WORKING TOGETHER
to
TRANSFORM CANCER SERVICES
in
SOUTH EAST WALES
Understanding the context

Cancer survival rates are increasing. But the number of people getting cancer is increasing too. At Velindre NHS Trust we have known for some time these facts mean that, without change, Velindre Cancer Centre will increasingly struggle to meet forecasted levels of demand whilst continuing to deliver the highest level of care, quality and patient experience.

We recognise that despite the rate of progress made in Wales in recent years, and patients rating their care across NHS Wales and Velindre as excellent or very good, survival rates from this disease in Wales lag behind other European and similarly developed Western countries. We are also aware that the way in which we provide services at Velindre Cancer Centre needs to continuously evolve and that the patient environment is increasingly becoming unfit for purpose. It is in this context that we have been looking at the services we provide and the way we deliver them to ensure we are able to achieve the outcomes our patients expect of us and we demand of ourselves.

We recognise that specialist cancer treatment is part of the bigger picture of cancer care. Any discussion about our services needs to be done in the wider context of cancer care in South East Wales and how it might look in the future because change to our services alone will not significantly improve cancer patient outcomes.

Our vision for the future of our services at Velindre and how it integrates within the wider context of cancer care across Wales was set out in a Strategic Outline Programme which we submitted to the Welsh Government at the end of December 2014.

The principles of the Programme have been approved by the Welsh Government, but they need to be informed and improved by our partners in primary, secondary and palliative care, as well as Public Health Wales, the third sector, non-health community services, Welsh Government and, most importantly, patients and the wider public. We therefore need to engage with everyone involved in cancer care in South East Wales to:

- better understand the challenges and opportunities from the perspective of a wide range of stakeholders
- build a shared consensus for a new service model of cancer care in South East Wales and how it integrates with the rest of Wales
- further strengthen existing partnerships to deliver this new service model, together with an ‘engine’ to drive continuous service improvement.

We have been asked by the Welsh Government to report back on this process at the end of June 2015.
We believe this process, together with the wide number of other excellent pieces of work taking place across Wales, could be the start of a valuable opportunity to transform cancer care services and patient outcomes in South East Wales and beyond. We are excited by what it represents and we hope you are too.

Making the case for change in figures

An ambition to achieve even more

When we look at the figures, there is plenty we can all be proud about. Patients rate their care very highly. And every year, more people survive cancer.

Percentage of patients in Wales rating their care as excellent or very good


Five year relative survival rates in South East Wales, 1995-1999 and 2004-2008

Source: Cancer in Wales, Welsh Cancer Intelligence and Surveillance Unit, 4 February 2015
But there is always more to do. If we could improve health and wider public services to international standards fewer people would develop cancer, more people would survive cancer, more people would have a better quality of life and the wider benefits to the community would be significant.

<table>
<thead>
<tr>
<th>Cancer Type</th>
<th>Europe Rank</th>
<th>Wales Rank</th>
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<tbody>
<tr>
<td>Rectal cancer</td>
<td>20th</td>
<td>20th</td>
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<tr>
<td>Prostate cancer</td>
<td>21st</td>
<td>21st</td>
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<tr>
<td>Female breast cancer</td>
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<td>21st</td>
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<td>Colon cancer</td>
<td>24th</td>
<td>24th</td>
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<tr>
<td>Lung cancer</td>
<td>28th</td>
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The incidence of cancer is increasing

We need to acknowledge that more people are getting cancer and this is largely because the factors that contribute to the increased incidence of cancer are increasing.

An ageing population:
26% of the population is expected to be over 65 as by 2033 compared to 18% in 2008

Alcohol consumption:
48% of men and 36% of women regularly consuming more alcohol than the recommended daily amount

Smoking:
25% of men and 21% of women are regular smokers

Low fruit and vegetable consumption:
32% of men and 34% of women consume five portions of fruit and vegetables per day

Weight:
57% of adults are considered to be overweight and obese

Life expectancy improving:
The average age at death for men and women between 2009 and 2011 was 78.0 years for men and 82.2 years for women

Physical activity:
36% of men and 23% of women are physically active five days per week

Better survival rates mean more people are living with cancer

Because we are getting better at treating cancer, more people are living with cancer.

**Number of people in Wales living with cancer**

Source: Statistics Fact Sheet, Macmillan January 2015
Making the case for change in the way we deliver cancer services

The challenges facing the system

We also recognise that there are real challenges facing all partners within Wales that make planning for the redesign of cancer services more complex. These include but are not limited to:

- The need to improve the public health as the solutions frequently lie in families, communities and outside the health and social care service.

- The competing priorities for primary care coupled with increasing workforce pressures.

- Increasing demand for cancer services.

- Better integration of primary and secondary care with respect to both early diagnosis and supporting patients and carers living with the impact of cancer.

- Balancing capacity and demand across the entire diagnostic system because urgent suspected cancer versus urgent non-cancer referrals make our achievements on waiting times difficult to maintain across the service.

- The recruitment and retention of key members of multi-disciplinary cancer teams such as radiology, pathology, as well as oncology.

- Managing the pressure of unscheduled care, which impacts on planned elective cancer care and even acute oncology services that have planned management pathways which are challenging to implement in the face of bed pressures.

- The ability to implement new treatments and technologies in a planned and timely manner within the current financial climate.

- How best to plan regional services which are not deemed ‘specialised’ but which cross Health Board boundaries.

- The complexity and scale of the overall service planning challenge facing NHS Wales.
The Cancer Care Network in South East Wales

There are a wealth of cancer care strategies in place, reflecting the devastating impact the disease has on our society.

### Overarching National Strategies

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<tr>
<th>Strategy</th>
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<tr>
<td>Together for Health</td>
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<td>NHS Wales Delivery Framework 2013/2014</td>
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<td>Sustainable Development Charter</td>
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<td>NHS Planning Framework 2013</td>
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<tr>
<td>Working Differently - Working Together 2012</td>
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<tr>
<td>One Wales: One Planet</td>
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<td>Our Healthy Future 2013</td>
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<td>Together for Health - Public Information Delivery Plan</td>
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### National and UK Policies and Clinical Service Strategies Influencing Non-Surgical Services

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<thead>
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<th>Policy and Framework</th>
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<tr>
<td>Psychological therapies in Wales - policy implementation guidance 2012</td>
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<tr>
<td>Strategy for Older People 2012-2023</td>
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<tr>
<td>National Dementia Vision for Wales 2011</td>
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<tr>
<td>Radiotherapy Services in England 2012</td>
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<tr>
<td>Improving Outcomes. A Strategy for Cancer 2012</td>
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<tr>
<td>National Advisory Radiotherapy Group Guidelines 2007</td>
</tr>
<tr>
<td>Together for Mental Health - A Strategy for Mental Health and Well-being in Wales 2013</td>
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<tr>
<td>Commitment to Purpose - Eliminating Preventable Healthcare Associated Infections (HCAs)</td>
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<tr>
<td>Cancer Reform Strategy 2007 Department of Health</td>
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<tr>
<td>Delivery Plan for the Critically Ill 2013</td>
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<td>The Carers Strategy for Wales</td>
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<td>National Institute for Clinical Excellence (NICE) Guidance</td>
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<tr>
<td>National Standards for Children with Cancer aged 0-15 years 2012</td>
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<td>South Wales Programme</td>
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<td>National Cancer Standards</td>
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<td>National Standards for Sarcoma</td>
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<td>The Francis Report</td>
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### Clinical Policies and Guidelines Influencing Non-Surgical Services

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<th>Guideline and Framework</th>
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<tr>
<td>Cancer Services in Wales - Cameron 1996</td>
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<tr>
<td>Commitment to Purpose - Eliminating Preventable Healthcare Associated Infections (HCAs)</td>
</tr>
<tr>
<td>Policy Framework for Commissioning Cancer Services - Calman/Hine 1995</td>
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<tr>
<td>Radiotherapy Equipment Needs and Workforce Implications 2006 - 2015 (WNSAG and COSC) (draft)</td>
</tr>
<tr>
<td>National Standards for the Rehabilitation of Adults with Cancer</td>
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### Key national and local cancer strategies

Source: Strategic Outline Programme: Transforming Cancer Services in South-East Wales, Velindre NHS Trust, December 2014

Each of these strategies is taken forward by each part of the Cancer Care Network and implemented in relation to that part of the service. This leads to a complex organisational structure that we do not believe always assists in making the improvements we desire.
Treatment is becoming more complex

Over the last decade the number of new referrals to Velindre Cancer Centre has increased by around 15%. This in itself means there is more demand for our services. But we also know that more treatment options are available to us and non-surgical cancer treatments are becoming more complex and take longer to plan, prepare and deliver. While these factors have had a positive effect on survival rates, it also places increased pressure on NHS resources.
Predicted number of annual referrals for radiotherapy at Velindre Cancer Centre

Source: Strategic Outline Programme: Transforming Cancer Services in South-East Wales, Velindre NHS Trust, December 2014

Available Linac machine time and required machine time at Velindre Cancer

Source: Strategic Outline Programme: Transforming Cancer Services in South-East Wales, Velindre NHS Trust, December 2014
Velindre Cancer Centre

Our staff are incredibly dedicated and we are proud of the excellent reputation that Velindre Cancer Centre has as a result of their commitment. However, despite their efforts, the case for change for Velindre Cancer Centre is simple: **doing nothing is not an option.** We have identified an exhaustive list of reasons which tell us we need to change. These include:

- The current service model has not delivered the outcomes for all patients in South East Wales that they would wish for.
- Patient demand for care will outstrip our capacity and the quality of service will reduce as a result.
- The need to provide more treatment and care at home or within local communities to better meet patients’ clinical needs and improve their experience.
- The current patient environment is poor and does not provide a high quality experience for patients, families and carers.
- The need to develop and implement new treatment and technology to keep pace with the rest of Europe.
- The potential loss of highly skilled oncologists and professionals to other parts of the world due to a perceived lack of ambition and/or pace of progress.
- Our ambition to be one of the top cancer centres in Western Europe cannot be achieved if we continue to operate in the same way.
Presenting our vision for the future

Together for Health: Cancer Delivery Plan 2012 – 2016, the key driver of service development for cancer in Wales, highlighted the need for collaborative working between and across primary, secondary and tertiary care and in partnership with the third sector.

We believe that, by working collaboratively, there is an opportunity to think differently and place the patient at the heart of the entire system. If we look across the entire system and work together we can create something that is better than the sum of its parts and benefits everyone within it.

This belief informs our Strategic Outline Programme. Our vision revolves around the following principles:

1. Patient experience and outcomes at the centre of everything we do regarding service design and delivery.

2. Patients taking responsibility for their own health by providing them with the information, support and skills they require to manage their own needs effectively.

3. Equalising relationships between patients, families, carers, clinicians and professionals.

4. Patient safety is paramount and fundamental standards of care will always be met.

5. Services provided as close to home as possible, where safe and appropriate.

To support delivery of these principles we have developed a new clinical service model which is supported by a programme of continuous service improvement which consists of two components:

- research and service development
- education, training and workforce development.

These are described below.
A new clinical service model

Our vision is for a set of seamlessly integrated cancer services that support patients and families and remove the artificial boundaries between cancer detection and diagnosis, treatment, living with the impact of cancer and palliative care / end of life.

Our proposed model has been developed with the principles of co-production and prudent healthcare at its heart.

Co-production creates a more balanced relationship between service providers and service users by recognising the value of the knowledge and experience that each group has and in doing so improves outcomes for all concerned.

Prudent healthcare is defined as “healthcare that fits the needs and circumstances of patients and avoids wasteful care.”

A programme of continuous service improvement

This service model must be sustainable, it must be able to adapt to new treatments and new treatment approaches, it must have the ‘authority’ to implement change and, most of all, it must be built with continuous improvement at its core. Two key components of this will be:

A new research and service development model

Our aim is to enable Velindre Cancer Centre and its partners to perform and lead high quality clinical research programmes that improve the health of the population and achieve a reputation for excellence nationally and internationally. The focal point of our efforts will be a Research Institute, which can assist in driving clinical improvement.

A new training, education and workforce development model

We aim to develop Velindre’s education and training capability so that it is equal to the best elsewhere in the world. In doing so we will improve Velindre Cancer Centre’s ability, and that of its partners, to translate research, learning and patient feedback into practice for the benefit of patients. In short, we want to achieve excellence in care through excellence in learning.
Building a new model for care

Our proposed service model sees the patient as the ‘hub’ of the process. They could live in one of a number of places – their own home, a family member’s home, a hospice. Wherever they are, the intention is to provide everything they need to support them in achieving their goals in their preferred environment, whether that is where they live or in one of four formal treatment settings, which we have called ‘spokes’. 
The four treatment settings, or ‘spokes’ are:

**Cancer Village and Radiotherapy Village**

We see the Cancer Villages and Radiotherapy Villages spokes as outreach services that are fully integrated into local communities and sit within or alongside the wide range of public services available to people. These spokes are an evolution of our current outreach services where we have a footprint in each Local Health Board.

We envisage that a high proportion of patients will be able to receive the full package of treatment from their local ‘spoke’ without needing to attend the Velindre Specialist Cancer Centre. This will mean that greater integration can happen with local GP practices and certain procedures which usually need an admission to hospital could be carried out as day-cases. Examples of this might include patients who require paracentesis (a procedure associated with certain advanced cancers that drains fluid from the abdomen) or need to have a syringe-driver pump set up to manage nausea and vomiting.

The development of Cancer Villages will also provide opportunities for better partnership working and allow patients to deal with people who they know, have existing relationships with and can support them throughout their journey. This will make it easier for local pathways of care to be developed and managed and will support more effective co-ordination of services.

**Velindre Specialist Cancer Centre**

The Velindre Specialist Cancer Centre will only be visited by patients whose clinical needs require more complex treatments or are participating in high end clinical trials.

**Velindre Cancer Research Institute**

The Velindre Cancer Research Institute will bring together a range of clinical and desk based research professionals, academics and institutions into one place with a common agenda. It will be a focal point for research excellence and be renowned within and outside of the United Kingdom and Europe.
Working with you

Our Strategic Outline Programme has identified a wide range of potential benefits that could be realised through a different way of working. They are too numerous to list but a small number have been identified below. We believe it will help us to:

- deliver sustainable services and clinical outcomes that are comparable with the best elsewhere.
- improve access to treatment for patients, whether that be at home or closer to home.
- give patients and families greater choice and enable them to Live with Cancer and not work around it.
- create a new relationship between services and citizens based on the principles of co-production and prudent health.
- build closer integration, partnerships and joint working relationships between local public and voluntary sector services to provide better continuity of care and better support for patients in achieving their goals.
- develop a better co-ordinated pathway of care which will support patients more effectively at home or close to home as doctors will work both in the local and specialist units.
- enhance efficiency and productivity by minimising duplication and waste, making it possible to invest in additional patient activity, new technologies and treatments.
- encourage organisational excellence that will enable us to attract better national and international clinical staff and offer high quality clinical training.
- make it easier to carry out research, clinical trials and service developments because specialist services will be concentrated at one site aligned with the Velindre Cancer Research Institute.

However, we recognise that these can only be achieved if the model has been informed and improved by the people involved in or experiencing cancer care in South East Wales. Our programme of engagement is our opportunity to test our model, get your input and bring together a shared consensus for the future.

Together, we can make cancer care in South East Wales the best in Europe. We hope you will join us on the journey.