



# WHERE NEXT FOR CANCER SERVICES IN WALES?

AN EVALUATION OF PRIORITIES TO  
IMPROVE PATIENT CARE



CANCER  
RESEARCH  
UK

## EXECUTIVE SUMMARY


Incidence of cancer is rising, with one in two people born after 1960 expected to be diagnosed with cancer in their lifetime.<sup>1</sup> This presents a huge challenge to the UK's health services.

While valuable progress has been made in improving cancer outcomes, around half of all UK cancer patients now survive for ten years or more, UK cancer survival remains lower than in Australia, Canada, and several comparable European countries.<sup>2, 3,4</sup>

Cancer Research UK believes that in the next 20 years, with the right approach, three in four people can survive their cancer for at least ten years. Having high quality NHS cancer services across the UK is crucial if we are to reach this goal.

Cancer Research UK therefore commissioned the Institute of Health and Wellbeing at the University of Glasgow to explore the 'state' of cancer services in Wales, Scotland and Northern Ireland.

This report presents findings on Wales and our ambition for the shape of cancer services going forward.



**THIS REPORT PRESENTS  
CANCER RESEARCH UK'S  
AMBITION FOR THE  
SHAPE OF CANCER  
SERVICES IN WALES**

### A NEW CANCER STRATEGY FOR WALES

Cancer strategies are a vital tool to improve outcomes. They set direction and make the best use of resources over a long time period to reduce cancer incidence and mortality, and improve survival.

Since 2012 cancer services in Wales have been guided by the Welsh Government's 'Cancer Delivery Plan' (CDP). This comes to an end in 2016 and a successor plan is being developed.

Developing a new cancer strategy provides a key opportunity to deliver better outcomes for patients in Wales. As the number of cancers diagnosed rises, so does demand on the health service.

It is therefore critical that the Welsh Government capitalises on this opportunity and ensures the new strategy considers all elements of cancer services and sets out ambitious goals for the coming years to ensure the NHS can meet the needs of patients.

## THE CANCER LANDSCAPE

Over 19,100 people in Wales were diagnosed with cancer in 2014.<sup>5</sup> This has risen from around 16,800 in 2005, representing an average annual increase in cases of 1.5%.<sup>6</sup> Numbers are expected to continue to rise year on year and it is estimated that the number of new cases diagnosed in Wales every year will soon reach 20,000 cases.<sup>7</sup> An ageing population is driving this, in part, but preventable risk factors such as smoking are also contributing.<sup>8</sup>

Breast, prostate, lung, and bowel cancers together account for 53% of diagnoses in 2014.<sup>9</sup> They are also the most common cancers worldwide.<sup>10</sup>

Cancer incidence also varies across Wales. For example, the incidence rate among the most deprived quintile of the Welsh population is 23% higher than among the least deprived.<sup>11</sup>

Cancer survival in Wales is improving. Just over 70% of people diagnosed with cancer are now living for one year; five-year survival has reached 54%.<sup>12</sup> However, this varies significantly by cancer type – pancreatic and liver cancer, and acute myeloid leukaemia, proving the lowest with relative one-year survival rates of less than 30%.<sup>13</sup>

## NHS STRUCTURES, POLICIES AND LEADERSHIP

In 2014-15, the Welsh Government spent around £5.8 billion on healthcare. Of this, approximately 7.1%, was devoted to ‘cancer and tumours’ equating to about £132 per head of population.<sup>14</sup>

A dedicated leadership structure is in place to oversee cancer services. The Cancer Implementation Group (CIG) has strategic oversight of CDP implementation; the National Specialist Advisory Group for Cancer (NSAG) provides clinical input and Local Health Boards (LHBs) plan and deliver services at the local level. Until 2016, there

were also two regional cancer networks to facilitate coordination between LHBs and Trusts.

From 2016 a new leadership structure will be in place, intended to improve coordination. The two regional cancer networks are becoming a single network, the Wales Cancer Network.<sup>15</sup> This will advise the CIG on priorities, be responsible for the implementation of the new cancer strategy and report annually on national progress.

Our research found support for reforming the leadership of cancer services. The new structure should support stronger national leadership and collaboration across LHBs.

## RECOMMENDATIONS

- 1. The Welsh Government should develop a comprehensive strategy for cancer which sets ambitious goals and allocates sufficient resource to ensure cancer services can improve outcomes while meeting rising demand and reducing variation in care. Measurable targets should be set to reduce cancer incidence, improve survival and better support the growing number of patients living with cancer. Particular attention should be afforded to cancer types with poor outcomes. We suggest the following targets:**
  - One-year survival should reach 75% by 2020.
  - Five-year survival should reach 58% by 2020.
- 2. The new cancer strategy must ensure that the new organisational structure for cancer services provides clear leadership and accountability mechanisms. The creation of the Wales Cancer Network is an opportunity; it should have responsibility for implementing**

**the cancer strategy, tackling variations in care, and have authority to shape behaviour at LHB and Trust level through performance management levers.**

## **NHS PERFORMANCE ON CANCER**

Performance data published by the Welsh Government and LHBs show that action is needed to improve cancer services.

For example, the NHS in Wales is not meeting its two cancer waiting time targets – a clear indication that the service is struggling to keep up with demand.

- The target for 95% of newly diagnosed cancer patients, referred via the urgent route, to begin treatment within **62 days** of referral has not been met since 2008. Performance in the last quarter of 2015 was 83.7%.<sup>16</sup>
- The target for 98% of patients referred via the non-urgent route to begin treatment within **31 days** of the decision to treat was last met in 2014. The figures for the last quarter of 2015 show performance was 97.5%.<sup>17</sup>

The 31 day wait is holding up reasonably well, but it does not capture the time it takes to diagnose patients via the non-urgent route. Poor performance in meeting the 62 day wait, compared to the 31 day wait, therefore indicates that patients are experiencing delays in being diagnosed.

The Welsh Government is piloting a 'single pathway' approach to record waiting times from the point of suspicion of cancer.<sup>18</sup> It has committed to roll this out nationally but progress has been slow.

The stage of cancer at the point of diagnosis in Wales shows scope for improvement. Recording the stage at the point of diagnosis has improved from around 50% in 2012<sup>19</sup> to almost 75% in 2014.<sup>20</sup> But progress on

diagnosing patients earlier has been relatively limited – the proportion of cancer patients diagnosed at stage four only improved by two percentage points from 21% in 2012 to 19% in 2014.<sup>21</sup>

The 2013 Wales Cancer Patient Experience Survey offers a broadly positive assessment of cancer care in Wales. 89% of patients described their care as either excellent (58%) or very good (31%).<sup>22</sup> But it also highlights areas for attention. For example variation in experience, based on location and cancer type, was also prevalent.

## **RECOMMENDATIONS**

**3. The Welsh Government should review the metrics it uses to evaluate the performance of cancer services. The new strategy should develop metrics which provide insight into performance throughout the cancer pathway. The following measures of performance should be considered:**

- **The proportion of patients seen by a consultant within 14 days of referral from general practice.**
- **The proportion of patients receiving a definitive diagnosis within 28 days of suspicion of cancer.**
- **The proportion of patients commencing treatment within 14 days of a decision to treat.**

**4. The new strategy should move to consistently reporting waiting times from the point at which cancer is suspected; this would more accurately reflect patients' experience. The national roll out of the single pathway should be a priority for the new strategy.**

- 5. The strategy should introduce a target to reduce the number of cancers diagnosed late, at stages three and four, and increase the proportion diagnosed at stages one and two. Since 2012, data completeness of stage at diagnosis has improved; the new strategy should set targets to continue this improvement.**

## EARLY DIAGNOSIS

Early diagnosis is critical to improving cancer outcomes. For example, when bowel cancer is diagnosed at stage one around 90% of patients survive ten years compared to just 5% for those diagnosed at stage four.<sup>23</sup>

The CDP identified early diagnosis as a priority. Our research identified several areas for improvement that should be reflected in the new strategy.

The Welsh Government has been less active in educating the public about cancer than other UK nations. A major public awareness campaign in Wales, focused on the signs and symptoms of lung cancer, is scheduled for summer 2016. Based on the outcomes of that, further initiatives to raise public awareness should be considered.

Access to primary care can be problematic. 37% of respondents to the 2014-15 national survey for Wales said it was ‘fairly difficult’ or ‘very difficult’ to get a GP appointment in the previous 12 months.<sup>24</sup> Access can also be more difficult in less affluent areas, where recruitment and retention of primary care staff can be challenging. A new contract for GPs in Wales, introduced in 2014, may help to improve this situation.

Performance against waiting times targets suggest that issues with diagnostic capacity are delaying some patients receiving a definitive diagnosis and therefore starting treatment. In addition, our research suggests there is variation in GPs’ direct access to diagnostic tests. Further investigation is

needed to understand the workforce and equipment capacity needed to meet demand.

The rise in cancer incidence, as well as NICE’s decision to lower the threshold of referral for suspected cancer will increase demand for investigative tests in the coming years.<sup>25</sup> New approaches to achieving early diagnosis being tested in other countries could support improvement. The Accelerate, Coordinate and Evaluate (ACE) programme in England, for example, may have findings relevant to the new strategy.

## RECOMMENDATIONS

- 6. Public Health Wales should consider further public cancer awareness campaigns following an evaluation of the 2016 lung cancer campaign.**
- 7. The Welsh Government should conduct an urgent review of the state of direct access to diagnostic tests for GPs. It is vital that the next strategy should ensure there is sufficient resource committed to diagnostic services – both equipment and workforce – to meet rising demand and to support GPs consistently implementing NICE referral guidelines.**

## ACCESS TO TREATMENTS

Once a diagnosis is made, offering all patients timely access to high-quality, evidence-based treatments is crucial to improve survival.

Cancer drugs, radiotherapy and surgery are the three main types of treatment. Our research gave a broadly positive assessment of them in Wales. But it also revealed areas for improvement in each category.

Concerns were raised about surgery capacity, particularly the number of surgeons and specifically related to lung cancer surgery. In radiotherapy, our research identified variation in access to cutting-edge

equipment and in the time patients wait before undertaking treatment.

Long travel times and variable support to help patients' access treatment centres were thought to delay some patients from starting treatment. In addition, patients in North Wales are routinely referred to cancer services in England, which produces unique geographic differences in access to care.

Concentration of some services was recognised to support high-quality treatment. But better strategic planning and coordination to provide more equitable access is needed. A national body to oversee and set standards for specialist cancer services would support this.

Concerns were raised that LHBs discretion over funding approved cancer drugs has led to variation in access for patients. In addition, the Individual Patient Funding Request process, which provides access to unapproved drugs for some patients, is slow; and decisions, which are made by LHBs, are not consistent across Wales.

Developments in drug policy in England demand consideration. The Cancer Drugs Fund (CDF), which provided access to non-NICE approved drugs and which Wales did not emulate, is being incorporated into NICE's appraisal process. Given Wales generally follows NICE decisions, it is important to consider how these reforms will impact on budgets and patient access in Wales.

There is a lack of data on treatment activity in Wales, specifically for cancer drugs and radiotherapy, making it difficult to assess progress. High-quality data is critical to evaluate performance and improvements.

## RECOMMENDATIONS

- 8. The Welsh Government should reconsider its 2014 decision and introduce a national decision-making panel for Individual Patient Funding**

**Requests to improve consistency. The new strategy should also outline how Wales will ensure access to cutting-edge treatments is maintained as NICE processes are amended following reform of the CDF in England.**

- 9. The Welsh Government should review the existing approach to commissioning specialist treatments, such as radiotherapy, chemotherapy and low-volume surgery. The new strategy should establish a national commissioning body to better plan and coordinate these services across Wales. The new strategy should also set a clear ambition to improve access to clinical trials across Wales, and detail of how this will be supported.**
- 10. The new strategy should develop a national dataset for chemotherapy and radiotherapy activity. LHBs will need to supply the information and data completeness should be reported via the annual national cancer report.**

[www.cancerresearchuk.org/cancer-services-in-wales](http://www.cancerresearchuk.org/cancer-services-in-wales)

For more information, or for a copy of the full report, please contact

[policydepartment@cancer.org.uk](mailto:policydepartment@cancer.org.uk)

This summary is also available in Welsh.

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<sup>1</sup> Ahmad, A.S. et al. Trends in the lifetime risk of developing cancer in Great Britain: comparison of risk for those born from 1930 to 1960. *British Journal of Cancer*, 2015. 112(5): 943-947.

<sup>2</sup> Cancer Research UK, [www.cancerresearchuk.org/health-professional/cancer-statistics/survival#heading-Zero](http://www.cancerresearchuk.org/health-professional/cancer-statistics/survival#heading-Zero), Last accessed 01/06/2016.

<sup>3</sup> Coleman M.P. et al. Cancer survival in Australia, Canada, Denmark, Norway, Sweden, and the UK, 1995–2007 (the International Cancer Benchmarking Partnership): an analysis of population-based cancer registry data. *The Lancet*, 2011. 377: 127–138.

<sup>4</sup> De Angelis, R. et al. Cancer survival in Europe 1999–2007 by country and age: results of EURO CARE-5—a population-based study. *The Lancet Oncology*, 2014. 15(1): 23-34.

<sup>5</sup> Wales Cancer Intelligence and Surveillance Unit (2016) Cancer in Wales: 2001 – 2014. <http://tinyurl.com/zgnswh>, Last accessed 01/06/2016.

<sup>6</sup> Wales Cancer Intelligence and Surveillance Unit, Incidence Trends 2001-2014: All malignancies excluding non-melanoma skin cancer, 2015. <http://tinyurl.com/za5u7hc>, Last accessed 01/06/2016.

<sup>7</sup> Based upon data from Smittenaar, C.R., Petersen, K.A., Stewart, K., Moitt, N. Cancer Incidence and Mortality Projections in the UK until 2035. (under review, *British Journal of Cancer*). Analyses undertaken and data supplied upon request; May 2016.

<sup>8</sup> Wales Cancer Intelligence and Surveillance Unit (2016) Cancer in Wales: 2001 – 2014. <http://tinyurl.com/zgnswh> Last accessed 01/06/2016.

<sup>9</sup> Ibid.

<sup>10</sup> World Cancer Research Fund International, [www.wcrf.org/int/cancer-facts-figures/worldwide-data](http://www.wcrf.org/int/cancer-facts-figures/worldwide-data), Last accessed 01/06/2016.

<sup>11</sup> Welsh Government (2016) Together for Health – Cancer Annual Report 2015. <http://tinyurl.com/ll9j9xv>, Last accessed 01/06/2016.

<sup>12</sup> Ibid.

<sup>13</sup> Wales Cancer Intelligence and Surveillance Unit (2016) Cancer in Wales: 2001 – 2014. <http://tinyurl.com/zgnswh>, Last accessed 01/06/2016.

<sup>14</sup> Welsh Government (2016) NHS expenditure programme budgets: 2014-15. <http://tinyurl.com/hqs5jt7>, Last accessed 01/06/2016.

<sup>15</sup> Welsh Government (2016) Together for Health – Cancer Annual Report 2015. <http://tinyurl.com/ll9j9xv>, Last accessed 01/06/2016.

<sup>16</sup> Welsh Government (n.d.) Patients newly diagnosed via the urgent suspected cancer route starting treatment by local health board and quarter. <http://tinyurl.com/h4z2phg>, Last accessed 01/06/2016.

<sup>17</sup> Ibid.

<sup>18</sup> Welsh Government (2015) Together for Health – Cancer Delivery Plan: Annual Report 2014. <http://tinyurl.com/ll9j9xv>, Last accessed 01/06/2016.

<sup>19</sup> Welsh Government (2012) Together for Health – Cancer Delivery Plan: A delivery plan up to 2016 for NHS Wales and its partners. <http://tinyurl.com/ll9j9xv>, Last accessed 01/06/2016.

<sup>20</sup> Welsh Government, Together for Health – Cancer Annual Report 2015, 2016. <http://tinyurl.com/ll9j9xv>, Last accessed 01/06/2016.

<sup>21</sup> Ibid.

<sup>22</sup> Welsh Government (2014) Wales Cancer Patient Experience Survey 2013 – National Report. <http://tinyurl.com/jq393at>, Last accessed 01/06/2016.

<sup>23</sup> Independent Cancer Taskforce, Achieving world-class cancer outcomes: A strategy for England 2015-2020, 2015. <http://tinyurl.com/hux5mk5>, Last accessed 01/06/2016.

<sup>24</sup> Welsh Government (2015) National Survey for Wales: Headline results, April 2014 – March 2015 (Revised). <http://tinyurl.com/q79t6mr>, Last accessed 01/06/2016.

<sup>25</sup> National Institute for Health and Care Excellence, Suspected cancer: recognition and referral, NICE guidelines [NG12], 2015. <http://tinyurl.com/jspu7xm>, Last accessed 01/06/2016.

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