

***Designed To Tackle Cancer in Wales***  
**2008-11 STRATEGIC FRAMEWORK**

**1. Aims, Outcomes and Outputs**

This section sets out the policy aims and outcome measures as specified in Designed to Tackle Cancer, together with the outputs required to achieve the aims and outcomes.

The table re-states the Policy aims as detailed in Phase 1 -

<b>Policy AIM</b>	<b>OUTCOME MEASURE</b>	<b>OUTPUTS REQUIRED to achieve this outcome</b>
<p><b>More Prevention</b> To reduce the incidence of cancer in Wales through primary prevention.</p>	<p>In particular, to have comparable cancer incidence rates with the lowest European quartile by 2015.</p>	<ul style="list-style-type: none"> <li>• Improved public awareness of cancer risk</li> <li>• Improved lifestyles, i.e. improved diet, increased exercise, reduced alcohol intake and smoking</li> </ul>
<p><b>Early Detection</b> To improve survival rates by detecting cancer as early as possible through appropriate public education, information and screening.</p>	<p>In particular, to have comparable one year and five year survival rates with the top European quartile by 2015.</p>	<ul style="list-style-type: none"> <li>• Effective national population screening programmes</li> <li>• public awareness on symptoms</li> </ul>

<p><b>Improved Access</b> To provide diagnosis, treatment and palliative care services for people with cancer that match or surpass the best in Europe in terms of <b>access</b>.</p>	<p>In particular, to achieve and sustain comparable one year and five year survival rates with the top European quartile by 2015.</p>	<ul style="list-style-type: none"> <li>• Adherence to cancer waiting times to definitive treatment</li> </ul>
<p><b>Better Services</b> To provide diagnosis, treatment, rehabilitation and palliative care services for people with cancer that match or surpass the best in Europe in terms of quality.</p>	<p>In particular, to achieve and sustain comparable one year and five year survival rates with the top European quartile by 2015.</p>	<ul style="list-style-type: none"> <li>• Services organised in order to achieve national standards</li> <li>• Effective planning systems in place</li> <li>• Regular clinical audit undertaken and acted upon</li> </ul>

## 2. Delivering the Required Outputs

This section sets out a programme of work from April 2008 to March 2011 for each of the formal policy aims. The National Cancer Standards were published in 2005 with a deadline for compliance by the end of March 2009. **Their implementation has been the focus of work of the Regional Cancer Networks and there is a basic requirement for 2008-09 that the first priority for the NHS must be to ensure that compliance with the 2005 National Cancer Standards is sustained and any areas of non-compliance are addressed as the first priority.**

The National Cancer Standards require cancer care to keep up to date with latest national guidance. The key actions in the tables below will enable the NHS to maintain compliance as they detail NICE guidance and draw on other national reports that WAG have endorsed.

Prevention

<b>Key Action Required</b>	<b>By Whom</b>	<b>By When (end of)</b>
1.1.1 Review all national prevention programmes with the intention, where necessary, to include key messages in relation to prevention of all cancers, particularly upper GI, head and neck, skin and lung cancer.	1.1.1 Welsh Assembly Government, NPHS, Wales Centre for Health,	March 2009
1.1.2 Review the initiatives in place at national and local level to promote healthy lifestyles to ensure that due attention is given to highlighting cancer awareness messages where appropriate	1.1.2 Welsh Assembly Government, NPHS, Wales Centre for Health, Local Authorities, LHBS, FE, voluntary sector.	March 2010
1.2 Commence implementation of a vaccination programme to reduce the risk of cervical cancer as advised by the JCVI	LHBS and NHS Trusts	September 2008
1.3 Carry out a review of the clinical and cost effectiveness of genetic testing and surveillance of families at risk of certain cancers in order to enable appropriate service development to meet increasing demand.	HCW, Cancer Genetics Service Wales	September 2009

## Early Detection

<b>Key Action Required</b>	<b>By Whom</b>	<b>By When</b>
<b>General</b>		
2.1 Raise public awareness of cancer alarm symptoms <sup>1</sup> . Organisations should work together to plan awareness campaigns that reach key age groups and target specific ethnic groups and/or areas of higher than average incidence and mortality.	Welsh Assembly Government, NPHS, Wales Centre for Health	Ongoing
2.2 Develop and evaluate easily accessible evidence-based decision aid tools so that people can be aware of early alarm symptoms and request professional advice without delay <sup>2</sup> .	WORD, Department of Primary Care and Public Health, School of Medicine, Cardiff University; IHC	Ongoing
2.3.1 Provide GPs with prompt access to electronic web based information on alarm symptoms for cancer <sup>3</sup> .	IHC	March 2010
2.3.2 Continue to refer patients to specialist cancer MDTs in line with referral pathways agreed by their Cancer Network.	GPs	Ongoing
<b>Cancer Specific</b>		
2.4.1 Develop all cancer screening programmes in line with the recommendations of the National	HCW, Screening Services Wales	On-going

<sup>1</sup> Referral for Suspected Cancer, NICE, CG 27, 2005

<sup>2</sup> Bowel Cancer Framework, expected publication 2008.

<sup>3</sup> Referral for Suspected Cancer, NICE, CG 27, 2005

<p>Screening Committee</p> <p>2.4.2 Review and improve as necessary the means of effectively reaching ethnic minorities and those with mental health problems, learning disabilities or people in residential care; and all other groups with difficulties accessing these programmes.</p>	<p>Screening Services Wales</p>	<p>September 2009</p>
<p>2.5 Develop and implement a protocol for surveillance of organ transplant patients for skin cancer in line with NICE service guidance<sup>4</sup>.</p>	<p><b>Develop:</b> CSCG Skin Cancer Advisory Group, <b>Implement:</b> Regional Cancer Networks</p>	<p>March 2009 December 2009</p>

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<sup>4</sup> Improving Outcomes for People with Skin Tumours including Melanomas, NICE, 2006.

Improved Access

<b>Key Action Required</b>	<b>By Whom</b>	<b>By When</b>
<b>Generic</b>		
<b>2008-09 AOF Target</b>		
3.1 Maintain the 62 and 31 day cancer waiting times targets	NHS Trusts	Ongoing from December 2006
3.2 Review and make recommendations to Welsh Assembly Government on further cancer waiting times targets.	CSCG; Regional Cancer Networks; patient groups	March 2009
3.3 Implement all new NICE Health Technology Appraisals (HTA) and AWMSG appraisals within the specified time from final publication of approval <sup>5</sup> .	HCW and LHBs	Immediately
3.4. Revise commissioning policies on the basis of a review of the evidence for and cost effectiveness of PET and PET-CT in the diagnosis and staging of cancers.	HCW and LHBs supported by CSCG Advisory Groups.	March 2009
3.5 Set up in line with Cancer Network service development plans, diagnostic clinics with staff working to quality standards and involved in clinical audit as detailed in NICE service guidance <sup>6</sup> and Clinical Guidelines and the National Cancer Standards.	HCW and LHBs, Regional Cancer Networks	March 2011

<sup>5</sup> HTAs are expected for new cancer drugs in 2008 in relation to prostate, colorectal, breast, lung and brain cancers and multiple myeloma.

<sup>6</sup> NICE Service Guidance for haemato-oncology (2003), head and neck cancer (2004), sarcoma (2006)

<b>Cancer Specific</b>		
3.7 Implement NICE guidance for patients with a familial risk of developing breast cancer taking account of CSCG Clinical advice <sup>7</sup>	HCW and LHBs, Cancer Genetics Service Wales, Breast Test Wales	October 2010
3.8 Review emerging evidence of improved/new biochemical and molecular tests to diagnose prostate cancer and make recommendations to commissioners.	CSCG Urological Cancers Advisory Group, Pathology modernisation project	March 2011
3.9.1 Achieve JACIE & MHRA accreditation for centres undertaking bone marrow transplantation.	NHS Trust bone marrow transplantation centres	March 2010
3.9.2. Put in place a quality management system to support accreditation, including CPA.	Pathology modernisation project, IHC	March 2009
3.10. Evaluate development of molecular monitoring to assess response in Chronic Myeloid Leukaemia and diagnosis of myeloproliferative disorder and make recommendations to commissioners.	CSCG Haematological Cancers Advisory Group	October 2009
3.11 Review the all Wales Lymphoma Panel to inform commissioning and ensure a sustainable service able to meet the expected increase in demand for molecular testing.	CSCG Haematological Cancers Advisory Group	October 2009

<sup>7</sup> NICE Familial breast cancer: the classification and care of women at risk of familial breast cancer in primary, secondary and tertiary care, 2006; CSCG Report on implementation in Wales expected publication April 2008

Better Services

<b>Key Action Required</b>	<b>By Whom</b>	<b>By When</b>
<b>Patient Centred Care</b>		
<b>Generic</b>		
4.1 Carry out a national survey of the patient experience of their cancer care	CSCG	March 2010
4.2 Carry out a review of how to improve the experience of cancer patients who are required to travel for part or all of their care.	Regional Cancer Networks	September 2009
4.3 Develop a web-based resource to provide access to cancer information for patients particularly supporting patients at the time of diagnosis. <sup>8</sup>	IHC, Regional Cancer Networks	March 2010
4.4 Assess the on-going needs of cancer survivorship as part of work on improving chronic conditions management and the implementation of National Standards on Rehabilitation for cancer patients once published	Regional Cancer Networks, voluntary organisations	March 2009
4.5 All proposed major cancer service developments, including new and replacement senior staff appointments, where membership of a cancer team/s is identified in the job plan, must be submitted to the Cancer Network Board for endorsement (WHC (2005) 51).	NHS Trusts and Regional Cancer Networks	Ongoing

<sup>8</sup> This objective will also link to decision support tools in objective 2.2

<b>National Guidance</b>		
<b>2008-09 AOF Target</b>		
4.6 Comply with 2005 National Cancer Standards	HCW, LHBs, NHS Trusts and other providers supported by Regional Cancer Networks	March 2009
4.7 Develop and implement a process of independent review of compliance with the National Cancer Standards	<b>Develop:</b> CSCG <b>Implement:</b> HIW	March 2009  2009 onwards
4.8 Develop and implement National Cancer Standards for sarcoma, brain cancers, children and young people with cancer and rehabilitation, following cancer treatment.	<b>Develop:</b> CSCG <b>Implement:</b> HCW, LHBs, providers supported by Regional Cancer Networks	March 2010  within 3 years of publication of the National Cancer Standards
4.9 Review National Cancer Standards published in 2005 with a view to update as necessary	CSCG, Regional Cancer Networks	March 2011
4.10 Establish implementation plans for NICE cancer clinical guidelines within 6 months and implement within 18 months of publication, unless agreed otherwise by the Assembly Government <sup>9</sup> .	HCW and LHBs with support from CSCG Cancer Advisory Groups and Regional Cancer Networks	On going
4.11 Develop and implement plan to implement the recommendations in the Bowel Cancer Framework (BCF) <sup>10</sup> .	<b>Develop:</b> as detailed in BCF <b>Implement:</b> as detailed in BCF	March 2009  April 2011

<sup>9</sup> Clinical guidelines are expected on prostate cancer and metastatic spinal cord compression in 2008. Additional guidelines for early and advanced breast cancer are due in 2009 with publication dates yet to be confirmed for guidelines on colorectal and anal cancer.

<sup>10</sup> Bowel Cancer Framework, Welsh Assembly Government expected publication 2008

4.12 Further develop and implement the model of care for patients with suspected and confirmed mesothelioma	<b>Develop:</b> CSCG lung Cancer Advisory Group	March 2009
	<b>Implement :</b> Regional Cancer Networks	March 2011

<b>Surgery</b>		
4.13.1 Establish a national training programme for laparoscopic training for colorectal cancer <sup>11</sup>	National Laparoscopic Surgical Training Project Board	March 2009
4.13.2 Review of demand for laparoscopic surgery for other cancer sites	National Laparoscopic Surgical Training Project Board	March 2011
4.13.3 Evaluate the need for Sentinel Node Biopsy training to cover skin cancer in collaboration with and advised by the Royal College of Surgeons.	CSCG	March 2010
<b>Chemotherapy</b>		
4.14 Develop chemotherapy services so that patients are treated safely in the appropriate setting whether attending a cancer centre, cancer unit or a community facility and led by appropriately trained staff <sup>12</sup> .	Regional Cancer Networks, CSCG Chemotherapy Advisory Group.	March 2011
4.15 Proactively manage patients having chemotherapy and provide a 24/7 hot line to manage	Trusts supported by their Regional Cancer Network	March 2009

<sup>11</sup> Bowel Cancer Framework, Welsh Assembly Government expected publication 2008

<sup>12</sup> The CSCG Chemotherapy Advisory Group will be providing advice in support of this objective in 2008.

complications and co-ordinate entry into inpatient facilities.		
4.16 Establish a national chemotherapy e-prescribing system	IHC, Regional Cancer Networks	March 2010
4.17 Improve methods of assessing demand and capacity for chemotherapy.	CSCG Chemotherapy Advisory Group, Regional Cancer Networks	September 2010
4.18 Review workload and process to ensure effective communication of clinical expert advice to AWMSG and commissioners.	CSCG Cancer Drugs Group	March 2009
4.19 Achieve at least 6% recruitment to randomised controlled trials (RCT) with an overall recruitment level of 10% for both RCTs and other types of trial.	Wales Cancer Trials Network, Trusts supported by their Regional Cancer Network, WORD	March 2009 on-going
<b>Radiotherapy</b>		
4.20.1 Establish Implementation plans to address the recommendations of the WAG/CSCG Report - Radiotherapy Equipment needs and Workforce Implications for 2006 – 2016 to include increasing capacity on existing linear accelerators to meet the Joint Collegiate Council for Oncology waiting times recommendations for radiotherapy as required by the National Cancer Standards.	LHBs and Radiotherapy Centres, supported by Regional Cancer Networks	March 2009
4.20.2 Review RT fractionation patterns and capacity/demand in the light of emerging evidence	Welsh Scientific Advisory Committee/Clinical Oncology Sub Committee, CSCG	2008 - ongoing

from clinical trials.		
<b>MDT working</b>		
4.21 Review and implement recommendations to address MDT training needs	<b>Review:</b> CSCG Core Group, CSCG advisory groups <b>Implement:</b> National Leadership and Innovations Agency for Healthcare	December 2009
4.22 Align Regional Network research programmes with the Wales Cancer Trials Network and link with activities of CRC Cymru and be engaged in new opportunities as provided by the National Institute for Health Research Wales	Regional Cancer Networks	September 2009
<b>Cancer Information</b>		
4.23.1 All MDTs providing cancer care to provide data for the relevant all Wales cancer dataset as required by the National Cancer Standards. The analysed data to provide essential information for both clinical teams and commissioners.	NHS Trusts	Ongoing
4.23.2 View the summary details of their patients' cancer management plans.	GPs	Ongoing
4.24.1 Participate in all national clinical audits by inputting specified data either directly or indirectly into CaNISC	NHS Trusts and other providers	2009 onwards
4.24.2 Benchmark and clinically audit radiotherapy practice using the national Radiotherapy Episodes Statistics dataset	Radiotherapy Centres	Ongoing from implementation of radiotherapy dataset

4.25 Report annually on clinical outcomes as part of the National Cancer Standards monitoring process and make recommendations based on audit findings to further improve cancer services and clinical outcomes.	CSCG Cancer Advisory Groups	March 2009 onwards
4.26 Support electronic, on-screen histopathology reporting into CaNISC	IHC via Cancer Information Framework Project	March 2010
4.27 Agree with Welsh Assembly Government a project plan detailing development of cancer datasets and for CaNISC for all outstanding cancer sites covered by National Cancer Standards and palliative care.	IHC via Cancer Information Framework Project; CSCG Site Advisory Groups	March 2009