

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

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

Evidence from Cancer Research UK – CDP 13



Cancer Research UK response to the National Assembly for Wales' Health and Social Care Committees inquiry into progress made to date on implementing the Welsh Government's Cancer Delivery Plan
April 2014

Introduction

Cancer Research UK welcomed the introduction of the Cancer Delivery Plan and the creation of the Cancer Implementation Group in June 2012.

Cancer Research UK believes that cancer plans are essential in the fight against cancer. They set strategic direction and make the best use of resources to reduce cancer incidence and mortality. To continue to improve or make our cancer outcomes among the best in the world in the coming years, we need to maintain comprehensive cancer plans that incentivise action and dedicate resource to beating cancer.

We welcome the vision and priorities set out in the cancer plan. However we feel that more all Wales planning is needed, as there is currently variation in implementation of the plan by the different Local Health Boards. We therefore feel that the structures for delivering and implementing the cancer plan need to be strengthened, and we would like to see a more integrated all Wales approach.

We also feel that more could be done to better capture and analyse data in Wales to assess service delivery against the cancer plan, and to identify best practice.

The International Cancer Benchmarking Project (ICBP) has shown that UK cancer outcomes lag behind other comparable European Countries; evidence suggests this is due to both variation in access to treatment and late diagnosis, particularly the large number of cancers diagnosed through emergency admissions to hospital.

Our response therefore focuses on the action needed to diagnose cancers earlier in Wales, and to ensure people have equal access to the best treatment as recommended by their doctor.

These are the two areas that need to be prioritised if we are going to achieve better outcomes.

We have focused on: late stage cancer diagnosis in harder to reach groups; the variation in access to diagnostics tests in Wales; the effectiveness and take up of the bowel screening programme; and better access to treatments.

These are the areas where there is inequality, and where the cancer delivery plan lacks detail and national planning and oversight.

We would like to see:

Early diagnosis awareness campaigns considered at national level, and for local activity to be well coordinated, taking into consideration the needs of different population groups. This includes targeting lower socio-economic groups where indicated.

An improvement in the collection of staging data to ensure that we can identify and address problems with late diagnosis.

Better access to diagnostic tests for GPs

the Welsh Government develop a plan to add Bowel Scope Screening to the Welsh Bowel Screening Programme as soon as possible.

a data set for radiotherapy in Wales and a more joined up national comprehensive plan must be put in place for future service improvements

1. Early Diagnosis

Earlier diagnosis can dramatically improve survival for many cancers. For example, the ICBP has shown that when colon and colorectal cancer is diagnosed at the earliest stage, 1 year survival is over 90%, whereas when it is diagnosed at the latest stage survival is only 34%.¹

The Welsh Government cancer delivery plan states that, “Local Health Boards need to raise awareness among public and health professionals about the risks and symptoms of cancer and how to act promptly and appropriately on this knowledge,” and that “Diagnostic testing, particularly ultrasound and CT scans, should be available on request to primary care practitioners wherever this will reduce the time to diagnosis. All investigations that might demonstrate cancer should be reported promptly.”

At the moment all of the LHB individual cancer delivery plans acknowledge the importance of diagnosing cancers earlier in Wales, and the need to plan campaigns similar to the ‘Be Clear on Cancer Campaign.’ Some LHBs specify details of how and what they are doing to achieve this. For example Cwm Taff has established a Community Cancer Awareness Network which brings together all cancer stakeholders, including primary care, to raise awareness of the signs and symptoms of cancer and to improve quicker diagnosis in primary care. Other LHBs state that they will plan future work but do not provide detailed plans.

We know that each year 5,600 patients in the UK are diagnosed with cancer at a late stage because of social and health inequalities². This is in part due to a lack of awareness of cancer symptoms amongst lower socioeconomic groups.

¹ Maringe, C., *Stage at diagnosis and colorectal cancer survival in six high-income countries: A population-based study of patients diagnosed during 2000–2007*. Acta Oncologica, 2013. 52(5): p. 919-932.

We would like to see awareness campaigns considered at national level and for local activity to be well coordinated, taking into consideration the needs of different population groups. This includes targeting lower socio-economic groups where indicated.

Analysis of accurate staging data across different cancer types plays a key role in gaining an understanding of where delays to diagnosis are significant. We acknowledge that recording and collection of staging data is improving in Wales and the Wales Cancer Intelligence and Surveillance Unit will be carrying out more work on staging data this year. However it will be important for the staging data to be analysed and priorities and actions set accordingly.

We would like to see an improvement in the collection of staging data to ensure that we can identify and address problems with late diagnosis.

Diagnosing Lung cancer earlier in Wales - Preliminary work by the Wales Cancer Intelligence and Surveillance Unit (WCISU) indicates that 51% of lung cancer patients had an emergency episode of care leading to their diagnosis.³

In October 2013, Cancer Research UK (CR-UK) hosted an all Wales Knowledge Sharing meeting on Early Diagnosis to discuss the early diagnosis of cancer and access to optimal treatments. The meeting looked at the latest data and the evidence base around current interventions to consider what work could be taken forward in Wales including data on cancer diagnosed through emergency routes. The group agreed that an early diagnosis initiative should be taken forward based on lung cancer covering information, workforce, campaigns and public information. We support a national initiative on early diagnosis in Wales and will continue to work with the Welsh Government to ensure that this activity is taken forward as soon as possible.

Access to Diagnostic tests – the need for better access to diagnostics tests to improve earlier diagnosis was also highlighted at the workshop. Experts were concerned about diagnostic test capacity, waiting times for tests, and the variation in access to diagnostic tests between localities and health boards. There was also concern that the current system is not equipped to take on the extra referrals that may be generated by future public awareness campaigns. It was acknowledged that preparing the system for any increased demand would need to be an integral part of any campaigns.

More needs to be done to ensure that GPs are aware of the availability of these tests, and that they are able to access them when requested. The Welsh Government will need to consider the level of funding needed to improve access to these tests.

2. Bowel Cancer screening

² Lyratzopoulos, G. et al. Socio-demographic inequalities in stage of cancer diagnosis: evidence from patients with female breast, lung, colon, rectal, prostate, renal, bladder, melanoma, ovarian and endometrial cancer. *Annals of Oncology* doi:[10.1093/annonc/mds526](https://doi.org/10.1093/annonc/mds526)

³ Presentation by the WCISU at CR-UK knowledge sharing working on early diagnosis. October 2013.

The Cancer Plan states that, “Screening services need to keep pace with the changing evidence of benefit and remain of the highest international standard. Action is needed to find more effective ways to increase take up by harder to reach groups.”

Survival rates for colorectal cancer patients in Wales are poorer than most other countries in Europe,⁴ and older people and those from deprived areas are more likely to be diagnosed with cancer at a more advanced stage.

Improving overall uptake for bowel screening needs to be prioritised across all of Wales. Screening is the best way to diagnose bowel cancer early and early diagnosis is crucial - patients diagnosed with bowel cancer at the earliest stage have a better than 90% chance of surviving for five years, whilst for those diagnosed at the latest stage this drops to just 6.6%.⁵

We are currently piloting a campaign in North London, targeted at deprived communities, which aims to raise awareness, and remove barriers to bowel screening. We would be happy to share the results of this pilot in due course.

Cancer Research UK co-funded a 16 year study⁶ which showed that Bowel Scope Screening (BSS) cuts deaths by over 40 per cent, and can actually prevent a third of bowel cancers among those screened⁷. The UK National Screening Committee has recommended Bowel Scope Screening (BSS) as an appropriate screening test for use in the UK’s screening programmes⁸.

BSS is a one-off test at 55. It is an addition to the existing screening programme – people receiving BSS will still be invited to take part in the FOBT screening programme at 60. BSS is currently being piloted in six sites in England, with full coverage expected by 2016. The Scottish Government have also announced a two-year trial of BSS to start shortly.

We would like to see the Welsh Government develop a plan to add BSS to the Welsh Bowel Screening Programme as soon as possible.

Part of the plan should be an investment in endoscopy provision by the Welsh Government to ensure that services are equipped to take on bowel scope screening without impacting on other diagnostic and surveillance endoscopy services.

3. Equal access to treatment

The Cancer Plan states that, “Hospital services should be delivered promptly, be well co-ordinated with effective communication across boundaries and ensure good patient experience.”

⁴ Verdecchia, A., S. Francisci, and H. Brenner, *Recent cancer survival in Europe: a 2000-02 period analysis of EURO-CARE-4 data (vol 8, pg 784, 2007)*. *Lancet Oncology*, 2008. **9**(5): p. 416-416.

⁵ <http://www.cancerresearchuk.org/about-us/we-develop-policy/our-policy-on-early-diagnosis/our-policy-on-bowel-cancer-screening>

⁶ <http://www.cancerresearchuk.org/cancer-info/news/archive/cancernews/2010-04-27-Five-minute-screening-test-could-prevent-thousands-of-bowel-cancers>

⁷ Atkin, W.S., et al., *Once-only flexible sigmoidoscopy screening in prevention of colorectal cancer: a multicentre randomised controlled trial*. *Lancet*, 2010. **375**(9726): p. 1624-33.

⁸ UKNSC, *Note of the meeting held on 10 March 2011*. 2011.

However we feel that the commissioning and planning of treatment services, such as radiotherapy, could benefit from better national coordination and strategic planning.

Radiotherapy is a highly effective way of treating cancer. Four in ten people whose cancer is cured have received radiotherapy, and every year radiotherapy helps cure more people than cancer drugs.

New radiotherapy techniques like Intensity modulated radiotherapy IMRT are able to give precise doses to the tumour, rather than the surrounding tissue area.

However we know that the roll out of IMRT has been slow across Wales because of complex bureaucratic processes between the different Local Health Boards, and variation exists in access to advanced radiotherapy treatments. We believe that more national oversight could help address this.

We need a data set for radiotherapy in Wales and a more joined up national comprehensive plan must be put in place for future service improvements.

About Cancer Research UK

Every year around 300,000 people are diagnosed with cancer in the UK. Every year more than 150,000 people die from cancer. Cancer Research UK is the world's largest cancer charity and is dedicated to saving lives through research. Together with our partners and supporters, Cancer Research UK's vision is to bring forward the day when all cancers are cured. We support research into all aspects of cancer through the work of over 4,000 scientists, doctors and nurses. In 2012/13, we spent over £330 million on research in institutes, hospitals and universities across the UK. The charity's pioneering work has been at the heart of the progress that has already seen survival rates in the UK double in the last forty years. We receive no government funding for our research.

In Wales fund the Wales Cancer Trials Unit which is dedicated to improving clinical practice through quality research evidence. We also fund the Cardiff Cancer Research UK Centre which draws together world class research and areas of medical expertise to provide the best possible results for cancer patients nationwide.