



Llywodraeth Cymru  
Welsh Government

PUBLICATION

# Ministerial cancer summit: 12 October 2022

This is the summary report from the cancer ministerial summit.

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# Background

Following a period of declining cancer performance and an increasing number of patients waiting longer than 62 days for their treatment to commence a ministerial summit was held to discuss what the system needs to do collectively and individually in response to this.

Health boards were asked to present their progress against their cancer recovery plans, including their actions to address the backlog, meet the cancer target whilst transforming their services to become more sustainable.

The Minister for Health and Social Services was clear in her address:

“ I think we are facing the most challenging times we have ever experienced in cancer services.

“ There is no doubt that cancer services, despite how hard everyone is trying, are struggling to cope with the significant rise in demand that we are seeing as a result of the distorting effect of the pandemic. ”

While there are local issues that need to be addressed it is evident that there are regional and national issues that require a different approach to resolve. The aim of the summit was to identify all the issues, highlight areas where improvements have been made to understand what learning can be shared and to seek solutions to some of the key concerns within the service.

## Strategic context

A Healthier Wales set out the policy direction and the cancer quality statement describes the outcomes and standards we would expect to see in

high quality patient focussed services. The [quality statement for cancer](#) sets out 22 planning and accountability expectations to be delivered consistently across Wales.

There are 21 national optimal pathways setting out what the optimal journey for patients are on those pathways. It is the expectation of Welsh Government that health boards cancer services align themselves to these optimal pathways reducing variation and ultimately reducing waits for patients.

Welsh Government published a planned care recovery plan, in April 2022. The cancer section of the recovery plan is very clear about the actions needing to be taken now to increase activity. Our approach for cancer recovery focuses on reducing the backlog of those who are waiting too long on their cancer pathway and ensuring there is clear communications in place with patients throughout their cancer pathway, but also works towards a more sustainable approach to transformed pathways which will deliver robust, efficient, and timely pathways and services for future cancer care.

The Wales Cancer Network is in the process of developing a cancer services action plan to further support services.

## Challenges discussed

The health board slides are attached to this report and therefore the following section highlights the main parts of the discussion.

The size and scale of the cancer waiting list continues to grow due to increased referral numbers, staff shortages and revised pathways following the pandemic.

Health boards are struggling to respond to current demand.

Cancer performance against the target has fallen to its current low of 52.5% for August. Whilst health boards are treating more patients, the percentage of patients treated out of target has increased affecting the performance. The percentage treated out of target is weighted by issues within key tumour sites, namely urology, lower/upper GI, breast, gynaecological, lung and skin.

The demand on cancer services, as measured by the volume of patients entering a cancer pathway, is now higher than pre-COVID. The increase in demand is not consistent across all tumour sites. Likewise, the number of patients being treated is higher than pre-COVID levels with treatment volumes regularly above 120% pre COVID levels. The increase in activity levels varies across all tumour sites:

- Lower GI – Increase in demand of 38.8% - increase in activity 11.8%
- Gynaecology – Increase in demand 11.8% - increase in activity 15.4%
- Breast – Increase in demand 7.9% - increase in activity 8.7%
- Upper GI – Increase in demand 22.5% - increase in activity 10.8%
- Skin – Increase in demand 14.7% - increase in activity 53.6%
- Urology – decrease in demand -9.5% - decrease in activity -0.1%

Waits appear to be driven by delays in the early stages of the pathway at first outpatient appointment and diagnostics. A diagnostic strategy is being developed and will be published following consultation.

## Commitments

The Minister for Health and Social Services was clear about her expectations on the service.

“ We must look to work differently, making use of the technology available to us and working together across health board boundaries and regions. Working differently includes looking at ways to maximise the resources we already have, pooling those resources on a regional basis, utilising tools such as FIT to help streamline pathways, ensuring straight to test pathways are embedded in our primary care provision. We need to make better use of sharing our successes and learning from each other. ”

The following commitments have been agreed and progress against these will be monitored closely:

- Health boards to reduce the number of people waiting over 62 days for their treatment to start in line with agreed trajectories.
- Health boards to plan to achieve 70% performance by the end of the financial year. Where possible health boards will implement straight to test pathways and establish one stop diagnostic clinics. This will reduce the need for outpatient clinics and reduce the length of time in the diagnostic pathways.
- Implement the national optimal pathways, this will aid in streamlining pathways with a particular focus on the front end of the pathway.
- Health boards to plan their cancer workforce to meet forecast demand, specifically clinical and medical oncology, cancer nurse specialists, medical physics and therapeutic radiographers.
- Health boards to continue to develop their business intelligence to improve their grip and control over services.
- Health boards to maintain good communication and support services for all patients but in particular those waiting over 62 days. The Wales Cancer Alliance agreed to support health boards with this.
- The Wales Cancer Network and the Planned Care Improvement and Recovery team to share good practice examples across all health boards and facilitate this learning.

- Health boards to work together on a regional and national basis to support the workforce shortages and capacity gaps at a local level.
- The Planned Care Improvement and Recovery team to lead on developing regional solutions and co-ordinating national initiatives.
- The Wales Cancer Network to produce a cancer services action plan.

The Minister for Health and Social Services has requested that there is another Ministerial Cancer Summit in six months' time to reassess where services are and the progress made against these commitments.

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