Cyflwynwyd yr ymateb i ymgynghoriad y Pwyllgor Iechyd a Gofal Cymdeithasol ar y gweithlu Iechyd a Gofal Cymdeithasol

This response was submitted to the Health and Social Care Committee consultation on Health and Social Care Workforce

HSC 24
Ymateb gan: | Response from: Ymchwil Canser Cymru | Cancer Research Wales

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08th October 2021

Re: Health and Social Care Committee: Workforce Inquiry

1 Introduction

1.1 Thank you for this opportunity to contribute to the Health and Social Care Committee's (the Committee) inquiry concerning the health and care workforce in Wales. Cancer Research Wales (CRW) is an independent Welsh charity, funding research into the prevention, diagnosis, and treatment of cancer in Wales for the benefit of the people of Wales. Established in 1966 with the idea of funding projects with the potential to save lives, the charity funds world-class research in hospitals and universities across Wales, investing over £20m in cancer research to date.

1.2 In our response we consider those parts of the HEIW (Health Education and Improvement Wales)/Social Care Wales Workforce Strategy (the Strategy) [1] most relevant to our role as a cancer research charity and draws on the research and associated researcher expertise we fund. In this instance we are grateful to Professor Clare Wilkinson, professor of general practice at Bangor University's North Wales Centre for Primary Care Research and Chief Investigator for the CRW-funded, Wales Interventions and Cancer Knowledge about Early Diagnosis (WICKED) programme, for informing our comments concerning primary care.

1.3 We wish to share some initial comments concerning the Strategy before focusing on specific objectives. We know that there are significant gaps and variation within the cancer diagnostic and treatment workforce in NHS Wales – these concerns pre-date the Pandemic but have been exacerbated further by the pressures of the past eighteen

[1] HEIW/Social Care Wales (2020) "A Healthier Wales – Our Workforce Strategy for Health and Social Care" https://heiw.nhs.wales/files/key-documents/workforce/workforce-strategy-for-health-and-social-care-final-pdf/ (Last Accessed 1st October 2021)

months. Addressed decisively would have a profoundly positive effect on people in Wales affected by cancer.

2 General Comments Concerning the Strategy

2.1 The Strategy was drafted and consulted on prior to the start of the pandemic in early 2020, and subsequently published during the lull in coronavirus cases in the autumn of 2020. Despite publication during the largest pandemic in a century a free text search of the document reveals no mention of the terms "pandemic", "covid-19" or "coronavirus". The pandemic has had an enormous impact on the health and care workforce across Wales, the full effect may not be fully understood until pressures have eased to more manageable levels.

2.2 We call on the Committee to consider whether in its current form the Strategy adequately reflects the workforce challenges created by and exacerbated by the Covid-19 pandemic.

2.3 The Strategy is due for review in 2023/24 (page 31), in our opinion this is too late and does not reflect the state the wider health and care sector finds itself. We feel that the earlier the Strategy is reviewed by HEIW and Social Care Wales – mindful of the impact of the pandemic – the sooner best practice can be shared, plans and strategies to tackle the challenges can be developed and actioned.

2.4 Absent from the Strategy is any mention of a cancer workforce plan, despite the known critical challenges facing the cancer workforce across Wales. We know there are significant gaps and variation within the diagnostic, treatment, and nursing workforce [2] . Consultant radiologist posts are not being filled following retirement, while endoscopy nurse posts are vacant. Initiatives, such as the Suspected (Single) Cancer Pathway, are welcome but can only achieve so much without the right staff in place.

2.5 Along with the rest of the Wales Cancer Alliance we welcomed the developments in this area pre-pandemic the Imaging Academy and the National Endoscopy Programme were both set up; the creation of HEIW in 2018 provided a more strategic approach to workforce planning.

2.6 The impact of the pandemic on cancer services, including its workforce is concerning, leading figures are speaking out[3]. Morale already stretched pre-pandemic, risks falling further.

2.7 Joined-up thinking, resulting in a plan for the cancer workforce, could bring together the different agencies and determine how best to collectively address the cancer workforce challenges. Its initial focus would need to be recovery from the pandemic;

[2] Wales Cancer Alliance, (2019) "One Cancer Voice Cymru: A Manifesto from the Wales Cancer Alliance" WCA-Manifesto-English-F1.pdf (walescanceralliance.org) (last accessed 30th Sept 2021)
[3] BBC News Wales (2021) "Cancer consultant fears for patients in Wales" https://www.bbc.co.uk/news/uk-wales-58677549 (Last accessed 30th Sept 2021)

the backlog created over the past eighteen months, may take up to a decade to clear. While "recovery" may involve using the existing workforce "differently" to adapt and respond quickly (expanded upon below), a plan for the cancer workforce will also be able to consider actions over the medium and longer term, for instance planning for increased training, redeployment, and recruitment, creating a more sustainable, resilient cancer workforce that meets the ongoing needs of the single cancer pathway.

2.8 In 2.7 (above) we refer to the workforce needing to adapt and respond quickly to the situation we find ourselves in, we cannot rely on nor wait for new recruits joining the NHS in increased numbers we must make better use of the skilled workforce we already have. Prior to the pandemic, diagnostic capacity within pathology and radiology departments across Wales was an ongoing cause for concern. In the context of pathology this has led to the development of the "Innovating the pathology workforce: Bowel Cancer" programme of work to

> "develop fast-track training to enable bio-medical scientists to undertake over 50% of histological reporting with limited supervision[4]."

The claims for the programme are bold, and potentially transformative:

> "If it is taken up across Wales, the resulting increase in histopathology capacity will mean that screening results can continue to be turned around as quickly as they are today and maybe even quicker in the future - even as demand increases (e.g. when the threshold age for bowel screening is reduced)."

2.9 We at Cancer Research Wales would like to see a complementary programme of work concentrating on radiology to upskill medical physicists and radiographers to undertake some of the routine work, where a differential diagnosis is not needed. While this approach is no substitute for increasing the workforce in these key areas of the diagnostic pathway it does present an opportunity for more responsive, adaptable, and "smarter" working.

2.10 We are aware that radiographers in some Health Boards in Wales report on routine non-cancer scans, while radiographers in other Health Boards are not permitted. An all-Wales approach for radiographer reporting will ensure greater equity across Wales, create exciting opportunities for ambitious radiographers through expansion of job roles, and relieve existing consultant radiologists to deal with the more complex cases.

2.11 If Wales is unable to strategically address the radiology workforce issues in a timely and meaningful way, then our capacity to implement new innovations and strategic opportunities that arise through ground-breaking research will be stymied. For example, a targeted lung cancer health check has been shown to reduce lung mortality

[4] Moondance Cancer Initiative (2021) "Innovating the pathology workforce" https://moondance-cancer.wales/projects/bowel-cancer-programme/pathology-training (last accessed 30th Sept 2021)

by up to 33% in women and 25% in men. Similar results mapped onto Wales would see approximately 500 lives saved from lung cancer each year.

2.12 Wales is one of the few regions in the UK that is yet to trial a lung cancer health check. To do so will require tens of extra radiologists to ensure its delivery across Wales. A failure to embed such pioneering breakthroughs into routine practice will deny the Welsh population access to life-saving innovations established elsewhere.

2.13 As we move into the recovery phase of the pandemic the Strategy needs to better reflect the sense of urgency and willingness to adapt quickly to minimise the poor, unevenly distributed, patient outcomes we are on course to develop. We not only need to meet the workforce demands of today, but need to respond and plan strategically to secure the system against further shocks through increased resilience - brutally and cruelly exposed by Covid-19.

2.14 Beyond the pandemic, the Strategy must be a force for embedding research into the health and care sector – where innovative and cost-effective tools, treatments and interventions are being discovered, demonstrated, and evidenced. Rapid Diagnostic Centres (RDCs) are being rolled out across Wales relatively swiftly. A consequence of successfully evaluated, persuasive pilot projects in the Swansea Bay UHB/Cwm Taf Morgannwg UHB areas, that have been shown to improve patient outcomes through earlier diagnosis and delivers value for money beyond the short term investment costs.

2.15 We are optimistic that RDCs have a bright future, but in the current context such a welcome development feels like an outlier. We need overarching policies such as the Strategy to ensure medical research can be developed, trialled, translated, and applied across health and care settings.

2.16 Over the course of its decade-long mandate the Strategy has a responsibility to deliver a workforce that allows the NHS to innovate, to trial and to apply the new technologies of the future. Innovative diagnostic tools such as the Cancer Research Wales-funded Raman blood test[5] being developed by Swansea University and Swansea Bay UHB[6] developed through an academic/clinical partnership and trialled across primary care in the Swansea Bay area. The blood test will

"provide an affordable solution to early- stage cancer detection using one simple blood test, … to significantly reduce cancer mortality by detecting cancers early when their treatments are curative."

2.17 Wales' health and care systems need a workforce with the capacity, an intellectual curiosity, innovative spirit, and adaptability to make more of the potentially

5 Lucy Hynam,Cardiff University School of Journalism (2020) "Welsh start-up revolutionising the early detection of bowel cancer through a simple blood test" https://cardiffjournalism.co.uk/intercardiff/science-environment/welsh-start-up-revolutionising-the-early-detection-of-bowel-cancer-through-a-simple-blood-test (Last accessed 8th October 2021)
6 Swansea University, CanSense Ltd. (2021) "USING RAMAN SPECTROSCOPY IN THE DIAGNOSIS OF COLORECTAL CANCER" https://www.swansea.ac.uk/physics/research-and-impact/colorectal-cancer-diagnosis-using-raman-spectroscopy/ (last accessed 8th October 2021)

transformative discoveries such as Raman. A workforce that is supported to regard challenges differently – as problems to be solved; are empowered to be part of the solution; and can collaborate within Wales to develop the tools of the future that allow for earlier diagnosis of cancer, and other conditions, is one we should all aspire towards.

3 Primary Care, Cancer and the Workforce Strategy

3.1 From more general comments concerning the Strategy and cancer we wish to draw the Committee's attention to those areas and actions within the Strategy concerning and related to primary care.

3.2 We would like to see the Committee paying particular attention to the primary care workforce during this Inquiry. Primary care is the setting where over 90% of cancer patient encounters takes place, offering unrivalled opportunities for earlier cancer diagnosis and continuing care.

3.3 Primary care systems have faced extraordinary pressures during the pandemic, contributing to an already understaffed and underfunded service. In their 2020 evidence to the Cross-Party Group on Cancer inquiry concerning Covid-19 and Cancer, Dr Alun Surgery and Prof. Clare Wilkinson noted that;

> "The Covid-19 pandemic almost halted the normal working of the NHS but is likely to have longer reaching effects with regard to delayed diagnosis of cancer."[7]

They presented a table summarising risks (and potential mitigation) relating to the diagnosis of cancer and the challenges faced in primary care, drawing on GP practice and academic observations.

	Risk	**Potential Mitigation**
Patient Factors	Fear of attending health care facilities (risk of contracting infection)	Positive messaging from practice, health board and public health bodies. Collaboration with patient groups. IPC measures and true risks explored and communicated.
	Reluctance to burden a service in a time of crisis	Primary and secondary care communication and messaging to encourage normal engagement with services

[7] Surgey, A, Wilkinson, C and CRW (2020) ""Statements prepared in response of questions raised in Spring 2020 and in addition (August 2020) comments in response to the Post Covid Priorities for Cancer document (Cancer Research Wales and North Wales Primary Care Research Centre)

	Inability to engage with new remote consultation models due to lack of confidence, technology awareness or appropriate device (smartphone/tablet/computer)	Remove presumption and make allowance for all patients to avoid discrimination. Encourage practices to identify patient groups who may not have access to or able to engage with technology enhanced consultations. Ensure face to face consultation as an alternative.
Clinician Factors	Challenges of remote consultation where there is a greater risk in missing the "softer" signs of a potential cancer diagnosis, and less opportunity for face to face assessment.	Raise awareness and encourage cancer specific early diagnosis continuing professional development training. Reduce the threshold for face to face review. Recognise repeat consultations as a risk factor for an undiagnosed cancer. Use of more robust safety netting advice/formalised safety netting.
	Diagnostic overshadow where symptoms are considered to be part of a Covid-19 infection and alternatives not fully explored	More responsive localised reporting of Covid-19 cases. Educational updates and reminders about early signs of cancer in newsletter format emailed to all clinicians "cancer of the month".
	Loss of continuity of care and reduced holistic overview	Improved use of safety netting procedures at consultation level and practice level (eg ThinkCancer! intervention)
	Increasing demand for primary care services and patients with multiple needs	Allow longer consultations. Make greater use of available allied health professionals and task substitution. Proactive chronic disease monitoring with alignment of appointments (e.g. COPD and Hypertension review at same time)

System Factors	Reduction and delays in community investigation pathways – imaging and blood tests	Accelerated pathways for community investigation pathways where tests are being requested to investigate potential cancer presentation
	Restarting and engagement with screening programmes	Positive public health messaging and reminders from practices to patients in targeted groups to engage with screening.
	Delays in secondary care provision following cessation/reduction of clinical activity having a negative effect on suspected cancer services	Mainly a secondary care issue but pathways could be refined and improved with a joint primary and secondary care task force, and/or setting up Rapid Diagnostic Centres

3.4 The CRW-funded, WICKED programme focuses on improvements to the "primary care interval", the time between a patient first presenting to their GP with suspected cancer symptoms and the first referral for further investigation. Improvements at this interval is known to have a profound impact on the stage at which a cancer is diagnosed and subsequent survival rates. One of the early, stand out findings of this programme of work – an output of survey work of GPs prior to the pandemic – concerns the uneven application of NICE Guidance 12 (NG12) – Early Diagnosis of Cancer Guidance across Wales[8]. Greater, even application of UG12 would;

> "result in all patients in Wales receiving evidenced based investigations and referrals for suspected cancer, resulting in earlier diagnosis of cancer and improved outcomes."

3.5 The need to increase awareness and understanding of NG12 contributed to the development of the *ThinkCancer!* primary care workforce intervention[9], being trialled across Wales. This particular intervention is:

> "a whole practice-based educational and quality improvement workshop, consisting of themed sessions for both clinical and non-clinical staff, the co-production of a bespoke practice-specific Cancer Safety Netting Plan (CSNP) and the appointment of a Cancer Safety Netting Champion (CSNC)."

While it is currently at the trial stage *ThinkCancer!* has been well received by participants and adapted its delivery model to manage the constraints the pandemic –

[8] Ibid, p 3.
[9] Surgery, A et al (2020) "ThinkCancer! The multi-method development of a complex behaviour change intervention to improve the early diagnosis of cancer in primary care" https://www.medrxiv.org/content/10.1101/2020.11.20.20235614v1.full.pdf (Last accessed 1st October 2021)

delivered online, virtually to primary care practices that have had to cancel protected training and development time.

3.6 The Strategy makes significant, and welcome commitments towards improving the primary care workforce – specifically Action 9[10], Action 13[11] and Action 24[12] . However, evidence of improvement is difficult to measure, in part due to the pandemic and its impact on protected training and development time and also due to the short period that's passed since publication of the Strategy.

3.7 Innovative, evidence-based interventions such as *ThinkCancer!* need to feature in the planning and discussions around workforce, especially around seamless workforce models and workforce supply and shape (Strategic Themes Three and Seven). The training and development features are naturally important features of *ThinkCancer!*, but the bespoke Cancer Safety Netting Plans and the appointment of Cancer Safety Netting Champions contribute to the multi-professional, sustainable workforce models envisaged by the Strategy, and may have wider benefits within and across practices and the communities they serve once successfully embedded across primary care. A diagram summarising what is meant by "safety netting" in this context is included as Appendix A.

3.8 Case finding approaches to cancer in primary care – the "safety netting" referred to above and illustrated below also need to be supported by efficient, well implemented IT systems which allow the features to be accomplished. While delivery of the kind of systems are the responsibility of Digital Health and Care Wales, the Strategy, and in particular Strategic Theme Four[13] will be responsible for ensuring the workforce across health and social care are digitally literate and able to efficiently utilise the digital technologies coming online.

3.9 What is less clear from Strategic Theme Four concerns those digital/technological innovations that may allow for joint clinician/patient responsibility of digital health records – an innovation of growing importance. The value of shared responsibility of records will not be realised if one party (most likely the patient, but also carers in cases where the person affected lacks capacity) remains subject to digital inequalities, whether those concern digital literacy, access to technologies or digital infrastructure.

3.10 Finally, advances in cancer diagnostic techniques and technologies – i.e the use of blood tests to rule out or diagnose certain types of cancer; increased referral to rapid diagnostic centres etc, will impact on/shape/alter the primary care landscape. Does the Committee believe the Strategy in its present form is capable of responding to or adapting to these non-digital technological advances on, or just over, the horizon?

[10]HEIW/Social Care Wales (2020) "A Healthier Wales – Our Workforce Strategy for Health and Social Care" https://heiw.nhs.wales/files/key-documents/workforce/workforce-strategy-for-health-and-social-care-final-pdf/ (Last Accessed 6th October 2021), p 20
[11] Ibid, p 21
[12] Ibid, p 26
13 Ibid, pp22 - 23

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In the meantime, should Members of the Committee, or committee support staff require additional information concerning any of the above please feel free to approach me in the first instance.

Your sincerely

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Annex A – Safety Netting Summary