

[Inquiry into the progress made to date on implementing the Welsh Government's Cancer Delivery Plan](#)

Evidence from Royal College of Anaesthetists Advisory Board in Wales – CDP 01



Royal College of Anaesthetists Advisory Board in Wales

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Response from Royal College of Anaesthetists Advisory Board in Wales / NSAG Anaesthesia to the consultation on implementing the Welsh Government's Cancer Delivery Plan.

1. We welcome the opportunity to comment on this inquiry as anaesthetists are involved in the care of many patients affected by cancer and especially so in those requiring operative treatment and critical care services.
2. Anaesthetists are widely involved in the establishment and increased use of enhanced recovery (ERAS) surgical pathways and are keen to see these used as widely as possible. We would encourage Health Boards and WG to support these pathways and in particular to have a positive attitude towards any required funding and support necessary to establish these programmes. With current financial constraints and local reduction in access to funds we hear of tales of difficulty in obtaining such support and funding despite the fact the result will provide better care for these patients and often overall at a reduced cost to the Health Service. Local budget arrangements may preclude anaesthetic departments from investing in such programmes because the cost benefit is gained by a different part of the service – for example by reduced length of stay on a surgical ward.
3. We believe one of the biggest obstacles to delivering the cancer deliver plan fully with regard to patients requiring access to critical care services is the difficult in accessing such facilities at all times. This is a complex subject and involves lack of critical care bed numbers as well as difficulties with discharging patients no longer requiring critical care (DTC) due to lack of available ward beds. Both of these combine to result in an almost daily struggle to accommodate cancer patients into critical care. Clinicians are then faced with either cancelling the surgery for the cancer patients or opting to proceed without the critical care bed. The former is extremely expensive as often a whole or half days theatre capacity is wasted, while the latter may result in sub optimal care and could result in poorer outcome or sometimes

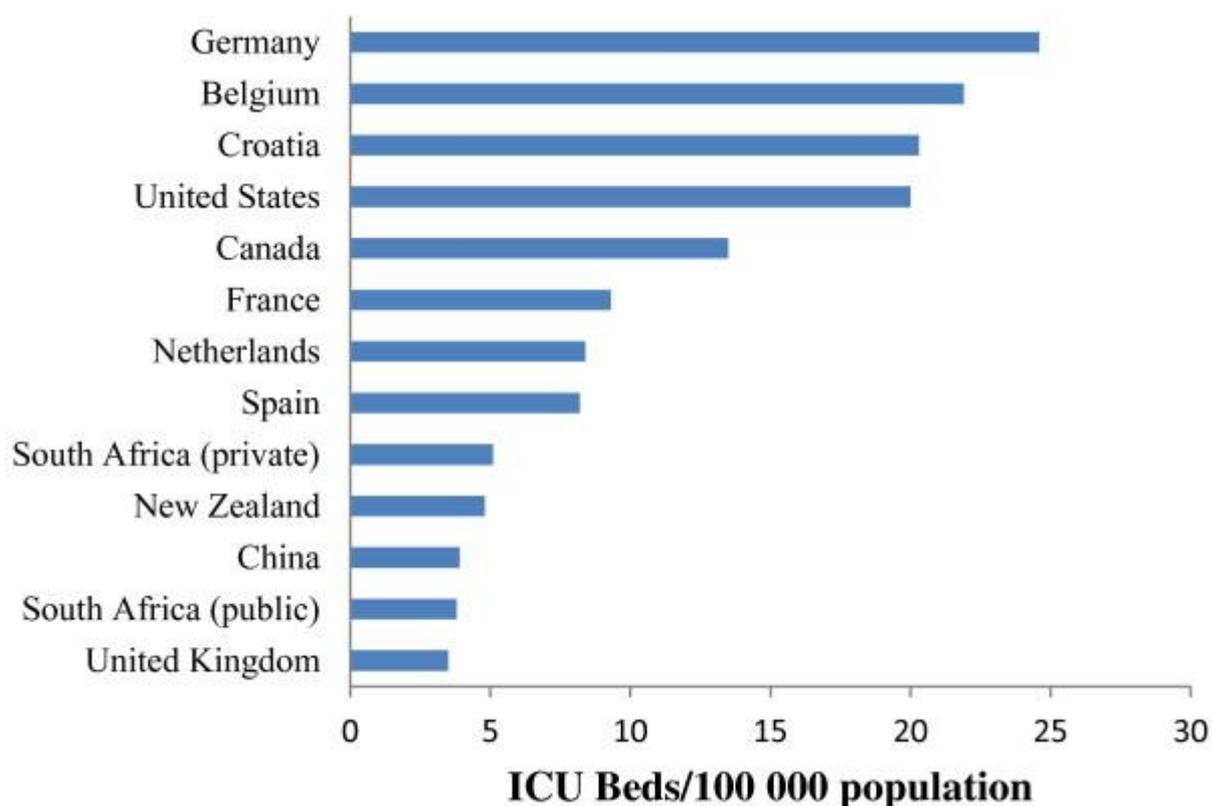
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longer critical care stay at a later date. Postponing surgery is distressing for patients and families can result in disease advancement over time and is frustrating for clinicians especially if related to DTOC's occupying critical care beds.

The UK has fewer critical care beds than most of the rest of Europe and Wales has the fewest (3.2 per 100,000 population).

It is therefore vital that the plans outlined in the "Together for Health - Delivery Plan for the Critically Ill" is implemented by 2016.



From:  
*Murthy & Wunsch: Critical Care 2012, 16:218*

4. While reconfiguration of health services in Wales is a difficult subject we feel the slow progress made in this area is hampering many aspects of service delivery, staff recruitment and the uncertainty makes planning or improving services difficult. While not particularly related to care provided to cancer patients this does affect all aspects of the service. We would wish to see a much clearer and fully understood model of what future services will look like as soon as possible.

National Assembly for Wales  
[Health and Social Care Committee](#)

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Chair RCoA Advisory Board in Wales / NSAG Anaesthesia