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Llywodraeth Cymru
Welsh Government

Ein cyf/Our ref: SF/MD/3816/14

David Rees AM
Chair
Health and Social Care Committee
National Assembly for Wales
Cardiff Bay

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27 November 2014

Dear David,

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

Thank you for the opportunity to respond to your inquiry into the progress made to date on the Cancer Delivery Plan. We have carefully considered the 13 recommendations made by the committee and have set out my response to each in Document 1.

Whilst we agree in principle to most of the recommendations, we will not be directly reporting to the committee in 12 months on the recommendations where this is requested. Annual reports on progress are produced each December and the committee will have the opportunity to monitor progress through this process. We do not wish to see duplication in reporting procedures.

The evidence and discussions in committee have shown the delivery plan sets a clear and agreed path for improving service and progress is being made. Fully achieving the ambition of any policy will always take time and need to be completed in staged way.

The Deputy Minister for Health Vaughan Gething AM will respond to the debate on the 10 December.

Best wishes

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Y Gweinidog Iechyd a Gwasanaethau Cymdeithasol
Minister for Health and Social Services

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WELSH GOVERNMENT RESPONSE TO RECOMMENDATIONS FROM THE HEALTH & SOCIAL CARE COMMITTEE: INQUIRY INTO PROGRESS MADE TO DATE ON IMPLEMENTING THE WELSH GOVERNMENT'S CANCER DELIVERY PLAN

NOVEMBER 2014

Recommendation 1

That the Minister for Health and Social Services ensures that there is a body which has the remit and resources to drive the delivery of the Welsh Government's Cancer Delivery Plan at a national level, hold health boards to account on the delivery of their local plans and undertake strategic forward planning of cancer services.

Response: Accept

Accountability for NHS Wales is to the National Assembly for Wales through the Welsh Government. Each health board is responsible for the services they provide for their populations. Each board reports publically on performance.

The Cancer Implementation Group provides an important national oversight function, setting priorities and providing a point of challenge through bringing together clinicians, policy makers and key interest groups. They work collectively on national strategic planning around delivering shared objectives.

The implementation group have recognised themselves the need to ensure cancer structures in Wales drive performance. A project to streamline the structure and work of multiple bodies involved in cancer services into a clear organisational model has been established. This will focus on establishing a clearer alignment of the cancer networks, advisory groups and other bodies to drive delivery and performance with a strong clinical voice. It is not though the role of a single national group to drive activity alone. Action must take place at all levels in NHS Wales. Annual reports at a local and national level are transparently produced, performance indicators feed into Welsh Government escalation processes, national clinical audit, peer review, external review, complaints and incident reporting all contribute to monitoring and challenging progress in delivering the plan. Local communities also need to take an active role in challenging and supporting the delivery of local plans.

Recommendation 2

That the Minister for Health and Social Services reminds health boards of the requirement in the Cancer Delivery Plan for them to publish their local cancer delivery plans and annual reports on their websites to enable the public to hold them to account, and asks health boards to make this

information prominent and easy to locate.

Response: Accept

All health boards have published plans and annual reports on their websites. There are examples of good practice where boards have created dedicated pages to present plans clearly. The Welsh Government will work with health boards where plans are not easy to locate to ensure ease of access to documents.

Recommendation 3

That the Minister for Health and Social Services provides an update to the Committee after 12 months on the strategy for targeting cancer prevention campaigns at harder to reach groups and socioeconomically deprived areas, to include information on the intended timescales, financial implications and how the effectiveness of campaigns will be measured.

Response: Accept

Information on relevant campaigns will be included in the 2015 Cancer Annual Report, due for publication in December 2015. This will be made available to the committee.

Recommendation 4

That the Minister for Health and Social Services provides an update to the Committee after 12 months on the steps that have been taken to ensure that all opportunities are explored and taken up to promote screening among harder to reach groups, and the impact of such promotion on screening uptake.

Response: Accept

Reducing inequity in screening uptake is a priority for Welsh Government and Public Health Wales Trust.

The strategic approach to addressing inequities in screening across Wales has three key parts. These are: having clear consistent messages; ensuring the messages are delivered the way that is most appropriate to the audience; and adopting a partnership approach in this work. Public Health Wales is working with partners including local public health teams, Communities First and community groups to tackle inequalities.

The Screening Engagement Team in Public Health Wales Trust target specific communities where uptake is known to be low. They work with the communities

to raise awareness of screening and find out the barriers that exist in a community, identifying and addressing their needs. Examples of work with specific communities are a project with the transgender community where specific patient information was produced along with training for health professionals, ongoing work with the gypsy traveller community, and work just beginning with community leaders in mosques. A 'train the trainer' approach is being used so messages can be more widely cascaded by people who already have trust within specific communities.

Bowel Screening Wales have an Uptake Group looking at interventions to increase uptake at an operational level. Any interventions implemented should be robustly evaluated to look at impact on uptake across the whole population and in particular groups, looking at age, gender, deprivation and other factors. The learning must be shared across the other screening programmes.

Participation rates for breast and cervical screening in 2013-14 show the programmes are meeting national standards, with uptake for breast screening at 70.8% (standard 70%) and coverage for cervical at 78.6%% (standard 80%). Our coverage for cervical screening is generally the highest in the UK. We will include information on screening uptake in the 2015 annual report and made available to the Committee.

Recommendation 5

That the Minister for Health and Social Services works with the Wales Deanery and the General Medical Council to ensure that GPs' training and continuing professional development raises awareness of cancer symptoms, early diagnosis, and the tools and resources available to support GPs in their roles.

Response: Accept

We made the prevention and early diagnosis of cancer a General Practice National Priority Area this year (2014/15) through our contract negotiations. All GPs are required to review cases of lung and gastrointestinal cancer in their practice to inform their understanding of patient experience and to identify potential barriers and enablers to early diagnosis. Practices are discussing the findings and identifying actions to improve care where needed. We are working closely with the Cancer Networks and with the Third Sector - Cancer Research UK and Macmillan – to support and develop this work. This is also aligned with developing international research through the International Cancer Benchmarking Project to which Wales contributes.

Any training or development issues will be shared with colleagues in the Deanery and through development programmes in the health boards. We will also continue to work closely with the Royal College of GPs which provides a wide range of educational resources.

The General Medical Council is the regulatory body so would not be directly engaged in the educational programme but would take action where standards of care fall below the standards of Good Medical Practice.

Recommendation 6

That the Minister for Health and Social Services requires health boards to take steps to ensure that GPs have clarity about the services available and the referral arrangements in their areas.

Response: Accept

Our new national plan for a primary care service for Wales sets out key actions for health boards, working with all providers, to deliver improvements in this area. The plan contains specific commitments to develop directories of service to support primary care clusters and put in place local care pathways and referral criteria.

Many health boards already have such directories and hold this information on their websites. In addition some health boards have direct contact numbers for clinicians to discuss cases and concerns in line with best practice. The primary care plan sets out how we will build on this good practice.

We would expect the work by GPs emerging from the cluster action plans to identify where particular action is needed to inform those developments, and to work with their health boards to deliver solutions.

Recommendation 7

That the Minister for Health and Social Services makes a statement on cancer diagnosis, to include diagnostic treatments, the Minister's strategy to support diagnostics across Wales, and the impact and value for money resulting from the additional funding provided in 2014-15.

Response: Accept

A statement will be made in the new year.

Recommendation 8

That to ensure that there is consistency and equity across Wales, the Minister for Health and Social Services establishes a national panel to consider and make decisions about Individual Patient Funding Requests.

Response: Reject

In October 2013, the Minister for Health and Social Services commissioned a review of the Individual Patient Funding Requests (IPFR) process, looking in particular at inter-panel consistency and communication with patients. The Review Group have concluded that the IPFR process supports rational, evidence based decision making to access medicine and non-medicine technologies that are not routinely available in Wales. The Group have also made several recommendations to improve the IPFR process by strengthening clinical input and improving inter-panel consistency and communication with patients. The group did not recommend a national panel as it was deemed impractical and imprudent to frequently bring together key staff and clinicians across Wales to make decisions about IPFR. As indicated in the written statement issued in relation to these recommendations, we will review the process again once the revised arrangements have had an opportunity to bed down.

Recommendation 9

That the Minister for Health and Social Services provides an update after 12 months to the Committee on the actions taken, including the guidance he has committed to provide, and progress made by health boards to ensure that the requirements in the Cancer Delivery Plan for all patients to be assigned a key worker and provided with a written care plan are met by 2016.

Response: Accept

Revised guidance on the role of the key worker has been produced by the Cancer Implementation Group and was issued to all health boards and trusts by the Chief Executive of NHS Wales in October 2014 (provided at Annex 1). We will work with the Cancer Networks to put in place processes to monitor the implementation of this guidance. We will provide an update in the next cancer annual report in December 2015 and make this available to the Committee.

Recommendation 10

That the Minister for Health and Social Services sets out the actions which will be taken, with associated timescales and financial implications, to address the aftercare needs of the increasing numbers of people living with cancer in the longer term. Such actions should take account of patients' medical and non-medical needs.

Response: Accept

The Cancer Delivery Plan already makes clear our commitments to meeting the aftercare needs of cancer patients. Considering the holistic needs of individuals and planning for life after treatment should start at the beginning of the cancer pathway and continue throughout.

Actions in the plan relating to confirming access to financial and other advice, ensuring GPs have appropriate 'end of treatment' summaries, allocation of key workers and effective care planning will support the delivering on the ambition of this recommendation.

We will continue to monitor progress of these actions and publish progress annually.

Recommendation 11

That the Minister for Health and Social Services sets out the actions which will be taken, with associated timescales and financial implications, to reduce inequities in access to end of life and palliative care, and provides the Committee with an update after 12 months on the impact of those actions.

Response: Accept

Together for Health Delivering End of Life Care was published in April 2013 and sets out actions to deliver improvements in End of Life Care. The first annual report was published on 28 October 2014 and is available on the Welsh Government website;

<http://wales.gov.uk/topics/health/publications/health/reports/end-of-life/?lang=en>.

A second Report will be published in the final quarter of 2015 and made available to the committee.

Recommendation 12

That, as a matter of priority, the Minister for Health and Social Services considers the development or replacement of the Cancer Network Information System Cymru, and ensures that both clinical and research priorities are taken into account, including secondary episodes of care.

Response: Accept

NHS Wales Informatics Service has commenced work in conjunction with Velindre Cancer Centre to determine the longer term solutions for systems which will be used to capture cancer related data and provide information for secondary use.

Whilst this work takes place NHS Wales Informatics Service have received capital funding for improvements to CANISC in 2014-15 which takes into account clinical and research priorities, as well as ensuring improved data for use in secondary care episodes.

Recommendation 13

That the Minister for Health and Social Services sets out the actions which will be taken, with associated timescales, to ensure the development and service delivery of stratified medicine in Wales.

Response: Accept

The Welsh Government recognises the importance of stratified medicine and is committed to supporting research that optimises its potential to deliver improved, prudent healthcare across a range of disease areas, including cancer.

The Welsh health system will need to develop appropriate genomic medicine facilities and services. The main focus of current activity is to enable an appropriate evaluation of patient outcomes as part of research into stratified medicine approaches, in particular through high quality clinical trials. The development of appropriate service delivery actions are inextricably tied to the outcomes of and timescales associated with the current research effort.

The most significant actions currently associated with the development and service delivery of stratified medicine in cancer in Wales include:

- a sustained Welsh Government investment in infrastructure to support our core research community, including the Wales Cancer Bank, the Experimental Cancer Medicine Centre, the Cancer Genetics Biomedical Research Unit and the Wales Gene Park. Collectively, these investments have already enabled Wales to develop both a capability and international reputation in genetics and genomics, which, with further Welsh Government investment, we expect to continue;
- our leading role in the Cancer Research UK's Stratified Medicine Programme, which entered its second phase this year and which has at its heart the ambition to tackle the challenges in delivering large scale, molecular testing in cancer within the NHS; and
- the involvement of our clinical and research communities and the Welsh Government in supporting - and benefiting from - a five year UK Stratified Medicine Innovation Platform (SMIP) programme. This programme is led by Innovate UK, with industry as key partners, and is aimed at accelerating the development and uptake of stratified medicine. The SMIP Programme is underpinned by a shared vision and roadmap, which both acknowledges and includes actions that address the Committee's view of the importance of planning for the delivery of requisite infrastructure and services.

In addition to these actions, and as part of developing its genomics plans for Wales, the Welsh Government is commissioning an external review to consider

how genomic medicine facilities and services in Wales can most appropriately be configured to meet the future clinical, research and economic development needs of Wales.

The Minister for Health and Social Services has agreed that funding of £20,000 in 2014-15 will be made available from the NISCHR budget to undertake the review of genomic infrastructure across Wales.