patient Experience Survey \(WCIPES\) 2021.](#) Q55. After leaving hospital, were you given enough care and help from your GP and the GP practice?

²⁸ [Wales Cancer Patient Experience Survey \(WCIPES\) 2021. National Report.](#)

services. Only 46% of respondents were offered practical advice and support in dealing with treatment side effects at home, a drop of 12% from 2016.

Similarly, only 50% of respondents of the WCPES 2021 survey felt they were given enough care and support at home after leaving hospital, a drop of 9% since 2016.²⁹ Responses highlighted the impact the lack of support can have, *“There has been no face to face contact since leaving hospital. Services which should have been in contact have only sent leaflets, which don't help when dealing with some of the trauma from major surgery.”*³⁰ Many respondents detailed the mental health impact of receiving care during the pandemic, especially having to receive cancer treatment alone, *“The inability to have family with you on appointments and surgery really impacted on my mental health. To have to face such things along has led to depression and anxiety, which hasn't improved since treatment finished.”*

More recent research completed by Macmillan in 2022 gives further insight into how people living with cancer found the impact of the pandemic.³¹ Almost 2 in 3 people in Wales (63%) reported that Covid-19 was still affecting their lives, with access to non-Covid healthcare, wellbeing impacts and loss of freedom and independence as key drivers of this.³² Thinking about the future, 60% of Welsh respondents were concerned that new Covid-19 strains will further disrupt cancer services.³³ In the full UK sample, levels of concern were higher in those with a disability and those who were in treatment or in recovery (Welsh breakdown not available due to low sample size).³⁴

²⁹ [Wales Cancer Patient Experience Survey \(WCIPES\) 2021](#). Q53. Were you offered practical advice and support in dealing with the side effects of your treatment(s) at home (such as physical activity advice, how to manage diet and fatigue)?; Q54. After leaving hospital, were you given enough care and help from health and social services (for example, district nurses, home helps or physiotherapists)?

³⁰ [Wales Cancer Patient Experience Survey \(WCIPES\) 2021. National Report](#).

³¹ Macmillan Cancer Support/YouGov survey of 2,050 adults in the UK who have had a cancer diagnosis, including 117 who live in Wales. The vast majority of the fieldwork was undertaken between 31st May and 15th June 2022, with a small additional sample surveyed on the 9th and 10th July 2022. The survey was carried out online. The figures have been weighted and are representative of people living with cancer in the UK.

³² As per ref 31. Relevant question wording was as follows: “Thinking about the past 8 to 10 weeks (i.e. since mid-March 2022), in which of the following ways has coronavirus (Covid-19) been affecting your life?” Out of a range of options for ways Covid-19 had affected lifestyles, 38% selected access to healthcare for non-Covid-19 related issues, 28% selected wellbeing, and 24% selected lack of freedom and independence.

³³ As per ref 31. Relevant question wording was as follows: “How worried, if at all, are you about the following - New Covid-19 strains/ waves in the future will continue to disrupt cancer services?” 21% reported that they were very worried. 39% reported that they were fairly worried.

³⁴ As per ref 31. Relevant question wording was as follows: “How worried, if at all, are you about the following - New COVID-19 strains/ waves in the future will continue to disrupt cancer services?” 55% of the UK population reported being worried, with this increasing to 59% among those with a disability, 63% among those in treatment and 63% among those in recovery.

The impact of the pandemic continues to affect the quality of care people living with cancer receive, and their access to the right support. Waiting times for cancer treatment are amongst the worst on record, with only 55.3% of patients receiving treatment within 62 days of first being suspected of having cancer in March 2023.³⁵ Since the inception of the Suspected Cancer Pathway in 2019, there has been a downward trend in the number of patients starting treatment within 62 days, leading to negative impacts on experiences and outcomes. Diagnosis is a crucial intervention point to provide support early-on in the treatment process, including support with prehabilitation. Early interventions and access to prehabilitation can significantly improve the ability to cope with cancer treatments and reduce the length of stay in hospital.

Macmillan welcomes the Welsh Government's 2022 strategy, 'Transforming and modernising planned care', to deliver improvements and ensure people living with cancer can access the correct support. We must now see urgency and leadership in delivering the strategy's commitments.

3.2 The impact of the rising cost of living on people with chronic conditions in terms of their health and wellbeing.

A report from Public Health Wales in November 2022 highlighted the impact of the cost-of-living crisis on the health and wellbeing of people in Wales.³⁶ For many people living with cancer the cost of living crisis will be further compounded with the additional costs associated with a cancer diagnosis.

Macmillan research, published in 2021, showed that even before the current cost of living crisis, 83% of people with cancer in the UK experienced some kind of financial impact from their diagnosis. For those affected, this reached an average of £891 a month, on top of their usual expenditure.³⁷

Undergoing treatment for a chronic condition such as cancer can affect a person's ability to maintain an income through work. At the same time, they may face increased costs due to travel to medical appointments and higher energy bills due to feeling the cold more during treatment.

Where individuals have low levels of savings or work that does not offer sick pay – which is more likely in low-income households – a cancer diagnosis has an even greater financial impact.³⁸ This can affect individuals' ability to travel to appointments and access the treatment they need.³⁹

³⁵ [Stats Wales: Suspected Cancer Pathway \(closed pathways\)](#). Under the Suspected Cancer Pathway, the target is for 75% of patients to start treatment within 62 days.

³⁶ [PHW-Cost-of-Living-Report-ENG.pdf \(phwwhocc.co.uk\)](#)

³⁷ Macmillan Cancer Support (2020), [Cancer and Social Security](#).

³⁸ [Revealed: Older workers, ethnic minorities and people on low incomes most likely to lack access to sick pay | IPPR](#)

³⁹ Macmillan Cancer Support (2020), [Cancer and Social Security](#).

The overall financial impact of a cancer diagnosis acts to compound deprivation and many of the non-medical needs of people living with cancer – financial, emotional, practical, psychological – which have been exacerbated by the pandemic and the current cost of living crisis. These complex needs are often beyond the direct remit of health services but form an integral part of patient experiences and are significant determinants of health outcomes.

Recent research completed by Macmillan in 2022, found that the cost-of-living crisis was the second highest concern reported by people living with cancer in Wales, after the NHS.⁴⁰ Fuel, food and energy are the main drivers of rising costs for people living with cancer in Wales.⁴¹ To counteract the rising costs, 94% of those who have experienced them said they are trying to limit outgoings, mostly by reducing gas and electricity use at home and travelling less.⁴²

Financial barriers can cause issues with travelling to hospital appointments - especially for those who do not live close to the hospital – as well as with buying, storing and cooking healthy foods.⁴³ In addition, people undergoing chemotherapy often feel the cold more, which can result in an increase in heating use and energy bills.⁴⁴

The cost-of-living crisis may also be affecting patients' psychosocial wellbeing; financial strain is linked to greater stress and unhealthier behaviours.⁴⁵ This emphasises the importance of personalised care – including benefits advice and psychological support – in addressing both the impact of the current cost-of-living crisis and in tackling inequalities. It is critical that support with any financial, emotional, psychological, practical and social needs is provided at the

⁴⁰ As per ref 31. Relevant question wording was as follows: “Apart from your cancer diagnosis...Which, if any, of the following are the most concerning issues to you?” When choosing their top 3 concerns, 62% selected the NHS and 48% selected living costs/prices.

⁴¹ As per ref 31. Relevant question wording was as follows: “You have experienced increased living costs recently...In which of the following areas have you noticed increases in your costs?” Among the 112 people who live in Wales and have experienced increased living costs, 93% said fuel/petrol, 92% said food and 88% said energy (e.g. gas, electricity, other domestic fuels).

⁴² As per ref 31. Relevant question wording was as follows: “You have experienced increased living costs recently...In which, if any, of the following ways have you tried to limit your spending because of this?” Among the 112 people who live in Wales and have experienced increased living costs, only 6% had not tried to limit their spending. The most commonly cited ways to limit spending were using heating less or not at all (72%), turning off lights more often (63%) and travelling/driving less (61%).

⁴³ Macmillan Cancer Support (2020), [Cancer and Social Security](#); Information relating to increased costs taken from Macmillan Cancer Support/Truth survey of 1,329 adults who have received a cancer diagnosis. Fieldwork was undertaken between 13th January and 9th February 2020. The survey was carried out online. Sample is weighted to represent national population of people who have received a cancer diagnosis in terms of demographics (age, gender, region) and cancer type time since diagnosis using prevalence data.

⁴⁴ As per ref 40.

⁴⁵ OHID (2022), [Financial wellbeing: applying All Our Health - GOV.UK \(www.gov.uk\)](#). It is stated that: “Managing on a low income is stressful. Comparing oneself to others and feeling at the bottom of the social ladder can be distressing, which can lead to biochemical changes in the body, eventually causing ill health. [...] For various reasons, people on low incomes are more likely to adopt unhealthy behaviours – smoking and drinking, for example.”

point of diagnosis. Early intervention is vital to ensure holistic and tailored advice is available, and diagnosis should be seen as the key point to provide this support.

3.3 The extent to which services will have the capacity to meet future demand with an ageing population.

With half of all cancers currently diagnosed in people over the age of 70, the number (and average age) of people living with cancer is set to continue to grow with an ageing population. The incidence of all chronic conditions is projected to increase in Wales by 32% between 2010 – 2026, putting further pressure on the health system.⁴⁶ As our population ages, we can expect to see greater number of people diagnosed with cancer in later life, adding further complexity to peoples' care and treatment needs.

The health and care workforce is key, and services must have the capacity to meet the current and future needs of people living with chronic conditions such as cancer. Macmillan welcomes the Welsh Government's recently published 'National workforce implementation plan', and the right funding and training must be put in place to grow the capacity of the cancer workforce in Wales. The successful delivery of the strategy is, therefore, critical to ensuring future capacity meets demand. A strategic approach to developing the cancer workforce is vital to ensure future need is met, provide truly personalised care and reduce pressure on other parts of the health system.

Research from Macmillan suggests Wales needs an increase of 80% in the number of specialist cancer nurses by 2030 in order to keep up with expected demand.⁴⁷ There are also concerns around succession planning, with a Macmillan survey published in 2018 showing 74% of breast and 50% of gynaecological specialist cancer nurses were over the age of 50 and likely to retire within 10 years.⁴⁸ A lack of support from specialist staff can result in people living with cancer being uncertain about the side-effects of their treatments or whether they are taking their medication correctly, leading to them making the unenviable choice to attempt to access support via A&E departments. This not only adds increasing pressure to already overstretched services, but the lack of acute oncology support reduces the likelihood of that specialist support being available through that route.

Conclusion

Macmillan believes that personalised care can provide the key mechanism to meet the needs of people living with chronic conditions such as cancer. This

⁴⁶ Royal Pharmaceutical Society Wales (2016), [Improving Care for People with Long Term Conditions](#).

⁴⁷ Macmillan Cancer Support (2021), [Cancer Nursing on the Line: why we need urgent investment across the UK](#).

⁴⁸ Macmillan Cancer Support (2017), [Cancer Workforce in Wales](#).

approach to care has been shown to improve outcomes and ensures people living with cancer are treated as a whole person with their medical, psychological, emotional, and practical needs met across treatment settings. We believe that targeted support, delivered through personalised care, can support wider action to tackle health inequalities and ensure appropriate and tailored support is available to those living with cancer who often have the highest needs.

Crucially, diagnosis must be considered a key-intervention point for early-support. As noted above, a cancer diagnosis is likely to have impacts on a person's finances, their mental health and their wider wellbeing, and this is increasingly true in the context of the cost-of-living crisis and the impact of the pandemic. It is vital, therefore, that public services are able to provide tailored support from the point of diagnosis, identifying people's holistic needs and ensuring tailored support and signposting is available.

The increasing number of people living with cancer alongside other chronic conditions, as well as the growing challenges of an ageing population, mean the development of the cancer workforce is key to meeting the current and future needs of people living with cancer.