

Cyflwynwyd yr ymateb i ymgynghoriad y [Pwyllgor Iechyd a Gofal Cymdeithasol](#) ar [Gynllun Llywodraeth Cymru i drawsnewid a moderneiddio gofal a gynlluniwyd a lleihau rhestrau aros](#)

This response was submitted to the [Health and Social Care Committee](#) consultation on the [Welsh Government's plan for transforming and modernising planned care and reducing waiting lists](#)

PCWL 10

Ymateb gan: | Response from: BMS Consultation

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## **BMS Consultation: Response to the Welsh Government's plan for transforming and modernising planned care and reducing waiting lists**

### **Summary**

BMS is a leading global biopharmaceutical company focused on discovering, developing and delivering innovative medicines for patients with serious diseases in areas including oncology, haematology, immunology, cardiovascular and neuroscience. Our employees work every day to transform patients' lives through science.

In the UK, BMS employs approximately 1,000 people. Our ongoing partnerships with the NHS, academia and scientific institutes represent investment into the UK to the value of over £200 million. More than 750,000 NHS patients rely on our medicines to manage their disease, stay well and live their life to the full.

BMS recognises that the scope of the Welsh Government's plan goes beyond cancer, focusing on transforming and modernising planned care and reducing waiting lists. While this consultation response focuses on oncology, many of the recommendations are relevant for the wider health system. Furthermore, a national cancer strategy for Wales is expected later this year, and any recommendations in this consultation response - whilst important and relevant now for efforts to reduce waiting lists - should also be considered for any future cancer strategy.

### **Summary of recommendations:**

- The Welsh Government should issue further investment to meet the 10% increase in capacity required to effectively address the backlog.
- Any future national Welsh cancer strategy should set out how activity and funding is to be allocated according to tumour type, considering the needs of the population, and the expert views of clinicians and the patient community.
- BMS recommends that any future cancer strategy specifically sets out what it will do to achieve the changes set out within this plan across specific tumour types.
- A future cancer strategy should also include more robust actions to improve access to cancer treatment.
- The Welsh Government should ensure that health boards are able to confirm action within pre-defined timeframes to meet the commitments within this plan - ideally within less than three years for optimised cancer pathways.
- Over the next 10 years there should be renewed efforts and targeted investment to increase the levels of diagnosis, treatment, and positive outcomes for patients living with cancers with the greatest unmet need, including less-survivable cancers.
- Welsh health system partners should collaborate to improve data infrastructure and availability allowing for greater understanding of cancer types with the largest backlog in diagnostics and treatment along with the areas most affected.
- The Welsh Government should publish statistics for nursing vacancies to address staff shortages and improve workforce planning.
- Regional and local health leaders should tackle the barriers to adopting skill-mix approaches, whereby the roles and responsibilities of a team are designed around the needs of the patient.
- The Welsh health system should look to rapidly implement the community diagnostic hub model, coupled with increased focus on public awareness campaigns to encourage members of the public to come forward for tests.
- NHS Wales should drive greater public awareness on the potential role of genomic testing, alongside investment in clinical pathways to support wider rollout.
- A long-term strategy is needed that commits to funding molecular diagnostic services and ensures their place within an integrated health system.

- There should be immediate focus on increasing the number of patients diagnosed through screening programmes and urging patients to come forward through public awareness programmes. Public awareness campaigns must come with ring-fenced funding to ensure they are delivered continually.
- Any future national cancer strategy should clarify how funding for public awareness campaigns will be earmarked for specific tumour types. The cancer policy team should engage with the system to understand which cancers stand to benefit the most in terms of outcomes from public awareness campaigns.
- BMS wishes to see deeper and more sustained collaboration across different sectors, where organisations work together to implement and scale up best practice innovations, developed at a local level. The Wales Cancer Industry Forum represents an effective model for such collaboration.
- A bold systems leadership approach is required to tackle the scale of the diagnostic backlog, which has increased dramatically as a result of the pandemic. This approach draws on the collaborative and risk-friendly strategy taken by the US' 'Cancer Moonshot'.<sup>1</sup> The approach would encompass and help deliver on the attributes outlined in the Quality Statement for Cancer.<sup>2</sup>

### **Building a more resilient and sustainable health and social care system**

- BMS welcomes the plan's commitments to transform services to be sustainable for the longer term, including expanding services and capacity. It is important that the health system is prepared to meet the needs of patients now and in the future.
- New analysis from the Office of Health Economics (OHE), commissioned by BMS, demonstrates the scale of the COVID-induced backlog in cancer diagnosis and treatment in Wales. The analysis determines that the Welsh health service will need to exceed pre-pandemic diagnosis and treatment activity levels to clear the cancer backlog. It articulates how long it will take to tackle the backlog in each area based on the health service working at 2.5%, 5% and 10% above pre-pandemic activity.
- The serious limitations to cancer diagnosis and treatment data in Wales need to be addressed as a priority to ensure the cancer backlog is better understood.
- recognising that the scale of Wales's diagnostic capability challenges go beyond the bandwidth of any one organisation, a new approach requires deepened and sustained collaboration with patients, the NHS, the third sector, Government and industry to identify and implement solutions. BMS would welcome such partnerships across different sectors to implement and scale up best practice innovations developed at a local level.

### **The diagnostic backlog**

- Urgent cancer referrals fell significantly at the beginning of the COVID-19 pandemic. Referrals recovered to near pre-pandemic levels seven months later.<sup>3</sup>
- If Wales can increase the resources allocated to dealing with the cancer backlog by 10% compared to pre-pandemic levels, it will take 20 months to clear the cancer diagnostic backlog. An increase of only 2.5% to pre-pandemic activity will result in a 6.5 year wait to clear the backlog, and will hinder progress on the ambitions contained within this plan, particularly around reducing waiting times.
- Pathological data for cancer diagnosis is not readily available in Wales. This lack of data sharing prevents a complete understanding of the scale of the cancer backlog. Further, it results in an inability to determine which tumour types are the most prevalent across the health system in Wales.
- Laboratories are currently struggling to provide routine services, early detection and diagnosis of cancer and, in some cases tests, which should be provided under basic standards of care for cancer patients and specific tumour types. Laboratories focus

their budgets on immediate priorities and are therefore unable to plan for the adoption of newly approved tests.

- A long-term strategy is needed that commits to funding these relatively resource-poor services and ensure their place within an integrated health system. Given the substantial decreases in diagnosis levels between cancer types, resource should be split proportionally to cancer types that have been most affected by the pandemic. In the short to medium term, the Welsh health system should look to replicate the community diagnostic hub model implemented in England, coupled with increased focus on public awareness campaigns to encourage members of the public to come forward for tests.
- BMS therefore welcomes moves to join up diagnostic or treatment services regionally as set out in this plan. Particularly for cancers where delay to diagnosis and first treatment could drastically impact survival outcomes, approaches such as the one stop shop approach are necessary.
- BMS welcomes commitments in the plan to have rapid diagnostics to support early detection and diagnosis of cancer. BMS recommends that any future cancer strategy specifically sets out what it will do to achieve these changes within specific tumour types.

#### The treatment backlog

- Both initial cancer treatment and outpatient oncology referrals decreased during the onset of the pandemic.<sup>3</sup> In October 2020, both of these indicators recovered slightly but were still below pre-pandemic levels.
- Based on a 10% increase of pre-pandemic activity, it will take 10 months to clear the backlog in people waiting for their first cancer treatment. Even with a 10% increase, it will take 14.5 months to clear the backlog for outpatient referrals.
- Pathological data for treatment is unavailable and consequently it is difficult to fully understand the scale of the cancer treatment backlog.
- BMS is encouraged by the commitments within the plan to improve access to treatment. Efforts to improve uptake by separating lower acuity cancer pathways from emergency centres is also welcome. However, a future cancer strategy should include more robust actions to improve access to cancer treatment.
- Ensuring patients have access to treatment - particularly the most innovative therapies - is an important factor in improving outcomes. While England, and by virtue, Wales, ranks fourth for the availability of cancer medicines in Europe, nearly half of the cancer medicines approved by the European Medicines Agency (EMA) still have 'limited availability' in England and Wales.<sup>4</sup>

#### Ensuring that people who have health needs come forward and patient centred care

- Early detection and diagnosis of cancer is vital to improving a person's chances of survival as early-stage cancer is more responsive to treatment. In bowel cancer for example, five-year survival is over 90% if caught early, but less than 10% if diagnosed late.<sup>5</sup> However, in Wales, there were 20,000 fewer suspected cancer referrals between March and November 2020.<sup>6</sup>
- As Wales enters the interpandemic period it is expected that there will be an increased number of patients presenting with later stage cancer. As such, there should be immediate focus on increasing the number of patients diagnosed through screening programmes and urging patients to come forward through public awareness programmes. It will also be essential that patients are able to receive the latest and most innovative treatments. Public awareness campaigns must come with ring-fenced funding to ensure they are delivered continually.
- BMS is pleased that this plan recognises the need to communicate with the public to encourage those in need to come forward. In 2017, Cancer Research UK found that

22% of respondents were worried about wasting their doctor's time and 45% said they found it difficult to make an appointment.<sup>7</sup>

- Any future national cancer strategy should clarify how funding for public awareness campaigns will be earmarked for specific tumour types. The cancer policy team should engage with the system to understand which cancers stand to benefit the most in terms of outcomes from public awareness campaigns.
- BMS believes that cancer care should be holistic and person-centred. As such, BMS is encouraged by commitments in the plan to streamline pathways by minimising the number of hospital visits for patients, including personalised patient-initiated follow-up pathways for cancer.
- One way to bolster self-management and access to clinical support, if needed, is by ensuring that patients have consistent access to support from a named clinical nurse specialist (CNS), who often acts as a crucial first point of contact, enabling patients to receive a better experience across all aspects of care.<sup>8</sup> Providing CNSs with the capacity to undertake their role to the fullest potential, combined with a codified 'professional framework', could drive better outcomes for patients.<sup>8</sup>
- There should be greater focus on cancer types which have seen the greatest falls in diagnosis and treatment during the pandemic, as evidenced by the OHE data. Over the next 10 years, there should be renewed efforts and targeted investment to increase the levels of diagnosis, treatment, and positive outcomes for patients living with cancers with the greatest unmet need, including less-survivable cancers, typically defined as lung, pancreatic, liver, brain, oesophageal and stomach cancers. This should include a specific strategy which details funding allocation and targets for the expected increases in activity levels.

#### **Adequate funding to support improvements with clearly defined timelines**

- The Welsh Government should issue further investment to meet the 10% increase in capacity required to effectively address the backlog.
- The Welsh Government should also ensure that health boards are able to confirm that action on the commitments within this plan is able to commence within pre-defined timeframes, and ideally, in the case of optimised cancer pathways, within less than three years.
- Timelines for embedding optimal cancer pathways are not as explicit as they could be in the plan. BMS welcomes the ambition to streamline pathways, including personalised patient follow up. Similarly, commitments to streamline the diagnostic pathway and improve access to treatment are encouraging, but the Government should apply timelines and implementation metrics to ensure the success of these commitments. BMS would welcome the publication of an implementation plan to support the aspirations laid out within the plan.
- The plan is also not clear on who will be responsible for ensuring the continued use of amended treatment regimens developed during the pandemic, where it is clinically appropriate. This will likely require input from HCPs at different parts of the pathway and it is imperative that the health service is able to facilitate coordination in a consistent manner.
- BMS welcomes the funding announced for the implementation for the National Endoscopy programme, strengthening diagnostic and imaging services, implementation of the critical care plan and plans for improving cancer and stroke services. However, it is not clear how the £170m allocated to these aspirations, among others, will be allocated within each area. The Welsh Government should issue further investment to meet the 10% increase in capacity required to effectively address the backlog.

