Cross Party Group on Cancer: Inquiry into Cancer Waiting Times, September 2020

Tenovus Cancer Care is Wales' leading cancer charity. Our aims are simple. We want to help prevent, treat and find a cure for cancer.

We do this by offering support, advice and treatment to cancer patients and their loved ones. We also promote healthy lifestyles and fund cancer research to find new ways to prevent it, diagnose it, and treat it.

We welcome the opportunity to respond to this important consultation.

So far waiting times under the Single Cancer Pathway have been static – with no statistically significant changes. The most recent results from January 2020 showed that 73.7% of patients were diagnosed and treated within the 62-day target.

1. What is your assessment of the waiting times results under the Single Cancer Pathway so far?
    a. Tenovus Cancer Care understood and supported the rationale for the Single Cancer Pathway and recognised that the transition to a new system would result in the appearance of longer waiting times relative to the former, less transparent system. However, it would not be unfair to say that the expected improvements in waiting times have thus far not appeared, even before the pandemic.

It is important to recognise the impact the pandemic has had on the implementation of the Single Cancer Pathway and its ability to improve early diagnosis. We are also keen to understand any potential opportunities that could arise during the recovery of diagnostic and cancer services.

2. What impact on cancer diagnosis and treatment have you observed as a result of the COVID-19 pandemic?
    a. Analysis by Tenovus Cancer Care has shown that between March and July an estimated 22,000 people that would normally have been suspected of having cancer were not referred into the Single Cancer Pathway for diagnostic tests. Of these SCP figures would suggest that approximately 10%, or circa 2,000 people, to normally be diagnosed with cancer. Therefore, we calculate around 2,000 individuals are currently living with undiagnosed cancer, yet to visit their GP.
3. What do you think is required to support the recovery and restoration of diagnostic and cancer services in Wales?
    a. Diagnostic services were already under pressure across the country before the pandemic. We hope that the acute pressures caused as a result of these services being paused during Spring 2020 will result in comprehensive, long term resourcing solutions.

4. If there should be further peaks of COVID-19 infections in Wales later in 2020 or 2021, how can diagnostic and cancer services be protected to minimise disruption?

a. We are clear that cancer services cannot be considered collateral damage to the nation's struggle to contain the COVID-19 pandemic and cancer services must be ringfenced should there be any further peaks.

5. Are there any opportunities for the Single Cancer Pathway as diagnostic and cancer services recover from the pandemic?
    a. Rapid Diagnostic Centres have been a promising prospect for several years but has thus far struggled to gain traction. Bold action is required to clear the backlog of pent-up demand caused by the pandemic require. We would like to see substantial investment in RDCs across the country – initially to clear the backlog and leading to longer-term investment in the diagnostic capacity in the NHS.

Public awareness (patient interval)

6. What is the single most important action that should be taken to improve population awareness of cancer symptoms across all socio-economic groups to reduce health inequalities?
    a. Rates of engagement with cancer services, including screening, and outcomes following a diagnosis are markedly less optimistic among more deprived groups, including BAMER communities. Tenovus Cancer Care has called for targeted interventions in these so-called harder to reach communities to secure take up of screening and earlier presentation of symptoms.

Primary care- NICE's NG12 guidelines for suspected cancer outline that a GP should refer their patient for further diagnostic tests if there is a 3% chance that the patient has cancer and set out the actions GPs should take depending on the presenting patient.
NICE's DG30 guidance outlines the procedure for referral for colorectal cancer.

7. Do you think that NG12 referral guidelines are applied uniformly across Wales?
8. What do you think is the biggest challenge to the uniform implementation of NG12?
9. How could GPs be supported to implement NG12?
10. What would be the impact of the uniform implementation of NG12?
11. How well do you think DG30 guidance is being applied across Wales?

Screening

12. What is the role of cancer screening in delivering the aims of the Single Cancer Pathway?
    a. We believe that prevention, and early diagnosis of cancer through screening are of the utmost importance for managing cancer risk as a nation.

13. How can cancer screening be optimised to detect more early cancers?
    a. In our 'manifesto' for the 2021 Senedd elections, we call for a number of changes to the screening regime to identify cancer earlier.
    These include:

    Bowel Screening

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

    Lung Cancer

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

Use of AI

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

Diagnostic capacity. Diagnostic capacity includes the diagnostic workforce as well as any equipment needed for diagnosis patients, and is vital for timely and early diagnosis of cancer.

14. What challenges currently exist in diagnostic capacity?
15. What are the future challenges to diagnosing cancers early?
16. What opportunities exist for improving early and timely cancer diagnosis?
17. Considering the pilots currently operating in Swansea Bay and Cwm Taf, what role do you envisage for RDCs in the future of cancer diagnosis in Wales?
    a. Tenovus Cancer Care support the use of RDCs and would like to role increase. They provide a valuable referral option to primary care for patients with vague symptoms.

       As people start to adjust to life with COVID-19, we sincerely hope that anyone worried about potential cancer symptoms, who put off going to the GPs during the lockdown, will now actively seek support. However, releasing this 'pent up demand' into an NHS that already had real capacity challenges for diagnostic services prior to lockdown, risks overwhelming the NHS with a new kind of peak – undiagnosed cancer. We see RDCs as playing a role as part of a bold and decisive plan to clear the backlog of screening and treatment.

Treatment

18. What are Local Health Boards currently doing, and what do they need to do in future, following a diagnosis and decision to treat to ensure that patients can start treatment as soon as possible?

National Optimal Pathways. National Optimal Pathways are pathways for different cancer sites which outline the best practice for each cancer site. These are currently being developed and rolled out to support Local Health Boards in implementing the Single Cancer Pathway.

19. What impact do you think the national optimal pathways will have?
    a. We support the use of National Optimal Pathways in terms of reducing the regional variability or so-called 'postcode lottery' experienced by people undergoing a diagnosis and treatment in Wales.

Patient experience.

20. What impact has the Single Cancer Pathway had on patient experience?
21. What impact should the Single Cancer Pathway have on experience and how do you foresee this being achieved?
22. Are patients being routinely made aware of their key worker following their diagnosis?
    a. 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.
23. What does patient experience look like following diagnosis? How could the Single Cancer Pathway offer opportunities on this?

Data & informatics

24. What are the limits of the data currently collected under the Single Cancer Pathway?
    a. 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 pandemic has seen reporting from the SCP severely limited.

We would like to see open-source data principles adopted, 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.

b. One of the great innovations during the COVID-19 crisis has been the use of the Tableau platform. This provides regular, interactive and accessible information regarding infections and deaths, to the general public. Public facing cancer informatics are currently spread between the WCISU database and Stats Wales, with significant interpretation required to make sense of the figures contained within.

We would like to see publicly facing informatics upgraded and consolidated to a level that can be understood by everyone - ensuring openness and transparency for all service users.

25. What are the opportunities and challenges are presented by the Single Cancer Pathway in data collection?
    a. See 24a.

Other

26. Do you have any final comments on the Single Cancer Pathway?