National Assembly for Wales
Health and Social Care Committee

Inquiry into the progress made to date on implementing the Welsh Government's Cancer Delivery Plan

Evidence from RCGP Wales - CDP 14

RCGP WALES Royal College of General Practitioners

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RE: Inquiry into progress made to date on implementing the Welsh Government's Cancer Delivery Plan

Please find attached comments from RCGP Wales on the Inquiry into progress made to date on implementing the Welsh Government's Cancer Delivery Plan.

Yours Sincerely

Paul

Dr Paul Myres
Chair, RCGP Wales

Response to the inquiry into the progress made to date on implementing the Welsh Government's Cancer Delivery Plan

The Royal College of General Practitioners (RCGP) is the largest membership organisation in the United Kingdom solely for GPs. It aims to encourage and maintain the highest standards of general medical practice and to act as the 'voice' of GPs on issues concerned with education, training, research, and clinical standards. Founded in 1952, the RCGP has over 49,000 members, 1,915 in Wales, who are committed to improving patient care, developing their own skills and promoting general practice as a discipline.

The Royal College of General Practitioners in Wales (RCGP Wales) welcomes the opportunity to contribute to this inquiry.

We will address this by looking at the outcome measures in the Cancer Delivery Plan.

Outcome 1 – People are aware of and are supported in minimising their risk of cancer through healthy lifestyle choices.

- more people are supported to quit smoking;

We are aware that there has been a lot of effort in Primary care through QOF to assess the smoking habits of the population and to offer advice where possible. The support from Pharmacy colleagues and from Stop Smoking Wales campaigns has been excellent but sadly sparse in places and needs better support. Delays in access to support services mean lower success rates in cessation.

- more people are aware of the health harms of smoking, consumption of alcohol above recommended limits and the broader benefits of physical activity and healthy eating;

There are ongoing good support programmes both Nationally (at relevant times, for example Christmas) and locally. However, the availability of cheap alcohol in supermarkets remains a major concern, especially for the younger 'binge' drinkers. The cost of healthy foods is also a concern with many people choosing unhealthy alternatives due to cost.

- more people achieve a healthy weight through weight management support;

There is an increasing awareness in the public of weight issues, but a significant lack of Primary and Community support with regard to access to dietetics or exercise on prescription programmes.

- more people are physically active as a natural part of their everyday life and undertake sufficient physical activity to benefit their health.

It is difficult to encourage people with multiple co-morbidities to undertake exercise programmes unless freely available and tailored to their individual capabilities.

Outcome 2 – Cancer is detected quickly where it does occur or recur

- easier access to primary care services;

Patients will be seen in Primary care, but due to the lack of funding, services have tended to constrict rather than expand. As more services move from secondary care into community settings without the funding following, these impact on potential access further. There needs to be an expansion of Primary care provision to ensure easier access. Patients with 'acute' *or ‘urgent’ problems will be seen on the day, but others will have a wait for routine appointments due to capacity issues. This does not engender the easy presentation of early symptoms.*

• more accessible information and support services provided through local pharmacies;
This is an area where development has taken place depending on the interest and engagement of local pharmacists. Sadly the bigger municipals with the use of frequent Locums do not engage as well in this regard.

• more clinical support available 24 hours a day, 365 days a year;
The cancer networks ensure access to an oncologist and also to palliative care consultants both in hours and out of hours, and is a greatly improved service.

• more direct access to diagnostics for GP;
This is dependant on locality, with some guidelines and pathways agreed for referral for access, monitored and managed by the radiology services. This is understandable as the resources are limited and need to be used sensibly. However, the ability to organise such scans before a secondary care appointment occurs would avoid unnecessary delays.

• a greater range of local services meaning less need to travel, particularly for diagnosis and care after treatment;
Again this is variable, with several areas of good practice working with locality groups. However, due to the need for centralisation of specialist services, this has resulted in longer journeys for some patients but presumed better quality and outcomes. Care after treatment in local settings has improved with the help of the Macmillan and Marie Curie services and specialist cancer care nurses who ensure care plans are in place and proactive planning occurs with the relevant GP and Out of Hours providers.

• take up of population screening in line with programme targets;
Encouragement and reminders are constantly done in Primary care.

• prompt and appropriate access to evidence based assessment and treatment to increase the chance of cure and reduce side effects;
This is much improved, with awareness of referral to treatment targets and the Cancer Care Standards. Initial assessment can, however, be delayed in some specialities e.g. bowel, with assessment questionnaires being sent out to patients and categorisation of urgency only occurring when they are returned (or not).

• more information on reducing the risk of developing cancer, recognising symptoms suggestive of early cancer and what services to expect to be available by telephone and on-line;
Information on line is readily available but less so via telephone unless through NHS Direct. Local services are well publicised on the relevant hospital websites. Recent health promotion campaigns via the media have encouraged patients to seek early advice for symptoms such as chronic cough, bloating etc; and can lead to increased anxiety and requests for referral which are hard to manage in this current economic environment.

- more men accessing healthcare as there is evidence their uptake can be lower than needed.

This remains difficult as men are reluctant to be seen as weak or needy and historically don’t present until later in their symptomatology.

Outcome 3 – People receive fast, effective treatment and care so they have the best possible chance of cure.

Generally once the diagnosis is made, the treatment course, planning and implementation is usually fast and efficient. There are exceptions due to complexity or lack of availability of sufficient consultant staff e.g. Urology.

- prompt and appropriate access to clinically and cost effective treatment offering people better chances of being cured of cancer;

This is determined by local Multi Disciplinary Teams which act effectively and refer exceptional cases to the Individual Patient Funding panels who work with Welsh Health Specialised Services Committee (WHSSC) and All Wales Medicines Strategy Group (AWMSG) to ensure that the best outcomes are determined for the population.

- people experience well co-ordinated services, which are compliant with national standards and guidelines, safe, sustainable and available as locally where possible;

Co-ordination of care remains a problem because despite the use of key workers the flow of information, discharge summaries and treatment plans from secondary to primary care is still inefficient and often at times lacking completely or arrives too late to be useful. Local pathways are often determined by secondary care and rolled out to Primary care with little active consultation or thoughts for the practicalities involved, which can lead to a reluctance to use them if they are time consuming.

- specialist hospital cancer care in centres of excellence that match or surpass the best and seamlessly connected with local cancer services;

The cancer centres have focussed excellent care by centralising services and are to be praised for the service they deliver and the quality of staff employed. However local delivery of services remains patchy due to capacity issues.

- flourishing cancer research to improve treatment and making NHS Wales an attractive place to live and work for high calibre clinicians;

Health Boards and Universities do seem to be working together to audit activity and demand and to help with the clinical research trials available.

- more patients participating in clinical trials.

This option does appear to be more readily available to patients and most centres have several research staff to explain the meaning , risks and impacts of such trials.

Outcome 4 – People are placed at the heart of cancer care with their individual needs identified and met so they feel well supported and informed, able to manage the effects of cancer

- everyone is treated with dignity and respect;

generally the standard of care and compassion is high during the active treatment phase, but more work needs to be done to improve end of life care and support for families and patients.

• services are available as locally as possible;
This is limited by geography and capacity issues.

• people have access to timely information so they understand their condition and what to look out for and what to do and which service to access should problems occur;
This has improved due to available websites and easier printing of useful material in a primary care setting. Hospital information services tend to be well thought out and useful for patients and carers.

• every patient has a Key Worker who co-ordinates care and support in partnership with them;
Generally this happens, but better links with the community need to be formed as the key worker is often secondary care based for the treatment plan but failures of 'hand over' to a new community based key worker need to be improved.

• people's clinical and non clinical needs as a consequence of cancer are assessed and recorded in a care plan and services designed around meeting those needs;
There is still poor co-ordination of services between health and social services around the patient, especially for those based in residential and nursing care homes.

• care plans are written and shared with the person involved and reviewed on an ongoing basis;
When care plans are done this usually happens.

• follow up care given in the most appropriate place for the patient and not the service. Increasingly this should be in primary care.
This is difficult due to the overstretched capacity in Primary Care and the need for a better developed community support and nursing service 24/7. The ability to empower primary care also needs to be addressed through ongoing education programmes.

• direct access to services for cancer patients in whom recurrent disease is suspected;
This is usually not a problem.

• best possible IT and communication links giving clinical staff fast, safe and secure access anywhere in Wales to the information needed to care for patients;
Still in development and roll out – but out of hours services have access through the Internet Health Records (IHR) to a summary of the patient's primary care records – this needs further expansion and development.

• more information for people tailored to meet their individual needs;
Information is available in a wide variety of languages and formats, but tends to be generic rather than individualised.

• transport to and from clinics and hospitals is easily accessible;

Problems remain in rural areas.

• patients and carers are involved in the design of services and people's views on services are sought regularly and acted on to ensure continuous improvement;
Service redesign and strategic development is consulted with relevant groups and with the CHC.

• transparently published information available on the performance of NHS cancer care in terms of safety, effectiveness and patients' views.
Usually useful and informative when published.

Outcome 5 – People approaching the end of life feel well cared for and pain and symptom free

• more people receive palliative and end of life care and support on a 24/7 basis;
This has improved, with better awareness and proactive planning. The availability of the 'orange boxes' for palliation in the out of hours period has improved care.

• specialist palliative care nursing is available 7 days a week;
Usually available and have been attached to local OOH services.

• people's needs and wishes, and those of their family, are clarified, clearly recorded and are a key guide to care provided;
More work needed to ensure that this happens in all cases as there remains a reluctance to broach this delicate subject with individuals.

• people whose symptoms have not improved after 48 hours are referred to specialist palliative care;
This usually happens.

• key information on all patients with advancing cancer is recorded on CaNISC and accessible to others who have clinical responsibility for the patient, including out-of-hours GP services, on a 24/7 basis;
This key information is not always available to GPs, but is accessible through the on call consultant Oncologist.

• less people being admitted unnecessarily to hospital;
Subjectively we believe that this is the case, but sadly, unnecessary admissions still happen due to lack of community support and services available.

• more people are able to die in the place of their choice;
Variable – again depending on level of local support services.

• NHS and Third Sector voluntary sector care is integrated and seamless;
This is improving and continues to be supported and funded by Health Boards.

• families have access to pre and post bereavement support appropriate to their age.
This seems to be better for paediatric care than adult, but has improved overall.

We believe that there has been a slow but steady improvement in the drive to achieve excellence in Cancer care in accord with the Quality delivery plan for the NHS in Wales 2012 – 16

Dr. M.A. O' Donnell
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RCGP Wales