

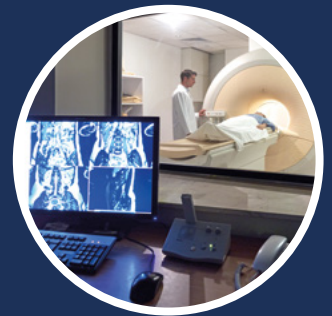


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Rhwydwaith  
Cancer Cymru  
Wales Cancer  
Network



# A Cancer Improvement Plan for NHS Wales **2023-2026**



# 1 Executive Summary



- 1 This plan has been produced in collaboration with all stakeholders and sets out the ambition for Wales to improve cancer patient outcomes and reduce health inequalities. It highlights the importance of planning for the future delivery of innovative new service models, treatments and technologies which will secure recovery, sustainability and improvement in line with the 22 Quality Attributes set out in the Quality Statement for Cancer (2021).
- 2 The plan describes the accountability and responsibility for actions across all stakeholders and across the whole patient pathway. It should be used as a guide for Health Boards and Trusts in the planning and delivery of their cancer care and should be reflected in all aspects of Integrated Medium-Term Plans.
- 3 This plan is set out in two parts:
  - **Part 1** outlines the background and context, describing the drivers and remit for this improvement plan.
  - **Part 2** sets out nine themes for focus and action to deliver the improvement ambition.
- 4 The NHS Executive will enable, support and where necessary direct the NHS in Wales to transform services in line with national priorities and standards, including cancer. The Wales Cancer Network will be a key function of the NHS Executive and will ensure a coordinated approach to drive improvements in the quality and safety of care and the delivery of value-based care.
- 5 There was a 25% increase in the number of new cancer diagnoses in 2019 compared to 2002. Whilst survival has significantly improved for many cancer types, outcomes for other 'less survivable cancers' have improved more slowly. The number of patients living with metastatic cancer, undergoing multiple lines of therapy and living with the effects of cancer or its treatment is also increasing.
- 6 Between 30-50% of cancers occur as a result of exposure to avoidable risks. Prevention will be a key area of focus through raised awareness and uptake of healthier lifestyles and vaccination programmes. This will be part of wider existing public health planning, with primary, secondary and tertiary cancer services all supporting these initiatives.



- 7 Early detection of cancer is a key determinant of improved cancer survival, and the pandemic has had a major impact on both access to diagnosis tests and treatment for cancer patients. Longer waiting times will inevitably lead to later diagnosis and poorer cancer outcomes. The ongoing development of evidence based screening programmes including reducing age and test thresholds for bowel cancer, the introduction of Lung Health Checks and exploring new technologies such as liquid biopsies will be a key aspect in achieving earlier cancer diagnosis. Similarly, focus will be given to those with rarer cancers, children and young adults, reducing the rate of emergency presentation and those first presenting with advanced disease.
- 8 Cancer waiting times are now the worst they have ever been with only 54% of patients starting their first treatment within 62 days in November 2022. National Optimal Pathways (NOPs) describe what a patient should expect after a cancer is suspected. Compliance with these pathways will be a major goal for primary, secondary and tertiary services. These NOPs not only include the expected timeliness of tests and treatment but also describe the appropriate support for patients, preparing them for what they might expect and optimising their health to improve their outcomes from treatment or its complications (prehabilitation).
- 9 Suspected cancer referrals, demand for diagnostic tests and some treatments such as immunotherapy were rapidly increasing prior to the pandemic and the capacity of the healthcare systems were struggling to cope with this demand, although undoubtedly now been exacerbated. There needs to be the required workforce, facilities and equipment to deliver the diagnostic demand arising from screen detected and symptomatic cancer referrals, and to support for patients through and beyond first treatment. This is especially urgent in radiology, pathology, endoscopy, non-surgical oncology and for specialised cancer nursing and Allied Health Professionals.
- 10 Services need to be configured in a way that delivers resilient, sustainable and high quality, holistic cancer care. This includes elective treatment centres of excellence, diagnostic hubs and robust Acute Oncology Services for those experiencing complications of their cancer or its treatment.



- 11 The workforce is NHS Wales' most precious asset, but it is facing unprecedented challenge to recruit and retain sufficient workforce capacity. In some areas this has resulted in poor morale. Appropriate national workforce planning and adequate local training capacity, ensuring good working conditions, staff experience and wellbeing will be vital to supporting recovery, improvement and innovation.
- 12 There needs to be a relentless drive to improve the efficacy and efficiency of diagnostic tests and treatments. Precision medicine can be described as getting the right care for the right patient at the right time. Genomics Partnership Wales has developed and will work with the Wales Cancer Network to deliver the Genomics Delivery Plan. Wales, through the All Wales Medical Genomics Service and Genomics Oncology Group, has an excellent opportunity to lead in access to cutting edge genomics technologies. A strong relationship that has been developed with industry partners and the Life Science Hub should continue to be nurtured.
- 13 The Welsh Health Specialist Services Committee (WHSSC) commissions specialist diagnostics and treatments for cancer and will deliver on its ambitious plans to improve access to diagnostics such as CT-PET and treatments such as molecular and stereotactic radiotherapy. Most other services are commissioned by Health Boards and a suite of service specifications (acute oncology, radiotherapy, oesophago-gastric and hepato-biliary cancer) have been and will be further developed to ensure these are commissioned and delivered consistently to a high quality.
- 14 Patient experience of cancer services is generally very good in Wales thanks to the dedication and commitment of the workforce, but there is no room for complacency. There is a need to develop and maintain a workforce to deliver holistic patient centred care and respond to the Wales Patient Experience Survey published in January 2023.
- 15 Ensuring patients have excellent palliative, and where necessary end of life care, is essential. All stakeholders will need to work together to support the Palliative and End of Life Programme Board and Quality Statement.



- 16 Services need to continually improve. A range of innovations have been driven by new technologies or the need to respond to the challenges created by the pandemic. Circulating tumour DNA, Cytosponge and Transnasal Endoscopy all provide opportunities to improve patient outcomes, diagnose cancers earlier and improve patient experience.
- 17 The quality of cancer care is better when delivered in a research rich environment. The Wales Cancer Network and its partners will work with the Wales Cancer Research Centre and Health and Care Research Wales to deliver the Cancer Research Strategy (CReSt) and improve the number of, and equity of access to, high quality clinical trials.
- 18 The Wales Cancer Network and its partners will continue to replace the legacy Canisc system with integrated informatics platforms. This will allow specialist and general healthcare professionals to coordinate care and communicate more effectively, and for patients to increasingly access healthcare information held about them. It will also provide the information required to accurately reflect the quality of care being delivered and support the exploration of variations in this care.



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# Part 1



## 2 Foreword

Many of us working in Cancer Services know that patient experience of cancer care is generally very good as a result of the commitment of the dedicated workforce we have in Wales (Wales Macmillan Cancer Patient Experience Survey 2023). However, other outcomes such as survival are not as good as we would like. Difficult as it is to see how poorly our outcomes compare with similarly developed countries, it is even more unacceptable to see the variation in outcomes within our own country, between regions and even within a single Health Board boundary.

The pandemic has significantly exacerbated the existing fragilities in the wider healthcare and cancer system which is struggling to deliver the evidence-based services, capacity and workforce that are required to recover and improve cancer services. This is particularly true in terms of workforce but also for equipment, facilities and the configuration of health care services. Although the short-term priority must be increasing access to diagnostic, treatment services and patient centred services, this situation also provides opportunities to improve and, in time, transform the way we deliver cancer care.

In the 2016 Cancer Delivery Plan we called for 'a relentless drive to earlier diagnosis', and we have achieved a huge amount, despite the pandemic; the establishment of the Single Cancer Pathway, a suite of National Optimal Pathways, a National Rapid Diagnosis Clinic programme, the launch of the first Wales Cancer Research Strategy, the publication of Quality Statement for Cancer, a more collaborative approach to clinical leadership and a comprehensive Framework for Cancer in Primary Care, to name a few.

Similarly, in unscheduled cancer care we have developed closer working between acute care teams and oncology services, developing robust acute care models to reduce dependence on acute care through the use of ambulatory pathways, and specialist teams which bridge both. This is particularly important with new and more advanced therapies such as toxicities relating to immunotherapy and Advanced Therapy Medicinal Products (ATMPs).

A far closer and engaging relationship has been developed with primary and community healthcare services. This has been pivotal in all areas of cancer from prevention, uptake of screening, early diagnosis, support through and beyond treatment and, where needed, end of life care. This engagement needs to continue to be nurtured and invested in.

Wales has led the way in many of these but we cannot underestimate the challenge we now face.

Leaders of Cancer Services in Wales have a responsibility to mitigate the harm occurring as a result of the pandemic but also to embrace the opportunity to redesign the system as we build it back. Whilst the current focus must be on recovery, we must embrace the opportunity to improve, to innovate and to redesign our current system; *recover, reset and redesign*.

There are major opportunities to review the way we deliver services; breaking down organisational boundaries that stand in the way of equity of access, and consistency and efficiency in the delivery of care. Planning the future workforce needed to meet the current and forecast demand but also supporting that workforce in working in different ways to provide value-based care for patients; maximising professional job satisfaction with time for research, education, leadership and innovation, and training the workforce of tomorrow; expanding our cancer research portfolio to embed this in all aspects of care and developing new digital and diagnostic technologies.

These commitments require national and system wide leadership to address areas such as health inequalities, the health care and social care workforce, diagnostics infrastructure and capacity, data and intelligence for service improvement which are wider than just for Cancer Services, but which are crucial to enabling delivery and outcome improvement. Government support, senior management, clinical leadership and engagement with the independent and Third Sector will be critical to the achievement of the bold changes required.

Wales will continue to review and benchmark itself against other UK and international systems through National Audit and Peer Review, but also through working with the International Cancer Benchmarking Programme (ICBP), the Organisation for Economic Co-operation and Development (OECD), Eurocare and Concorde, to benchmark the performance of cancer systems in Wales to drive service improvement.



Cancer can be seen as a barometer for the health of the NHS in Wales. It can also be used as an exemplar for change in healthcare services leading the way in developing patient led and co-produced services.





### 3 Cancer Incidence and Outcomes

**A 25% increase of new cancer diagnosis in 2019 compared to 2002; forecast to continue rising until at least 2030.**

<sup>1</sup> Public Health Wales, Welsh Cancer Intelligence and Surveillance Unit (WCISU). (2022). *Cancer Incidence in Wales, 2002-2019*. Online. Available from <https://phw.nhs.wales/services-and-teams/welsh-cancer-intelligence-and-surveillance-unit-wcisu/cancer-incidence-in-wales-2002-2019>

There was a 25% increase in the number of new cancer diagnoses in 2019 compared to 2002<sup>1</sup>. This is forecast to continue until at least 2030. One of the main causes for this is the increasing number of older people who have the highest risk of cancer. Cancer became the main cause of mortality in Wales from 2016 onwards.

Whilst overall cancer mortality in Wales has decreased by around 16% over the past twenty years, the rate of decrease has recently slowed for some tumour sites including, female breast, colorectal and prostate cancer and has increased for others such as liver. Lung cancer accounts for 2 in every 10 deaths from cancer, and age is a significant risk factor for cancer mortality with 70 per cent of all cancer deaths in recent years occurring in those over the age of 70.

Across Wales, one-year and five-year cancer survival has been increasing for many commonly diagnosed cancer types such as lung and prostate. In contrast, there has been a levelling off and even a decrease in recent years for less commonly diagnosed cancers such as bladder, anus, larynx and uterine.

The number of patients living with metastatic cancer and undergoing multiple lines of therapy is also increasing, with the associated clinical capacity required for multidisciplinary team (MDT) discussions, diagnostics and complex management, requiring holistic multi-professional care. It will become an increasing challenge to manage this demand for services, but we must apply the same principles to patients with chronic, recurrent or metastatic disease as we do to those first presenting with cancer through the development of National Optimal Pathways for these presentations.



# 4 The Cancer Challenge

The National Strategic Clinical Networks, such as the Wales Cancer Network, are a key function of the NHS Executive and will support the NHS Executive to ensure a coordinated approach to drive improvements in the quality and safety of care.

The NHS Executive will enable, support and where necessary direct the NHS in Wales to transform services in line with national priorities and standards, which will include cancer, providing more central direction to ensure a consistent and equitable approach to national and regional planning based on outcomes, and enabling stronger performance management arrangements. It will be a hybrid function, with a small team based in Welsh Government supported and bolstered by a number of national functions that will come together within the NHS, comprising the NHS Collaborative, Delivery Unit, Finance Delivery Unit and Improvement Cymru. The Executive Director Team in Welsh Government will agree priorities for the NHS Executive to focus on by setting a mandate, which will work hand in glove with existing frameworks such as the NHS Wales Planning Framework, and national policy.

The National Strategic Clinical Networks, such as the Wales Cancer Network, are a key function of the NHS Executive and will support the NHS Executive to ensure a coordinated approach to drive improvements in the quality and safety of care. Strategic Clinical Networks will inform and support the NHS Executive by:

- acting as the system custodians for a major condition, category of service type or target population segment.
- providing national direction on how best to organise, deploy and develop resources within the condition.
- determine and promote ways to secure improved outcomes by using evidence-based approaches to delivery.

There is an urgent need for Wales to improve Cancer Services and outcomes, reduce health inequalities and focus on the delivery of value-based care. There must be a focus on how future service planning will evaluate and deliver new service models, treatments and technologies as recovery is secured and improvements sustained. There are a range of national strategies, aims and objectives which will contribute to the improvements required and plans at local population level, which are being delivered through Health Boards and Trusts.



Only 14% of people diagnosed with lung, pancreatic, liver, brain, oesophageal and stomach cancers will survive 5 years or more.

<sup>2</sup> Public Health Wales, Welsh Cancer Intelligence and Surveillance Unit (WCISU). (2022). *Cancer Mortality in Wales, 2002-2021*. Online. Available from <https://phw.nhs.wales/services-and-teams/welsh-cancer-intelligence-and-surveillance-unit-wcisu/cancer-mortality-in-wales-2002-2021>

Cancer Services span the whole of the healthcare sector and in Wales excellent relationships have been developed with the Third Sector and industry partners. Some types of cancers have seen significant improvements in cancer outcomes e.g. breast, prostate and some blood based haematological malignancies. However, others have not seen such improvement and continue to present late with poor outcomes, six of which have been targeted by the Less Survivable Cancers Taskforce (LSCT). In Wales, only 14% of people diagnosed with one of these six cancers (lung, pancreatic, liver, brain, oesophageal and stomach) will survive for five years or more compared to 63% for other common cancers. Approximately 25% of patients were diagnosed with a less survivable cancer in Wales in 2021 and, because of their poor outcomes, they accounted for nearly 50% of cancer deaths<sup>2</sup>. Patients with rarer cancers also face unique challenges with access to expert diagnostics and support being more difficult to provide locally together with tertiary care.

It is important that the principles of this plan are aimed at all cancers and tumour sites however, there are some cancers that do have specific needs and requirements which may need more attention to bespoke actions and improvements.

It is important to reference that many blood-based malignancies do not follow conventional urgent referrals routes to diagnosis but do have more favourable outcomes when compared to some solid tumour Systemic Anti-Cancer Therapies.



However, treatment is frequently complex and intensive once a diagnosis is made such as the need for bone marrow transplants (BMT). Blood based malignancies also account for around 40% of cancers diagnosed in children per year, and whilst cancer is more prevalent with age, cancer in young people brings system challenges and complications such as fertility, developmental and psychological issues. Patients with these types of malignancy often require the support of specialist services. The challenges across the board are pertinent to children and young people and whilst explicit actions in this plan are not made for this group specifically, the plan aims to meet their needs as well as adults. The recent round of peer review of children’s cancer services will support this improvement work.

This plan sets out the actions described in national strategies, the cancer section of the *Transforming and modernising planned care and reducing waiting lists in Wales* report (Welsh Government, 2022)<sup>3</sup>, associated improvement programmes and existing Integrated Medium Term Plans (IMTPs). It clearly describes where the accountability for the priority actions sit. Commitment and resolve will be required by all those involved in cancer policy, service planning and commissioning, and the delivery of cancer systems and care across Wales, in order to secure recovery, and then sustain the required improvements. Welsh Government and the Wales Cancer Network working with Health Boards and Trusts need to continually review all those plans against the actions set out in this document, ensuring engagement on delivery and review of the actions with stakeholders, including patient groups and the voluntary and community sectors.

The Wales Cancer Network have already established several groups and processes to ensure that the work within this plan is not undertaken in isolation, providing teams from across organisations the opportunity to share good practice and lessons learned. These include the Clinical Reference Group, Cancer Site Groups, Cancer Operational Manager Group, Peer Review, the Suspected Cancer Pathway (SCP) Programme, and numerous information sharing and education events held throughout each year. In addition to sharing information and reducing duplication of effort these groups and processes provide peer support to staff from across organisational and professional groups. These groups and processes will continue to be monitored and evaluated to ensure they continue to meet the needs of staff and services in support of both service delivery and improvement, and in the implementation of this plan.

Prevention must be a key area of focus, seeking to reduce the rates of avoidable cancer through raised awareness and uptake of healthy lifestyles.

<sup>3</sup> Welsh Government. (2022). *Our programme for transforming and modernising planned care and reducing waiting lists in Wales*. Crown copyright. Available from <https://gov.wales/sites/default/files/publications/2022-04/our-programme-for-transforming--and-modernising-planned-care-and-reducing-waiting-lists-in-wales.pdf>

**Prevention must be a key area of focus, seeking to reduce the rates of avoidable cancer through raised awareness and uptake of healthy lifestyles**



Only  
**54%**  
of patients  
were treated within  
the cancer waiting  
times target in  
November 2022.

Most of the actions relating to prevention are disease agnostic: smoking cessation, obesity reduction, reducing alcohol consumption and increasing exercise and therefore should be part of wider existing public health planning, with primary, secondary and tertiary cancer services also supporting these initiatives.

Early detection of cancer is a key predictor for improved cancer survival, and the pandemic has had a major impact on both access to diagnosis tests and treatment for cancer patients. Longer waiting times will inevitably lead to later diagnosis and treatment of disease and poorer cancer outcomes than would otherwise have been the case.

Wales now faces the challenge of increasing diagnostic and treatment capacity both to deal with the rising numbers of patients presenting with suspected cancer and also the challenge of reducing the escalating waiting times for tests and treatment for patients diagnosed with cancer.

Cancer waiting times are now the worst they have ever been with only 54% of patients starting their first treatment within 62 days in November 2022. No Health Board in Wales has met the target of 75% since July 2020. The (median) number of days from point of suspicion to starting first definitive treatment was 62 days in November 2022, a 19% increase since January 2021 at 52 days. The (median) number of days from diagnosis to treatment was 33 days in November 2022, a 38% increase since January 2021 at 24 days.

It should, however, be noted that the way Wales collects and reports on cancer waiting times, i.e. from point of suspicion for all patients, is different from the rest of the UK. It is more transparent and reflective of actual patient experience than elsewhere, and Welsh Government should be commended for endorsing this clinically led policy.

# 5 Roles and Responsibilities

**The role of the Wales Cancer Network is to enable and facilitate delivery through collaborative working with Health Boards, Trusts, other national programmes and agencies and the Third Sector to ensure system wide improvement, consistency and equity across Wales.**

Welsh Government requires Health Boards, Trusts, Special Health Authorities and hosted bodies to plan, deliver, recover and improve cancer services in line with the 22 quality attributes, service specifications and optimal clinical pathways set out in the Quality Statement for Cancer (Welsh Government, 2021)<sup>4</sup>. Health Boards, Trusts, Special Health Authorities and hosted bodies are required to incorporate those plans into their costed and funded IMTPs, for agreement with Welsh Government, and for which Welsh Government will hold them accountable for delivery.

The role of the Wales Cancer Network is to enable and facilitate delivery through collaborative working with Health Boards, Trusts, other national programmes and agencies and the Third Sector to ensure system wide improvement, consistency and equity across Wales. The Wales Cancer Network also has a role to engage with patients, the public and seldom heard and under-represented groups.

This plan sets out the issues, opportunities, actions, accountabilities and timeframes for the delivery of the improvements required. The purpose of the document is to bring all those together in one place so that the cancer community and wider stakeholders can clearly understand the role that each organisation has in the delivery of the plan, and which organisations are responsible for the actions required and their timeframes. The plan also sets out the building blocks that need to be established and further developed to enable continued service improvement and deliver the quality of care and outcomes that patients and the population deserve. In preparation for this plan patient engagement was undertaken by the Wales Cancer Alliance (WCA) in the form of questionnaire and discussion groups<sup>5</sup>. The invaluable feedback has been integrated throughout this plan.

The plan guides service providers in primary, secondary and tertiary care in terms of the expectations across the cancer improvement agenda. Health Boards and Trusts are expected to be clear about the required actions for their populations through the life course of this plan. They should use this plan to detail their actions around cancer in their IMTP planning and delivery, and through their interactions with Welsh Government at their Joint Executive Team meetings and Integrated Quality, Planning and Delivery (IQPD) meetings.

<sup>4</sup> Welsh Government. (2021). *The quality statement for cancer*. Welsh Government. Available from <https://gov.wales/quality-statement-cancer>

<sup>5</sup> Wales Cancer Alliance. (2022). *What matters to Wales' cancer patients? A Cancer Services Action Plan for the Future*. Wales Cancer Alliance.

# 6 Finance



**Cancer care delivery and improvement is a key aspect of core service, and costs are therefore generally accounted for in the development and acceptance of IMTPs, which are expected to focus on cancer improvement.**

There will inevitably be cost associated with delivering this plan, but as there is already provision made through Health Board and Trust allocations, no dedicated financial allocation will be made available. Cancer care delivery and improvement is a key aspect of core service, and costs are therefore generally accounted for in the development and acceptance of IMTPs, which are expected to focus on cancer improvement.

Additional financial support to explore new ways of working and transformation may be available through the work of both the Wales Cancer Network and the National Planned Care Improvement and Recovery Team, and some business cases are already being developed. However, these will be for tests of change and will be non-recurrent opportunities. Capital development will be essential but will need to follow the usual capital business case development processes.





# Part 2





# 7 Cancer Prevention

It is estimated that around 4 in 10 cancer cases (37.8%) in Wales each year could be prevented.

At a global level the World Health Organisation (WHO) has estimated that between 30-50% of all cancer cases are preventable and that prevention offers the most cost-effective long-term strategy for the control of cancer.

Risks factors are frequently linked to health inequalities. The primary focus of prevention is to address known risk factors such as tobacco smoking, obesity, diet, activity, alcohol and sun exposure and to prevent these attributing causes of cancer. The role of Public Health Wales NHS Trust is to advise Welsh Government on the strategy and targets for cancer prevention and health improvement, with Health Boards directly responsible for the public health of their resident population. Most public health strategies are disease agnostic given the risk factors also contribute to cardiac, respiratory, diabetes, stroke and other diseases. There needs to be a greater focus on how primary, secondary and tertiary cancer services work more cohesively to deliver these public health initiatives. There also needs to be a focus on providing support for appropriately messaged and targeted lifestyle change programmes of information and guidance to support people to making changes and to support underserved communities, including black Asian and minority ethnic (BAME) communities, with health, digital literacy and lifestyle behaviours.

Human Papillomavirus (HPV) vaccination prevents the development of certain cervical cancer in women, penile cancer in men and head and neck and anal cancer in both men and women. HPV vaccination for boys and girls is primarily delivered through school nursing teams in Wales with Health Boards responsible for driving increases in uptake.



The following actions will be taken across the system to improve cancer prevention:

**Public Health Wales, Health Boards, NHS Trusts, Local Authorities and the wider system** to continue to implement the Healthy Weight Healthy Wales Delivery Plan (All Wales Obesity pathways in all Health Boards, pilot of a pre diabetes prevention programme), the Wales Tobacco Control Delivery Plan (Help Me Quit In Hospital, increasing number of smoke-free pregnancies) and focus on reducing alcohol abuse, in order to reduce the proportion of cancers attributable to these risk factors.

<sup>6</sup> Welsh Government. (2021). *Healthy Weight: Healthy Wales delivery plan 2021 to 2022*. OGL. Available from <https://www.gov.wales/healthy-weight-healthy-wales-delivery-plan-2021-2022.html>

<sup>7</sup> Welsh Government. (2022). *Towards a Smoke-free Wales, Tobacco Control Delivery Plan 2022-2024*. OGL. Available from <https://www.gov.wales/tobacco-control-strategy-wales-delivery-plan>

<sup>8</sup> Welsh Government. (2021). *National Clinical Framework: A Learning health and Care System*. OGL. Available from <https://www.gov.wales/national-clinical-framework-learning-health-and-care-system>

**Wales Cancer Network Board** to receive relevant reports on progress against key population health prevention strategies for example, Healthy Weight Healthy Wales delivery plan (Welsh Government, 2021)<sup>6</sup> and Tobacco control strategy for Wales delivery plan (Welsh Government, 2022)<sup>7</sup>, which both set out the key deliverables for the strategies and the strategy documents set out the overall goals and targets. The **Wales Cancer Network** can then support statutory delivery organisations to shape and deliver the implementation of these strategies and make comparative reports more widely available, with specific reference to the impact on cancer prevalence and incidence.

**Wales Cancer Network** to work with the National Clinical Framework Leads (Welsh Government, 2021)<sup>8</sup> to support primary and secondary care to focus any opportunities within its work programmes to support the cancer prevention agenda.

**Health Boards and Trusts** will deliver local Public Health actions in response to the Public Health strategies, with detailed measurable delivery targets.

**Public Health Wales** to add HPV coverage data to primary care cluster/GP practice regular reporting by **end of December 2023**.

**Public Health Wales** to develop a long-term programme of enhanced surveillance of equity and effectiveness of HPV vaccination with early outputs available by **end of December 2023**.

**Health Boards** will describe robust delivery plans for school nursing teams to maximise HPV vaccination for their local populations, addressing areas of poor uptake. These will be monitored through IQPD arrangements.





# 8 Earlier Diagnosis

Cancer screening saves lives by offering eligible population an evidence-based test and pathway that enables early identification of the cancer, improves outcomes and reduces risk of dying from the cancer.



## a. Cancer screening services

Screening is offered to the eligible population, but the offer is not taken up equally across population groups in Wales resulting in inequities of outcome. The public need to be continually reminded of the importance of earlier diagnosis and accessing screening programmes through national evaluated awareness campaigns and exploring self-referral schemes such as LUMEN (Lung Cancer Symptom Assessment Line, a Nurse-led service in Hywel Dda) for example. The direction of travel is also for a more risk stratified approach to screening, for example, including those at higher risk earlier, or more frequently in line with developing National Screening Committee and NICE guidance.

**Public Health Wales** is accountable to Welsh Government for the delivery of the three population based cancer screening programmes: breast, bowel and cervical. It is responsible for the call and recall of the eligible population for screening, and either directly delivering or working with primary care and secondary care in each Health Board to deliver end to end quality and timely screening pathways. The UK National Screening Committee (UK NSC) advises ministers and the NHS in the 4 UK countries about all aspects of screening and supports implementation of screening programmes. The Director of Screening in Public Health Wales is a member of the UK NSC and the Consultants in Public Health in the Screening Division attend the UK NSC reference groups. Public Health Wales is therefore able to input their expertise and influence, and is aware of potential screening developments and opportunities.

**Public Health Wales** is also responsible for commissioning diagnostic services in Health Boards and Trusts where appropriate. Following a positive screening test, patients should be assessed and, where appropriate, diagnosed and treated with waiting times reported as part of the Single Cancer Pathway cancer waiting times.

Overall uptake to the screening programmes is a key performance indicator, but the focus is also on inequity in participation. Across the national screening programmes in Wales, the aim is that everyone eligible for screening has equitable access and opportunity to take up their screening offer, using reliable information to make a personal informed choice.

**Bowel Screening Wales (BSW):** the minimum standard for uptake of bowel screening across the programme is 60%. Across Wales in 2020/21, during the COVID pandemic, uptake was 67.1% increasing from an All-Wales uptake in 2019/20 of 61.5% and in 2018/19 of 57.3%. The Bowel Screening Programme commissions each Health Board to provide screening colonoscopy for their population who have been identified as higher risk with a Faecal Immunochemical Test (FIT) positive screening test. The capacity of endoscopy provision in Wales is a limiting factor to full optimisation of the bowel screening programme in line with recommendations and evidence base. Offering bowel screening to people aged 55 to 58 every two years has recently commenced, with further age extensions planned in 2023 and 2024 to enable the programme to be fully optimised in line with other countries.

**Breast Test Wales (BTW):** the minimum standard for uptake across the programme is 70%. In 2020/21, during the COVID pandemic, uptake across Wales was 67.1% declining from uptake of 69.1% in 2018/19. Magnetic Resonance Imaging (MRI) surveillance for women at very high risk of developing breast cancer currently takes place locally in most Health Boards. An All Wales Very High Risk MRI Surveillance Programme is due to be launched in April 2023. This will be managed by BTW, with surveillance imaging taking place at designated Health Board providers. This programme will ensure that all women identified as at very high risk of developing breast cancer in Wales will have equitable access to National Institute for Health and Care Excellence (NICE) compliant, quality assured, MRI surveillance.

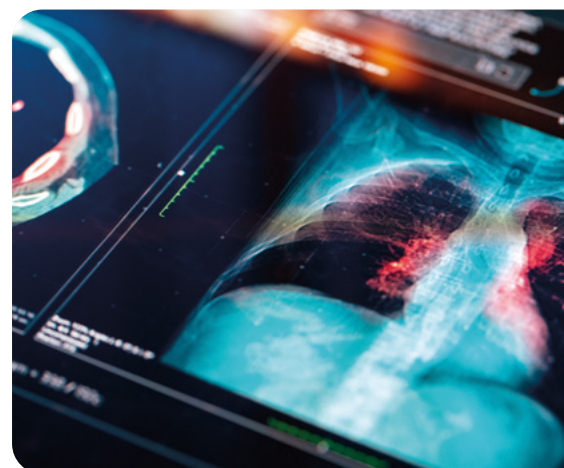


**Cervical Screening Wales:** in January 2022, the routine screening interval for people with a cervix aged 25 to 49 was extended from three to five years, as a result of the current screening test being more accurate than the previous screening test. This followed a recommendation from the UK NSC in February 2019 and brings the advice for this age group in line with the screening interval for those aged 50 to 64. The minimum standard for uptake is 70%. As of October 2021, during the COVID pandemic, uptake across Wales is 69.5%. This has declined from 73.2% reported in 2019/20.

**Targeted Lung Cancer Screening:** Following a public consultation, the UK NSC published their updated recommendations on lung cancer screening in September 2022, with a positive recommendation for targeted screening for lung cancer. This is a very important development with the potential to have a significant impact on lung cancer patient outcomes. Further work is being undertaken to determine the most cost-effective model to deliver this programme.

The delivery of a **Lung Health Check** operational pilot within Cwm Taf Morgannwg University Health Board will inform how Wales can best implement targeted lung cancer screening, aiming to commence during 2023. This will incorporate initial telephone risk assessments, low-dose Computerised Tomography (CT) scans for those identified to be at risk, smoking cessation advice and subsequent three and twelve month follow up scans for some participants. Evaluation of the programme will be undertaken throughout the operational pilot and aim to be completed in early 2024/25, once all clinical activity is complete. The Wales Cancer Network is also developing a toolkit for GP practices to improve the completeness of tobacco smoking status records utilising a text message system which will then initiate smoking cessation interventions.

Primary, community, and in time and if supported, pharmacy services are key in supporting public and patients in taking up invitations for National Screening programmes.



**The following actions will be taken across the system to improve earlier diagnosis:**

**Public Health Wales** to measure and report on the treatment pathway compliance after screening detected cancers, escalating and addressing areas of concern with providers.

**Public Health Wales** to work with **Health Boards**, supported by the work of the **National Endoscopy Programme**, to optimise the bowel screening programme in line with agreed plan through to **end of December 2024** with the aim of increasing levels of uptake year on year.

**Wales Cancer Network Board, Health Boards, Public Health Teams, GP clusters** to be provided with regular relevant information on cancer screening programmes. **The Wales Cancer Network Board** to receive regular reports from each of the cancer screening programmes to include uptake, coverage and waiting times for subsequent diagnostic tests to measure the whole pathway, and take action or make recommendations on areas of concern.

**Cancer screening programmes in Public Health Wales** to prioritise work with **Digital Health and Care Wales** and the **Single Cancer Pathway Programme** to ensure Health Boards receive, record and report cancer referrals from screening services in a timely manner as part of their routes to diagnosis reports on waiting times and outcomes.

**Public Health Wales** to lead work with the **Wales Cancer Network, NHS Wales Health Collaborative, Health Boards, Public Health Teams within local authorities and the Third Sector** to improve uptake and reduce inequity of uptake in the cancer screening programmes.







**Health Boards** to ensure timely pathways for participants diagnosed with screen detected bowel cancer; screen detected breast cancer; and cervical cell changes that requires treatment to prevent cervical cancer and to monitor uptake by Lower Layer Super Output Area (LSOA), taking action as required to understand and influence equity of access. **Health Boards** to ensure timely treatment pathways in line with National Optimal Pathways standards for screening colonoscopy for participants with positive FIT bowel screening test, and for colposcopy appointments for participants identified as requiring referral from cervical screening test. **Health Boards** will prioritise and focus on their local reporting timelines to **Public Health Wales** who are commissioners of the service. Screening compliance and access to screening colonoscopy to be included in Health Board Executive performance reporting and in IQPD arrangements.

**Health Boards** to describe improvement targets where performance against screening uptake of compliance is poor.

**Cwm Taf Morgannwg University Health Board** to procure and establish a lung health check operational pilot **during 2023**, with evaluation completed once all activity completed in **2024/25**.

**Welsh Government** to confirm policy decision on lung cancer screening in Wales and to confirm resources to set up an implementation work stream (**expected end of March 2023**). Modelling work undertaken by the **Wales Cancer Network** and supported by the **NHS Wales Delivery Unit** to be used to inform the planning for a future national service. Learning from the operational pilot to be shared with Health Boards to inform the wider roll out of this service. Completeness of tobacco smoking status within GP records to be enhanced using the toolkit developed by the **Wales Cancer Network** (subsequent implementation plan to define the delivery date).

**Public Health Wales** to submit a business case to **Welsh Government** for the resources required to scope the requirements for a national targeted lung cancer screening service by **end of March 2023** and, pending approval of funding, complete a business case to deliver this service on a national basis by **end of March 2024**. In developing this business case, **Public Health Wales** will engage with Health Boards and other organisations to ensure that they are able to prepare for implementation in line with the proposed model. The work undertaken in developing this business case will inform the expected timeframe for roll out and implementation across Wales.

**Welsh Government** to continue to include screening performance for all screening sites as part of **Health Board** quality and performance management arrangements, setting improvement targets where uptake is low, or treatment for screening detected cancers is not within target.

**Health Education and Improvement Wales (HEIW)** will facilitate the roll out of an online education tool for General Practitioners and their staff (Gateway C) by **end of March 2023** to support education and processes around earlier detection of cancer.

Prehabilitation enables people with cancer or suspected cancer to prepare for treatment by promoting healthy behaviours in order to maximise resilience to treatment and improve long-term health. Prehabilitation should be based on individual patient needs and risk stratification.



## b. Health Optimisation / Prehabilitation

Prehabilitation is a multidisciplinary, multisector approach including services such as Public Health Wales, the National Exercise Referral Scheme, nursing and psychology. Well established models often have Allied Health Professionals (AHPs) at the centre of leadership and development of prehabilitation services in close collaboration with other specialisms.

The “Waiting Well? The impact of the waiting times backlog on people in Wales” report (Welsh Parliament: Health and Social Care Committee, 2022)<sup>9</sup> advocates integrated models of prehabilitation. These should be embedded as standard into cancer pathways to improve outcomes and increase the use of patient appropriate models to include patient support groups, social prescribing, and innovative digital tools.

The identification and accommodation of stratified models of care (universal, targeted, specialist) are essential. For example, universal advice encompasses self-management and signposting to appropriate resources such as exercise schemes and psychological support, whereas specialised prehabilitation is where AHPs are part of the MDT to address complex and high morbidity patients. Delivery and provision may need to be multi-model e.g. face to face, virtual or a hybrid offering; tailored to individual patient needs and preferences. It is important to note that prehabilitation is part of the rehabilitation continuum; with seamless transition through the pathway to ensure any ongoing patient needs are met and Making Every Contact Count<sup>10</sup>.



The following actions will be taken across the system to improve health optimisation and prehabilitation:

**Wales Cancer Network** will adopt a whole system approach and lead development of prehabilitation standards and the assessment of compliance measures, through a collaborative approach with multiple stakeholders, Lead Cancer AHPs, and Welsh Government Chief Allied Health Professions Adviser’s team for presentation to the Cancer Network Board by **end of June 2023**. These standards will include endorsing existing services and resources, such as the National Exercise Referral Service, which have been set up to reduce inequalities in health. It will address current challenges to prehabilitation services within Wales including cross-system communication technology and bringing standardisation in approach to establishing meaningful and measurable outcomes.

**Wales Cancer Network, Lead Cancer AHPs and the wider AHP, nursing and multi-professional workforce** have established a National Prehabilitation Group, with a two-year work programme to **end of December 2024**, their work will include scoping current provision and priorities, exploring digital solutions for supportive self-management, and economic evaluation. A comprehensive work plan has been produced with monthly and quarterly objectives which will be monitored through agreed measures via audit and Peer Review.

**Health Boards and Trusts** will work towards developing stratified prehabilitation services, in line with the National Prehabilitation Standards, for all cancer patients through the IMTP process, and will ensure that prehabilitation service models meet individual and population requirements by the **end of March 2024**.

**Health Boards and Trusts** to feedback developments through to the **All Wales Cancer Prehabilitation Group** and will work locally and regionally to develop local implementation plans, adhering to the standards set by the All Wales Cancer Prehabilitation Group.

<sup>9</sup> Welsh Parliament. (2022). *Waiting well? The impact of the waiting times backlog on people in Wales*. Welsh Parliament, Health and Social Care Committee. Cardiff: Senedd Commission Copyright 2022. Available from <https://business.senedd.wales/documents/s124284/Waiting%20well%20The%20impact%20of%20the%20waiting%20times%20backlog%20on%20people%20in%20Wales%20-%207%20April%202022.pdf>

<sup>10</sup> NICE. (2022). *Making Every Contact Count*. Available from <https://stpsupport.nice.org.uk/mecc/index.html>



# 9 Faster Diagnosis

There is an urgent need to increase diagnostic capacity across all tests, procedures and reports in a timely manner.

Evidence correlates early diagnosis with earlier treatment and improved outcomes. Data shows that the demand and the volume of patients who are in the system with a suspicion of cancer is growing, with the capacity of diagnostics unable to reduce the volume on the waiting list. There is therefore an urgent need to increase diagnostic capacity across all tests, procedures and reports in a timely manner. This must incorporate a whole system view, with a focus on what can be done at home, in primary care and in the community, as well as those services that can only be delivered in more specialist facilities. The approach also needs to ensure equitable performance for diagnoses made in screening and symptomatic services.

NHS Wales has established a National Diagnostic Board to take forward implementation of the national diagnostic programmes, with a particular focus on evaluation of the effectiveness of establishing a network of Regional Diagnostic Hubs (RDHs) across Wales. There is also work within Health Boards in relation to the establishment of a network of more localised Community Diagnostic Centres (CDCs).

Wales has led the way in the UK in terms of delivering a National Programme of Rapid Diagnosis Clinics (RDCs). The model for Rapid Diagnosis Clinics, a National Optimal Pathway and a Service Specification has been agreed across Wales through the Wales Cancer Network. These have been developed to enable all patients with potentially serious but non-specific symptoms suspicious of cancer to be referred to a timely and holistic assessment service. Such referrals will be reported in a similar way to other Single Cancer Pathway Cancer Waiting Times.

The National Endoscopy Programme was established in 2019 with the aim of developing sustainable endoscopy services across Wales. This is underpinned by four work streams: Clinical Pathways, Demand and Capacity, Facilities and Infrastructure and Workforce, Training and Development. This together with the Imaging, Pathology and Genomics Programmes will be important components of the wider Diagnostic Programme.



Timely access to diagnostic services for primary care is essential to improving cancer outcomes. Whilst there is a need to increase public awareness, efforts to change patient behaviours and professional education and awareness; fundamentally, rapid investigation of suspected cancer needs to be based on trust in primary and community care teams and diagnostic capacity to meet the current and forecast demand.



The following actions will be taken across the system to improve faster diagnosis:

The evidence review by the **National Diagnostics Board** into establishing RDHs will inform the work of the National Diagnostic Programme in taking forward the Diagnostics Recovery and Transformation Strategy with delivery of RDHs across each region by **end of March 2024**.

The **National Diagnostics Board** will lead the strategy on determining the access to diagnostics for cancer and other patients from primary care on an equitable basis across Wales with a focus on achieving the 28 day target for diagnostic, genomic and staging tests in order to meet the 62 day treatment standard, or importantly, telling patients they do not have cancer. This should help in reducing emergency presentations and should embrace new ways of working, new techniques and innovation.

The Digital Cellular Pathology work stream of the **National Pathology Programme** is seeking approval by **Health Boards** of a business case describing a National solution for a fully digital Cellular Pathology service for Wales. Seeking confirmation of funding support from **Welsh Government**.

Each **Health Board** is to establish and sustain a Rapid Diagnosis Clinic access for their population to see patients with vague, non-specific symptoms suspicious of cancer and report waiting times, in accordance with the nationally endorsed National Optimal Pathway and Service Specification, within the Single Cancer Pathway by **end of March 2023**.



Each **Health Board** must consider the commissioning of whole patient pathways, rather than just specialist treatments and diagnostics, e.g. for pathology preparation for specialist genomic testing and imaging for specialist cancer treatments.

**Digital Health and Care Wales** to provide a system to establish automated data feeds for Rapid Diagnosis Clinic services and the **NHS Health Collaborative Health Intelligence team** to develop the RDC dashboard by **end of November 2023**.

**Wales Cancer Network** to complete an external evaluation of the RDC programme by **end of March 2024** to inform the development and sustainability of RDCs across Wales and provide assurance, and an improvement/maturity plan for sustainable and equitable access to these services. The evaluation will be widely circulated and included on the Wales Cancer Network website. **Health Boards** will implement the recommendations from this evaluation by **end of March 2025**.

**Health Education and Improvement Wales** will develop a business case by **end of June 2023** to implement an Academy of Clinical Endoscopy to provide a sustainable infrastructure for accelerated, high quality training pathways to bring more Joint Advisory Group (JAG) certified endoscopists and endoscopy nurses to independent practice. Investment in the endoscopy workforce via an Academy model will aid recruitment and support the expansion of endoscopy services with the aim of improving diagnostic waiting times and optimisation of the Bowel Screening Wales programme. The goal is to begin phased implementation of the Academy **in 2023**.



The following section describes **Health Board commitments** for current and immediate plans for faster diagnosis made at the National Cancer Summit in October 2022.

### Aneurin Bevan UHB

- Restart new RDC model to incorporate opportunities for same day biopsy
- Maximise multi parametric MRI (mpMRI) pathway in Urology
- Maximise the Vacuum Assisted Biopsy Service
- Contribute to RDH approach with the South East Region

### Betsi Cadwaladr UHB

- Proposed development of RDHs and Regional Treatment Centres (RTCs) in North Wales with comprehensive diagnostic facilities (**planned for 2025**)
  - Review each optimal pathway to identify which elements could be delivered within an RTC as a one stop approach
  - Develop and implement workforce plan in order to deliver
- Continue to increase endoscopy capacity in line with agreed plans
- Continue to incrementally increase urology diagnostic capacity with sustainable plan
- Service redesign work with clinical teams to redesign and streamline all National Optimal Pathways to deliver twenty eight day diagnosis target

### Cardiff & Vale UHB

- Implement RDC by **end of March 2023** with financial allocation from Wales Cancer Network and Programme support, providing Health Board recurrent funding thereafter
- Contribute to RDH approach with the South East Region
- Secure plans for sustainable pathology, radiology and endoscopy which will include input and capacity from RDH
- Continue with sustainable plans for improvement in straight to test, building on good progress already made



## Cwm Taf Morgannwg UHB

- Continue to develop RDC based on national learning and potential for extending scope
- Contribute to RDH approach with the South East Region
- Transition mobile endoscopy unit to sustainable solution
- Procure additional transnasal endoscopy kit to extend work
- Secure plans for sustainable pathology and radiology in line with regional approach and sustainable workforce solution

## Swansea Bay UHB

- Take forward next stage of the RDC, to include same day biopsy and RDC approach for some tumour site specific pathways
- Secure additional Radiology capacity to improve time to diagnosis through non-recurrent and sustainable solutions
- Secure and test regional opportunities with Swansea Bay UHB utilising Wales Cancer Network allocation, working towards RDH

## Hywel Dda UHB

- Build on the success of the RDC in Prince Philip Hospital with the ambition to roll out to two other sites
- Create additional outpatient capacity for Upper and Lower Gastrointestinal cancer pathways in line with demand modeling to improve time to diagnostic
- Complete implementation of Teledermoscopy to create capacity and reduce time to diagnosis by **end of June 2023**
- Implement six month pilot for a two step RDC style clinic for suspected Prostate Cancer
- Establish an additional outpatient Hysteroscopy suite by **end of March 2023**
- Secure and test regional opportunities with Swansea Bay UHB utilising Wales Cancer Network allocation, working towards RDH. Regional Rapid Access Clinic for Gynaecology to commence within Hywel Dda UHB by **end of March 2023**, to facilitate increased capacity and care closer to home

## Powys THB

- Explore and secure options for Mid Powys patients to access an RDC and the possibility of flows to existing NHS centres
- Enable live tracking of patients on suspected cancer pathway through Business Intelligence (BI) to highlight where difficulties may be emerging in a pathway by **end of March 2023** for Welsh providers (with English providers to follow as next stage so that reporting is for the entire Powys population).
- Research and implement new diagnostic techniques including Cytosponge and Transnasal Endoscopy commencing **2023/2024**

# 10 Elective Care Recovery

**Transforming and modernising planned care and reducing waiting lists in Wales (Welsh Government, 2022)<sup>11</sup> sets out the timelines for the elective care activity increase required to tackle increased waiting times for cancer diagnosis and treatment resulting from loss of capacity during the pandemic and the increasing referrals caused by patients delaying presentation with cancer symptoms during the pandemic.**

<sup>11</sup> Welsh Government, 2022. *Our programme for transforming and modernising planned care and reducing waiting lists in Wales*, s.l.: Crown copyright. Available from <https://gov.wales/sites/default/files/publications/2022-04/our-programme-for-transforming-and-modernising-planned-care-and-reducing-waiting-lists-in-wales.pdf>

Health Boards will set trajectories to meet 80% SCP compliance by 2026 target and Welsh Government will provide support, oversight, and intervention when required, along with partners in the NHS Wales Delivery Unit, Improvement Cymru and the Wales Cancer Network offering bespoke improvement support to address challenges and variation in performance.

Two specific examples of national recovery initiatives are being led by the Planned Care Improvement and Recovery Team and the Wales Cancer Network, both of which will reduce the number of face-to-face appointments, ensuring that these are reserved for those patients with a clinical need.

- ✓ The All-Wales Teledermoscopy Programme will address the dermatology waiting list back log. Patients with low-risk lesions are invited to attend clinical photography appointments with images reviewed remotely by dermatologists, allowing the clinician to signpost the patient appropriately, ensuring appointments are reserved for those patients with a clinical need and reducing unnecessary travel for patients.
- ✓ The Prostate-Specific Antigen (PSA) Supported Self-Management Programme will see the roll out of a nationally agreed patient online platform (My Medical Record) for prostate cancer patients to self-manage their condition. The platform (whose Welsh instance is being developed within Aneurin Bevan University Health Board) will provide patients with access to test results, education and information, empowering them to manage their own health and wellbeing effectively, reducing the need for face-to-face follow-ups.

Cancer Services have developed new ways of working during the COVID-19 pandemic and it is important lessons are learned from these and what worked well is maintained, such as remote consultations and ensuring timely access to expert opinions from primary and non-specialist secondary care. Further work is needed to explore how to optimise remote consultations for the patients this works well for, whilst recognising that this does not work well for everyone. There is a need to develop better means in primary and secondary care to support patients beyond treatment, and only accessing specialist services when required.

**The following actions will be taken across the system to improve elective care recovery:**

**Health Boards** to plan and deliver recovery and improvement trajectories on a sustainable basis including training and recruitment of staff and use of Business Intelligence to analyse demand and capacity. This should be ongoing, but a comprehensive assessment should form part of Health Board and Trust IMTPs for **March 2023**.

**Welsh Government** to hold **Health Boards** to account for delivery of cancer waiting time targets and recovery trajectories against backlogs and to incorporate a greater focus on regional working e.g. across cancer sites, with the establishment of regional waiting lists for some diagnostics and treatments. **The Planned Care Improvement and Recovery Team** will be progressing regional working priorities and arrangements with the **NHS Executive, Health Boards, Trusts** and the **Wales Cancer Network**. **Welsh Government** to support the use of the independent sector where appropriate. **The NHS Executive** to identify improvement opportunities and programmes to support the recovery of cancer waiting times and long waiting patients, maximising intra-agency collaboration to maximise improvement capability.

**The Planned Care Improvement and Recovery Team** and **All Wales Teledermoscopy Group** to work with and support **Health Boards** to establish teledermoscopy services for their populations by **end of March 2024** with the target of reducing dermatology outpatient waiting list volumes by 30% within the first 18 months.



The following section describes **Health Board commitments** for current and immediate plans for elective care recovery made at the National Cancer Summit in October 2022.

**Aneurin Bevan UHB**

- Maximise potential of one-stop endoscopy to CT pathway for colorectal cancers
- Implement Pathway Navigator pilot to reduce volume on cancer waiting lists and expedite pathways
- Complete business case for future staffing needs for National Optimal Pathway compliance

**Betsi Cadwaladr UHB**

- Improve outpatient capacity in line with 80th percentile for all National Optimal Pathways
- Sustain the current improvement in Systemic Anti-Cancer Therapy (SACT) delivery treatment times
- Secure actions to stabilise Radiotherapy sustainability issues in line with recommendations of the 2022 Wales Cancer Network Peer Review of Radiotherapy Services

**Cardiff & Vale UHB**

- Continue with outsourcing of pathology reporting and additional pathology recruitment to recover and sustain pathology processing and reporting times
- Maximise additional capacity through mobile endoscopy unit as per agreed additional activity levels. Progress longer term plan for two new theatres (completion by end of August 2023)
- Continue pathway work to implement FIT testing in the community prior to referral into secondary care
- Continue with agreed improvement measures in flexible cystoscopy improvement plan
- Continue towards extended working week for urology straight to test pathways

**Cwm Taf Morgannwg UHB**

- Continue learning from Breast collaborative working with Cardiff & Vale UHB Breast Unit
- Deliver agreed activity and efficiency associated with appointment of additional Breast surgeon
- Extend lung Endobronchial Ultrasound (EBUS) service to cover patients from Princess of Wales Hospital
- Continue with urology outsourcing of Local Anaesthetic Prostate Biopsy (LAPB) looking to sustainable solution
- Implementation of gynaecology one-stop shop and additional hysteroscopy capacity as planned
- Undertake extended working week in Head & Neck services
- Continue with plans to progress regional solution for radiology and pathology backlogs and future demand



## Hywel Dda UHB

- Review of all first outpatient referrals weekly to maximise conversion of straight to FIT test and endoscopy for lower gastrointestinal referrals
- Implementation for FIT in Primary Care planned for April 2023
- Deliver agreed capacity and efficiencies associated with additional colorectal consultant capacity (Bronglais) by March 2023

## Swansea Bay UHB

- Continue to improve time to seven day endoscopy
- Pathway redesign with Primary Care to reduce delays and support straight to test pathways for additional tumour sites
- Commission additional urology first outpatient capacity to reduce time to diagnosis
- Commission additional Mammogram machine and stretch to six day working to reduce time to diagnosis

## Velindre UNHST

- Increase SACT outreach capacity to recover performance by end of March 2023. Secure full outreach service with ABUHB by end of June 2023
- Deliver regional Brachytherapy and Nuclear Medicine approach

# 11 Compliance with the Single Cancer Pathway and National Optimal Pathways

**The Single Cancer Pathway (SCP) is now an embedded policy and performance target for Health Boards and Trusts to comply with across NHS Wales, reporting their compliance to Welsh Government. The target is for 80% compliance for patients to start their first definitive treatment within 62 days of the point of suspicion for all Health Boards by 2026.**

The Planned Care Improvement and Recovery Team has agreed a milestone with Health Boards and Trusts of 70% compliance by March 2023 and 80% by March 2026.

Wales has led the way in the UK in developing National Optimal Pathways (NOPs), agreed at national level by the clinically led Cancer Site or Service Groups (CSGs) for 21 cancer sites covering well over 90% of cancers. The NOPs describe what should happen to ensure timely access to evidence based diagnosis and treatment, and the support that patients should receive during these pathways. They provide the framework to develop the service capacity to meet the current and forecast demand in timelines consistent with best practice, and audit the delivery against this best practice guidance. Patient centred care, co-production and meeting an individual's needs through delivery of these pathways is pivotal.

Whilst much of the change required to support compliance with NOPs requires an increase in capacity and better efficiency and productivity, which itself requires workforce planning and redesign; there are also opportunities to use current capacity more effectively and innovatively, where necessary irrespective of healthcare boundaries. In addition, RDCs have worked well with the one-stop clinic approach, hot reporting of CT scans and onward coordination of care. This achieves a major benefit in terms of patient, and professional experience. The principles here are applicable to other site-specific pathways such as lung, gastrointestinal, prostate and gynaecological, and many more.



Cancer pathway co-ordinators and navigators have the potential to improve patient care by holistically addressing their needs and emotional well-being, and by facilitating communication between various teams involved in a patient's care. Further work needs to be undertaken to explore the role of digital technology in supporting patients to navigate various appointments, and monitoring their journey on the single cancer pathway, pushing and pulling them through the pathway.

National Cancer Audits enable services in Wales to benchmark with other services in the UK to nationally agreed service quality measures and Peer Review of services support implementation of best practices, as well as highlighting unwarranted variation locally and nationally. The programme plan and responsibilities for Health Boards and Digital Health and Care Wales (DHCW) are laid out in the Welsh Health Circular 2022/022 (Welsh Government, 2022)<sup>12</sup>. The five cancer audits (Lung, Breast (in older people), Oesophagogastric (OG), Bowel and Prostate) will be added to by five additional cancer audits (Kidney, Ovarian, Pancreatic, Metastatic Breast and Non-Hodgkins Lymphoma). This will require dedicated clinical leadership and information and intelligence input from Health Boards, Trusts and the Wales Cancer Network. Through collaborative working with the National Cancer Audit Collaborating Centre and Digital Health and Care Wales, the Wales Cancer Network aims to streamline the data flows of these new audits. Health Boards are expected to own their findings from audit reports and take action to address areas of variance or concern. Findings of national audits will be presented to the Cancer Network Board for consideration and action planning.

Work needs to be undertaken to extend the principles of the SCP and NOPs to subsequent treatments after the first definitive treatment for patients with metastatic or recurrent disease. Additionally, there is a need to ensure primary and community care services, and in time, patients, are aware of the expectations of these National Optimal Pathways.



The following actions will be taken across the system to improve compliance with SCP and NOPs:

**Health Boards** are accountable to **Welsh Government** to meet the SCP milestone of **70% compliance by end of March 2023 and 80% by end of March 2026** and for compliance with the NOPs, and will set out their plans to improve delivery against these targets in their annual IMTPs.



**Welsh Government** to hold **Health Boards** to account for the achievement of these targets and delivery of the NOPs, and work with the **NHS Executive** to monitor, review and track **Health Board** plans to achieve these targets.

**The NHS Executive** and **Wales Cancer Network** will monitor, support and improve compliance through development of a Quality Framework, with support from **Digital Health and Care Wales**, including data from the Single Cancer Pathway dataset, stage at diagnosis at population and cancer type and subtype, patient experience and quality of life surveys, National Audits and Peer Review.

**Health Boards** and **NHS Trust** to capture 100% of timely data required for the National Cancer Audits and make the data available when required for submission, supported by the **Wales Cancer Network**.

**Wales Cancer Network Board** will prioritise the Single Cancer Pathway financial allocation to support **Health Boards and Trusts** to address constraints in the pathway and as a platform for tests of improvement.

**Wales Cancer Network** will support education of primary and community care and non-cancer specialist services about what optimal care looks like across the care pathways from referral through diagnosis, treatment and supportive care.

<sup>12</sup> Welsh Government. (2022). *NHS Wales National Clinical Audit and Outcome Review Plan Annual Rolling Programme for 2022/23*. Population Health division. Cardiff: Health and Social Services Group, Welsh Government. Available from <https://www.gov.wales/sites/default/files/publications/2022-06/nhs-wales-national-clinical-audit-and-outcome-review-plan-annual-rolling-programme-for-202223.pdf>

National Cancer Audits enable services in Wales to benchmark with other services in the UK to nationally agreed service quality measures.



The following section describes **Health Board commitments** for current and immediate plans for compliance with the SCP and NOPs made at the National Cancer Summit in October 2022

### Aneurin Bevan UHB

- Re-establish one-stop Breast pathway
- Pilot, review, embed Endometrial Post-Menopausal bleeding, Oesophageal and Colorectal straight to test and one-stop accelerated imaging
- Continue the Head & Neck mucosal pathway improvement plans

### Betsi Cadwaladr UHB

- Extend Prostate National Optimal Pathway improvement work focussing on referral, straight to test, mpMRI and PSA tracking
- Continue redesign project for Colorectal to include increased straight to test uptake

### Cardiff & Vale UHB

- Re-establish one-stop Breast pathway
- Continue Prostate improvement pathway to deliver MRI by day five and Transrectal Ultrasound (TRUS) by day fourteen
- Continue Bladder improvement plan to improve triage at day one and capacity to deliver Transurethral Resection of Bladder Tumour (TURBT) by day forty nine

### Cwm Taf Morgannwg UHB

- Standardisation of referral criteria and straight to test diagnostics, with accelerated imaging and staging for lower GI, upper GI and urology
- Standardisation of referral criteria and straight to test diagnostics for neck lumps and improve turnaround times for diagnostic and staging investigation

### Hywel Dda UHB

- Deliver work to build sustainable solution for CT neck lump capacity
- Secure sustainable capacity for CT guided biopsy in Lung
- Establish an additional outpatient Hysteroscopy capacity and fully implement post-menopausal bleeding pathway
- Deliver pilot for two-step RDC-style clinic for Prostate patients

### Swansea Bay UHB

- Further engagement and improvement work with Cardiff & Vale UHB regarding Robot Assisted Laparoscopic Prostatectomy (RALP) to reduce waiting times
- Commission Enhanced Recovery Unit at Singleton Hospital to reduce demand for Morriston theatres and bed capacity for complex surgery/high risk patients
- Increase focus on diagnostic waits and TURBT through more patients who are high risk accessing available capacity at Neath Port Talbot Hospital
- Embed impact of recent recruitment to Consultant Breast Surgeons and Radiologists, with specific focus on reducing waiting times for Morriston-only surgical cases

# 12 Effective treatments



**Cancer surgery is curative for a significant number of early diagnosis patients, and even for non-curative diagnosis, can prolong and improve their quality of life.**


## a. Surgery

Most cancer surgery is embedded and delivered within local Health Board boundaries and multidisciplinary teams (MDTs). Where necessary, based on evidence-based quality guidance and increasingly to provide resilient and sustainable services that are not disrupted by unscheduled care pressures, services should move to be configured on a more regional or national basis, though recognising the potential impact on patient access. The development of elective treatment centres and/or protected pathways within hospitals should form an important aspect of both cancer recovery plans, and sustainable solutions for the future.

It is important that patients also have access to pathways such as Enhanced Recovery After Surgery (ERAS) and access to wider healthcare teams through an MDT approach, to ensure they are fully supported through their treatment with adequate prehabilitation and rehabilitation support to reduce complications and length of stay.

Surgical services need to innovate (for example through the expansion of the National Robotics Programme) and research (such as through the Pressurised Intraperitoneal Aerosolised Chemotherapy (PIPAC)).

Work is underway nationally to improve demand and capacity modelling, service planning, innovation, and effectiveness and efficiency of surgical services. Much of this is being led through the National Planned Care Improvement and Recovery Team, but all stakeholders within this plan will need to work together to ensure the benefits seen in elective surgical improvement programmes are prioritised in surgical aspects of the NOPs. The Wales Cancer Network will continue to support the Royal College of Surgeons, the National Planned Care Programme and the surgical community in all cancer MDTs to improve the timeliness, quality and resilience of cancer surgical services in Wales.

 **The following actions will be taken across the system to improve surgical treatments for cancer:**

**Wales Cancer Network** Cancer Site Groups will explore how best to engage local, regional and national surgical services in discussions regarding the optimal configuration of services (in order to guarantee access to high quality cancer surgery for the whole population of Wales).

**Wales Cancer Network** Cancer Site Groups will develop surgical Quality Performance Indicators (QPIs) necessary to assure delivery of a high quality and equitable cancer surgery service. Wales Cancer Network will continue to facilitate and lead in regular Peer Review of cancer services using the QPIs, including but not limited to time to treatment from decision to treat (DTT) and 30 day in hospital mortality after some surgery. These will be endorsed by **Welsh Government** with compliance reported by **Health Boards**.



**The use of SACT has grown significantly in volume and complexity over the past decade and the demand for treatment will continue to rise. There is increasing concern about the shortfalls in capacity, workforce and support services within current SACT treatment models.**

**b. Systemic Anti-Cancer Therapy (SACT)**

The All-Wales SACT Group will explore different treatment models and ways of working to support equity of access to high quality and safe SACT which is delivered within the nationally agreed time frames to optimise patient experience and outcomes. With the increasingly rapid development of new treatment modalities, it is essential that both the specialist SACT services and wider healthcare teams have access to training and information to enable them to safely support and care for patients receiving novel treatments. It is also essential that commissioning considers the whole of the pathway including testing, pharmacy and SACT assessment and delivery, as well as the cost of treatments themselves.

 **The following actions will be taken across the system to improve SACT treatments for cancer:**

**Wales Cancer Network** to work with **Health Boards** to launch a Patient Alert App for cancer patients undergoing treatment by **end of March 2024**. Longer term **Wales Cancer Network** and **Digital Health and Care Wales** to explore linking the app to the Welsh Clinical Portal.

**Wales Cancer Network** and **Health Boards and Trusts** to undertake an assessment of 24-hour advice and triage services by **end of March 2023**, making recommendations for a safe accessible service for SACT providers and Unscheduled Care services across Wales. Once the recommendations paper is written **Wales Cancer Network** will facilitate national collaboration to identify what the models could be moving forward as well as developing a service specification.

**Wales Cancer Network** to support work with **Welsh Government, NHS Wales Health Collaborative, Health Boards and Digital Health and Care Wales** to collaborate to secure national procurement for a national SACT e-prescribing solution with the aim to have an e-prescribing solution for SACT services in place by **end of December 2024**.

**Digital Health and Care Wales** to agree a timetable for the establishment of data flows between the SACT e-prescribing systems to the National Data Repository by **end of December 2023**.



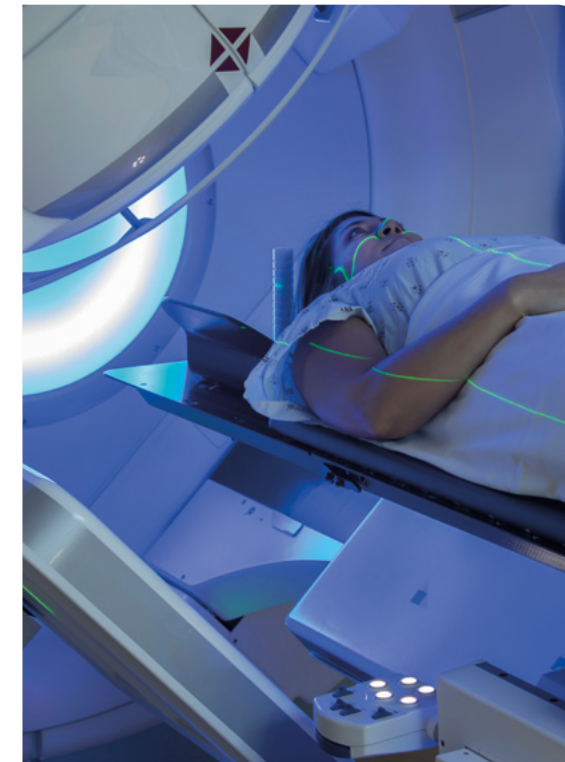


**Health Boards and Trusts** SACT services to capture data in line with the National Cancer Data Standards for Wales and agreed Quality Performance Indicators by **end of March 2023**. These will start with reporting of 30 day mortality after SACT treatment and time from decision to treat to treatment in line with the SCP.

**Wales Cancer Network** to lead on the development of a SACT Service Specification by **end of March 2024**, with clinical input from **SACT teams** and **Health Boards and Trusts** across Wales.

**Wales Cancer Network, Health Boards and Trusts** and the **Delivery Unit** to undertake comprehensive demand and capacity analysis for SACT (accommodating workforce, demand, complexity, pharmacy and innovation) by **end of September 2023**.

**NHS Wales Shared Service Partnership** to address the security, efficiency, and value of SACT supply through the Transforming Access to Medicines Programme (TrAMS). This is a transformational programme addressing workforce, training, digital, organisational and facilities aspects of the supply of intravenous and injectable medicines in ready to use form. The programme runs **until 2031**.



### c. Radiotherapy

The use of Radiotherapy has grown significantly over the past decade, as treatments have become more targeted and less toxic, with reduced side-effects, and demand is forecast to rise from 50% to 60% of all cancer patients. Treatments are increasingly able to be delivered in fewer visits and specialised treatment options like Stereotactic Radiotherapy can be offered for a range of conditions. Breast hypofractionation has already been implemented across all three radiotherapy centres; prostate hypofractionation implementation is underway in South West Wales Cancer Centre and in Velindre Cancer Centre the business case is advancing. North Wales Cancer Centre plans are currently paused due to medical workforce pressures, but support is being given by the Wales Cancer Network and Cancer Centres in South Wales to facilitate this.

There is increasing concern about the shortfalls in capacity, workforce, support services and the ability to swiftly adopt new evidence-based techniques within the current Radiotherapy system. Radiotherapy treatment can be complex and requires regularly updated infrastructure (Linear accelerators, MR Simulators, CT Simulators, access to Positron Emission Tomography (PET)) to be in place. Replacement of such significant equipment is a lengthy process (6-9 months) so early agreed plans are critical to maintaining capacity.

**The following actions will be taken across the system to improve radiotherapy treatments for cancer:**

**The Wales Cancer Network** and the **Clinical Oncology Sub Committee (COSC)**, through the three Radiotherapy Centres, will lead development of a national infrastructure plan, to take care closer to patients where possible and to increase system capacity. The development and implementation of the plan should be started **in 2023**.

**Health Boards and Trusts** in Wales to report against the Time to Radiotherapy metrics developed through COSC by **end of March 2023** and look to develop mortality and morbidity reporting **during 2023**.

**Health Boards and Trusts** hosting Radiotherapy Centres to ensure equitable access to hypofractionation by **end of September 2023**.

**Health Boards and Trusts** hosting Radiotherapy Centres to ensure equitable access to Specialist Stereotactic Ablative Body Radiotherapy (SABR) and other advanced radiotherapy techniques in accordance with Quality Assurance measures and supported by the **COSC**. The **COSC** subgroup is responsible for agreeing implementation for subsites of SABR with implementation planned **through 2023** on agreement of the plan with **Welsh Health Specialised Services Committee** (WHSSC).

**Public Health Wales** to develop a Radiotherapy Dashboard for Wales to allow monitoring, benchmarking and service improvement with support from **Wales Cancer Network** and **COSC** by **end of March 2023** (dependant on deployment of UK wide Radiotherapy Dataset (RTDS) which is now in testing).

**Clinical Oncology Sub Committee** to lead on the development of an External Beam Radiotherapy Service Specification, working with the three Radiotherapy Centres, for completion and publication in **2023** and reporting to the **Wales Cancer Network Board** and the **Wales Scientific Advisory Committee**.

**Health Board and Trusts** hosting Radiotherapy Centres to capture data in line with the RTDS and the agreed QPIs from **end of March 2023**.



**A significant number of cancer patients present as emergencies with previously undiagnosed malignancies. This is particularly the case for the less survivable cancers such as lung, brain, liver, and pancreas which have higher rates of late diagnosis combined with higher rates of diagnosis via an emergency presentation.**

#### **d. Acute Oncology Services (AOS)**

A significant number of cancer patients present as emergencies with previously undiagnosed malignancies. This is particularly the case for the less survivable cancers such as lung, brain, liver, and pancreas which have higher rates of late diagnosis combined with higher rates of diagnosis via an emergency presentation. This route to diagnosis is generally associated with worse cancer outcomes in terms of survival and patient experience. Others present as a result of the complications from their disease or as a result of their cancer treatment.

AOS are needed to provide expert advice and care for these patients to reduce admissions and lengths of stay, by ensuring timely access to cancer specific urgent care interventions (such as intravenous antibiotics for neutropenic sepsis or radiotherapy for metastatic spinal cord compression), to ensure referral on the appropriate cancer site secondary or tertiary pathway, and to integrate oncological care with wider Unscheduled Care services.

Immunotherapies, and in particular checkpoint inhibitors, have quickly changed the landscape of cancer care with the possibility of durable remissions in patients treated. Immunotherapy has a different set of toxicities, and pathways to manage immunotherapy toxicities and remit will be included in the Acute Oncology Service Specification.

Malignancy of Undefined Primary Origin (MUO) refers to a metastatic malignancy without a clear primary site that has been identified following a limited number of tests before a comprehensive investigation. Carcinoma of Unknown Primary (CUP) refers to a metastatic epithelial or neuro-endocrine malignancy. This can be a provisional CUP based on histology or cytology, where no primary site is detected following initial investigations before specialist review and possible further specialised investigations; or a confirmed CUP based on final histology, where no primary site is detected following initial investigations, specialist review and further appropriate specialised investigations. CUP is the fourth most common cause of cancer death and over 10,000 CUP cases are diagnosed in England and Wales annually.

Historically these services were not recognised services but over the last few years, work has been done to formalise them with South West and North Wales establishing regional CUP MDTs, with South East Wales currently in the process of setting up their MDT and CUP service. Workforce requirements are a major challenge in developing these services.



As AOS services develop to meet the needs of patients it is vital that primary, community and pharmacy services are involved in keeping people well and/or understanding routes of access to specialist advice.

 **The following actions will be taken across the system to improve AOS:**

**Wales Cancer Network** to develop a national Acute Oncology Service Specification collaboratively with **Health Boards** which will be available for consultation by **end of March 2023**, and which will also align with the Welsh Government Six Goals for Urgent and Emergency Care.

**Wales Cancer Network** to support the development of the Metastatic Unknown Origin (MUO) National Optimal Pathway by the **All Wales MUO/CUP Group**, which has multi-disciplinary input from across Wales, and collaborate delivery through the AOS and RDC programmes. The **All Wales MUO/CUP Group** is undertaking data collection to report against the pathway to identify service improvement opportunities to meet the Single Cancer Pathway targets.

**Health Boards and Trusts** to establish services in line with the national Acute Oncology Service Specification by **end of March 2024**.

**Health Boards and Trusts AOS and Rapid Diagnosis Clinic teams** to work collaboratively to understand and review their respective patient populations, to improve triage processes and ambulatory diagnostic pathways for patients who come through the non-urgent suspected pathways and to ensure that patients can access treatment and care as described in the Vague Symptom Optimal Pathway.

**Wales Cancer Network** to agree a timetable with **Digital Health and Care Wales** for establishing dataflows for AOS service into a central data repository by **end of December 2023**.



The section below describes the **Health Boards and Trust specific actions and plans** which have been established through their work with the Wales Cancer Network AOS programme.

**Aneurin Bevan UHB**

- Improve leadership in local AOS service, by working collaboratively with Velindre University NHS Trust to provide direct clinical oncology support to Aneurin Bevan UHB AOS nursing team. Work to standardised patient pathways, providing ongoing professional development for the AOS nursing team, providing a robust induction package for new staff, by **March 2024**
- Increase referrals to AOS. Engage with clinical teams providing education and training sessions. Increase AOS visibility within the Health Board, highlighting the importance of AO input for cancer patients
- Reduce the length of stay for patients by working closing with Same Day Emergency Care (SDEC) units to produce ambulatory care pathways

**Betsi Cadwaladr UHB**

- Complete a review of nursing workforce to ensure a consistent nursing workforce within AOS across the three acute sites by **March 2023**
- Appoint to approved posts by **March 2023**

**Cardiff & Vale UHB**

- Deliver actions within South East Wales AOS business case to deliver:
  - Equity of access – any cancer patient presenting acutely should be assessed by a member of an Acute Oncology Team within 24 hours
  - Improve patient experience and outcomes – through collaborative working, providing education to generalists, improved communication, digital solutions
  - Delivering admission avoidance and decreased length of stay through use of hot clinics and SDEC pathways

**Cwm Taf Morgannwg UHB**

- Identify funding for the additional posts set out in the South East Wales Business Case. Once funding is agreed, recruit the required geographical spread of the service required
- Aim to appoint at least one specialist nurse post by **June 2023**, and a support worker by **December 2023**
- Implement the internal MUO/CUP formal pathway and full uptake of the Regional MUO/CUP service by **September 2023**
- Facilitate increased data recording and data interpretation to evidence the impact of the service by **end of June 2023**.
- Appoint full team by **December 2024** to cover a minimum of five days per week, 9am-5pm, with increased hours when at full complement
- Develop and deliver an education plan for generic services and support for primary care (by **end of March 2025**)

## Hywel Dda UHB

- Ongoing review and improvement of the MUO Service launched in 2022.
- Work with acute services to secure effective, same day, urgent outpatient assessment pathways for the acutely unwell cancer patient by **end of March 2024**
- Secure Macmillan funding for a twelve month project to scope out potential SDEC opportunities for Acute Oncology to:
  - Improve patient experience (Patient Reported Experience Measures (PREMS),, DATIX, reduction in complaints related to acute attendances)
- Reduce A&E attendances by **end of March 2024** in this patient group
- Reduce inpatient episodes in this patient group by **end of March 2024**
- Conduct a workforce review, and formulate a future workforce strategy for AO that considers the development of novel roles within the service from assistant practitioner through to advanced nurse practitioner, informed by the activity data and projected demands by **end of March 2024**
- Develop direct access to Acute Oncology advice for Primary Care by **end of December 2024**

## Swansea Bay UHB

- Pilot Acute Oncology and Haematology Assessment Unit Monday – Friday for a three month pilot **before March 2023**, with view to develop into standalone seven day unit **by 2024**
- Complete monthly neutropenic sepsis audit post SACT with reporting by **end of March 2023**
- Implementation of robust databases to enable accurate reporting and audit for AOS and triage line by **March 2023**
- Implement Acute Oncology daily consultant ward rounds Monday-Friday by **March 2023**
- Explore feasibility of seven day AOS CNS cover
- Implement AOS hot clinics to expedite treatment from diagnosis in the emergency setting by **March 2024**
- Implement immunotherapy toxicity service and late effects clinics by **end of 2024**
- Appoint two Acute Oncology advanced nurse practitioners by **end of 2025**

## Velindre UNHST

- Develop a sustainable workforce for AOS across all relevant disciplines - including Advanced Nurse Practitioner (ANP) workforce, nursing and nursing support roles, medical and therapies by **December 2024**
- Develop a full wrap around education package to support the development of staff working in AOS, working in collaboration with School of Oncology and Local Health Board partners by **December 2024**
- Work to ensure AOS is aligned with SDEC services and the Six Goals of Emergency Care to include the development and implementation of clear pathways for AOS patients into SDEC, and use of pathways to support earlier discharge by **December 2024**
- Ensure robust pathways for referral and repatriation between Local Health Boards are in place and agreed for patients who are acutely unwell or requiring specialist non oncology input to ensure safe effective timely and equitable care
- Further develop Virtual Wards and Hot Clinics for AO patients to strengthen admission avoidance by **December 2024**
- Work towards a seven day opening of the Assessment Unit and SDEC services to enhance the existing AO service (in line with the requirements of the Acute Oncology Service Specification being a seven day full service) by **December 2024**
- Develop clearly defined leadership responsibilities (medical and nursing and therapies) for AOS by **December 2024**





The Welsh Health Specialist Services Committee (WHSSC) is responsible for commissioning a range of specialist cancer services for the population of Wales, with Health Boards and Trusts responsible for the delivery.

### e. Specialist/tertiary service configuration and sustainability

The Welsh Health Specialist Services Committee (WHSSC) is responsible for commissioning a range of specialist cancer services for the population of Wales, with Health Boards and Trusts responsible for the delivery. WHSSC's public commitment is to deliver safe, effective and sustainable specialist services, as close to patients' homes as possible, within available resources.

Commissioning is underpinned by national service specifications and policies which ensure the best use of facilities, equipment and workforce as well as ensuring equitable and agreed access to interventions. The principle on which service configurations that meet service specifications are based, is a policy of locally where possible, and centrally where necessary, recognising that the nature of specialised services is such that complex interventions are only usually delivered from one or two centres in South Wales and sometimes from England for the population in North Wales.



The following actions will be taken across the system to improve specialist/tertiary services:

**Welsh Health Specialist Services Committee** commissions **PET-CT** scans for the population of Wales. In addition, **Welsh Health Specialist Services Committee** to facilitate a national capital replacement programme by providing the programme management support for Welsh Government investment in three new fixed sites, digital PET-CT scanners in Wales, as well as replacement of the scanner at Cardiff University PET Imaging Centre. Planned implementation dates for a new scanner to go live at PET Imaging Centre is **September 2023, December 2023** in Swansea, and **March 2025** in North Wales.

**Welsh Health Specialist Services Committee** is leading on the development of an All-Wales strategy and programme business case for the establishment of Molecular Radiotherapy Services across Wales. Work has already started through establishment of an All-Wales Advisory Group and it is expected that a business case and strategy will be completed by **end of June 2024**.

**Welsh Health Specialist Services Committee** is working with **NHS England** to develop a sustainable service model for Paediatric Radiotherapy services for the population of South Wales. It is anticipated that work to agree the model for South Wales will continue **into early 2023** subsequent to the publication of the service specification currently being developed by NHS England.

**Welsh Health Specialist Services Committee** commissions Stereotactic Ablative Body Radiotherapy (SABR) for the population of Wales for a range of indications. It has recently designated Swansea Bay UHB as a second provider in addition to Velindre University NHS Trust and is working with Betsi Cadwaladr UHB to undertake a designation assessment of the North Wales Cancer Centre as a potential provider. This is expected to take place **in 2023**.

**Welsh Health Specialist Services Committee** commissions Thoracic Surgery Services from Cardiff & Vale UHB and Swansea Bay UHB, and is supporting the development of a single surgical centre at Swansea Bay UHB which is led by the provider organisation. Following the completion of a public consultation led by **Welsh Health Specialist Services Committee** regarding the future of Adult Thoracic Surgery in South Wales, **Swansea Bay UHB** will complete an Outline Business Case for a single Adult Thoracic Surgery Centre on the Morrison Hospital site by **end of December 2023** and Final Business Case by end of December 2024. Pending approval and allocation of funding, the new centre plans to be operational by **end of March 2027**.

Hepatic surgery is currently commissioned by **Welsh Health Specialist Services Committee (WHSSC)** and pancreatic surgery by the Health Boards. It has been agreed that **WHSSC** will take over the commissioning of both services following work led by the provider, with Health Boards to agree a future clinical model. It is anticipated that a recommendation on the future model will be submitted to **WHSSC** by **end of June 2023**. Depending on the nature of the recommendation a period of public consultation on the proposed future model may then be required.

**Welsh Health Specialist Services Committee** has recently commissioned a spinal surgery Operational Delivery Network (ODN) which will improve the pathways for patients with Metastatic Spinal Cord Compression (MSCC). **Swansea Bay UHB**, as the host Health Board, is currently taking forward the recruitment to establish the ODN. Further proposals to strengthen the pathway for MSCC are being considered through the WHSSC planning process for **2023-24**.



**Cancer is a genetic disease, fundamentally caused by gene mutations and interactions with the host environment, which also often dictate how those cancers respond to treatment.**

## **f. Precision Medicine**

Assessing the genomic basis of each patients' cancer is central to improving their care, providing the right treatments in a way which allows them to be directed towards the right person at the right time.

Advances in genomic testing, blood and other liquid based diagnostics and gene-based therapeutics is transforming cancer care and opening up research opportunities, and is particularly relevant for patients with blood cancers. Recent developments mean that complex and multiple combinations of genomes within tumours can be identified, enabling targeted treatments to be delivered to patients, avoiding multiple toxic and potentially ineffective treatments. This improves patient outcomes, avoids the waste of high-cost medication, and adds value to the system. It is very likely that such technology can be used to support earlier detection and faster diagnosis of cancers, either before symptoms arise or complimenting existing diagnostic tests to reduce the need for more complex diagnostic or treatment interventions.



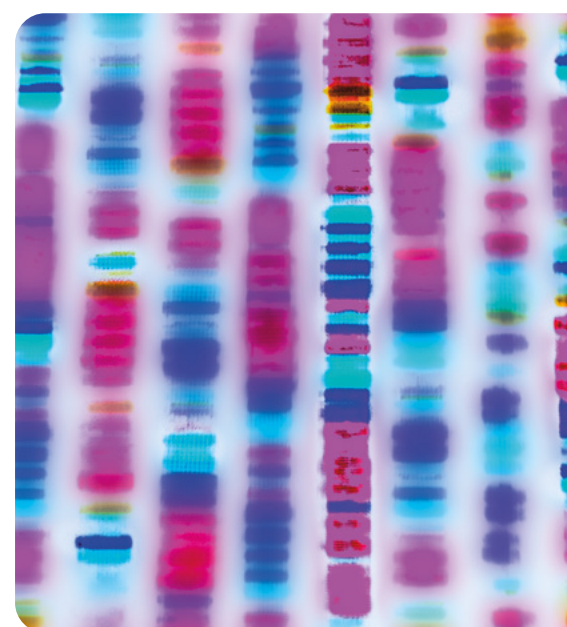


## There has already been success in Wales in the field of genomic testing:

- ✔ The Welsh Thoracic Oncology Group established a working group tasked with progressing the standardisation of genomic testing. The group has now successfully embedded a Non-Small Cell Lung Cancer biomarker testing pathway within the National Optimal Pathway for Lung Cancer which recommends that all patients with radiological evidence of a suspected lung cancer deemed to be suitable candidates for treatment have reflex biomarker testing.
- ✔ The All Wales Genetic Laboratory (AWGL) has been a UK leader delivering precision medicine molecular pathology services for cancer patients since 2009. The challenge for the cancer diagnostic pathway is to deliver the associated molecular biomarker testing to identify tumours associated with carcinogenesis, which enables the personalisation of treatment. The drive to continue to improve, standardise and future-proof the genomic service provided to patients has led the All Wales Medical Genomics Service (AWMGS) launching:
  - The Cymru Service for Genomic Oncology Diagnosis ‘CYSGODI’ service. The CYSGODI service uses the new and innovative TruSight Oncology 500 High-Throughput assay technology, which facilitates the simultaneous detection of 523 genes. The CYSGODI service will ensure that genomic biomarker testing is provided in NHS Wales in a sustainable way, improving cancer outcomes for Welsh patients.
- ✔ Circulating tumour DNA (ctDNA) has emerged as a candidate biomarker for detecting cancer mutations and is a promising test/technology which will transform the lung cancer diagnostic pathway. AWMGS is a UK pioneer in establishing NHS commissioned ctDNA services for mutations in lung and colorectal cancer. AWMGS is the only UK NHS laboratory that has validated an innovative in-house TruSight Oncology 500-gene ctDNA assay through collaboration with the industrial partner, Illumina.


A Genomics Delivery Plan for Wales was published in December 2022. The cancer specific actions and deliverables contained in that plan are linked with this plan. Examples are; offering more comprehensive genomic profiling for patients with newly diagnosed cancer; continued implementation of liquid biopsy within the National Optimal Pathways and delivering genomic enabled early cancer clinical trials. Wales Cancer Network will work with stakeholders, such as the Moondance Cancer Initiative, to develop and support the implementation of a liquid biopsy strategy for Wales.

<sup>13</sup> Alliance for Regenerative Medicine. (2022). *Regenerative Medicine: The Pipeline Momentum Builds*. Alliance for Regenerative Medicine. Available from <https://alliancerm.org/sector-report/h1-2022-report>



Advanced Therapy Medicinal Products (ATMPs), such as cell therapies, gene therapies and tissue-engineered therapies, represent some of the most technologically innovative treatments today. They can offer significant savings to the NHS by reducing or eliminating the need for complex or long-term care for some patients. Oncology remains the dominant therapeutic area accounting for 52% of ATMP clinical trials (Alliance for Regenerative Medicine, 2022)<sup>13</sup>, and horizon scanning indicates that a number of ATMP products for oncology will be submitted to NICE for technology appraisal over the coming years. Although patient numbers are presently low, this is expected to increase as more products and indications are approved.

In 2019, Welsh Government released its Advanced Therapies Statement of Intent (ATSOI) which provides a compelling vision for a strategic approach to harness the benefits from these emerging and transformative therapies. The ATSOI was split into nine key areas that outline the challenges, opportunities and actions. Advanced Therapies Wales (ATW) is the national programme tasked with facilitating the adoption of ATMPs in Wales.

 **The following actions will be taken across the system to advance precision medicine for cancer:**

**Genomics Partnership Wales (GPW)** is responsible for the implementation of the Genomics delivery plan and holding organisations to account for their identified actions in the Delivery Plan. In partnership with **GPW, Health Education and Improvement Wales** will develop a Genomics Workforce Plan to strengthen the workforce support for genomics but also to educate the workforce within NHS Wales to ensure that they have the right skills to support the rapid advancement of Genomics.

**Advanced Therapies Wales** will work with organisations across Wales to provide access to ATMPs for cancer treatment for Wales’ cancer patients. **Wales Cancer Network** and **Wales Cancer Research Centre** have a role in facilitating the adoption of these treatments in clinical trials and service delivery in **Health Boards**.

**Health Boards and Trusts** will work to secure regional sustainable pathology solutions which will accommodate additional demand for genomics in line with the micro-pathways in National Optimal Pathways and emerging advances in precision medicine.

# 13 Palliative and End of Life Care



Around 33,000 people die each year in Wales, and in 2021, 8,795 people died of cancer. Deaths in England and Wales are projected to rise by 27% by 2040. Projections indicate that the need for palliative care will rise substantially over coming years, especially at home or in care homes.

Good palliative care can make a huge difference to the quality of life for people and those who care for them, helping them to live as well as possible and to die with dignity. Sadly, palliative and end of life care is the only care option available for some patients, and these patients need rapid referral for personalised, holistic palliative care and access to specialist clinical and allied professional support (including psychosocial and dietary support) to improve quality of life.

It is recognised that the vast majority of palliative and symptomatic control and support for patients and families is provided in the primary and community care setting. Work is underway to ensure patients and professionals are supported in providing the right care, at the right time, in the right setting.

The Quality Statement for Palliative and End of Life Care (PEOLC), overseen by the National Programme Board for PEOLC, sets out the vision for how these services are delivered in Wales. The delivery of the quality attributes in the Quality Statement, published in October 2022, will be supported by the NHS Executive and the NHS Wales Health Collaborative. It will be implemented through a series of Health Board enabling plans, collaborations with other networks and programmes (such as dementia, cardiovascular, neurological, and cancer) and the work programme of the National Programme Board for Palliative and End of Life Care.

The enabling plans for the implementation of the Quality Statement for Palliative and End of Life Care are currently being developed. Any cancer specific actions and deliverables will be included in this plan when finalised **in 2023**.



The following actions will be taken across the system to improve Palliative and End of Life care for cancer:

**The National Programme Board for Palliative and End of Life Care** will work with a wide range of health and care services and other national networks and programmes to engage and co-produce the development of actions related to palliative and end of life care developments and improvements to support the national work programme. **Health Boards** will include detailed actions in **2023-26** IMTPs to accommodate the requirements of the Quality Statement for Palliative and End of Life Care.



# 14 Improving Patient Experience

Cancer Care can be a protracted and complex journey across many organisations and it is important that patients are well informed, guided in what to expect from the whole process, and supported through this journey.



## a. Co-production of care

Evidence demonstrates where patients are truly informed and engaged in planning and managing their care that experience and outcomes are improved<sup>14</sup>. As well as advice on prognosis, risks and benefits of treatments, patients and carers should be actively encouraged to participate in the process to keep well and supported to optimise their health throughout their journey.

Incorporating specific Patient Reported Outcome Measures (PROMs) in the routine care of cancer patients along the care pathway for each tumour site is essential to identify psychological and physical outcomes and issues, monitor them over time, facilitate patient/provider communication and empower patients in decision-making.

Patient experience should be considered a key outcome measure alongside survival and quality of life. Patient Reported Experience Measures (PREMs) are methods of feedback from patients to help professionals to understand patients' experience of NHS services. This information is essential to understanding the value of healthcare as perceived by patients, and learn from their experience in order to improve practice.



The following actions will be taken across the system to improve co-production of care for cancer:

**Wales Cancer Network** to work with the **Value Based Health Care Team** to incorporate PROMs into the cancer pathways for upper GI, colorectal and lung patients by **end of March 2023**.

**Wales Cancer Network** to implement a national PREM via the Wales Cancer Network website by **end of March 2023**. This will be available for all Cancer Sites or Service Groups as a means of accessing patient experience measures to support service evaluation and improvement.

**Health Boards** to collate and act on PROMs and PREMs as per National Optimal Pathways with support from the **Wales Cancer Network Cancer Site Groups** on an ongoing basis.

**Health Boards** to develop action plans by **end of March 2023** to address the findings of the Wales Macmillan Cancer Patient Experience Survey (CPES) which will be monitored at a national level by the **Wales Cancer Network. Health Boards** to track their Board's performance against their CPES action plans through their Quality and Safety Committees or equivalent.

**Wales Cancer Network** to develop a national action plan for CPES by **end of March 2023**. This will identify key quality improvement objectives that require a national collaborative approach.

**Wales Cancer Network** will establish a Patient Forum by **end of March 2023**, to ensure that the patient voice is represented throughout all of the projects and programmes delivered by the Wales Cancer Network. Wales Cancer Network will work with other networks and organisations to ensure public participation and involvement in the development of new service models of care.



<sup>14</sup> Turakhia, P. and Combs, B., 2017. *Using principles of co-production to improve patient care and enhance value*. *AMA journal of ethics*, 19(11), pp.1125-1131.

People affected by cancer should have the opportunity to discuss their health, beliefs, concerns and preferences to inform their individualised care and have their individual needs assessed at regular intervals, including living with or beyond cancer, and documented clearly in the patient record. The opportunity to express what matters to them delivers better experience and influences outcomes.

## b. Assessing and meeting people's needs

People affected by cancer should have the opportunity to discuss their health, beliefs, concerns and preferences to inform their individualised care and have their individual needs assessed at regular intervals, including living with or beyond cancer, and documented clearly in the patient record. The opportunity to express what matters to them delivers better experience and influences outcomes.

Assessment should be undertaken through supported conversations and the use of an assessment tool to help patients to clearly express their needs (e.g. Macmillan electronic Holistic Needs Assessment; Distress Thermometer). Patients should have access to support from allied health professionals, psychological support and any other support where relevant. A detailed plan of care should be described and shared with the patient and all relevant healthcare professionals to ensure seamless transitions of care.

The cancer Key Worker role is critical as a consistent and named point of contact who can provide signposting and support to a patient through their cancer journey. Every person diagnosed with cancer should have a named Key Worker, clearly identifiable within their clinical record. This should include patients with metastatic cancer. Historically the Key Worker has been accepted as a role undertaken ordinarily by a Clinical Nurse Specialist, but as working practices have adapted and clinical teams have diversified over time, the day-to-day responsibilities of the Key Worker have been undertaken by different members of the team.

 The following actions will be taken across the system to meeting people's needs:

**Wales Cancer Network** to undertake a service evaluation to explore the role of the cancer Key Worker and how they can assess and support the needs of patients during their cancer journey. The objectives are to: inform the publication of a revised Welsh Health Circular (Key Workers for cancer patients WHC/2914/001) by **end of March 2024**; and develop a national digital assessment tool solution for meeting people's needs that integrates into the Welsh Informatics System, undertaken in collaboration with **Digital Health and Care Wales** by **end of March 2024**.

**Wales Cancer Network** to work with **Health Boards** to launch a Health and Wellbeing information website and application for cancer patients by **end of March 2024**. Longer term, **Wales Cancer Network** and **Digital Health and Care Wales** to explore linking the application to the National Digital platforms.

**Wales Cancer Network** will lead work piloting electronic treatment summaries with **Health Boards**, which will be expanded over time and aiming for national rollout by **end of March 2024**.

The **Wales Cancer Network, Planned Care Improvement and Recovery Team** and **Health Boards and Trusts** will deliver an online platform to enable self-management for prostate cancer patients by **end of March 2024**.

**Health Boards** will be able to demonstrate that patients have had an opportunity to discuss any unmet needs, through the use of supportive conversations and patient needs assessment tools by **end of March 2024**.

**Health Boards** will ensure that all patients have access to Health and Wellbeing information by **end of March 2024**.

**Health Boards** will have processes in place to develop electronic treatment summaries for every patient by **end of March 2024**

**Health Boards** will ensure that all patients have access to a cancer Key Worker by **end of March 2024**.





A cancer diagnosis can cause a wide range of feelings and emotions, therefore it is important to have access to professionals who are able to provide specialist support to help individuals and their loved ones come to terms with what it means to live with cancer.

### c. Signposting to emotional support, benefits advice and other holistic services

A cancer diagnosis can cause a wide range of feelings and emotions, therefore it is important to have access to professionals who are able to provide specialist support to help individuals and their loved ones come to terms with what it means to live with cancer. Anxiety levels are very often increased, emotions such as anger and denial, worry and isolation can be difficult and confusing. Support to deal with the emotional as well as the physical impact of a cancer diagnosis is available through a range of providers across statutory and Third Sector organisations.

People affected by cancer will also be more acutely impacted by the cost of living crisis and will have specific needs as a result of their diagnosis. A cancer diagnosis will often lead to increased travel costs, energy bills and pressure on household budgets. With support from the Third Sector, Health Boards and Local Authorities have a mature and well-embedded system of benefits advisors, specifically for people affected by cancer. These professionals provide specialist advice and assistance to access benefits, Macmillan grants and signposting to specialist debt advice. Their role in cancer care is critical to supporting wider wellbeing and can lead to further signposting and identification of other needs.



The following actions will be taken across the system to improve signposting to support for cancer patients:

**Wales Cancer Network** will work with **Health Boards, Trusts** and the **Third Sector** to provide better co-ordinated access for all patients to information and advice on welfare benefits by **end of September 2023**. **Health Boards** to ensure that all patients diagnosed with cancer have the opportunity to be referred for welfare benefits advice. **Health Boards** to engage with the **Third Sector** regarding promotional activity/publicity. The impact of referral to welfare benefits advice will be evaluated through PREMs.

**Health Boards, Trusts** and **Third Sector** providers to work cohesively and with a planned approach to ensure that people affected by cancer and their loved ones are provided with emotional support and can access crisis care 24 hours a day, seven days a week.

# 15 Key System Wide Enablers



Workforce capacity and capability is frequently cited as one, if not the critical, issue facing Cancer Services, cancer research and health and care services generally.

### a. Workforce

Workforce capacity and capability is frequently cited as one, if not the critical, issue facing Cancer Services, cancer research and health and care services generally. Health Education and Improvement Wales (HEIW) is focussed on improving care and bettering outcomes through education, training and workforce development, underpinned by the ambition of the 10 year Workforce Strategy for Health and Social Care launched with Social Care Wales in 2020. It provides support for the development of workforce solutions needed for many national programmes, including imaging, endoscopy, and urgent emergency care.

HEIW are seeking to empower Health Boards to work collaboratively on a national and/or regional basis to assess their specific cancer workforce issues and to share data and best practice to seek solutions. Staff development, career progression opportunities and pathways are key to recruitment and retention, and need to be front and centre of Health Board plans. Health Boards will need to assess the current issues and future demand for their cancer workforce and develop local and regional workforce plans, supported by Health Education and Improvement Wales and the Wales Cancer Network.

Wales Cancer Network will work with HEIW to develop an overarching approach to workforce planning, with an initial focus on diagnostic services, non-surgical oncology, specialist nurses and allied health professionals, all in support of the implementation of the Suspected Cancer Pathway.

Specific action will focus on diagnostic services in 2023/24 with a commitment to work with the National Diagnostics Board to identify short and medium term workforce solutions that support the national priorities. Whilst there are lots of workforce initiatives, the aim is to move towards a more strategic and coherent approach to workforce planning across the 4 pillars of workforce supply:

### Recruitment:

For example, targeting Train Work Live at hard to recruit professions/services; supporting return to practice for key professionals; international recruitment

### Retention:

For example, working with Health Boards to develop retention approaches; support for more flexible/remote working models; establishing career pathways for all professionals

### Education & Training:

For example, targeting extended clinical skills training for current workforce; developing training skills academies; commissioning new education provision for new and extended roles

### Redesign:

For example, developing skills and capacity across the support workforce including at assistant practitioner level to maximise MDT working and enhance capacity; considering what additional and new roles could be developed

One of the key challenges is to address the variation across Wales and to identify opportunities to scale up models that are working well across the NHS.



The following actions will be taken across the system to improve workforce resilience and sustainability:

**Health Education and Improvement Wales** to progress a programme of support **through 2023/24** for Diagnostic Services Transformation which will address the key diagnostic and treatment services for cancer and support delivery of compliance with the Single Cancer Pathway and National Optimal Pathways.

**Health Education and Improvement Wales** and **Wales Cancer Network** to work jointly and collaboratively with **Health Boards** to take forward reviewing the workforce issues along specific cancer pathways and to agree the programme of work to implement actions for priority areas by **end of March 2023**.

**Wales Cancer Network** to work collaboratively with **Health Education and Improvement Wales** to develop a national competency framework for health care support workers by **end of March 2023**.

**Wales Cancer Network** and **Health Education and Improvement Wales** to scope, map and forecast AHP and nursing workforce gaps and needs to inform future workforce planning by **end of March 2024**.



**Wales Cancer Network** working with **Health Education and Improvement Wales** to participate in the development of a UK wide cancer career and development programme which will provide a definitive career and development pathway for nurses and AHPs aspiring to work in cancer care by **end of March 2024**.

**Health Education and Improvement Wales** working with **Genomics Partnership Wales** will develop a Genomics Workforce Plan **during 2023/24** for publication as set out within the Genomics Delivery Plan.

**Health Education and Improvement Wales** will work with the **National Diagnostics Programme** to identify workforce actions that will support the improvement of diagnostics performance in Wales. This will start with a focussed event to be held in **early 2023** leading to the development of an action plan **by end of June 2024** to address current workforce gaps in key areas. The work will incorporate learning from a report commissioned by the Moondance Cancer Initiative on Cancer Diagnostics Workforce in Wales published in December 2022.

**Health Education and Improvement Wales** will develop a workforce plan for pharmacy that will incorporate actions relating to the care and treatment of patients with cancer, ensuring that pharmacists are equipped with the skills necessary to contribute towards good cancer care. **HEIW** will also work with **Genomics Partnership Wales** to respond to the requirements around pharmacogenomics.

**There is clear evidence that patients want the data collected about their cancer diagnosis, treatment, experience and outcomes to be used to improve Cancer Services and to support research.**

## **b. Information and Intelligence**

There is clear evidence that patients want the data collected about their cancer diagnosis, treatment, experience and outcomes to be used to improve Cancer Services and to support research. There is therefore a responsibility on all the organisations in Wales that collect, analyse and publish data on cancer patients and pathways to ensure that timeliness, quality and accessibility of their data is maximised to deliver on that responsibility. Quite rightly, there has been a prioritisation of replacing the legacy digital cancer platform, the Cancer Network Information System Cymru (Canisc). The Wales Cancer Network will work with Digital Health and Care Wales, Public Health Wales, Health Boards and Trusts to deliver a more integrated digital platform for access to cancer data as part of a phased approach, including supporting development of further phases of the Canisc replacement programme.

In Wales, data on cancer patients is fragmented and is collected and held by a number of different organisations with varying roles and responsibilities. There is no single organisation that has ownership of the responsibility to use data for patient benefit. This accounts for the high levels of frustration, built up over many years, from a wide range of stakeholders, about the lack of a cancer intelligence function in Wales with responsibility for analysing data at cancer site, population and provider level with sufficient granularity to actually enable service change. The development of innovative digital solutions must be a key component of the recovery of Cancer Services.

Minimal progress has been made on delivering the actions set out in the Cancer Information and Intelligence Framework; A Digital Health Strategy for Cancer in Wales 2017-2020. A key component of this strategy was improved data sharing and collection to benefit patients, professionals and the system. Direct patient access or held summaries of their treatment will help enable the balancing of healthcare pathways, activity and decision making between the professional and patient: a key component of the quadruple aim in A Healthier Wales (Welsh Government, 2019)<sup>15</sup>. Wales urgently needs to make progress in taking forward the actions set out in the Framework and address the deficit in the availability of cancer intelligence to improve care and outcomes. The Wales Cancer Network will lead development of a refreshed Digital Cancer Plan deriving this from the refreshed National Digital Healthcare Plan.

<sup>15</sup> Welsh Government, 2019 *A Healthier Wales: our Plan for Health and Social Care*, s 1: Crown copyright. Available from <https://www.gov.wales/sites/default/files/publications/2019-10/a-healthier-wales-action-plan.pdf>





**These will require addressing:**

- ✔ Capturing accurate data at all stages of primary and metastatic cancer treatment to ensure data and analysis are available quickly.
- ✔ A data improvement and liaison function working with MDT lead clinicians and co-ordinators, cancer managers and cancer information leads to maximise the quality and completeness of data collected at source before submission.
- ✔ Cancer registration data, epidemiology and analysis expertise working alongside each other to curate the cancer data, report on cancer statistics and advise on and provide routine and bespoke data analysis. Data analysis needs to be disaggregated by cancer type and sub type e.g. separating out the analysis of pathways for stomach and oesophageal cancer in order to identify pathway improvement opportunities. It also needs to include analyses of, for example, the distribution of stage at diagnosis, compliance with the stages of the National Optimal Pathways and routes to diagnosis, particularly emergency presentations, at cancer type and subtype and at population and provider level.
- ✔ Tiered data availability; from near real-time to fully quality assured data.
- ✔ User defined analyses and intelligence for a range of audiences; Network Clinical Site Groups, MDTs, Wales Cancer Research Centre, academic and NHS researchers, patients, Third Sector and Welsh Government.
- ✔ Data access services to enable data requests to be supported and data released in line with Information Governance requirements.

✔ **The following actions will be taken across the system to improve cancer information and intelligence:**

**Public Health Wales, Wales Cancer Network** and **Digital Health and Care Wales** to draw up a cancer version of the updated NHS Digital Strategy by **end of June 2023** including commissioning the development of a roadmap for the establishment of a Wales Cancer Intelligence function, with the features set out above.



**Wales Cancer Network** will commission development of this roadmap to be completed by **end of December 2023** to address the issue of cancer data silos and the timelines to move towards an integrated cancer data platform.

**Wales Cancer Network** to refresh the previous Wales Cancer Network approved Cancer Performance Framework by **end of December 2023**. The new framework will include service, site specific, national quality and public health metrics e.g. cancer waiting times, recruitment to trials, incidence, mortality and survival.

**Digital Health and Care Wales** to make cancer data sets available for implementation of Phase 1 of the Cancer Informatics Solution by **end of March 2023**.

**Digital Health and Care Wales** develop future phases and products as outlined by the Cancer Informatics Solution Programme.

**Health Boards and Trusts** to implement the Cancer Informatics Solution Phase 1 with training provided by **Digital Health and Care Wales** Business Change teams as well as support from the Wales Cancer Network during **2023**.

**Health Boards and Trusts** to capture data required for the five national cancer audits and core data for all tumour sites by **end of December 2023** as well as data required for Peer Review and the Quality Frameworks guided by **Healthcare Quality Improvement Partnership (HQIP)** and **Cancer Site or Service Groups**.

**Digital Health and Care Wales** to provide data access required for **Wales Cancer Network** to submit data for the national cancer audits.



<sup>16</sup> Health and Care Research Wales. (2022). *Moving Forward: A Cancer Research Strategy for Wales*. Wales Cancer Research Centre. Available from <https://walescancerresearchcentre.org/wp-content/uploads/CRest-English-FINAL.pdf>

### c. Cancer Research

The first All-Wales Cancer Research Strategy (CRest) (Health and Care Research Wales, 2022)<sup>16</sup> was launched in July 2022 with the goal of building on existing cancer research strengths in Wales, to develop depth and a critical mass of cancer researchers for longer term sustainability. Delivery will need the whole research community to work together, coordinated by the Wales Cancer Research Centre (WCRC), with support and close collaboration from Health and Care Research Wales, the Wales Cancer Network and ensuring high levels of public and patient participation.

In responding to both these national plans, Health Boards, NHS Trusts and other organisations involved in the provision of health services will need to address the significant workforce issues associated with delivering high quality cancer research. This includes providing dedicated research time for multi professional clinicians, and skills development for staff supporting the delivery of research activity e.g. enrolling in trials, delivering genetic testing. There is also a need for Health Boards and Trusts to support new Clinical Academic appointments in cancer, to link academic and NHS institutions and translate new discoveries into clinical practice.

Managing and monitoring local research portfolios is important to ensuring cancer clinical trials can be offered to patients in a timely and equitable way right across Wales. Improving the efficiency of trial setup and delivery processes and ensuring all relevant patients are approached about research is key to improving equity of access to research across populations, geographies and tumour sites.

Implementation planning for the delivery of CRest has started and will be focussed on progress milestones worked up collaboratively with the research community, for example, patient recruitment numbers into studies, overall numbers of trials, and other similar metrics of research activity in the clinical setting for health services to report on.



**The following actions will be taken across the system to improve cancer research:**

**Health Boards and Trusts** to engage with each other and with the **Wales Cancer Research Centre** to deliver the Wales Cancer Research Strategy, and to develop local implementation plans to boost research within the six priority research themes.



<sup>17</sup> National Institute for Health and Care Research. (2019). *NIHR announces new standards for public involvement in research*. Available from <https://www.nihr.ac.uk/news/nihr-announces-new-standards-for-public-involvement-in-research/23830>

**Health Boards and Trusts** to ensure local workforce planning delivers the necessary capacity and skill mix to support clinical and translational cancer research as well as service delivery, to contribute to the national cancer workforce strategy development via Health Education and Improvement Wales and to engage with the Health and Care Research Wales Research Faculty to support and develop their staff.

**Health Boards and Trusts** to monitor cancer clinical trial recruitment and submit data for the national target, and put in place local improvement plans as required, to provide equitable access to research opportunities for patients across Wales.

**Health and Care Research Wales** Support and Delivery Service to oversee the national portfolio of cancer clinical trial recruitment, monitor performance and work with the **Wales Cancer Network** and **Health Boards and Trusts** to ensure that cancer patients across Wales have equitable access and opportunities to take part in cancer research.

**Wales Cancer Network** to include clinical research activity within its Quality Framework and Peer Review, to ensure **Health Boards and Trusts** are aware of variation, and to promote research activity working with the **Health and Care Research Wales** and **Health Board and Trust Research and Development departments**.

**Health Boards and Trusts** to utilise the 2022 Wales Macmillan Cancer Patient Experience Survey (CPES) via the Wales CPES dashboard on the CPES website as data to reinforce the need to encourage patients being given the opportunity to participate in appropriate clinical trials.

**Health and Care Research Wales** to ensure the highest levels of patient and public involvement in the co-creation and delivery of research initiatives ensuring adherence to UK Standards for Public Involvement in research<sup>17</sup>.



The urgency of the current situation of cancer in Wales and the building backlog of delayed demand should set the pace of innovation. This includes developing a service which is increasingly sustainable through the adoption of new technologies, workforce innovations and treatments.

#### d. Innovation

As the National Clinical Framework sets out, the pandemic demonstrated how the NHS and partners can work together to rapidly assess best available evidence, and implement innovations with appropriate safeguards, simultaneously adding to and incorporating the developing evidence base into practice. Wales must keep up the momentum of those experiences, and timely decision making and clear governance mechanisms are key to fully realising the benefits of innovation.

Cancer Services need to capitalise on and respond to the new Welsh Government Innovation Strategy (Welsh Government, 2022)<sup>18</sup> as set out by the NHS Wales Chief Executive and Director General for Health and Social Services. The Wales Cancer Network will work with key partners in the innovation environment, including the Wales Cancer Industry Forum (WCIF), Third Sector organisations, Life Sciences Hub Wales (LSH), Health and Care Research Wales (HCRW), Wales Cancer Research Centre (WCRC), Health Education and Improvement Wales (HEIW) and NHS innovation leads, to assess and create opportunities to test innovation and new ways of working. Organisations need to collaborate, both within Wales and internationally, across professional and disease boundaries, to make the most of innovation opportunities and decrease duplication of effort. Robust collation of innovation activity and links with international partners will facilitate this.

The development and implementation of new technologies needs a combination of research, evaluation of pilots but also the ability to implement at pace and scale to provide equitable access across Wales. As with research, innovation is often internationally relevant. Collaboration with horizon scanning activity outside of Wales is needed and Wales needs to be prepared to be an early adopter where the experience is positive.

Wales has demonstrated the capacity to embed innovative practice into routine practice, for example, with the Single Cancer Pathway and Rapid Diagnosis Clinics. There are maturing pilots of technologies such as Transnasal Endoscopy (TNE), Cytosponge and Colon Capsule Endoscopy (CCE), and Wales needs to prepare to spread and scale the use of these. Liquid based biopsies using blood, saliva, breath, urine etc. are likely to support the precision medicine agenda. Wales has already successfully piloted the use of Multi-Cancer Early Detection (MCED) blood tests, analysing blood with spectroscopy using the RAMAN test, and hope to soon be exploring the use of analysing circulating tumour DNA in lung cancer and a range of other cancers. These tests should allow a more convenient way to provide the right treatment for the right patient, improving the diagnosis of recurrent disease and diagnosing cancers earlier in symptomatic patients and even asymptomatic people. Wales must prepare the way for testing and adopting these innovative technologies and others as they emerge.

In partnership with the expert Clinical Advisory Groups, the Wales Cancer Network will identify and disseminate guidance about new techniques, technologies and treatments and support its implementation in Primary Care, Health Boards and Trusts. The Single Cancer Pathway, Rapid Diagnosis Clinics and Regional Diagnostic Hubs provide ideal pathways for researching and evaluating new technologies.

The focus will be on innovations in earlier diagnosis and releasing workforce capacity by adopting new technologies. Attention to digital augmentation and new ways of working, for example in self-management, health optimisation and risk stratification, are needed to help alleviate workforce pressures. The Wales Cancer Network will work to encourage partners and funding organisations to create a Wales-specific Cancer Innovation Fund and promote the capture of funding from diverse sources, for example, through partnerships with members of the Wales Cancer Industry Forum.

The Life Sciences Hub Wales, the Wales Cancer Network and Health Board Innovation leads will facilitate the development of mechanisms to rapidly deploy and adopt evidenced innovations.



The development and implementation of new technologies needs a combination of research, evaluation of pilots but also the ability to implement at pace and scale to provide equitable access across Wales.

<sup>18</sup> Welsh Government. (2022). *Innovation Strategy for Wales Consultation Analysis*. Miller Research Evaluation Consulting. Available from <https://www.gov.wales/sites/default/files/consultations/2022-12/innovation-strategy-consultation-summary-of-responses.pdf>



✓ The following actions will be taken across the system to improve innovation in cancer:

**Heath Board and Trust Innovation leads, Life Sciences Hub Wales**, and **Wales Cancer Network**, through its Clinical Reference Group in particular, will work in partnership with a range of organisations to assess and create innovation opportunities, and encourage the establishment of a specific cancer innovation fund by **end of March 2024**.

**Wales Cancer Network** to determine the role of the Innovation representative from the WCIF/LSH on the Cancer Network Board by **end of March 2023**.

**Wales Cancer Network** to co-ordinate with existing international horizon scanning functions by **end of March 2023**.

**Life Sciences Hub Wales** and **Wales Cancer Network** will produce a rolling forward view of funding opportunities for innovation. **Health Board and Trust** innovation leads and other partners will develop a mechanism to facilitate targeted development of bids and increased funding capture for large strategically important innovation projects.

**Health Boards and Trusts Innovation Leads** will work with **Wales Cancer Network and partners** to develop a database of existing cancer innovation projects underway in Wales. This will be mapped to the cancer pathway to facilitate collaboration, targeting of funding, decrease duplication, prepare for implementation and to inform decisions on new projects.

**Heath Boards, Trusts and partners** (e.g. LSH, HTW) will work together, facilitated by the **Wales Cancer Network**, to develop a route-map to prepare for the rapid national adoption of appropriately evidenced innovations for cancer by **March 2024**.



There are some specific cancer capital projects planned, which will provide key medium and long term cancer research and services capacity and capability, to support the delivery of this action plan.

## e. Capital Infrastructure

There are some specific cancer capital projects planned, which will provide key medium and long term cancer research and services capacity and capability, to support the delivery of this action plan.

**Some of these are outlined below, but more will follow during the delivery timeframe of this plan.**

The **Cardiff Cancer Research Hub (CCRH)** joint proposal (for the initial project stage) has been approved by all three organisations. Funding has been secured from the Velindre Charitable Funds Committee to commission external support to develop an Investment Strategy on behalf of the three partners. Joint cancer research priorities have been developed by the leads from Velindre University NHS Trust, Cardiff University and Cardiff & Vale UHB enabling the Hub to strategically submit applications and apply for initiatives as a collective. Joint governance arrangements are being developed to streamline and speed up the research set up process and expand capacity to deliver contracts more quickly. This includes the development and execution of a Heads of Terms agreement (due to be finalised **by March 2023**) and a Memorandum of Understanding between the three organisations. Funding for a joint Clinical Academic post (Early Phase Trialist) was recently approved and further funding discussions are underway to include Clinical Research Fellows to support the Hub and undertake postgraduate training, and Clinical Academic posts.



**Velindre University NHS Trust** is responsible for implementation of the approved Outline Business Case for the development of the new Velindre Cancer Centre due to open to patients before the end of **2025**. Following a robust competition and a detailed procurement process, a successful participant team and winning design have been selected for the new hospital. The Trust are now working with the successful participant team to finalise the contract and, subject to Full Business Case approval, construction will commence in **2023**.

**Velindre University NHS Trust** is responsible for the delivery of the Integrated Radiotherapy Solution (IRS) which is crucial for the continued delivery of radiotherapy services in South East Wales as well as enabling the new Radiotherapy Satellite Centre at Nevill Hall Hospital. A detailed procurement process was undertaken in 2021/22, resulting in the contract being awarded. The Full Business Case was approved by the Welsh Government at the end of 2022 with implementation under way, which includes the Radiotherapy Satellite Centre being operational by **2024**.

**Aneurin Bevan University Health Board** is preparing a Strategic Outline Case for a Cancer Services Hub at Nevill Hall Hospital to sit alongside the Radiotherapy Satellite Centre. The Cancer Hub services at Nevill Hall Hospital will consist of out-patient and chemotherapy facilities, and will explore the optimum function of a Cancer Services Hub supporting delivery of care closer to home and improving patient experience. The plan is for the Cancer Hub to open to patients in **2024**.

**Cwm Taf Morgannwg University Health Board** to open new Breast Unit in **2023**, and is exploring potential capital developments to work more regionally with diagnostic capacity. **Aneurin Bevan University Health Board** will open their new unified Breast Unit in **January 2024**.



**Swansea Bay University Health Board and Hywel Dda University Health Board** are developing the South West Wales Cancer Centre (SWWCC) Strategic Programme Case in **2022/2023** to describe the strategic vision and ten year plans for non-surgical oncology services in the South West Wales region. This will include a focus on plans for regional radiotherapy and oncology outpatient services. In relation to capital infrastructure requirements, the case will set out an options appraisal process to determine the preferred site of the fifth radiotherapy linear accelerator in the South West Wales region. The fifth radiotherapy linear accelerator will need to be in situ and operational in **2026/2027** in order to meet increasing demand for radiotherapy in the region.

**Betsi Cadwaladr University Health Board** to replace one linear accelerator (LINAC) in **2022/23** and a further one in **2023/24**, supported by a LINAC replacement programme to avoid lost capacity.

**NHS Wales Shared Services Partnership** to bring forward Outline and Full Business Cases for three regional medicine preparation hubs, which will supply SACT to the service, replacing fifteen legacy medicine preparation facilities around Wales. The first case to be submitted to Welsh Government **during 2023**, with all three capital projects due for completion **by 2031**.







## 16 Summary

**This plan has been produced in collaboration with all stakeholders and sets out the ambition for Wales to improve outcomes, experience, reduce health inequalities and focus on the delivery of value-based health care.**

The plan highlights the importance of planning for the future delivery of innovative new service models, treatments and technologies which will secure recovery, sustainability and improvement.

The plan is clear in describing accountability and responsibility for actions across all stakeholders, but also across the whole patient pathway, from the point of suspicion, to diagnosis, and living with cancer. It should be used as a guide for Health Boards and Trusts in the planning and delivery of their cancer care and should be reflected in all aspects of Integrated Medium-Term Plans.

Welsh Government will be monitoring the delivery of the actions and commitments within the plan through their existing performance and support arrangements.

The improvement capability of the NHS Executive will afford support to all agencies who are committed to delivering the improvements which this plan aspires to. This will improve experience, outcome and care for our current and future cancer patients in Wales.



# Glossary

**AHPs**

Allied Health Professionals

**AOS**

Acute Oncology Services

**ATMPs**

Advanced Therapy Medicinal Products

**ATSOI**

Advanced Therapies Statement of Intent

**ATW**

Advanced Therapies Wales

**AWGL**

All Wales Genetic Laboratory

**AWMGS**

All Wales Medical Genomics Service

**BAME**

Black Asian and Minority Ethnic

**BMT**

Bone Marrow Transplant

**BSW**

Bowel Screening Wales

**BTW**

Breast Test Wales

**CCE**

Colon Capsule Endoscopy

**CCRH**

Cardiff Cancer Research Hub

**CDCs**

Community Diagnostic Centres

**COSC**

Clinical Oncology Sub Committee

**CPES**

Cancer Patient Experience Survey

**CRest**

Cancer Research Strategy

**CSGs**

Cancer Site or Service Group

**CT**

Computerised Tomography

**ctDNA**

Circulating tumour DeoxyriboNucleic Acid

**CUP**

Carcinoma of Unknown Primary

**CYSGODI**

Cymru Service for Genomic Oncology Diagnosis

**DTT**

Decision to treat

**ERAS**

Enhanced Recovery After Surgery

**FIT**

Faecal Immunochemical Test

**GPW**

Genomics Partnership Wales

**HCRW**

Health and Care Research Wales

**HEIW**

Health Education and Improvement Wales

**HPV**

Human Papilloma Virus

**HQIP**

Healthcare Quality Improvement Partnership

**HTW**

Health Technology Wales

**IMTPs**

Integrated Medium Term Plans

**IQPD**

Integrated Quality, Planning and Delivery

**IRS**

Integrated Radiotherapy Solution

**JAG**

Joint Advisory Group

**LINAC**

Linear Accelerator

**LSCT**

Less Survivable Cancers Taskforce

**LSH**

Life Sciences Hub

**MCED**

Multi-Cancer Early Detection

**MDT**

Multidisciplinary team

**MRI**

Magnetic Resonance Imaging

**MSCC**

Metastatic Spinal Cord Compression

**MUO**

Malignancy of Undefined Primary Origin

**NICE**

National Institute for Health and Care Excellence

**NOPs**

National Optimal Pathways

**ODN**

Operational Delivery Network

**PEOLC**

Palliative and End of Life Care

**PET**

Positron Emission Tomography

**PREMs**

Patient Reported Experience Measures

**PROMs**

Patient Reported Outcome Measures

**PSA**

Prostate-Specific Antigen

**QPIs**

Quality Performance Indicators

**RDCs**

Rapid Diagnosis Clinics

**RDHs**

Regional Diagnostic Hubs

**RTDS**

Radiotherapy Dataset

**SABR**

Stereotactic Ablative Body Radiotherapy

**SACT**

Systemic Anti-Cancer Therapy

**SCP**

Suspected or Single Cancer Pathway

**SWWCC**

South West Wales Cancer Centre

**TNE**

Transnasal Endoscopy

**TRAMS**

Transforming Access to Medicines Programme

**UK NSC**

UK National Screening Committee

**WCA**

Wales Cancer Alliance

**WCIF**

Welsh Cancer Industry Forum

**WCRC**

Wales Cancer Research Centre

**WHO**

World Health Organisation

**WHSSC**

Welsh Health Specialised Services Committee



