

# More than medicine

Our ideas for the next  
Welsh Government



**tenovus**  
cancer care  
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# More than medicine

## Our ideas for the next Welsh Government

### Foreword

Tenovus Cancer Care has a proud history. Our charity and the NHS have grown up together and, having been founded by ten Cardiff-based business owners in 1943, we celebrated our 75<sup>th</sup> anniversary in 2018.

In the 1960s, we embarked on a project which was to influence our work for the next 40 years; building the Tenovus Institute for Cancer Research in Cardiff which carried out vital research into the causes of cancer. Research into the causes of cancer and ways of living better for longer with and beyond cancer has always been at our core. Today, the need to find and promote evidence based ways of preventing cancer has never been more important.

As we enter 2020, Wales begins to look towards electing its next Welsh Government. The Senedd elections of 2021 will be an opportunity for Aelodau'r Senedd to gain new mandates for their vision for the country. It also represents an opportunity for us, as a critical friend, to contribute ideas for the next Welsh Government to take forward our nation's cancer services; improving the lives of those affected by cancer and helping diagnose, treat and prevent it more effectively than ever.

We have always been at the forefront of innovation; finding new and novel ways to help individuals through their cancer journey and beyond, for years to come. We give hope and help cope - that is the Tenovus Cancer Care way.

Cancer does not recognise partisan politics and nor do we. We are proud to work across all parties, and none, to be the voice for cancer patients in Wales. It is our sincere hope that the ideas in this document will give the next Welsh Government concrete, achievable - yet ambitious and imaginative - proposals for their term in office.

Judi Rhys  
Chief Executive, Tenovus Cancer Care



Prof Malcolm Mason  
Chair, Tenovus Cancer Care



# Our top priorities

The next Welsh Government should...



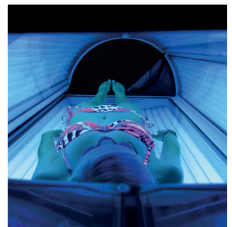
## Say 'tara' to tobacco

Set an ambitious 'endgame' target date for the effective eradication of smoking in Wales, accompanied by a comprehensive and robust delivery plan.



## Save our skins

Introduce a comprehensive national prevention strategy for skin cancer, including an Australian-style tanning salon licensing scheme.



## Commit to cancer research

Fully endorse and commit to implementing the Cancer Research Strategy for Wales.



## Reach into rugby clubs

Promote the uptake of FIT (Faecal Immunochemical Test) bowel cancer screening through targeted community-focussed interventions.



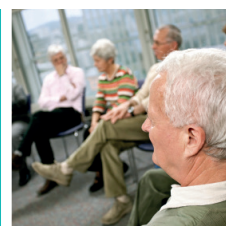
## Take treatment closer to home

Enable anyone undergoing treatment for cancer to access treatment closer to home, where clinically appropriate, via our Mobile Support Units.



## Make it more than medicine

Provide individuals with information and psychosocial support before, during and after cancer treatment.



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# Prevention is better than cure

More than 1 in 2 people in Wales will develop cancer at some point in their lives<sup>1</sup> and around 19,000 people are diagnosed with the disease each year.<sup>2</sup> The single greatest risk of cancer comes from advanced age, however it is estimated that more than 4 in 10 cancer cases could be prevented, largely through lifestyle changes.<sup>3</sup>

If we are serious about ensuring that the Welsh NHS has the resources it needs to diagnose and treat cancer to the standard required, then a drastic increase in emphasis is needed to tackle the estimated 40% of cancers that are preventable. Without it, the NHS will need ever greater resources and risks Wales becoming little more than an NHS system with a country attached.





# Tobacco

Smoking remains the leading preventable cause of disease and premature death. It kills more people than alcohol, car accidents, illegal drugs, murders and suicides combined.<sup>4</sup> It is a huge public health burden – estimated to be responsible for half of the difference in life expectancy between the most and least deprived areas nation-wide.<sup>5</sup> While smoking rates in the most deprived communities are over 60% higher than in better-off areas, smoking rates among social housing residents are almost double that of the wider population,<sup>6,7</sup> a trend visible for some time.<sup>8,9</sup>

“Smoking is still the leading preventable cause of disease and premature death in Wales, kills more than alcohol, car accidents, illegal drugs, murders and suicides combined”.

– **Cross Party Group on Smoking and Health, 2019**

It is vital that more attention is devoted to help reduce these persistent inequalities, with targeted interventions in the most deprived communities and social housing in particular. As well as the obvious health risks, including that of second hand smoke, smoking may also push a large proportion of smokers into poverty. Smoking and poverty are inter-twined. Research has shown that smokers in poverty may spend an average of around £1,200 a year on smoking while increasing household incomes above the poverty line may lead to improvements in smoking cessation rates.<sup>10</sup>



## The next Welsh Government should

set an ambitious 'endgame' target date for the effective eradication of smoking, accompanied by a comprehensive and robust delivery plan.

## The next Welsh Government should

introduce a comprehensive smoke-free policy in social housing, accompanied by targeted smoking cessation support to help the most deprived and addicted smokers to quit, who may otherwise struggle the most to comply with the policy.

Smoking rates are continuing to fall nation-wide. However, we know that progress in reducing the number of smokers has started to taper off.<sup>i</sup> It is vital that a clear road map is now set out to suppress smoking rates even further so that we can end the scourge of tobacco. As such, we support the concept of a smoking 'endgame' – setting an ambitious target date for the effective eradication of smoking as a phenomenon in society.

Using e-cigarettes, also known as 'vaping', gives an adult smoker the opportunity to quit smoking, which is proven to lead to reduced rates of lung cancer and better overall respiratory health. It is known that e-cigarettes are by far the most popular choice for people trying to stop smoking.<sup>ii</sup> The message on e-cigarettes is clear: if you don't vape, don't start. But if you smoke traditional cigarettes, vaping can help you quit. As a result Tenovus Cancer Care has advocated their use as part of a quit-attempt.

The use of e-cigarettes as an alternative to traditional 'combustion' cigarettes represents an important new tool in the public health armoury to push down smoking rates even further. However, while those attempting to quit are supported with a range of nicotine replacement therapies (NRTs), e-cigarettes are not one of them – even if we know vaping is the most popular method chosen by people who smoke and are attempting to stop. This represents a significant gap through which many smokers may fall when making their quit attempt.

Tenovus Cancer Care welcomes greater research into the potential risks associated with the use of e-cigarettes. However, all currently available evidence suggests that any potential risks are small, and significantly outweighed by the reduction in harm caused by exposure to cancer-causing chemicals in tobacco smoke. Tenovus Cancer Care continues to advocate the use of e-cigarettes as an alternative to conventional combustion cigarettes to help people quit smoking.

The next Welsh Government should ensure all e-cigarette users are supported in their quit attempt.

The next Welsh Government should

ensure level 3 community pharmacy smoking cessation services are widely and readily available throughout the country.

Research studies have found that children are far more likely to try a cigarette or be current smokers if they see 'role models', such as parents, smoke.<sup>12</sup> People who smoke have also been found to be more likely to attempt or successfully quit when tobacco use is de-normalised, seen as less socially acceptable, and when smoking bans are in force.<sup>13</sup>

The next Welsh Government should

ban smoking in, and at the entrances to outdoor, non-enclosed, public places such as sports grounds, parks, and beaches and include a duty of care for this to be enforced.

The next Welsh Government should

make all enclosed workplaces, whether permanent or temporary, permanently smoke-free spaces to minimise the potential risk from third-hand smoking and to promote the denormalisation of smoking.

Tenovus Cancer Care believes the Welsh Government has a duty of care to use the strongest possible measures to protect people who do not smoke from the harms of tobacco. Healthcare workers, police officers, social workers, domestic staff and others have the right to receive the same level of protection as other workers. The Welsh Government consulted on measures to tighten this up in the Smoke-free Premises and Vehicles (Wales) Regulations 2018. However, a number of loopholes remain. For example, to reduce the risks associated with third hand smoking we believe that vehicles used for paid or voluntary work purposes should be smoke free at all times, not just whilst carrying a passenger. There is also no proposed outright ban on smoking in private homes that provide childminding services, with the current ban only applying while third parties are present.

i. There are around 476,000 smokers in Wales, 19% of the adult population. Smoking prevalence has not fallen for three years and the national target for adult smoking to be reduced to 16% by 2020 is unlikely to be achieved until 2025. ASH Wales. Smoking and Inequalities Briefing Paper. Accessed 06 Aug 2019.

# Obesity

Being obese or overweight are contributing factors to cancer, associated with increased risk of at least 13 different types of cancer.<sup>14</sup> Extra fat in the body can have harmful effects, like producing hormones and growth factors that affect the way our cells work. Being overweight can be down to a range of factors, the most common being when more calories are being consumed than being burned. Other factors include an individual's genetics, their environment or the choices they make with eating and exercise.

## Mandatory calorie labelling

We believe that empowering consumers to make well-informed decisions, leading to lower-calorie dietary choices, is vital. It is an important principle that customers should be able to compare the dietary cost as easily as they can the financial cost of a variety of options. We therefore welcome the Welsh Government's commitment, through Healthy Weight: Healthy Wales, to introduce mandatory calorie labelling in the out of home sector.<sup>15</sup>

### The next Welsh Government should

introduce, as soon as possible, mandatory calorie labelling on all food in the out-of-home sector with a labelling system that gives greater prominence to portion sizes and the number of portions in food items.

We know that while there is an encouraging programme for preventing obesity through early years and schools-based interventions, the majority of the adult population is currently either overweight or obese. This is particularly acute in deprived communities. However, a crucial part of the Obesity Pathway, the Nutritional Skills for Life programme, is currently under resourced and poorly implemented. As a result, GPs lack referable capacity nationally, with scalable capacity limited to commercial providers. We are concerned about the long term viability of access to such paid-for-services, particularly among the lower income groups where obesity is so acute.

### The next Welsh Government should

fully fund the effective Nutritional Skills for Life programme and establish a delivery body to ensure referable capacity is provided nationwide.





# Alcohol

Alcohol consumption is linked to over 200 diseases and conditions including six types of cancer, heart disease and liver disease as well as obesity.<sup>16</sup>

Worryingly, awareness of these harms is currently very low. It is estimated that four out of five people are not aware of the alcohol guidelines<sup>17</sup> and only one person in 10 is aware of the link between alcohol and cancer.<sup>18</sup>

Labelling of alcohol products has been shown to increase awareness of the harms associated with drinking.<sup>19</sup> Current consumer information on alcohol products tends to be limited to the strength of the drink, unit content and perhaps a 'no alcohol in pregnancy' graphic. Existing labels do not provide any information about ingredients or warn of the health risks associated with drinking alcohol. We believe the public have the right to know about these harms, in order to make informed choices about their drinking.<sup>20</sup>

## The next Welsh Government should

reform alcohol packaging to include information about the health risks of alcohol including to cancer and of the calorie content of the product.

Existing labels can also be misleading with alcohol-free, non-alcoholic, de-alcoholised and low alcohol labels all in play. Tenovus Cancer Care has put forward proposals to simplify these, including restricting use of 'alcohol-free' solely to those drinks that are entirely absent of alcohol.<sup>21</sup>

Currently, drinks with less than 0.05% alcohol are deemed alcohol-free. However, this can be misleading for anyone wishing to avoid alcohol altogether. Instead, we would prefer it to be replaced by a new label of ultra-low alcohol for drinks that are not absent of alcohol but are less than 0.5% ABV.

## The next Welsh Government should

introduce a new 'ultra-low alcohol' label for drinks that are not absent of alcohol but have an ABV of less than 0.5% ABV, replacing current 'de-alcoholised', 'alcohol-free' and 'non-alcoholic' labels.

## The next Welsh Government should

reform the sale of alcohol to prevent promotional cross-merchandising in an equivalent manner to that in Scotland.

Since 2009, there has been a statutory requirement in Scotland that "the display of alcohol for consumption off the premises... be confined to a single area of the premises", i.e. either on a dedicated alcoholic drinks aisle in large shops, or on a specific set of shelves in small shops.<sup>22</sup> The precise nature (size, location etc.) of the display area is agreed between the licensee and the licensing authority. It is also permitted for shops to display alcohol in "an area that is inaccessible to the public", i.e. behind a counter.

According to the Scottish Government, this measure "effectively eliminates cross-merchandising of alcohol with other products and means that customers will need to make a more conscious decision to go to that area if they intend to browse or buy an alcohol product. They will no longer encounter numerous alcohol displays as they select their everyday groceries".<sup>23</sup> The Welsh Government has previously backed the introduction of "separate areas for [alcohol] sale in supermarkets", and so do we.<sup>24</sup>



# Sun

Within the last two decades the incidence of skin cancer has more than doubled. Melanoma, a form of skin cancer, is now one of the most common cancers in Wales, despite our climate.<sup>25</sup>

Ultra Violet (UV) radiation exposure is estimated to account for around 80% of melanoma cases in the UK.<sup>26</sup> It remains one of the most preventable forms of cancer by taking straightforward steps to protect your skin against harmful UV rays.<sup>27 28</sup> High UV ray exposure in the first 10 years of life more than doubles the risk of developing melanoma later on.<sup>29</sup> Therefore reducing sun exposure in childhood is a highly effective way of reducing the risk of developing skin cancer later in life. The early childhood education and care setting provides an opportunity to influence positive sun safe behaviour and establish the daily use of life long sun protection best practices.



Tenovus Cancer Care encourages sun safe behaviour from the earliest possible point in a child's life. To improve sun safe behaviour we believe there should be a concerted effort to co-ordinate all sun safety activity between local authorities, health boards, Public Health Wales and the third sector. Despite the importance of reducing sun exposure in childhood, there is currently no nation-wide policy to achieve it and, unlike many other illnesses, there is no comprehensive national prevention strategy for combatting skin cancer. We believe having one is vital in drawing together all sections of society to help prevent this most preventable of cancers.

A number of initiatives should also be integral to such a prevention strategy. Although sun safety can be delivered through the 'safety' element of Welsh Network of Healthy School Schemes, education regarding sun safety is not compulsory.

The next Welsh Government should introduce a comprehensive national prevention strategy for skin cancer.

by

introducing a compulsory and comprehensive sun safety policy in all schools, as advocated by the World Health Organization.

The Welsh Government introduced the Sunbeds (Regulation) Act 2010 (Wales) Regulations in 2011. The regulations make it an offence for sunbed salons to be unsupervised or to sell or hire a sunbed to anyone under 18. However, use of sunbeds to over 18s remains largely unregulated, with the associated significant risks to melanoma that UVR exposure from sunbed use entails.

by

introducing an Australian-style Tanning Salon licensing scheme at a local authority level, ensuring that basic safety standards are met and appropriate health warnings are given on sun beds.

While preventing exposure to the sun by using shade or clothing, particularly between 10am-2pm is by far the most effective strategy for reducing exposure to UV rays,<sup>30</sup> application of sun screen is a valuable additional layer of protection. Sometimes it is the only protection for parts of the body where exposure is inevitable. However, the cost of sunscreen is often cited as a barrier to its effective use. Under the UK's value added tax (VAT) regime, sun cream is considered a luxury item and is thus taxed at the higher rate of VAT.<sup>31</sup> Reclassifying it as a health product, or zero rating, it would reduce the counter price by 15-20%.

by

lobbying the UK Government for VAT to be removed on sun cream products.

# HPV

Human papillomavirus (HPV) is a group of viruses that affect the skin and the moist membranes lining the body, such as in the cervix, anus, mouth and throat. HPV is most commonly passed on through genital contact, usually during vaginal, oral and/or anal sex. However, it can be transmitted in other ways too, such as through skin-to-skin contact. It can be passed on even when the infected person has no signs or symptoms.

There are more than 100 types of HPV. Since introducing the HPV vaccination for adolescent girls in 2008, uptake has been encouraging<sup>ii</sup> with sharp declines in HPV infection rates.<sup>32</sup> We welcomed the extension of the HPV vaccination programme to boys, bringing to an end the unfair situation whereby only those parents who can afford to pay for privately-funded HPV vaccinations are able to protect their sons. However, adolescent boys who were older than 13 years of age in the 2019/20 academic year will have missed out on the vaccination programme, potentially leaving them at risk. While it is better to vaccinate before an individual becomes sexually active there is evidence to suggest that individuals can still benefit from the vaccine once sexually active.<sup>33</sup>

## The next Welsh Government should

introduce a catch-up HPV vaccination programme for adolescent boys and consider the efficacy of extending to further age cohorts.



# Active travel

Active travel is a key element to helping people expend more calories in their day-to-day life, contributing to weight loss.

We support the implementation of the Active Travel Act and the Wellbeing of Future Generations Act in order to rebalance communities away from motor vehicles and towards walking and cycling - for example by making cycle routes a serious alternative method of commuting, and resourced accordingly.

## The next Welsh Government should

recognise the role of active travel in preventing cancer by increasing investment in safe and convenient walking and cycling to at least £20 per head per year.

ii. In girls in the 2018-19 school year 9 (13-14 year olds), uptake of two doses is currently 81.2%.



# Deprivation

Deprivation is a significant driver of obesity. The numbers of overweight and obese adults rise with increasing deprivation, from 55% in the least deprived areas to 66% in the most deprived areas.<sup>iii</sup>

There is evidence that eating a well-balanced, cooked meal at school has a positive impact on a child's overall diet - but it is estimated that only around 1% of packed lunches meet nutritional guidelines set for school food.<sup>34</sup> Tenovus Cancer Care would like to see any potential barriers to children accessing a good quality diet removed; decreasing the risk of cancer associated with an obesogenic diet and attracting the well-established social benefits of receiving a well-balanced, cooked meal at school.

If our school system is designed to give children the best start in life we believe this should include the canteen as well as the classroom. So, we'd like the Welsh Government to look seriously at making free school meals available to as many children as possible, regardless of the income level of their parents.

We endorse the Senedd's Equality, Local Government and Communities Committee's call for the earnings threshold to be increased to £14,000 – up from the existing £7,400 – and call on the next Welsh Government to go further.<sup>35</sup>

## The next Welsh Government should

establish a programme to retrofit all residential properties with energy saving measures up to a minimum 'D' rating.



## The next Welsh Government should

make nutritionally balanced free school meals available to as many children as possible, increasing provision from a baseline earnings floor of £14,000.

We all know how much it costs to heat a home. For people diagnosed with cancer, who are more likely to feel the cold, the cost of heating can be a real worry.

Over half of Welsh homes are thought to be in the three worst performing categories when it comes to energy efficiency.<sup>36</sup> It is estimated that tackling energy inefficiency by retrofitting properties to bring all properties up to a minimum 'D' rating would remove 40% of fuel-poor households from fuel poverty and cut housing-sector carbon emissions by a quarter.<sup>37</sup> Such a proposal would quite literally insulate some of the most vulnerable in the country from increases in fuel costs, a problem that is so often an underappreciated complication of a cancer diagnosis. It would also achieve an estimated return on investment for the wider economy of £3.20 per £1 invested.<sup>38</sup>

iii. National Survey for Wales. The most recent data (2017-18) shows 55% of people in the least deprived quintile are overweight or obese, of which 14% are obese, and 66% of people in the most deprived quintile are overweight or obese, of which 30% are obese.



# Smarter services

## Adding value through research



The next Welsh Government should fully endorse and commit to implementing the Cancer Research Strategy for Wales.

Wales has its own distinct identity with a well-developed research community. To truly add maximum value we cannot simply seek to replicate larger countries on a smaller scale. Equally, with a population of just over 3 million, we have the perfect opportunity to test-drive, evaluate and roll-out new, radical strategies that can truly make a difference to Wales' residents.

Commissioned by the Welsh Government, the Cancer Research Strategy for Wales has been drawn together by the Wales Cancer Alliance, the Wales Cancer Network and the Wales Cancer Research Centre. The strategy sets out a vision for how our research community can develop and apply research to improve outcomes for cancer patients. Crucially, and to succeed, any such strategy needs long-term buy-in from Government and it is essential that the next Welsh Government does just that.

## Resilient workforce

The Welsh NHS is facing a grave recruitment and retention issue – with past strategies aimed at recruiting healthcare professionals struggling to maintain existing numbers, let alone increase headcount – particularly in light of a large soon-to-retire workforce.<sup>39</sup>

The next Welsh Government should

allow the NHS workforce to add value wherever and whenever they are able to, taking into account new work-life patterns.

Growing the size of the workforce is of course but one way of addressing capacity issues. It is vitally important that we recognise the immense wealth of experience among the soon-to and recently-retired populations. Having true agile-working practices, allowing those nearing retirement age to adjust their work-life balance and continue this past a conventional retirement age, represents a significant resource that can help bridge the recruitment gap. More flexible, non-conventional arrangements such as allowing staff, should they so wish and subject to maintenance of relevant accreditations, to maintain a non-committal ad-hoc relationship with the Welsh NHS could also be considered in the same vein.

Beyond this, it is important to recognise that recruiting staff to certain locations will remain a stubborn challenge, no matter the salary or benefits. To this end, Tenovus Cancer Care would like to see a greater emphasis placed on the ability for certain processes, such as diagnostic tests, administrative work and to an extent certain consultations, taking place remotely by making full use of modern communication technologies. Where there is a reduced premium on work taking place during conventional working patterns, and distance technologies are feasible, there is little to restrict staff from being able to perform certain tasks in line with their own schedules, whatever time of day or night that might be – thus increasing workforce capacity.

# Big data

With the serious capacity challenges facing the NHS workforce we need to harness the opportunities that artificial intelligence (AI), big data and machine learning afford to increasing capacity. We welcome these possibilities, liberating clinicians from more routine, lower value addition diagnostic and screening processes through employment of artificial intelligence, informed by big data and machine learning to help improve triage processes. This is achieved twofold. Firstly by removing the need for any workforce to interact with some tests (for example those that could be assessed by AI against set criteria or threshold criteria, such as FIT). Secondly by growing the workforce that is able to add value in the diagnostic chain from the existing workforce, particularly allowing allied health professionals not currently commissioned to perform such tasks to do so. Crucial to all these is streamlined, efficient and comprehensive integration of data systems – allowing all parts of the NHS to talk to one another – and informatics that are fit for the 21st century.

There are also privacy issues for public health and big data. Machine learning requires large amounts of data to allow its algorithms to learn. As a result, an important consideration is concerns around privacy issues related to the personal data inputted into such systems and the extent to which they can or should be considered a public good going forward.

## The next Welsh Government should

invest seriously in transformational programmes using AI and big data to improve screening uptake and capacity.

# Better data

With the introduction of the Single Cancer Pathway comes the possibility of greater transparency along the diagnostic pathway, being able to compare Health Boards. It should allow gaps and bottlenecks in the system to be more easily identified, with a quicker mobilisation of resources to the areas where they are needed most. However, the transformative power of increased transparency is limited if clinicians, politicians and the third sector are unable to compare the relative performance of Health Boards within the pathway and if only a limited dataset is reported.

## The next Welsh Government should

adopt open-source data principles, with more transparent reporting at each point in the Single Cancer Pathway to enable performance between Health Boards to be more rigorously scrutinised and best practice to be better shared.

# Bowel screening

Bowel cancer is the second most common cancer affecting both genders<sup>iv</sup>, marginally behind lung cancer.<sup>40</sup>

The earlier bowel cancer is diagnosed the more likely you are to survive beyond five years.<sup>v</sup> However, Wales is playing catch-up; placed 25<sup>th</sup> out of 29 European countries in terms of five year survival rates.<sup>41</sup>

The Faecal Immunochemical Test (FIT) regime is a vital tool in increasing the diagnostic capacity for bowel cancer. The Cancer Research Strategy for Wales identifies “population-level early diagnosis and screening interventions” as potential opportunities going forward. We agree and believe that reductions in both the FIT sensitivity threshold and the screening age range are essential to improving outcomes for patients and should therefore be the ultimate goal of the next Welsh Government.

While FIT provides a better user experience, take up is still a concern – particularly among men and in deprived communities. Screening uptake is historically low in Wales, with an average rate of around just 57%.<sup>vi</sup>

## The next Welsh Government should

make use of smart data to identify and engage patients who have not taken part in FIT screening consistent with Making Every Contact Count (MECC) principles.

Deprivation is a major driver of poor health outcomes, as is late diagnosis. Urgent attention is needed to increase screening uptake among more deprived communities.

Particular focus should be paid to those identified as experiencing multiple deprivation, as defined in the Wales Index of Multiple Deprivation. It should not be impossible to proactively identify those patients, particularly male patients, in deprived communities, who have not taken up their routine FIT screening, as and when they attend ad hoc GP appointments.

## The next Welsh Government should

extend the screening age range, starting at 50 years of age and commit to a long-term goal of decreasing the FIT sensitivity threshold to the point at which risk is functionally eliminated.

Confronting and reducing the stigma attached to bowel cancer and screening in general should be a key concern - for example with a focus on community-based interventions, reaching into our nations rugby clubs, engaging with Black, Asian, Minority Ethnic and Refugee communities and faith leaders.

## The next Welsh Government should

promote the uptake of FIT screening through targeted community-focussed interventions.



iv. Bowel cancer, also known as ‘colorectal cancer’ is the third most common among women, behind breast and lung cancers, and the second most common among men, behind prostate cancer, and representing 10% and 13% of all new cancers in 2013-17 respectively.

v. You have a 94% chance of surviving 5 years if diagnosed at Stage 1, compared to just 9% if diagnosed at stage 4. However, a quarter of those diagnosed with bowel cancer in 2016 were at Stage 4. Public Health Wales, 2017. WCISU: Cancer Incidence in Wales.

vi. Public Health Wales. (2020). Bowel Screening Wales Annual Report 2018-19. Coverage and uptake figures were higher in females (coverage was 57.2% in females compared to 54.1% in males, uptake was 58.8% in females compared to 55.7% in males).



# Protecting prostates

Prostate cancer is the most common male cancer, accounting for over a quarter of all male cancers,<sup>42</sup> It is not clear what causes prostate cancer, but the risk of an individual increases over the age of 50. Black men are more likely to develop the disease as are those with a family history of the disease.<sup>43</sup>

## The next Welsh Government should

make mpMRI available throughout the country regardless of a citizen's postcode.

Using multi-parametric magnetic resonance imaging (mpMRI) technology, it is now possible to get a clearer picture of what's going on in the prostate, eliminating the need for many invasive trans-rectal ultrasound 'TRUS' biopsies. The findings from the 'PROMIS' trial showed a number of pros and cons.<sup>44</sup> The National Institute for Health and Care Excellence (NICE) has now backed mpMRI scans as a first-line investigation for people with suspected clinically localised prostate cancer, quoting its cost effectiveness and ability to reduce the number of biopsies performed. However, they are not universally available throughout the country.



# Delivering care closer to home

A cancer diagnosis is a life changing moment. We are committed to making life with cancer as easy as possible.

Our Mobile Support Units have been bringing cancer treatment and support closer to home since 2009, delivering chemotherapy and lymphoedema treatments across the country. We can treat people in their own communities, saving them long and expensive journeys to hospital, where car parking is often very difficult or far away from the place of treatment. Our Mobile Support Units go to different locations each day, setting up in local car parks, supermarkets and community venues.

Having treatment on board our Units is completely different to going to hospital. It's less overwhelming, less stressful and altogether quieter. Our small team means patients see the same reassuring faces each time.

We would like to see everyone undergoing treatment for cancer to be able to access treatment closer to home, where clinically appropriate, via our Mobile Support Units. We believe this model could be further rolled out to add extra, flexible capacity for pre-habilitation, for screening and for clinical trials.

## The next Welsh Government should

enable anyone undergoing treatment for cancer to access treatment closer to home, where clinically appropriate, via our Mobile Support Units.

Lung cancer is the biggest cancer killer in Wales, causing over one fifth of all cancer deaths.<sup>45</sup> We are one of the worst performing nations in Europe for survival, with an average survival rate of 34% after one year and just 12% at five years.

There is currently no screening regime for lung cancer and consequently around two thirds<sup>46</sup> of lung cancer is diagnosed at stages 3 or 4. We know that survival rates plummet at later stages; after five years just 1.8% of those diagnosed at stage 4 survive compared to 45.6% of those diagnosed at stage 1.<sup>47</sup>

While the rate of lung cancer detected is increasing among women and declining among men, it is typically diagnosed at earlier stages among women relative to men. This makes for harrowing reading and addressing it is essential. It is clear more work is needed to improve the rate of diagnosis, and encourage earlier diagnosis, particularly among men.

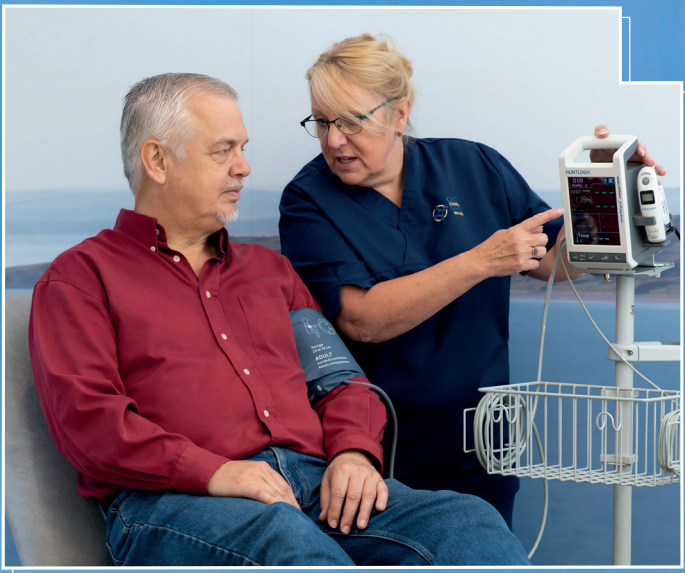
The 'Manchester Model' targeted screening for those with a high risk of developing lung cancer that were current and ex-smokers, aged 55-74. While such an approach carries risk factors, exposing the lungs to additional radiation via 'CT' scans for example, it has produced encouraging results with significant stage-shifts among those taking part in the screening programme when compared to the general population. A review into the applicability of Lung Health Checks in Wales is due to report in mid-2020.

## The next Welsh Government should

evaluate the feasibility of rolling out a national Lung Cancer Screening programme, following the outcome of the review into the Lung Health Checks.

Tenovus Cancer Care stands ready to help provide the Mobile Support Units required.







# Blue badges

Parking is always a significant problem for our clients. Blue badges enable people living with and beyond cancer to be that much closer to facilities they need, with the reduced stress of priority access to spaces at what is already a stressful time.

Blue badges are currently available to anyone with a mobility issue, subject to an application. However, currently the picture on the ground is one of unnecessary paperwork and delays with an application process that is bureaucratic, with significant variation throughout the country.

We believe that anyone with a terminal illness diagnosis should be automatically eligible for a blue badge and we are pleased that the Welsh Government has in principle agreed to it.

With demand set to rise steeply over the coming years due to an ageing population meeting the demand for blue badge spaces is a concern. Everybody likes to park next to the supermarket entrance, don't they? But for some people, it's the size of the space as well as the availability of them as a designated space that's the premium, not necessarily the location of them. Making more spaces available further away from the entrance would help provide a guaranteed space on a Saturday afternoon, without having to be next to the front doors.

## The next Welsh Government should

establish a unified, consistent and coherent system for applying for Blue badges that removes the postcode lottery for applicants including automatic eligibility for anyone with a terminal illness diagnosis.

## The next Welsh Government should

direct parking providers to create additional blue badge parking bays away from premium spots.





# When it is gone, it is not over

## Support when you need it most

The impact of a cancer diagnosis can be life-changing - it takes a toll physically, emotionally and financially.

Those diagnosed with cancer might feel too ill to go to work or need time off for treatment, while family or friends might need time off work to help provide care and support.

The sudden and unexpected loss of income, coupled with hidden costs, can place a huge burden on people. The impacts of stress upon the immune system are well documented.<sup>48</sup> For cancer patients, many of whom have a suppressed immune system due to their treatment, the removal of any additional stress is to be welcomed.

The 2016-2020 Cancer Delivery Plan identified the 'consistent application' of the recovery package including the allocation of a cancer key worker and undertaking a holistic needs assessment as key actions for the NHS in Wales. However, people we support report that these are still far from reality.

The next Welsh Government should

provide individuals with comprehensive information and psychosocial support before, during... and after cancer treatment.





# Social prescription

Loneliness and isolation is a phenomenon many in society experience, not just people affected by cancer. However, the sudden change in life circumstances, perhaps stopping work, spending endless hours in hospital or not being able to go out with your friends anymore means that loneliness and social isolation can be a real problem associated with a cancer diagnosis.

We are clear that caring for someone with a diagnosis means so much more than medicine. That's why, along with our Support Line, we also offer the emotional support that is so vital at this time, through our Sing with Us choirs.

Our choirs are fun, uplifting and friendly, providing a safe space for anyone affected by cancer - whether they're a patient, survivor, carer or someone who has been bereaved. Aside from the singing, they also give people the chance to discuss the impact of cancer upon them, if they want to. Research funded by Tenovus Cancer Care has shown that singing and being part of the choirs particularly help people with low pre-existing levels of mental health and wellbeing, including carers and the recently bereaved.<sup>49</sup>

## The next Welsh Government should

maintain an up-to-date database of local prescription options, allowing primary and secondary care to make full use of its possibilities.

A cancer diagnosis can leave a profound trauma on an individual, both physically and emotionally. However, when the physical side has been treated, people often tell us they feel bewildered, isolated, not quite sure what to do. When the cancer has gone, it's not over.



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