National Assembly for Wales
Health and Social Care Committee

Inquiry into the progress made to date on implementing the Government's Cancer Delivery Plan

Evidence from BMA Cymru Wales – CDP 29

Committee Clerk,
Health and Social Care Committee,
National Assembly for Wales,
Cardiff Bay,
CF99 1NA.

03 April 2014

Inquiry into progress made to date on implementing the Welsh Government's Cancer Delivery Plan

Dear Sirs / Madam,

Following consultation with our members on the progress made in implementing the Welsh Governments Cancer Delivery Plan in Wales we have not received a substantial number of replies in order to address all areas of the terms of reference for the inquiry.

BMA Cymru Wales will therefore not be issuing a full response, however we are able to share with you a number of more specific points raised by our members who did respond:

- A five year plan is perhaps too short to see any substantial real improvement in most of the target areas. A fifteen year delivery plan is perhaps more appropriate as there may then be better data available and the impact of the fiscal environment would hopefully be clearer by then.

- There is a need to acknowledge the situation of worsening medical / nursing recruitment in Wales.

- In terms of the progress made against targets, it is too early to judge whether there has been a concrete change in many of the performance indicators set in this report but certainly in North Wales we are aware of at least two areas where there seems to have been some level of deteriorating performance: diagnostic accessibility to Primary care, and Colorectal secondary care access.

- We have heard that in large areas of North Wales there has been extremely limited access to CT scanning from Primary Care - in fact we were informed “in Central and Western areas it is now nonexistent for many of our patients”. This postcode lottery must be addressed.

- We were told that in general in North West Wales a suspected cancer referral patient is usually seen very quickly. However there tends to be a delay in investigations and these seem to be arranged sequentially rather than as a single process. The arrangement of colonoscopy and gastroscopy together seems to be working; however the imaging is often delayed. The same member commented that there is a drive in the area to insist that patients fill in a questionnaire that scores their cancer likelihood before they are seen, which could suggest a lack of capacity and the creation of a “dual” system.

- We have also been told that the colorectal service across North Wales has found itself under enormous strain – perhaps due to a combination of recruitment difficulties and more demand upon it from the screening service and demographic shift - this has meant significant delays in diagnosis for many patients. It has been reported to us that there are a large cohort of young patients with bowel cancer having had to wait several months before definitive treatment of their cancer has been undertaken. This is also intimately connected with the access to diagnostics; if there was direct access to endoscopic evaluation of the lower bowel most of this delay could be avoided.

- Many other services in Oncology, especially in areas such as Breast and Prostate are also reporting severe strain in their service again largely as a result of poor recruitment but also driven by demographic change and increased early pick up from greater use of screening tools - such as mammography, which is validated - and PSA testing, which is not.

- In regard to inequalities in cancer incidence and mortality rates, it would take many years to show a significant change and certainly there will be no measurable change so soon.

- It is recognised that poverty and deprivation are largely responsible for the differences in disease incidence between social groupings. There is evidence that there is a widening gap between the social groupings in terms of wealth distribution - this is concerning and is likely to lead to deterioration in the health status of the poorest in our society, and this includes rates of cancer.

- Those living in more deprived circumstances tend to use the screening services less often and are less open to messages on public health as well, so they often present later and consequently have worse outcomes. We are not convinced that NHS Wales has become better at reaching ‘hard-to-reach’ groups over the last few years. Although we recognise that this is a challenging objective.

- There seems to have been little change in the amount of Public health messaging occurring since 2012 so it is difficult to imagine that there will be a significant change in the inequality gap that is referred to here within the time scale of this delivery plan.

- Pressures on primary care have grown, meaning that the extra services sometimes offered with issues like smoking cessation, weight reduction and alcohol reduction programs are as a result being made less intensive.

- The screening services currently available require constant evaluation to ensure that they are offering good value for money and having a genuine impact on Cancer detection and survival rates.

- Breast, Bowel and Cervical screening are creating significant amounts of work for the health service but may well offer long term advantages in the health of the population of Wales. It must be recognised that increasing uptake of these services puts pressure on the secondary care treatment services that have to deal with the diseases identified. Sufficient finance does not seem to have been appropriately targeted at those secondary services to date and this is causing waiting lists to build up especially in the areas of Breast and Colorectal disease.

- Out of hours care continues to operate in a challenging environment. We were told that “the manpower position means that many shifts in Primary care out of hours are unfilled”.

- One concerning comment we had focused on the seemingly constant reconfiguration of secondary care services in our hospitals which “means that patients are being left at home perhaps more than is appropriate on occasions as out of hours services recognise that the in hours service will offer a wider array of treatments than are available in the out of hours period”.

- Collaborative working has been at the heart of Primary Care for decades. Cluster network development will be interesting and if the overall vision of how these should work comes to fruition (with adequate financing and autonomy) it will be a welcome driver to improved health care in communities throughout Wales. However unless primary care recruitment is enhanced this development will not get off the ground.

- We have heard that the current level of funding cannot and is not able to provide the service that is currently being expected or envisaged by the government when it comes to cancer delivery.

Please do not hesitate to contact me should you require any further information on the points made above from members of BMA Cymru Wales.

Yours sincerely,

Lucy Merredy

Head of Policy and Committee Secretariat
BMA Cymru Wales