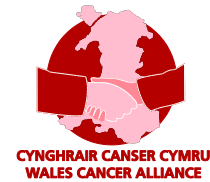


Earlier Diagnosis

A Wales Cancer Alliance Policy Paper
Summer 2017



Earlier Diagnosis: Overview

In general, the earlier a cancer can be diagnosed, more options are available for successful treatment and the greater the chance of survival. For example, when bowel cancer is diagnosed at stage one more than nine in ten people survive five years or more compared to less than one in ten of people diagnosed at stage four.

Demand for cancer diagnostics will increase over time, because of a growing and aging population, as well as welcome interventions to improve early diagnosis. Embedding new NICE referral guidelines for suspected cancer has already seen an increase in referrals by 12% between 2014-15 and 2015-16.

If the new pilots testing multi-disciplinary diagnostic centres (MDCs) set out in the Cancer Delivery Plan are successful and rolled out across Wales, it is unclear what analysis has been made of the required workforce to make this initiative a success.

Background

One in two people will develop cancer at some point in their lives, so the high and growing demand for cancer tests means it's essential to develop diagnostic capacity in the parts of the NHS providing tests – particularly endoscopy, imaging and pathology.

Many cancers can first present with vague symptoms, which may require multiple visits to the GP. There has been a distinct lack of intermediate diagnostic tests that can be used in primary care for the accurate diagnosis of suspected cancer. Currently, only two tests are routinely used, namely, PSA and CA-125, both of which have recognised limitations. The latest NICE referral guidelines for prostate cancer have called for more research into the development blood tests with greater precision, so to improve the early diagnosis of aggressive prostate cancer.

Therefore, there is a clear need for research initiatives that support the development of multiplex diagnostic blood tests with the necessary specificity and sensitivity to improve the accuracy of cancer diagnosis within primary care. Such approaches will help promote the transformation of GP hubs into diagnostic centres of excellence for the early diagnosis of cancer.

Performance against waiting time targets in Wales suggests that the diagnostic pathway is not operating as it should be for patients. The 62-day urgent referral to treatment target has been regularly missed, suggesting that there are bottlenecks in diagnostic capacity. Issues with diagnostic capacity might mean that some patients are delayed in receiving a definitive diagnosis and therefore starting treatment. In addition, there can be variation in GPs' direct access to diagnostic tests. There should be particular attention paid to understanding and resolving persistent outliers in the 62 day treatment target.

Screening is an effective way in which cancer is diagnosed early. There are benefits and risks to screening and attending screening is a choice; however, it is important to note that uptake has recently declined for several screening programmes in Wales, including breast and cervical screening. Action needs to be taken to find out why fewer people are attending screening and to address this decline, as well as ensuring that the public continues to receive information through the annual Screening for Life campaign to make informed decisions.

Increasing awareness of risk factors for cancer, alongside alarm symptoms and access to screening, will also be critical for improving both earlier diagnosis and outcomes. The introduction of both the new faecal

immunochemical test in the bowel screening programme (due in 2018), and other initiatives including symptom awareness campaigns are likely to see an increased number of referrals for tests.

The Cancer Delivery Plan¹

The Cancer Delivery Plan for Wales has set out actions to tackle late diagnosis, including pilot testing multi-disciplinary diagnostic centres (MDCs), and improving access to tests and treatment times, but the Plan does acknowledge that improving diagnostic access will be a challenge. This is due to the need for more equipment and addressing workforce shortages in pathology, radiology and endoscopy, as well as reforming the way diagnostic pathways work.

We welcome the recommendations from the Plan for the Endoscopy Implementation Group to continue to coordinate health board improvements in endoscopy access; for the National Imaging Programme Board to continue to develop capacity in diagnostic imaging services; and for the National Pathology Board to continue to develop capacity in pathology services. However, we believe these actions need to be progressed faster and with a clear timeline and ambition for the growth in capacity for all of these diagnostic modalities.

Furthermore, improving early diagnosis will help to go a long way in achieving the key principles of Prudent Healthcare. The Welsh Government and NHS Wales are committed to providing the right treatment at the right place at the right time. For cancer patients, early diagnosis leads to the most effective treatment whilst using NHS resources most efficiently.

Calls for Action

The Wales Cancer Alliance calls for:

- 1) The Welsh Government and NHS Wales to undertake an audit of the diagnostic workforce, with particular focus on services for cancer-relevant services, including endoscopy, imaging and pathology to understand the workforce and equipment capacity needed to meet existing and future demand.**
 - Workforce shortages will take time to address and the Welsh Government and the NHS need to ensure they are enhancing training numbers. This should include a commitment to train more radiologists, radiographers, endoscopists and cellular pathologists.
 - It will also be important to explore other ways of tackling shortages such as through international recruitment, and ensure that staff can be retained.
 - Linked to this, the Welsh Government should also invest in the most up-to-date diagnostic equipment to deal with increased demand.
 - We welcome recommendations in the Cancer Delivery Plan for the Endoscopy Implementation Group, the National Imaging Programme Board, and the National Pathology Board to develop capacity and access, however we think these actions need to be progressed faster and with a clear timeline and ambition for the growth in capacity for all of these diagnostic modalities.
- 2) The Welsh Government and NHS Wales to ensure that the results from the Multi-Disciplinary Diagnostic Centre Pilots can be learnt from and built into a Plan for Wales as soon as possible.**
- 3) The Welsh Government and NHS Wales to collaborate with the voluntary sector to understand the key issues and drivers for improving early diagnosis in Wales**

¹ Wales Cancer Network. Cancer Delivery Plan for Wales 2016 – 2020: The highest standard of care for everyone with cancer [Internet]. 2016 [Cited 09 May 2017]. Available from: <http://gov.wales/docs/dhss/publications/161114cancerplanen.pdf>

- 4) The Welsh Government and NHS Wales should work closely with the Wales Cancer Alliance to help deliver the Diagnosing Cancer Earlier Programme, and its objectives to raise awareness of the signs and symptoms of cancer, increase the number of cancer diagnoses at an earlier stage (1-2) and increasing 1 and 5 year survival in line with the best countries in Europe.**