

Section/s	Alliance Member comments
Foreword/Cancer Challenge/Roles and responsibilities	<p>Suggest 'Cancer incidence, mortality and survival' renamed 'cancer incidence and outcomes'. Statistics on stage distribution should ideally feature in this part of the Plan – along with routes to diagnosis and emergency presentations. Would be good to have infographics to help present challenge to the Plan's audience – CRUK is offering to help through the <i>Wales Cancer Alliance</i>.</p> <p>We welcome the tone in the foreword and cancer challenge sections – understanding of the need for bold vision and change. However, clear in roles and responsibilities that this plan pulls together the current actions from strategies / plans/ statements that already exist, rather than providing new policy or initiatives.</p> <p>Given this, our concern is that this feels like a service delivery/business plan, rather than a new vision for cancer services. Given the level of challenge we need to address, the plan needs to be clearer on what it will seek to achieve and what it won't.</p> <p><i>Roles & Responsibilities:</i> We welcome the Plan's overview of the roles and responsibilities, and the actions included within the action plan. However, there is no mention of engagement around the development, delivery and assessment of delivering the Cancer Action Plan. We recommend this section should include the need for each stakeholder to consult with individuals with lived experience of cancer and the voluntary and community sector.</p> <p><i>Timeframe:</i> within the 'Roles & Responsibilities' section it states that the Cancer Action Plan sets out the timeframes for the delivery of improvements. However, not all actions have a timeframe. We recommend each action listed in the Cancer Action Plan has a timeframe to hold stakeholders to account on delivering the actions.</p> <p><i>Cancer Incidence, Mortality and Survival:</i> we welcome the Cancer Action Plan's acknowledgement that the rate of decrease in mortality has slowed for female breast cancer, with the number of patients living with metastatic cancer is increasing - with service delivery needing to increase its capacity to meet this demand, and their needs equally reflected across the patient pathway. However, very few of the actions relate to this. We recommend more actions are included within the Cancer Action Plan to deliver against this challenge (see our response to 'any other comments').</p> <p><i>Funding:</i> The NHS in Wales continues to operate under significant financial constraints. There is no mention of</p>

	<p>funding for the Plan as whole, though specific actions having funding attached to them. We recommend funding is committed to within the Cancer Action Plan to deliver and implement it as a whole. Specifically, new funding needs to be provided for workforce, without it, it is extremely difficult to see how the current workforce crisis will be resolved.</p> <p><i>Children and Young People:</i> We understand the Welsh Government’s strategic commitment to meeting the standards laid out in the Quality Statement, but the Quality Statement does not specifically mention or address the specific needs of children and young people with cancer. These particular needs range throughout the cancer journey – from diagnosis through to post-care support – and need to be recognised and addressed strategically.</p> <p>We hope that the acknowledgement of age as both a risk factor for cancer and a demographic in itself that may experience disparities (beyond ethnicity, geography and cancer sub-type) can be matched with a recognition that children, young people and those close to them face unique cancer challenges that should be recognised in the Welsh Government’s strategic approach.</p> <p>In the narrative around cancer incidence and outcomes, we would welcome specific reference to the over 4,000 children and young people (0-25) diagnosed with cancer every year in the UK, and the nine of them who will sadly die every week, meaning that cancer is still the biggest killer by disease for children and young people in the UK.</p> <p>The way SCP is described “as different to rest of the UK”. We agree that given that the wait starts from the point of suspicion, it is in contrast with the other UK nations – but this comes across as defensive. We have set this target in Wales, we think it is a good one, therefore must be focused on steps needed to achieve it – especially given it will be increased to 80% in a few years.</p>
Cancer Prevention	<p>Suggest using Welsh stat re preventable cancers. Around 4 in 10 cancer cases (37.8%) in Wales each year could be prevented in Wales.</p> <p>Good section. We agree that the detail for HWHW and Tobacco Control Plan exists in those, and that a better link between these and the Welsh Cancer Network is welcome.</p> <p><i>Risk-Management & Geonomic Testing:</i> It is disappointing that the prevention policy content does not reference risk-management and reduction services for people with an increased risk of breast cancer due to family history or genetic risk. Genomic testing can be used to identify and reduce the risk of breast cancers as well as tailor treatment</p>

	<p>options, however currently the identification and support offered to women at increased risk is not well monitored. We recommend the Cancer Action Plan commits to understanding and standardising the care pathways for this group across the service.</p> <p><i>Lifestyle:</i> We welcome the healthy lifestyle initiatives included within the Plan, as we know that lifestyle factors such as maintaining a healthy weight, reducing alcohol consumption and being active can support people to reduce their risk of breast cancer. We recommend that the Cancer Action Plan acknowledges that support for lifestyle changes needs to be appropriately messaged and targeted to different audiences. The Plan should also note that these programmes should provide information and guidance and, where appropriate, provide programmes to support people making changes.</p> <p><i>Children and Young People:</i> We acknowledge the huge efforts of preventative measures to lower the incidence of cancer in key populations and the importance of these measures to reduce strain on cancer services. However, children and young people’s cancers are often not caused by factors manageable by prevention – we hope that this can be acknowledged and that resources are not diverted from cancers without known lifestyle-related risk factors that in particular impact on children and young people. We would welcome further clarity/confirmation on this.</p> <p><i>Prevention plans:</i> Worth highlighting the targets mapped out in the prevention plans – eg smokefree Wales by 2030? Useful to have target to keep focused.</p>
Preventative Vaccination	<p>We would welcome it if the plan could clarify that HPV vaccination programmes apply to both boys and girls. Important to know current status and ambition for HPV vaccination. Is there a target for HPV Vaccination uptake/coverage to reference?</p>
Earlier Diagnosis /Cancer screening services	<p>Not nearly enough focus here on driving early diagnosis, get the sense of business as usual.</p> <p>As 90% of cancers presented symptomatically with the vast majority in primary care it is very odd that presentation isn’t covered more. No mention of support for help-seeking - we know we need to encourage the public to keep coming in - could we add a recommendation that seeks to promote this activity? Could also note this as an example where it’d be good to work in partnership - which would make a pointed nod at drawing expertise & collaboration with the third sector. Especially as England and Scotland are racing ahead with trying to pull people into the system – through self referral pilots, community pharmacy initiatives etc. could we apply novel/innovative approaches here?</p>

Given past issues with communications eg. cervical changes, an explicit reference to whose responsibility it is for public communications is crucial, from insight gathering/user testing and written materials, etc.

Screening: The commitment to increase uptake is welcome, but there is little acknowledgement that while COVID did impact uptake, it was in long-term decline before the pandemic.

There are quite a lot of important gaps and missed opportunities to highlight ambitions for improving screening uptake across all programmes e.g role of primary care, campaign work, targeted work on inequalities etc. If this has already been thought about and somewhere else it would be great to see that referenced.

Some targets/actions are too vague, e.g. Public Health Wales to continue to work with the Wales Cancer Network, NHS Wales Health Collaborative, Health Boards, Public Health Teams within local authorities and the Third Sector to improve uptake and reduce inequity of uptake in the cancer screening programmes.

Increased Risk: On the screening of women at increased risk (moderate and high, as well as very high) there is no indication of how current screening practice complies with the best practice recommendations set out in NICE guidance.

We recommend the Cancer Action Plan:

Mammograms: Includes annual mammograms, in addition to MRI surveillance, as they are also recommended for some age groups.

Responsibility: provides specifics on which organisation will be responsible for coordinating and pushing this work forward, without these efforts risk being duplicated, and resources allocated inefficiently.

Inequalities: Would be useful to make explicit reference to demographic data breakdowns re. uptake and work with others on targeted interventions. Recognises that inequalities interventions must be supported by data and evidence, and commits to improving the quality of equalities data recorded in the screening programme

Primary Care: considers the role GPs and primary care services can play in promoting screening opportunistically and strengthening links between screening services and other parts of the health system

Research: outlines a commitment for the Welsh Government to understand the underlying drivers of low uptake and other poor performance indicators which need to be addressed – namely workforce, equipment, resources and screening barriers impacting underserved populations (learning the lessons of the COVID vaccine rollout). This should be in addition to improvement targets which can be valuable.

Wales doesn't report the % diagnosed at an early stage for all cancers combined. Both Scotland and England have included targets around early diagnosis in their strategies, can Wales do the same (and publish the data so they can be held to account)?

Open Invites: commits to the pilot on open invitations in screening for first time invitees being completed and evaluated as soon as possible

Children and Young People: We agree that earlier diagnosis should be a strategic priority for the Action Plan. Many of the barriers that relate to particular population groups are not addressed in the plan – for example, the challenges faced by many children and young people in receiving a GP referral for suspected cancer, such as lack of awareness by primary care professionals of the signs and symptoms of young people's and children's cancers meaning that they often have to attend multiple GP appointments (often 3-5 or more) before they receive a diagnosis or appropriate referral, or a lack of appropriate information and/or communication from primary health professionals.

Young People Vs Cancer research shows that insufficient opportunities to gain experience in the care of children and young people during GPs initial training was one of the top barriers to identifying cancer in children and young people, and more than half said continuing professional development schemes on cancer in children and young people would be beneficial in providing them with additional support or advice on diagnosis.

Addressing the challenges faced by different demographics in accessing diagnosis is essential for improving access to diagnostic and screening services and we hope these can be addressed alongside the current priority areas. We would welcome further clarity/confirmation on this. We would also greatly welcome a commitment to training and education for health professionals to improve awareness of cancer in children and young people.

Lung cancer screening: We would like to see a target for when Wales can expect lung screening to be rolled out in every health board (especially given the plan's 5 year timeline). The Minister in a recent written answer talked about the UK task force on lung screening, this should be referenced here. Lung screening could be a huge focus for this plan – it's a positive area with change happening, that could have a big impact on lung cancers. It would be helpful to mention

whether smoking cessation interventions will be part of targeted lung health checks, too and if so what that would look like

Bowel cancer screening: We are pleased to see bowel screening optimisation remains a key priority. Wales had been one of the UK nations falling behind on bowel screening, but it is making great strides. The effort to recover the screening backlog (caused by the pausing of screening in the wake of COVID) was commendable and it allowed optimisation to begin in 2021. We would like to see some commitments to looking beyond the current optimisation programme:

The UK NSC recommends bowel screening with a FIT threshold of 20 µg/g, and the current plans for Wales aim to match Scotland at 80 µg/g. We would like to see modelling that explores what would be required to make Wales a leader in the UK by reaching this 20µg/g threshold. (Evidence shows this lower threshold is the most cost effective as it is more likely to lead to preventative actions i.e. polyp removal).

Efforts to address inequalities in screening participation and outcomes would be welcomed, as well as a commitment to support research or other efforts to understand and safely introduce risk-stratification of bowel screening
We welcome the inclusion of access to screening colonoscopy in Executive level performance review as a way of monitoring capacity pressures.

We would like to see a commitment to allowing 75+ year olds to opt back into the screening programme. BSW could look at other nations, such as Scotland, where this is in operation to understand the impact on demand.

We would like to see an audit of Lynch syndrome testing. In 2019, Wales became the first UK nation to commit to testing all newly diagnosed bowel cancer patients for Lynch. An audit is required to show if this commitment is being delivered and to identify barriers to delivery where applicable.

We would also like to see a commitment to optimise Lynch surveillance. In England, Lynch surveillance will soon be incorporated into the bowel screening programme. Could this be achieved in Wales or could a solution be found that more appropriately meets the needs of people with Lynch syndrome in Wales?

We would like to see a comprehensive strategy to tackle emergency presentation of bowel cancer, as emergency presentations are more likely to have advanced disease. Regular data on emergency presentations would help services monitor the rate of emergency/late presentations.

<p>Health Optimisation / Prehabilitation</p>	<p><i>Prehabilitation:</i> We are pleased the Plan recognises the need for prehabilitation and support programmes to be run in line with patient need and properly supported by a multi-professional team, but lack of detail on targets.</p> <p>We would like to see clarity on whether these will be tailored to be age-appropriate for children and young people.</p>
<p>Elective Care Recovery</p>	<p><i>Resource:</i> We welcome the following actions relating to elective care recovery, specifically the Welsh Government holding Health Boards to account, the promotion of regional working, and supporting the use of the independent sector, along with the NHS Executive identifying improvement opportunities and maximising improvement capability.</p> <p><i>Breast Reconstruction:</i> We recommend the Cancer Action Plan includes specific reference to the recovery of breast reconstruction services, including ensuring they are able to access initiatives outlined above to address backlogs. Breast reconstruction services have been severely impacted by Covid-19; therefore the Plan needs to ensure that women in Wales are able to have the right breast reconstruction for them, at the right time for them.</p> <p>Regional waiting lists are positive, though more details are needed. An area that deserves a bigger focus, we would like to see plans for future adoption and support for the Health Board rollout.</p> <p>There is a short sentence on remote consultations – given this is direction travel for a significant proportion of GP activity – urge expansion of this point, and add more information on how they might encourage GPs/patients to use this type of communication optimally (again, this could be an area for work with the third sector).</p>

Faster Diagnosis	<p><i>Holistic Approach:</i> We recommend the Cancer Action Plan look at diagnostic provision in a more joined up, more holistic way and encourage collaboration between the screening and symptomatic services to avoid competition for resources and maximise performance across both pathways. This could be achieved through the Regional Diagnostic Hubs (RDHs) and Community Diagnostic Centres (CDCs).</p> <p><i>RDHs & CDCs:</i> We recommend the Cancer Action Plan commits to map how many RDHs and CDCs provide specific services, such as breast cancer screening or diagnostics.</p> <p>The external evaluation of the RDC programme should be made publicly available, including with diagnosis data broken down by cancer type (including blood cancer type/myeloma). This is crucial for understanding how the rapid diagnosis clinics are performing in terms of diagnosing rare and hard-to-detect cancers.</p> <p><i>Genomic Testing:</i> We recommend that the Cancer Action Plan commitment for the commissioning of genomic testing specifically facilitates turnaround times that fit with the 62-day standard for starting treatment.</p> <p>Should it be acknowledged that evaluation has not shown RDCs to shift stage?</p> <p>RDHs – really good. But will they be delivered in all HBs by Q4 23/24, or is that when the evidence review will be completed?</p> <p>National Diagnostics Board strategy for diagnostic tests. Sounds positive(though useful to be looped in) – however, what are the timings for this? Not specific enough.</p> <p>National pathology programme – really positive developments.</p> <p>Increasing the number of endoscopists and pathologists is key to faster diagnosis. The main limiting factor in achieving a faster bowel cancer diagnosis is capacity within these services.</p> <p>We support the creation of a Digital Cellular Pathology Network that could help revolutionise this part of the pathway.</p>
------------------	-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

Compliance with the Single Cancer Pathway and National Optimal Pathways

Data: The National Optimal Pathway for Breast Cancer Diagnosis includes the provision of receptor status within 28 days which is positive and a higher standard than other UK services are aiming for. However, the current cancer waiting times reporting is not provided in enough detail (62-day compliance only) to properly identify stages of the pathway where the most significant bottlenecks are. We recommend the Cancer Action Plan commits to reporting against different stages of the pathway to assess compliance and identify areas facing the most challenge.

Targets: The Plan sets out an 80% compliance target by 2026, which is not an ambitious target and risks poor performance and long waiting times becoming normalised. As well as the March 2023 interim target, we recommend the Cancer Action Plan commits to cancer type-specific stretch targets and incentives for cancer sites that achieve the 80% before 2026

Triple Assessment: The Plan indicates that compliance with providing a triple assessment through a one stop clinic is a challenge in some health boards, we recommend the Plan commits to monitoring this, such as through the single programme of breast cancer audits (as was an indicator in the National Audit of Breast Cancer in Older Patients)

Mutual Aid: Cwm Taff Morgannwg Health Board has been involved in a mutual aid pilot with Cardiff and the Vale. We recommend the Plan commits to evaluating the success of this approach to agree on the circumstances for future deployment in breast cancer services, including in other health boards.

Secondary Breast Cancer: The Cancer Action Plan says that 'Work needs to be undertaken to extend the principles of the SCP and Optimal Pathways to subsequent treatments after the first definitive treatment for patients with metastatic disease.' However, there are no specific actions in the Plan relating to this, therefore we recommend the Plan explicitly and specifically outlines how it will achieve this. People with secondary breast cancer are experiencing avoidable delays in diagnosis. It is crucial that people with secondary breast cancer are diagnosed promptly so that they can begin treatment and access supportive care as quickly as possible. Timely access to treatment and care can relieve symptoms and have a dramatic impact on quality of life.

NOPs are showing what good looks like, but what about accountability at HB level?

Given the variety of work going on across HB's – should they make the point somewhere about ensuring lessons learned are shared in some type of forum, and provided with resources?

	<p>Good stuff re. audits – pleased Wales have set targets here and are a part of the work with England. Perhaps could elaborate on what QI activity might follow off the back of them.</p> <p>We support the inclusion of pilots or other efforts to explore straight to test for people with suspected bowel cancer.</p> <p>Lower GI has been consistently extremely poor in meeting the 62-day wait standard. This has to be a priority as it could save lives and transform national trends.</p>
Effective treatments/ Surgery	<p>The Plan highlights that where necessary surgery should be moved to a regional or national configuration. The ability of some patients to access surgery further from home – which may impact their decision making on treatment - should be considered in doing this.</p> <p>Protected pathways/cancer surgical hubs very positive. <i>CRUK</i> produced a paper on optimal configuration of surgical services this year, will accompany this response.</p> <p>Very vague section, where is the detail? Actions are not SMART. By when? In what way?</p> <p>Broader question across treatment section – do we think there is enough governance here – to allow adequate feed in across clinical groups. For some activities, resources will be drawn from the same people</p>
Systemic Anti-Cancer Therapy (SACT)	<p>We welcome the recognition in the Plan that there is concern about shortfalls in capacity, workforce and support to deliver SACT. It is vital that this is addressed in order to ensure that patients can access the new treatments that are coming forward and the benefits they provide.</p>
Radiotherapy	<p>We welcome the confirmation provided in the Plan that breast hypofractionation has been implemented in cancer centres across Wales. It would also be helpful to understand if Deep Inspiration Breath Hold (DIBH) which can reduce the dose of radiotherapy to the heart in patients with left-sided breast cancer, and is recommended by NICE, has been implemented in cancer centres across Wales.</p>
Acute Oncology Services	<p>Acute oncology is very dependent on workforce, and so this must be factored into service development of this area.</p>

Specialist/tertiary service configuration and sustainability	
Precision Medicine	<p>Liquid biopsy strategy – timings needed.</p> <p>NHS Services must be properly prepared for the anticipated roll out of advanced Therapy Medicinal Products (ATMPs) including new CAR-T treatments to ensure that all eligible patients can receive this potential treatment option. Access to medicines is of particular relevance to blood cancer patients, many of whom are unable to benefit from other cancer treatments such as surgery or radiotherapy.</p> <p>We welcome efforts to increase genomic testing, not only to identify conditions such as Lynch syndrome which can increase the risk of bowel cancer, but also for the purposes of accessing the latest precision medicines. More treatments are being investigated and created each day that look to target an individual’s cancer rather than a one-size-fits-all approach. Adequate funding for Wales’ genomic labs is essential if these treatments are to be accessible.</p>
Palliative and end of life care	
Improving patient experience/ Co-production of care/ Assessing and meeting people’s needs / Signposting to benefits advice and supportive services	<p>We’re pleased to see a commitment to ensuring all patients have access to a clinical nurse specialise (CNS) or relevant cancer key worker to support their post-treatment care and recovery and ensure they are able to access advice and supportive services. This must include all patients with secondary breast cancer We recommend the Cancer Action Plan commits to:</p> <p><i>HNA</i>: all patients receive a health needs assessment (HNA) and access to support such as physiotherapy, mental health support and any other support where relevant.</p> <p><i>VCS</i>: Health Boards are required to work with charity organisations such as <i>Breast Cancer Now</i> to ensure holistic support is being provided to all patients who request it. Providing workforce training such as communication skills to enable ‘supported conversations’.</p> <p>Ensuring the provision of emotional support services to enable patients to be signposted to them.</p>

	<p>We agree that a co-production approach is essential to improving cancer services in Wales.</p> <p>We would like further information on whether a tailored approach for involving children and young people will be taken, to ensure they are meaningfully engaged and their needs are recognised as separate to those of older patient groups. We would also like further clarity on the envisaged role of the third sector, especially those organisations who already have established participation/engagement/voice groups, will be in ensuring a co-production approach is taken.</p> <p>We hope that the assessment tool and Key Worker role as identified in the plan will be person-centred and age-appropriate to ensure that the single point of contact model is available to children and young people. We would welcome further clarity/confirmation on this. More information on how the third sector can be involved in this would also be welcome.</p> <p>We are glad to see a recognition of the need for non-clinical support for cancer patients throughout their journey. However, the Plan does not provide a sufficiently robust framework for ensuring that cancer patients can reliably access this support as an embedded part of their treatment pathway. Whilst signposting is valuable, the extent of need for holistic support – such as age-appropriate support for children and young people around education, employment, fertility and mental health – requires a proactive and integrated approach for enabling channels of interlinkage and collaboration between health boards and third sector providers, which we hope can be expanded on further.</p> <p>We would welcome the opportunity to support patients as early as possible in the cancer pathways through signposting, and would also welcome the opportunity to support co-production and evaluation of public health materials through 3rd sector forums, groups and networks such as the Bowel Cancer Community Voices Cymru group, and the <i>Tenovus Cancer Care</i> managed All Wales Cancer Community.</p>
<p>Key System wide Enablers / Workforce</p>	<p>How does the wider WG workforce plan fit into this Action Plan? Given the scale of challenge, needs to feel more than business as usual.</p> <p>A fundamental issue is that HEIW seems to be farming out all meaningful responsibility for workforce planning to HBs. Decisions not being taken strategically. However, We welcome workforce commitments, specifically the initial focus on diagnostic services and non-surgical oncology and specialist nurses and the reference to recent recruitment of these roles in individual Health Boards.</p>

	<p><i>Diagnostic Workforce:</i> We are concerned though that in the actions for the individual Health Boards to develop sustainability plans for radiology, there is no detail of what the programme of support for Diagnostic Services Transformation will include. We recommend the Plan outlines in detail what the programme of support for Diagnostic Services Transformation will include specifically in relation to workforce, along with an outline of what funding will be provided to deliver this.</p> <p><i>Long-Term Solutions:</i> In addition, the commitment for Health Boards to assess the current issues and future demand for their cancer workforce and develop local and regional workforce plans, supported by Health Education and Improvement Wales and the Wales Cancer Network does not seem to address the systemic challenges in the training and recruitment of breast clinical radiology consultants, breast clinical oncology consultants and breast clinical nurse specialists. We recommend the Plan outlines on a national level how it will address the longer-term challenges of the cancer workforce, as the workforce strategy includes no reference to cancer. This is vital as the Royal College of Radiologists most recent annual census shows that the breast clinical radiology consultant vacancy rate in Wales stood at 11% as of 2021, and worryingly 23% of this workforce is due to retire within the next 5 years (2026). Similarly, 27% of breast clinical oncology consultants in Wales are due to retire in the next 5 years (2026), with this increasing to 36% in the next 10 years.</p> <p>It would be helpful to understand what progress has been made against the 2020 Workforce Strategy.</p> <p>We would like to see the upcoming efforts in workforce planning to address the need for a workforce that can meet the needs of children and young people with cancer, and that competency framework includes the necessary skills training to support the workforce to work and communicate with children and young people effectively and appropriately and meet their care needs.</p>
Information and Intelligence	<p>Data is key. We need to see more data made available regarding staging and how it is affected by ethnicity, sex, deprivation etc. Understanding emergency presentation and how it impacts on staging and outcomes is important and we'd welcome enhanced data on emergency presentations.</p> <p><i>Audit:</i> the Plan only mentions the metastatic breast cancer audit. We recommend the Plan include mention to the single programme of breast cancer audits, which includes audits on both primary and metastatic breast cancer.</p> <p>Children and Young People: those under 18 - are poorly represented in current cancer data in Wales - We hope to see this addressed as a matter of priority for improvements to data collection. To ensure their views and priorities are</p>

	<p>represented in service improvement, we would also like to see a dedicated data capture or experience survey – such as an under-16 CPES.</p> <p>We would like to see a more joined-up approach to data between primary healthcare and third sector providers - especially with regard to patient experience – and we hope more clarity can be given on how this can be achieved. Any effort to ensure that data is collected more efficiently and/or centrally should ensure that young cancer patients and their families are meaningfully informed of how their data is being collected, who has access to it, and why.</p> <p>Much in this section feels like more of a case for change, rather than a call to action & plans. There are discussions taking place around data, can these be referenced/highlighted here?</p>
<p>Cancer Research / Innovation</p>	<p>Research is vitally important and investment in research now could save lives and ease pressure on budgets in the future. We would like to see wider opportunities for patients to access clinical trials, regardless of their geography etc.</p> <p><i>CRUK</i> have welcomed CReST and said that it needs a clear focus of a few areas to boost Wales’ competitiveness.</p> <p><i>Clinical Trials:</i> We welcome the Plan’s commitment to Health Boards and Trusts monitoring cancer clinical trial recruitment and delivery of cancer trials to time and target, and putting in place local improvement plans as required, with Health and Care Research Wales Support and Delivery Service overseeing and monitoring nationally. We hope this will provide equitable access to research opportunities for patients across Wales.</p> <p>Do we know what the current situation is, for example are there any tumour specific or demographic groups where engagement with clinical trials is problematic? If so, useful to include.</p> <p>We recommend the Plan includes that monitoring assesses access by type of cancer, such as secondary breast cancer, and the improvement plans include detail about how they will achieve equitable access for specific patient groups, such as those with secondary breast cancer. For those with secondary breast cancer, who have few treatment options, clinical trials can offer hope for the future.</p> <p>How can third sector be more involved in the various recommendations re innovation. Lacking in some detail here – timings and plans. Concern that because of this, there is a subsequent lack of priority.</p>

	<p>There isn't much in the WG Innovation Strategy documents about cancer/health innovations. What link up can we make? CRUK have shared innovation paper with WCN & WG, and paper specifically on the innovation strategy with WG – paper accompanies this response.</p> <p>Also worried there is going to be more duplication – how can we learn from other ED Innovation funds/efforts in other nations. Perhaps some things may not need full piloting but feasibility and implementation focuses. England's SBRI call – may have lots of lessons learned for Wales : https://sbrihealthcare.co.uk/competition/nhs-cancer-programme-competition-2/</p> <p>We welcome the Colon Capsule Endoscopy pilot started in 2022, and we hope to see its role in improving bowel cancer diagnosis develop as more data is gathered regarding its place in the pathway.</p>
Capital Infrastructure	Would be good to have a bit of modelling to understand where capacity needs to rise to meet demand.
Any other comments (not covered by one of the above headings?)	<p>Secondary Breast Cancer</p> <p>The draft Plan recognises the need for parity of treatment for those with chronic, recurrent or metastatic cancer, compared to those who have first or primary diagnosis – however there are limited actions within the draft and they do not reflect this ambition. For example:</p> <p><i>Diagnosis and Treatment:</i> the plan says that 'Work needs to be undertaken to extend the principles of the SCP and Optimal Pathways to subsequent treatments after the first definitive treatment for patients with metastatic disease.' However, there are not specific actions in relation to this. We recommend the Plan needs to explicitly and specifically outline how it will achieve this.</p> <p><i>Support:</i> There is a section on palliative and end of life care, and elsewhere in the document it does state that all patients with cancer and their loved ones should be provided with emotional support, information and advice on welfare benefits, and crisis care however this isn't secondary specific, or a holistic list of all types of support needed. In addition, there is no specific action around increasing the recruitment of CNSs who support secondary breast cancer patients. We recommend the Plan outline what type of support secondary breast cancer patients should receive, in addition to a commitment to increase the number of CNSs to support secondary breast cancer patients.</p>

Data: the Plan mentions Health Boards should capture 100% of the timely data required for the National Audits supported by the Wales Cancer Network. We recommend the Plan outline what support specifically will be provided to address the current gap data collection in secondary breast cancer.

We also recommend the Plan includes the Wales Cancer Network review of secondary breast cancer services and patient experience, and its series of recommendations as mentioned by the Health Minister in the Debate on Petition P-06-1294, “Don’t leave metastatic breast cancer patients in Wales behind”.

Blood Cancers

There is limited acknowledgement of the difference in needs for blood cancer care and treatment in comparison to solid tumours.

Children and Young People

We recognise that health services in Wales are under enormous pressure and are still in recovery from the pandemic, but it is disappointing that this action plan, like the Quality Statement, makes no reference to children and young people or their specific cancer care needs. We hope the Welsh Government will recognise the unique needs of children and young people with cancer, either in this Action Plan or in a future dedicated Children and Young People’s Cancer Strategy.

Inequalities

We would welcome a section specifically looking at the problem of and ways to address inequalities in help-seeking, access and experience

The Action Plan is a helpful collation of existing policies and thinking across different agencies. The foreword and cancer challenge has a decent understanding of what the problems that exist are/the scale of the challenge. The Action Plan struggles to meet that challenge, and therefore undermines the case to be visionary or transformative about the future of cancer services/cancer outcomes more generally.

Increase of SCP target – How will we get there? Not clear from the plan what the steps will be to 80% in 2026.