Llywodraeth Cymru
Welsh Government

POLICY AND STRATEGY

# The quality statement for cancer

The quality statement describes what good quality cancer services should look like.

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The Quality Statement for Cancer replaces the Cancer Delivery Plan for Wales.

# Introduction

Over the past decade, cancers have been one of the most common causes of death in Wales and this is likely to remain so in the decades ahead due to the ageing nature of the population. It is vital that cancer is effectively prevented where possible, that cases of cancer are detected at earlier more treatable stages, and that complex treatment pathways are optimised; while throughout people are properly supported and co-produce their care. Ultimately, the aim is to improve population survival and reduce cancer mortality rates.

Building on the work of the 2012 and 2016 Cancer Delivery Plans, the next five year phase of cancer service development must take advantage of the widespread consensus that has emerged on priority areas, bring programmes to fruition, and maintain the national leadership and local engagement that has been achieved. This will ensure that there is a long-term and consistent approach to improving outcomes as envisaged in the Wellbeing of Future Generations Act and demonstrated by international experience.

The introduction of quality statements was signalled in A Healthier Wales and has been described in the National Clinical Framework as the next level of national planning for specific clinical services. It forms part of the enhanced focus on quality in healthcare delivery that was described in A Healthier Wales and the Quality and Safety Framework. Quality statements will be integral to the future planning and accountability arrangements for the NHS in Wales.

This Quality Statement was launched during the COVID-19 pandemic, which had a significant impact on cancer services. The Quality Statement includes the immediate, short-term focus on recovery and also consideration of the longer-term potential for transformational innovations, such as liquid biopsy. However,

its substantive focus is on the medium-term development of services during the Parliamentary Term.

Health boards and trusts are responsible for planning and delivery of cancer services in line with professional standards and the quality attributes set out below. Health boards and trusts will be directed, supported and enabled to deliver improved cancer services by the NHS Executive function. This will be discharged through its Wales Cancer Network Board, which will be supported with national funding. The clinical network will set out a rolling, three-year implementation plan that identifies and prioritises cancer service developments based on the quality attributes described below. Detailed service specifications will also be developed to support the planning and accountability arrangements for the NHS in Wales; these will be set out in Annex A as they become available.

The National Clinical Framework place specific emphasis on the development of national clinical pathways and emphasises the importance of systemic local use of the quality assurance cycle. This quality statement has at its heart a focus on nationally optimised pathways to support local improvement in the quality of service delivery. The ongoing implementation and further development of the single cancer pathway and its underpinning nationally optimised pathways is the vehicle that will support the delivery of consistent, high quality care and improved cancer outcomes.

**Cancer survival and mortality rates are reported by the Wales Cancer Intelligence and Surveillance Unit (phw.nhs.wales)**

# Quality attributes of cancer services in Wales

## Equitable

1. The NHS Executive leads the national approach to service improvement

through its clinical network board for cancer.

2. Cancer services collaborate through the clinical network to ensure transparency and support equity of access and consistency in standards of care.

3. The SCP dataset, clinical audit, PROMs and peer review are key components supporting accountability discussions.

4. Horizon scanning of transformative innovations supports more rapid and widespread local adoption.

5. The cancer workforce is planned to meet forecast demand; specifically clinical and medical oncology, cancer nurse specialists, medical physics and therapeutic radiographers.

## Safe

6. An immediate system-level focus on recovering the pre-pandemic waiting list volume.

7. Recommended population and targeted screening programmes are available, uptake meets service standards and participation is equitable.

8. More specialist cancer services that are fragile or cannot meet vital standards have reconfigured into more resilient regional, super-regional or national services.

9. Fully integrated Acute Oncology Services are available in all acute hospitals.

## Effective

10. More cases of cancer are detected at earlier, more treatable stages through more timely access to diagnostic investigations.

11. Evidence-based surgical techniques, radiotherapies, systemic anti-cancer therapies and genomic therapies are routinely available.

12. All eligible patients are offered access to research trials and Wales provides excellent supporting infrastructure for cancer research.

## Efficient

13. The Single Cancer Pathway and its Nationally Optimised Pathways are comprehensive and fully embedded in local service delivery.

14. The cancer patient record is delivered on a modern and resilient IT platform that enables greater integration of care and provides the relevant data to guide service development.

15. Clinicians working in cancer pathways work at the top of their license or are supported to improve their skill mix and are also enabled to take part in the quality assurance cycle and research activity.

## Person centred

16. Person-centred cancer care is culturally embedded and supported by a common approach to assessing and managing people's needs.

17. Co-production of care ensures people affected by cancer achieve the

outcomes that matter to them.

18. Precision medicine enables better targeting of treatments.

19. Pre-habilitation and rehabilitation are key parts of the cancer pathway; including application of making every contact count.

## Timely

20. At least 75% of people referred on the suspected cancer pathway start first definitive treatment within 62 days of the point of suspicion.

21. Timeliness of cancer pathways is measured across their entire length, beyond first definitive treatment and including recurrent disease.

22. Close cooperation with national diagnostic programmes and networks enables improved access to diagnostic investigation.

# Annex A - service specifications

The NHS Executive will oversee the local implementation of the **nationally agreed, optimised clinical pathways**:

- breast cancer
- children's cancer
- colorectal cancer
- gynaecological cancer
- head and neck cancer
- lung cancer
- neuroendocrine cancer
- teenage and young adults cancer

- upper GI
- urological cancer

It will also oversee the following nationally agreed **service specifications (nhs.uk):**

- Hepato-Pancreato-Biliary Surgery
- Oseophago-Gastric Surgery
- Rapid Diagnostic Centres