C 38
Ymchwiliad i effaith Covid-19, a'r modd y mae'n cael ei reoli, ar iechyd a gofal cymdeithasol yng Nghymru
Inquiry into the impact of the Covid-19 outbreak, and its management, on health and social care in Wales
Ymateb gan the Less Survivable Cancers Taskforce
Response from the Less Survivable Cancers Taskforce

Submission by the Less Survivable Cancers Taskforce to the Health, Social Care and Sport Committee:
The impact of the Covid-19 outbreak, and its management, on health and social care in Wales
2 June 2020

About the Less Survivable Cancers Taskforce: The six less survivable common cancers (lung, pancreatic, liver, brain, oesophageal and stomach) are responsible for half of all deaths and make up a quarter of cancer cases each year in the UK.

Around 4,300 people in Wales are diagnosed with one of these cancers every year and their average five-year survival rate is just 16%. These cancers have not seen the same improvements in survival rates that other cancers have in the last forty years. The Less Survivable Cancers Taskforce (LSCT) brings together six charities representing patients from each of these cancers:

- Action Against Heartburn (representing oesophageal cancer)
- The Brain Tumour Charity
- The British Liver Trust
- Guts UK (representing stomach cancer)
- Pancreatic Cancer UK
- Roy Castle Lung Cancer Foundation

The LSCT welcomes this inquiry into the impact of the Covid-19 outbreak on health and social care in Wales. Since the outbreak of the pandemic, our six charities have been focused on providing patients with COVID-19 related information and support and are working closely with relevant colleagues in the health service to provide this. We fully support NHS Wales and all frontline healthcare professionals in their work to combat COVID-19, protect those most vulnerable, and reconfigure other critical healthcare services.

Submission

1. **Maintaining a focus on early diagnosis for all cancers, in particular the less survivable cancers, is vital.** The less survivable cancers are often hard to diagnose with patients presenting with vague and non-specific symptoms. Early and fast diagnosis is crucial for these cancers to allow treatment and increase survival rates. Before the crisis, late presentation of these cancers was a huge issue, for example over a third of liver cancer patients were diagnosed at A&E. Now cancer referrals from primary care have dropped meaning that we are likely to see an increased number of patients coming through diagnosis at a more symptomatic/advanced stage.

2. Significant energy and resource is needed to ensure that people who have symptoms are encouraged to come forward, and are able to access timely diagnostic tests. Some of our member charities have continued to receive calls from people with 'red flag' symptoms who say they fear adding to the burden the health service is under the health service. The work that has begun on Rapid Diagnostic Centres (RDCs) should be accelerated, wherever possible.

3. We welcome progress in enabling people to access a clinical opinion through Consultant Connect or similar. Diagnostic tests, including endoscopy, in covid-free sites must be available promptly.

4. Technological advances often need to be accelerated in times of crisis, and this could be an opportunity to accelerate research and development of urgently-needed diagnostic tests such as Cytosponge (a 'pill on a string' to gather samples testing for Barrett's oesophagus, a precursor to oesophageal cancer and other relevant conditions), breath and saliva tests.

5. **People with less survivable cancers must not be de-prioritised or neglected because they are hard to treat and must have urgent access to treatment in covid free environments.**

6. It is vital that anyone diagnosed with a less survivable cancer is able to access treatment as a matter of urgency at a covid-free site. Delays will result in poorer clinical outcomes in most cases. For example, only 10% of people with pancreatic cancer are able to have surgery due to the late stage this cancer is generally diagnosed at. This shows the need for fast access to surgery before the cancer becomes inoperable.

7. Surgery for these six cancers is invasive and complex and patients will often need to have access to intensive care beds in a COVID-free environment for recovery. A lack of ventilators and HDU/ICU beds (a knock-on effect from COVID-19) could result in a potential reduction in surgical capacity and needs to be addressed.

8. The reduction in presentations of people with cancer at the moment means that there may be a surge in new diagnoses in coming weeks or months. Cancer services and diagnostic capacity must be prepared for this potential increase in demand.

9. At all times, and especially now, discussions with patients are essential - they need to be informed as to their options and choices, although with the associated risks and benefits, and agree with the treatment decision. Any deviation from the normal standard of care and the implications of this deviation must also be discussed and agreed with the patient.

Recommendations:

1. Significant energy and resource must be deployed into encouraging people with symptoms to come forward for testing in Covid-free environments. This must include vague symptoms such as changes to bowel habits, sudden weight loss, abdominal pain, headaches, bleeding and persistent coughs.
2. Progress made with the Rapid Diagnostic Centres must be continued and accelerated, working in partnership with the cancer hubs to diagnose people quickly and enable prompt access to treatment.
3. To enable earlier diagnosis of the less survivable cancers, progress needs to be made in developing diagnostic tests such as Cytosponge, breath and saliva tests. Laboratory capacity for these projects be adversely affected by the crisis.
4. Covid-clear sites must be able to treat people with the less survivable cancers (lung, liver, stomach, pancreatic, brain and oesophageal) with urgency, so we don't see a further drop in outcomes for these cancers. People with these cancers must not be deprioritised or neglected.
5. Covid-clear cancer services must be prepared for an increase in demand for services as they work through backlogs and respond to people who may have inadvertently delayed diagnosis. Cancer services must also be developed with the capacity to cope if there is a second peak of the virus.

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