

Y Pwyllgor Iechyd, Gofal Cymdeithasol a Chwaraeon  
Health, Social Care and Sport Committee  
HSCS(5)-30-17 Papur 2 / Paper 2

**Vaughan Gething AC/AM**  
**Ysgrifennydd y Cabinet dros Iechyd, Llesiant a Chwaraeon**  
**Cabinet Secretary for Health, Well-being and Sport**



Llywodraeth Cymru  
Welsh Government

Ein cyf/Our ref: MA-P/VG/3695/17

Dr Dai Lloyd AM  
Chair of Health, Social Care and Sport Committee  
National Assembly for Wales  
Cardiff Bay  
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27 October 2017

Dear Dai,

Thank you for your letter of 2 October on behalf of the Health, Social Care and Sport Committee regarding cancer waiting times. I can assure you that cancer waiting times remain a priority for the Welsh Government.

Health boards are required to provide a monthly update on their cancer performance. Cancer performance is discussed between Welsh Government and health boards at the regular Quality & Delivery and Joint Executive Team meetings. I am also in regular communication with the individual health boards regarding their improvement plans and progress made.

While the Urgent Suspected Cancer (USC) performance is below target the overall trend over the past two years has been one of improvement. I am assured that the improvements are sustainable and that progress will continue to be made.

The number of patients being treated on the USC pathway has been increasing. Comparing the 12 month period from September – August from five years ago highlights that the number of patients treated within target this year has increased by 40% (1,875 patients).

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Rydym yn croesawu derbyn gohebiaeth yn Gymraeg. Byddwn yn ateb gohebiaeth a dderbynnir yn Gymraeg yn Gymraeg ac ni fydd gohebu yn Gymraeg yn arwain at oedi.

We welcome receiving correspondence in Welsh. Any correspondence received in Welsh will be answered in Welsh and corresponding in Welsh will not lead to a delay in responding.

There were 95,797 referrals for urgent suspected cancer over the last 12 months (September 2016 – August 2017) which is an increase of 10% (8,739 referrals) on the previous 12 month period. Despite this in August 2017 the numbers of patients treated within target had increased by 39% (157 patients) compared to the same period 5 years ago.

In August 2017, four health boards achieved the target for non-urgent suspected cancer (NUSC), with the other two recording performances over 96% which resulted in the all Wales target being achieved for the third time in 2017. One particular health board faces challenges in maintaining consistent performance.

Cancer waiting times are a good indicator of pathway efficiency and capacity. I am in direct contact with health board Chief Executives about my expectations for further improvement in performance.

There remains some variation in performance across health boards which the NHS is working hard to reduce, for example, through the Cancer Network and their programme of peer review as well as direct interventions from the NHS Delivery Unit. Variation across cancer tumour sites is primarily linked to recruitment and retention issues and there are practical factors such as a UK national shortage in certain specialist areas.

Attached to this letter is a brief summary of the actions being taken at each health board which outlines the work being undertaken and the progress made so far.

Considerable work has taken place over the last three years to examine cancer pathways as a whole. Work is progressing now on redesigning cancer pathways to speed up and support early diagnosis, establish one stop clinics and reduce the number of steps within the pathways. There are some excellent pieces of work taking place to improve outcomes for cancer patients including:

- The use of detailed imaging techniques to help doctors target head and neck cancers more effectively in a £720,000 clinical trial. This will improve the treatment and survival rates at Cardiff's Velindre Cancer Centre and Swansea's Singleton hospital.
- Patients with unclear symptoms can sometimes wait too long for diagnosis because they do not "fit easily" into any particular treatment route. They may be referred for a series of tests and scans. As a result some patients may start treatment at a later stage than desirable. A new pilot in the Cynon Valley will focus on patients who GPs suspect may have cancer but who do not show obvious or urgent symptoms. This involves a number of new "one-stop" clinics, where as many tests or scans as necessary will be conducted - ideally on the same day - to try to get to a definitive diagnosis.

In order to focus performance, health boards participate in six national clinical audits, they have a well respected peer review programme, conduct annual reporting through the implementation group and have numerous other metrics from screening to diagnostic care to palliative care.

I am pleased to see year-on-year improvements in one and five year survival rates for cancer. The latest data was published on 28 September 2017 and showed the highest survival rates yet reported. One year survival increased by 3.3 percentage points over five years, from 69.4% for people diagnosed in the period from 2005 to 2009 to 72.7% for the most recent diagnosis period, 2010 to 2014. Five year survival also increased by 3.3 percentage points, from 53.8% to 57.1% for the same years of diagnosis.

We have seen consistently high levels of positive patient experience for cancer care across both the 2013 and 2016 cancer patient experience surveys. The most recent survey, published on 5 July 2017, had more than 6,700 responses. 93% of respondents rated their care positively (7 or more out of 10). There were similarly high scores for indicators relating to dignity, co-production and administration of care.

I trust that this letter provides a useful overview of the work in place to improve all aspects of cancer performance. I continue to expect the NHS to improve its performance further in the coming months.

Yours sincerely,

A handwritten signature in black ink that reads "Vaughan Gething". The signature is written in a cursive, flowing style.

**Vaughan Gething AC/AM**

Ysgrifennydd y Cabinet dros Iechyd, Llesiant a Chwaraeon  
Cabinet Secretary for Health, Well-being and Sport

## **Annex**

### **Aneurin Bevan University Health Board**

The health board has struggled to achieve consistent performance over the last 12 – 18 months due to increasing numbers of complex pathway patients, increased demand on diagnostics, some capacity issues and recruitment and retention issues in specialist areas. However following considerable pathway redesign, performance has improved and the health board is predicting to attain the NUSC target and to have a USC performance around 90% for the next few months. Actions in place to improve performance include:

- The introduction of one stop MRI and TRUS biopsy clinics to shorten waits on the urology pathway as well as ensuring more accurate and targeted biopsies.
- A two legged early diagnosis pilot in lung where direct to CT scan from primary care and direct to CT scan from abnormal chest X-ray are being made available.
- Head and neck one stop neck lump clinic being piloted.
- Dedicated lower gastro intestinal surgical slots are now in place for endoscopy services which will ensure quicker access to diagnostic scopes.
- Outsourcing routine endoscopies is in place to reduce waiting times.
- Additional surgical sessions in urology to address backlog.
- Additional consultant urologist appointed as well as an additional UGI clinical nurse specialist. An additional clinical nurse specialist for urology is also being sought.
- A one stop rectal bleeding clinic is being piloted.

### **Abertawe Bro Morgannwg University Health Board**

The health board has generally been the lowest performing of all the health boards over the last 12 – 18 months. This has had a direct effect on the all Wales position. The reasons cited for this are many and include, diagnostic waits and reporting, administrative, outpatient capacity, waits for outpatient appointment, treatment delays, complex pathways, wait for MDT discussion and surgical waits. A material factor for ABMU is the significant growth in referrals they have received, an increase of 45% over the last 4 years.

The NHS Delivery Unit is working directly with the service to identify areas for improvement. The focus is upon making sustained improvements to cancer services rather than short term initiatives to improve performance. The health board is now predicting an incremental and continuous improvement over the next few months.

Actions to improve performance include:

- Peer review action plans revised and actions amended to demonstrate improved actions which are measurable and timely, clearly reporting the process for monitoring and ownership of delivery.
- All cancer tracking arrangements across the organisation have been reviewed to identify individuals tracking each tumour site with the aim to improve robustness and effectiveness of tracking meetings.
- Post menopausal bleeding pathway to be implemented. This is a one stop pathway which will improve on the waits in between diagnostic tests and the number of outpatient appointments required, reducing delays and improving performance. Implementation of radiology dashboard will improve access to live information for radiology departments, increasing their ability to improve performance.
- Four radiographers appointed to increase capacity and maximise second CT scanner. Interim middle grade cover for haematology appointed to provide additional

capacity for clinics. The recruitment process is underway for 3 oncology consultant posts and further posts outlined within workforce.

- Additional breast diagnostic clinics held and funding agreed for a locum consultant radiologist for 3 months.

### **Betsi Cadwaladr University Health Board**

The health board NUSC performance has been fairly consistent over 97% and they attained the target nine times in the last twelve months. Their USC performance has fluctuated but on the whole they do consistently achieve performance above 90% for USC performance. Their profile is one of continuous improvement and sustained improvement over time and have over the last two years generally been a leading performer in Wales. The health board cites the following reasons for not achieving the target; complex pathways, delays to first appointment in colorectal, gastro and ENT, delays to urology surgery, administrative and delays for endoscopy.

Actions to improve performance include:

- Creating additional capacity in urology surgery.
- Working collaboratively with Liverpool to allow BCU urology consultant to conduct robotic surgery in Liverpool on BCU patients.
- Clinical nurse specialist led urology clinics.
- Additional gastro enterology clinics in place to reduce delays to outpatient appointments and patients are now booked in target.
- Additional clinics in colorectal and straight to test initiatives.
- Six day working in endoscopy.

### **Cardiff and Vale University Health Board**

Since November 2015, when the health board performance dipped considerably, the position at Cardiff and Vale university health board has been one of gradual improvement. The health board has sought to ensure all improvements are long term and sustainable. They have demonstrated continuous improvement and are the only health board to have achieved both targets twice in 2017. Due to a number of issues that arose in August the health board are forecasting a slight dip in performance but will maintain USC performance of over 90% by the year end.

Actions to improve performance include:

- Maintaining their approach of ensuring that those patients who have waited longest for treatment are seen first, balancing demand and capacity and long-term sustainable pathway improvement.
- Increased scrutiny on all breaches.
- Led by the Medical Director, with the support of the continuous service improvement team, a specific project focusing on lower and upper GI pathway redesign and improvement has been initiated.
- Monitoring and management processes have been reviewed and standardised; a dedicated escalation review process through a monthly cancer challenge and support meetings with clinical boards - chaired by the Chief Executive Officer.

## **Cwm Taf University Health Board**

Performance has varied over the past 12 months with performance on the 62 day pathway ranging from a low of 78.3% (October 2016) to 91.1% (May 2017).

The health board cites increasing referrals and radiological demand as the main areas of concern for maintaining performance.

The pathway for patients with suspected prostate cancer has been revised and the health board is confident that moving forward the delays will be minimised resulting in significantly fewer patients waiting longer than 62 days for treatment.

Similar delays have recently been realised for patients with suspected colorectal cancer as demand for CT colons has increased exponentially. The health board is currently working with the radiology demand to create additional capacity for this key investigation and reporting service. The health board is confident that the changes implemented will lead to sustained improvements in the medium term.

Actions to improve performance include:

- Actively reviewing the processes for escalating delays across the entire USC pathway to ensure patients progress through their pathways as quickly as possible.
- Put in place a revised and updated management process and escalation policy, tightening up on stages of the pathway and revisiting the respective roles and responsibilities of key staff. This will ensure delays are escalated earlier in the pathway to influence and support earlier intervention at all levels.
- The health board has revisited the demand for USC CT scans and have a plan for addressing their capacity shortfall.
- Redesign of pathways linked to the early diagnosis service implementation.

## **Hywel Dda University Health Board**

Hywel Dda have for the last 10 months achieved a performance of above 90% for the USC pathway.

The health board expect that this level of performance will be maintained. Actions to improve performance include:

- Focus on first outpatient appointment waits.
- Outsourcing of thoracic surgery patients via the WHSSC thoracic surgery project is due to commence and is expected to have a positive impact in reducing waiting times.
- For gynaecology, lower GI, urology and head and neck, the health board is in active discussion with ABMU as the tertiary provider to improve services.