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Cancer Strategy

Delivering a Vision 2020 - 2025

SEPTEMBER 2019



**Reducing the
risk of cancer**



**Early
Detection**



**Timely
Diagnosis**



**Improved and
standardized
cancer care for
everyone**



**Living well with
and beyond
cancer**



**Improving our
knowledge of
cancer (research,
education and learning)**

The Cancer Landscape in Gwent

Cancer touches the lives of everyone. Half of all people born since 1960 will be diagnosed with cancer in their lifetime. The other half will undoubtedly be affected by the cancer diagnosis of a loved one.



In 2017-18, the Welsh Government spent around £6.5 billion on healthcare. Of this, **7.1%**, was devoted to 'cancer and tumours' equating to about **£145** per head of population.

Each year 3,500 people across Gwent are diagnosed with cancer. People in the area have a greater chance of getting cancer than the national average. Around 260 fewer people in Gwent would have the disease if our incidence of cancer were the same as the UK average.

And the incidence of cancer is growing, In 2016, 3,487 people were diagnosed with cancer compared to 2,988 in 2006¹. In 2017, cancer was responsible for 1,707 deaths ².

The pressure on our healthcare system is also growing. There were 28,854 referrals for suspected cancer to the Health Board's hospitals in 2018/19 compared to 25,224 the year before ³.

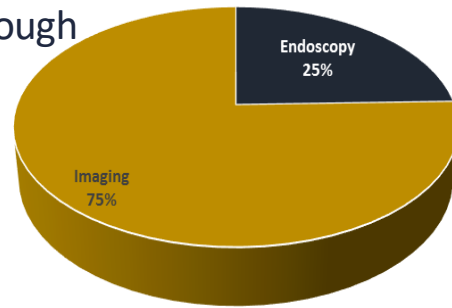
Cancer inequalities are evident across our populations living in economically deprived areas. Incidence is 20% higher, chance of survival at 5 years 28% lower and mortality rates 50% higher compared to our least deprived communities.

Gwent - Beneath the surface each month ...

Referrals to Single Cancer Pathway ⁵	Investigations (endoscopy & imaging)	Confirmed Cancer		Treatments
		YES	NO	
2,601	1,276	295	2,306	311

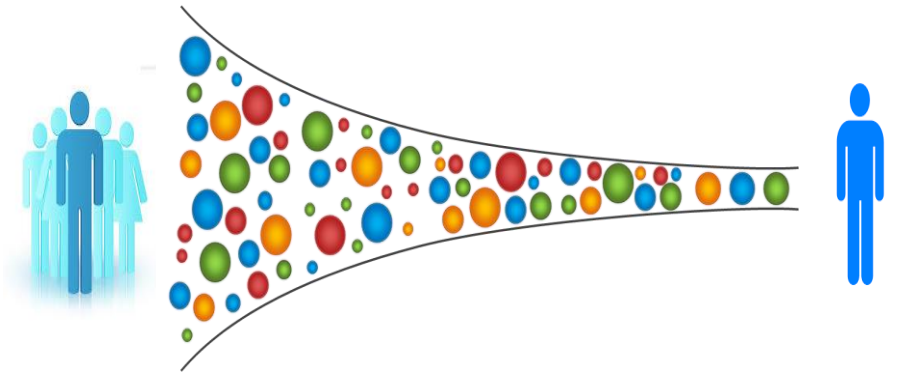
40% referred as urgent suspected through primary care. The remainder through

- Screening programmes
- Vague symptoms or
- Non-specific but worrying symptoms (incidental findings)



13% conversion rate on single cancer pathway

Think of the Single Cancer Pathway as a funnel – large (and growing) numbers of patients with suspected cancers referred to the system. Considerably more capacity for “yes/no” investigations required to confirm or eliminate cancer. The majority of patients will not have cancer, those that do must receive definitive treatment within 62 days of suspicion of cancer.



Cancer Survival in Wales

Cancer survival in Wales, as in the rest of the UK, have been improving over time, but is lower than comparable health systems⁴.

Between 2007 and 2016 one and five year survival has increased by 6.4 and 6.8 % respectively.

Overall cancer survival continues to increase in Wales, although this trend is slowing down.

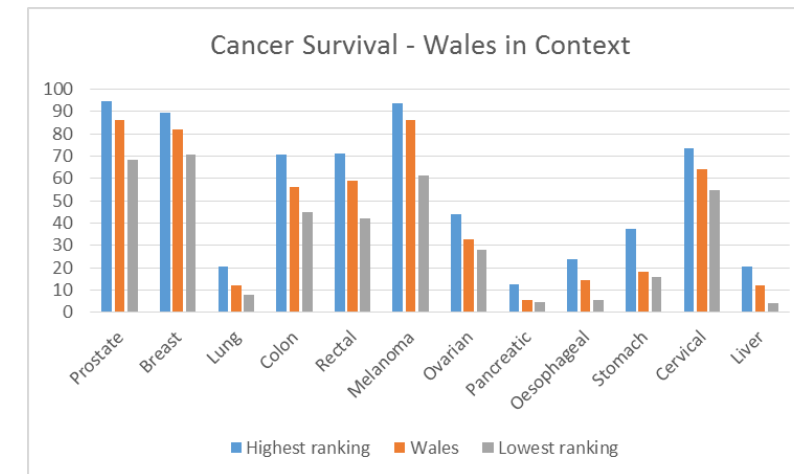
Gwent residents are comparable with populations across Wales and our performance comparable.

Wales ranks in the lower half of 32 countries for cancer survival against 12 types of cancer.

There is no significant difference in one year cancer survival between Wales and England for most cancer types, apart from lung cancer.

Cancer survival is slightly higher in women but the gap is narrowing.

Five year survival in the most deprived areas is only three quarters of that in least deprived areas and is widening for breast and lung cancers.



Cancer site	Rank 1	Home Nations (rank and % Cancer survival)				Rank 32
Prostate	94.5%	89.3%	87.4%	86.2%	85%	68.3%
Breast	89.5%	86%	84.9%	83%	82.1%	70.8%
Lung	20.6%	13.4%	12.9%	12.7%	12%	7.7%
Colon	70.7%	61.4%	60.9%	60.2%	56%	44.9%
Rectal	71%	63.8%	62.7%	59.9%	59.2%	41.9%
Melanoma	93.8%	93.2%	93%	90.9%	86.3%	61.2%
Ovarian	43.9%	37%	32.8%	32.5%	30%	28%
Pancreatic	12.4%	7%	6.2%	5.6%	5.3%	4.4%
Oesophageal	23.9%	20.5%	16%	14.3%	13.4%	5.4%
Stomach	37.5%	21.2%	21%	18.1%	19.7%	16%
Cervical	73.3%	68.6%	64.3%	63.7%	61.8%	54.8%
Liver	20.7%	17.6%	13%	12.5%	11.6%	4.2%

Many factors combine to explain the difference in cancer survival

Different mixes of types and grades of cancers | Ageing population | Distribution of cancer stage at diagnosis | Pattern of routes in to the health service at time of diagnosis | Variation on access to timely effective treatments | Presence of co-morbidities and optimization of their treatment | Other factors after diagnosis – smoking, obesity, physical inactivity



The Patient Journey (generic)

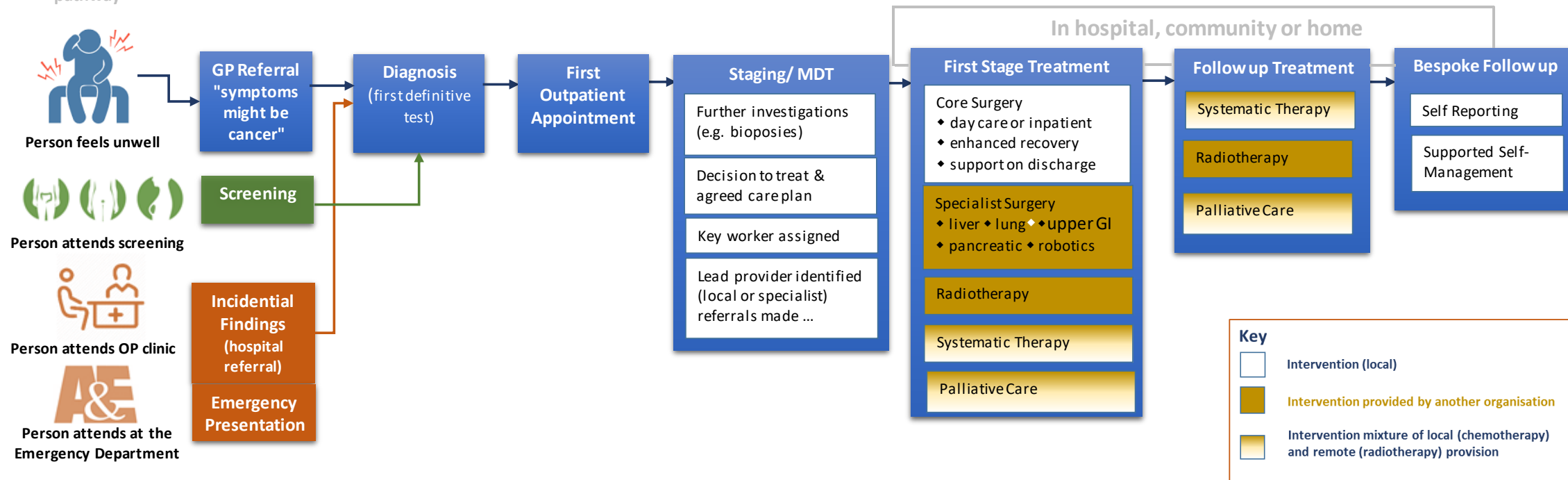
Each of the Optimal cancer pathways specifies what needs to happen and when at each stage to consistently deliver the Single Cancer Pathway.

Day 0
Cancer Suspected

Day 14
Specialist OP

Day 62 Treatment
has started for at least
95% of patients

Routes to single cancer
pathway



The Cancer System in Gwent

The care of every person with a cancer diagnosis is managed by one of our multidisciplinary teams. Where people who are experts in different areas of medicine and care, discuss the diagnosis, treatment and care of individual patients.

Each cancer team will include some or all of these roles:

- **Lead Clinician** – a doctor, either a physician or surgeon, who takes responsibility for the service.
- **Clinical Nurse Specialist** – a nurse who is expert on a particular type of cancer
- **Oncologist** – a doctor who is an expert in treating cancer tumours using chemotherapy and radiotherapy.
- **Surgeon** – a doctor who is an expert in surgery and does operations.
- **Haematologist** – a doctor who is expert in diagnosing and treating blood disorders, including cancers
- **Histopathologist** – a doctor who is expert in the medical interpretation of cells and tissue samples.
- **Radiologist** – an expert in x-rays and scans
- **Palliative Care doctors and nurses** – experts in treating symptoms and caring for patients with advanced progressive disease
- **Allied Health Professionals** (Physiotherapists, Dieticians, Speech and Language, Occupational Therapists) provide personalised treatment and support to improve the health and well being across the whole pathway.
- **GPs, Community, District and Practices nurses** also help to look after people when they are at home. They link with the hospital team and are kept informed too, by letters from consultants.

The aim of the multi-disciplinary cancer team is to ensure a co-ordinated, seamless approach to ensure that each patient is given the same, high standard of care, and has the most appropriate investigations and treatment. Ensuring patients move along the cancer pathway without delay is vital to improve clinical outcomes and to meet the Cancer Standards set by Welsh Government in the Single Cancer Pathway. Each team has a co-ordinator who plays a key role in recording decisions and ensuring that actions agreed by the team are implemented.

Each Team member is responsible for keeping up to date with changes and new treatments. This means that all patients should receive the best possible care.



Most patients, from the very first point where cancer might be suspected, receive cancer diagnostic tests and start their treatment within 62 days.

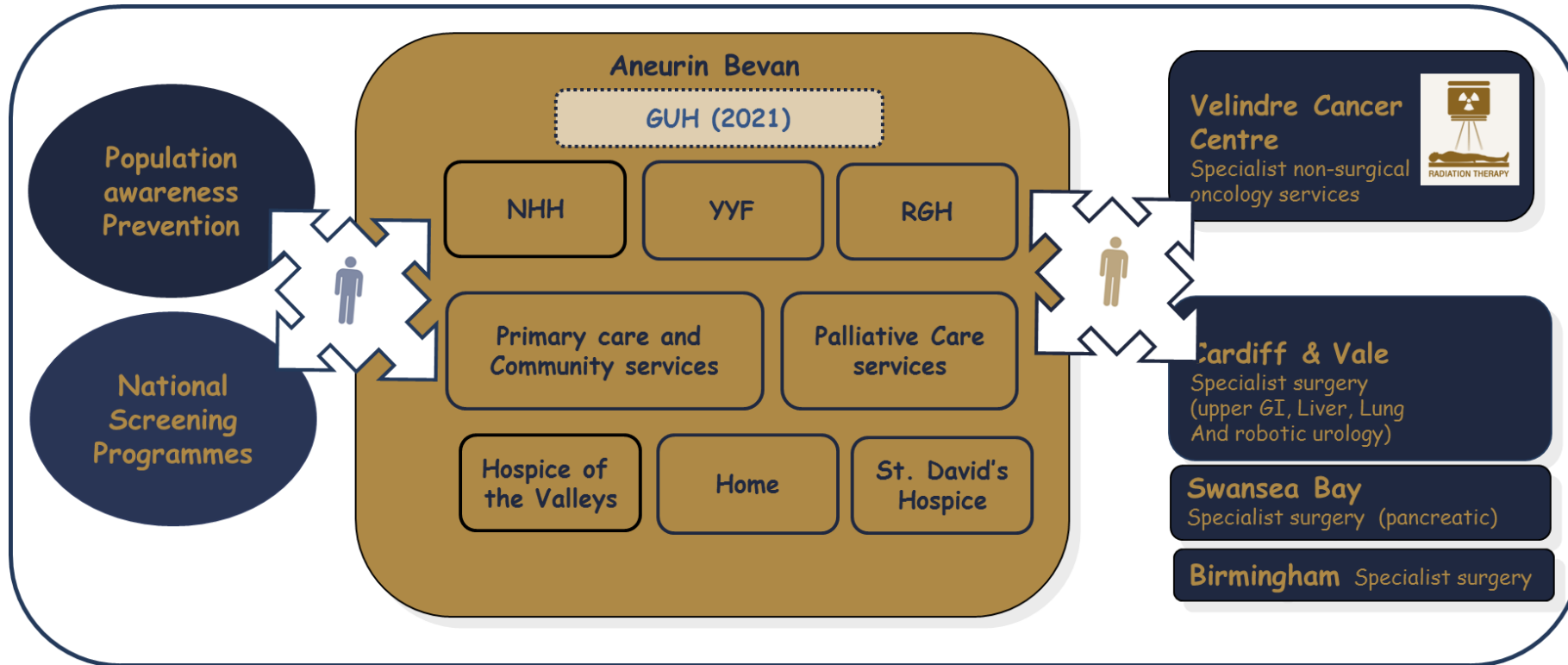
Equally, for those patients who do not have cancer, they will be reassured promptly, reducing unnecessary stress and worry.



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The Cancer Network for our Population



The Health Board is responsible for delivering the Single Cancer Pathway for our citizens through its own services and through services it commissions from providers of specialist cancer services.

When a patient is diagnosed with a cancer they will meet a lot of different health care professionals. Many patients will receive aspects of their care outside of Gwent, including specialist surgery and radiotherapy. However, responsibility for managing treatment and care remains with the local cancer team. This team will assign a key worker for each patient to provide support, answer questions and is the link between the patient and the team.



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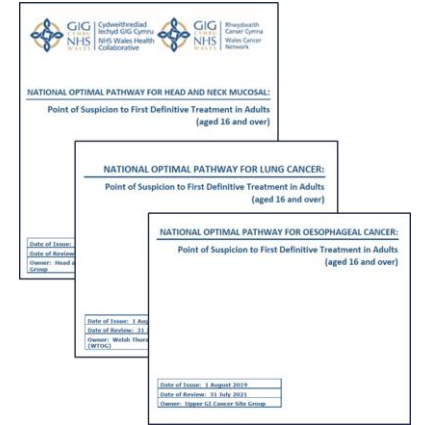
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The Cancer Network



At National level the **Cancer Implementation Group** and the **Wales Cancer Network** work across organisations to improve performance of cancer services, facilitate best practice and provide a delivery framework through the National Cancer Delivery Plan. The All Wales Cancer Network has tumour site specific groups, advising on delivery of Optimal Cancer Pathways.

Within the Health Board the **Cancer Service Planning and Delivery Group** is responsible for planning and overseeing the delivery of priorities set out in the Health Boards Cancer Delivery Plan and the Integrated Medium Term Plan. This group meets quarterly, is chaired jointly by an Executive Director and the Health Board's Cancer Lead Clinician.



Tumour Site MDTs meet regularly to discuss cases, plan and monitor delivery of care. This role forms part of the job plan for clinical leads and many of the team members also work as part of other teams and services within the Health Board to deliver non-cancer services within their areas of clinical expertise.

WORKING TOGETHER
to
TRANSFORM
CANCER SERVICES
in
SOUTH EAST WALES

We are working collaboratively with
Velindre Cancer Centre on the
**Transforming Cancer Service
Programme**. This Strategy aims to deliver
more cancer care closer to home.

Challenges

Early detection

This means creating an environment where citizens (particularly those most at risk) embrace screening programmes for cervical, breast and bowel cancers. And where our clinicians are literate in the early signs and symptoms of cancers with agreed clinically effective pathways for early diagnosis.

Optimal Cancer Pathways

This means each cancer team will adopt the NHS Wales National Optimal Pathway for their tumour site. We will work as a unified cancer service to quantify the capacity, workforce and resource needed to deliver good practice diagnostic and treatment pathways consistently, improve patient experience and outcomes.

Single Cancer Pathway

This means that we will work to produce solutions that take full consideration of the processes, clinical infrastructure, people and organisations who play a critical role in delivering the single cancer pathway from the point of suspicion to definitive treatment within 62 days.

Workforce

This means that we need to make sure we have the sufficient number clinicians (the right workforce) with the right competencies in place in conjunction with the right equipment to carry out their duties to deliver improvement in outcomes for patients and their families.

Digital strategy for Cancer

This means that people affected by cancer have more control of their care, and through interactive, personalised services can access their information and interact with services as easily as they do with other aspects of their lives.

Optimising Networked Care

This means that we will work collaboratively to better integrate the cancer care system in order to improve survivability by delivering safe and effective care, improve cancer clinical outcomes and enhance patients' and carers' experience and quality of life.

Our vision

Our vision for the “**transformation of cancer services**”

“Improve prevention, optimise cancer treatments, patient outcomes and reduce health inequalities for our population and those we serve”

Our mission

We will realise our vision for Cancer Services by focussing on the following core themes:

Prevention— Research shows that more than 40% of cancers are preventable, which means up to 1,400 of the 3,500 cancers diagnosed in Gwent each year could be avoided.

Early Detection – Screening can detect cancer at an early stage. If cancer is picked up early, it means that treatment is more likely to be curative and more people survive.

Timely Diagnosis— When a cancer is suspected or when a person has non-specific but concerning symptoms investigation to identify or rule out cancer as a cause is the first crucial step. A speedy diagnosis means no delays in accessing treatment.

Improved & Standardised Cancer Care – A core theme of our strategy is to make sure all cancer pathways work as well as possible. Pathways provide assurance that people are getting the right standard of care, wherever they are being treated and that targets are being met and enhance patient experience and outcomes.

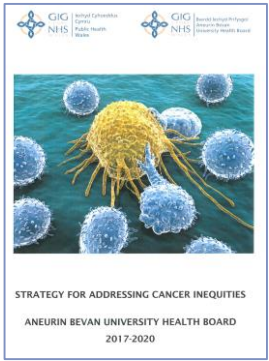
Living With and Beyond Cancer – Ensuring that each patient has the right support to cope with the effects of cancer during and after treatment this will enhance patient experience and outcomes. For those who have a cancer that is incurable providing patients and their families with ‘palliative care’.

Improving our knowledge of cancer (research, education and learning)



Prevention

Where are we today?



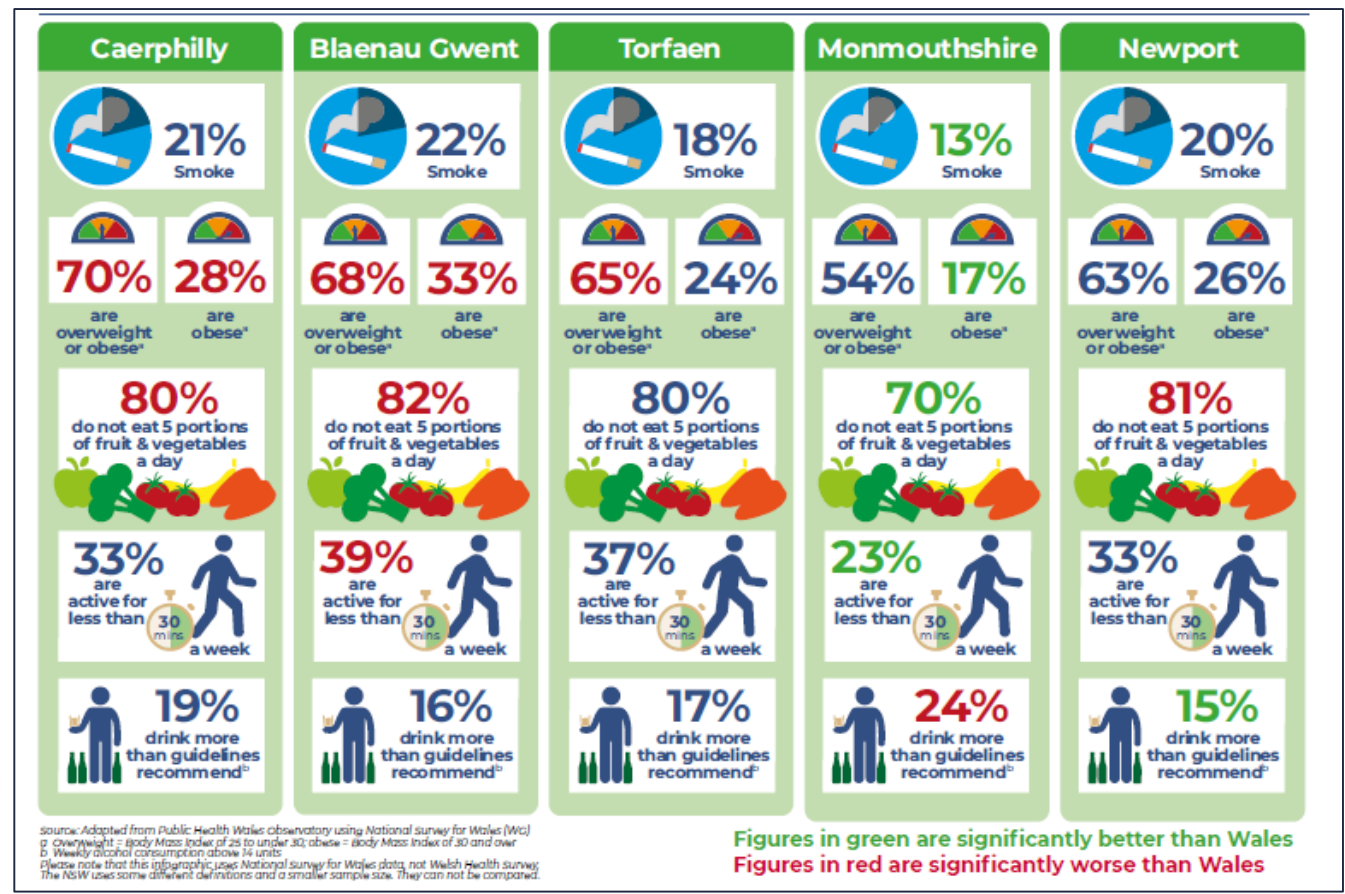
Addressing Cancer Inequalities Strategy helped focused attention on raising awareness of lifestyle risk factors and supporting our most vulnerable communities to be aware of risk to their health and to make positive change to their behaviour.

15,988 citizens have completed a full Health Check

In the last 12 months over **3,222** people have accessed smoking cessation services. Over 40% are smoke free within four weeks of completing the programme.



Key behaviour reported on average by adults in Gwent



Across Gwent 49% of cancers are attributable to risk factors

Percentage contribution of risk factors to cancers



Source: Public Health Wales Observatory, using Global Health Data Exchange (IHME)



Prevention

What will the future hold?



Director of Public Health Annual Report 2019

Building a Healthier Gwent



Building a Healthier Wales sets out the actions that taken together would achieve the ambition of people living more of their lives in good health in all our communities. These aim to ensure people live the kind of healthy lives that prevent cancers and other avoidable diseases.

Teachable Moments

87 out of every 100 people who are referred for investigation following a “cancer scare” will not have cancer. Many of these people will be open to information, advice and support to modify their lifestyle to reduce the likelihood of developing cancer in the future. We will work to better understand how to reach out to people as they receive their test results and capitalise on this unique teachable moment.

By



- Reduce prevalence of tobacco smoking in adults to 15%
- Further development of smoking cessation services within the Health Board
- HPV vaccination of all teenage boys and girls
- Targeted interventions to reduce cancer risk in hard to reach populations

The kinds of approaches we use

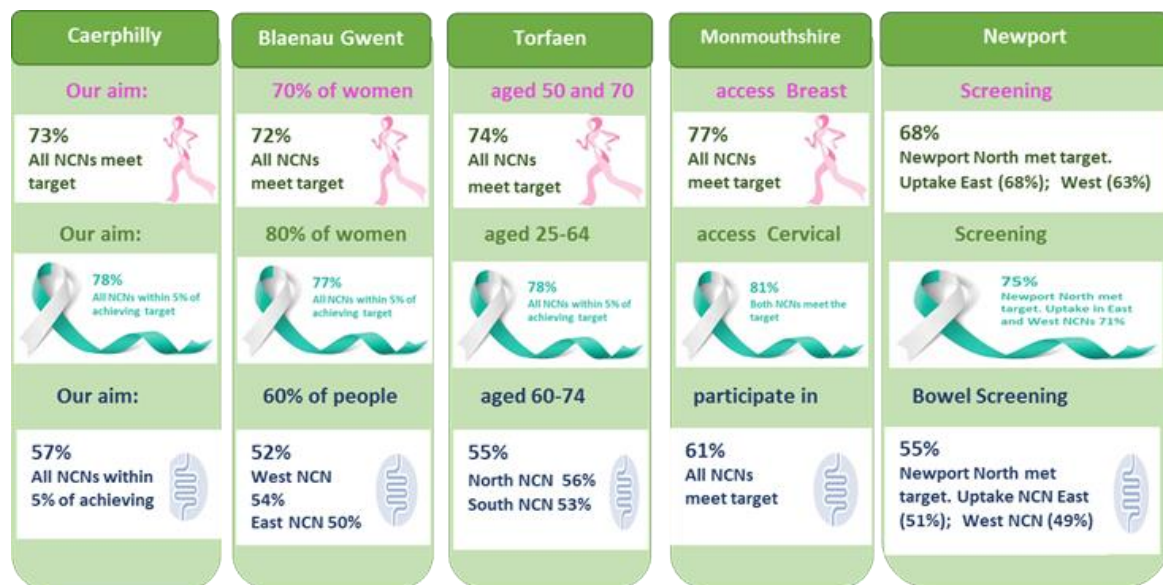
Living Well, Living Longer | Start Well | Live Well | Age Well | Making Every Contact Count (MECC) | Smoking Cessation Services | Weight Management Services | Exercise Schemes | HPV Vaccination



Early Detection

Enable people to have cancers picked up early when treatment is more likely to work and more people survive.

Where are we today?



What will the future hold?

For National Screening Programmes to reach their potential, uptake needs to improve and a combination of raising awareness and more acceptable testing is required. There needs to be targeted action in areas of high social deprivation where uptake of screening is at its lowest particularly in Newport East and West, and in Blaenau Gwent.

We want to increase awareness of and number of people attending NHS National Screening Programmes.

We want to ensure improve the number of people being diagnosed with cancer at an early stage.

By



- Optimise uptake of breast and cervical cancer screening to 85%
- Increase uptake of colorectal cancer screening within the specified age range.
- Prepare to implement new cancer screening programmes which may include targeted lung cancer screen programme.
- Abolish inequities linked to deprivation across our communities



Breast Screening Service



Bowel Screening Service



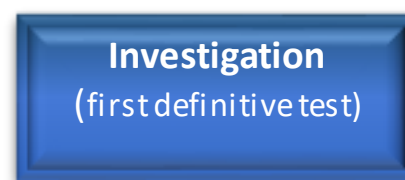
Cervical Screening Service



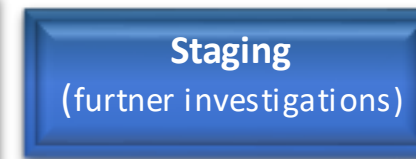
Timely Diagnosis

Where should we be today?

Day 0



Day 14



Day 28



Where are we today?

The average waiting time to see a GP for a non-urgent appointment is **14 days**.

Each month our services provide 344 endoscopy and 930 imaging investigations. The average waiting time from request to test is **14 days** (range 7 to 18 days).

Reporting the results can take an additional **5 days** for imaging.

To deliver the 28 day diagnostic pathway diagnostic capacity would need to increase by 23%.

Where do we need to be?

To deliver the Single Cancer Pathway first definitive investigations would need to be completed and reported within **7 days**.

Our Performance

Metric	Single Cancer	Urgent Suspected
2 week from referral to 1st Outpatient	42.80%	45.70%
28 day diagnostic pathway	76.00%	56.10%

Source: Cancer Dashboard April - August 2019



Timely Diagnosis (GP referred)

What causes delay in diagnosis ?



Public – fear of what the doctor might find, lack of knowledge about symptoms, unable to see a doctor at a suitable time



GP – confident and competence to spot early signs and symptoms of cancer and refer appropriately in a timely manner



System – insufficient capacity in secondary and specialist care to meet rising demand

One in five men and one in four women would be concerned about “wasting” the doctor’s time if they had a potential symptom of cancer.

What will the future hold?



We want to improve the number of people being diagnosed with cancer at an early stage.

When referred on the suspected cancer pathway people are aware of the importance of attending urgent appointments and the support available.



We want to ensure we have a confident and competent workforce who are aware of the signs and symptoms of cancers.

We want to reduce variation across primary care and do more to prevent late diagnosis



We want to improve access to diagnostics to enable timely detection of cancers.

We want to improve uptake and appropriate use of direct access testing within Primary Care



Abdominal Pain
Weight loss
Nausea / appetite loss
Fatigue
GP Clinical Suspicion
Jaundice

We want to develop rapid access for patients with vague symptoms to improve time to diagnosis and treatment



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Clinigol
Clinical Futures

Gofalu amdanoch chi a'ch dyfodol
Caring for you and your future



Timely Diagnosis (Emergencies and hospital referrals)

Non-Urgent Cancer Pathway (patients with non-specific symptoms) often have a much longer journey between initial presentation and diagnosis. This can result in delayed diagnosis, unnecessary investigations and ultimately poor patient outcomes.

In Gwent **35%** of patients using the Non-Urgent Cancer Pathway are found to have cancer following investigation compared with 8% of people referred by their GP with a suspected cancer.

Later presentation can mean cancer is at a more advanced stage and consequently more difficult to treat.

What will the future hold?

We want to learn from Multi-disciplinary Diagnostic Centres that have been developed as an approach to improving outcomes for patients presenting with non-specific but concerning symptoms. This approach has been piloted and evaluated in several centres across London, Manchester, Merseyside and more locally at Cwm Taf Morgannwg UHB. The approach facilitates



**Faster access
to specialists**



**MDT approach to
reach a diagnosis**



**Patient support
through CNS**



**Fewer visits to
hospital, right
tests, first time**

By

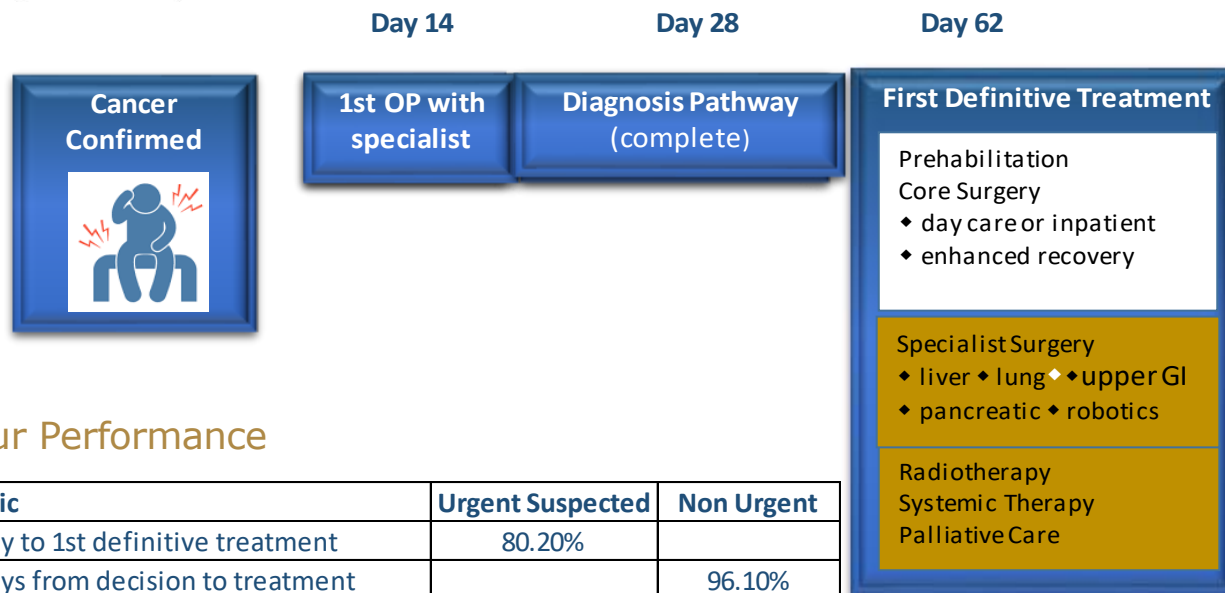


- **Adoption of the Single Cancer Pathway with incremental improvements in performance against the waiting time target**
- **Ensure sufficient capacity within diagnostics to consistently delivery optimal cancer pathways**
- **Develop Rapid Multi-disciplinary Diagnostic Centres for our population**
- **Rapid adoption of new therapies and access to genomic testing**



Timely Treatment

Where are we today?



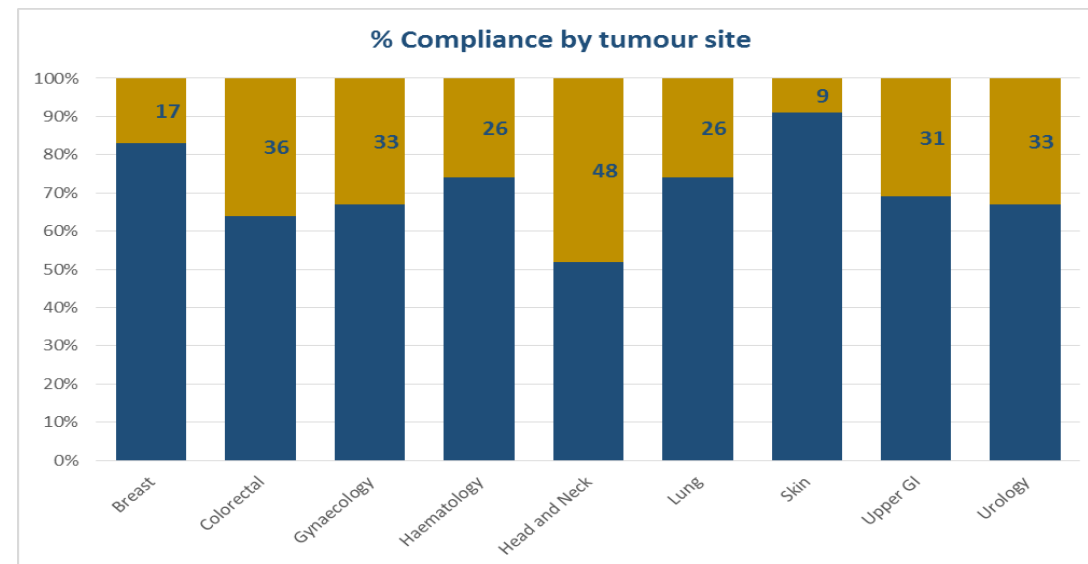
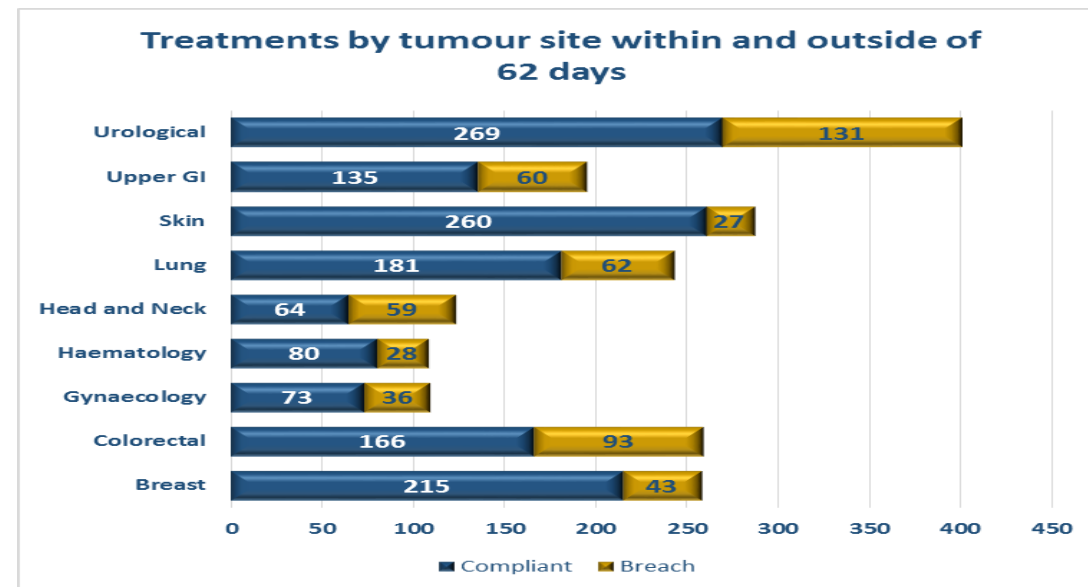
Our Performance

Metric	Urgent Suspected	Non Urgent
62 day to 1st definitive treatment	80.20%	
31 days from decision to treatment		96.10%

Source: Cancer Dashboard April - August 2019



Teenagers and Young Adults (up to 25 years) are treated locally and referred to the TYA Unit in Cardiff for specialist support.



Source: Cancer Dashboard April to August 2019



Improved & Standardised Cancer Care

What is already happening ...

Work to transform cancer services in Gwent has been happening for some time. Each year Cancer Services publish a report that identifies how well the Health Board is meeting the requirements of the Cancer Delivery Plan for Wales (2016-2020).

In the past year we have:

- Implemented single cancer pathway monitoring
- Worked closely with Velindre and Welsh Government to progress planning to host the Satellite Radiotherapy Unit at Nevill Hall Hospital
- 95% of our patients know the name and contact details of their key cancer worker, and our staff are recognised as providing best support when “breaking bad news”
- With Macmillan Cancer Support we have GP facilitator posts
- Delivered improvement in lung cancer pathway, 1-stop neck lump clinic, and are working on improving e-referral, e-prescribing to improve referral pathways



What will the future hold?

We want to speed up pathways to treatment, we will adopt and implement the National Optimal Pathway for each Cancer site. These pathways will identify the capacity (workforce, diagnostics, infrastructure, capacity in specialist cancer centres) that is needed to deliver the Single Cancer Pathway to our patients.

We will transform breast cancer services within the Health Board to deliver an integrated, unified, one-stop service.

We will develop Acute Oncology Services providing emergency care for cancer patients over 7 days with dedicated Medical Oncology Support.

We will improve multidisciplinary working across our cancer system, agreeing a more streamlined approach to free up time for greater consideration of complex cases.

We plan to develop “Cancer Therapy Centre” consolidated with a Radiotherapy Satellite Unit at Nevill Hall Hospital. Consistent with Clinical Futures the Cancer Centre will bring more care closer to home, delivered in collaboration with Velindre Cancer Specialists and local clinicians.



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Components of Cancer Care

Prehabilitation



Enables people with cancer to prepare for treatment through promoting healthy behaviours and through needs based prescribing of exercise, nutrition and psychological interventions.

Surgery



Surgery is most commonly used to remove the tumour and some of the nearby healthy tissue (the margin). Tumour removal may be the only treatment. Or it may be used with other treatments, such as chemotherapy or radiation therapy.

Our patients with rare cancers or need specialist surgery travel outside of Gwent for aspects of their care.

Radiotherapy



Radiotherapy services are centralised at Velindre Cancer Centre in Cardiff. Every patient who requires radiotherapy has to travel to Cardiff for their care.

As part of Transforming Cancer Services proposals are being progressed to develop a satellite radiotherapy unit at Nevill Hall Hospital, Abergavenny.

Systemic Therapy



Systemic therapies are drugs that spread throughout the body to treat cancer cells wherever they may be. They include chemotherapy, hormonal therapy, targeted drugs, and immunotherapy.

Chemotherapy is provided within the Health Board (in hospital and at home) and at Velindre Cancer Centre, where the full range of SACT services are available.

Acute Oncology



Acute Oncology is the management of the unexpected care needs of the patient with cancer, including emergency situations and the acutely unwell patient.

The Health Board's Acute Oncology Team help around 2,000 patients each year. The team have made improvements in care for patients with neutropenic sepsis and metastatic spinal cord compression.

By



- **Integration of Prehabilitation for all patients within the Single Cancer Pathway**
- **Ensure sufficient surgical capacity to meet the needs of the population**
- **Redesign of Systemic Anti Cancer Therapy Services within our Cancer Network**
- **Review and development of Acute Oncology Service to meet needs of our patients**
- **Support Velindre Cancer Centre to develop Satellite Radiotherapy Unit at NHH**



Living with and beyond cancer

Our ambition

To help people living with, and after, cancer treatment to have access to information, advice and support tailored to their individual needs and, to ensure that everyone who needs palliative care has access to it.

Where are we today?

The Gwent Palliative Care Strategy Implementation Board develops, delivers and reports progress each year against the End of Life Delivery Plan.



The Clinical Psychology Cancer Service provides specialist psychological support for people with a diagnosis of cancer who have complex psychological needs.

What will the future hold?

We want to ensure that all patients receive a care plan both at the point of their diagnosis and treatment decision, and at the end of their treatment that provides holistic assessment of their needs, general advice and signposting information for living with and beyond cancer.

We will continue to improve access to psychological support to reduce the impact of psychological morbidity associated with a cancer diagnosis and improve quality of life and clinical outcomes for patients.

We want to ensure access to 7 day specialist palliative care advice, assessment and support.

We want to capture Patient Related Outcome Measures (PROMS) and Experiences (PREMS) across all tumour sites to help us to continually improve by benchmarking out patient outcomes and experiences with international healthcare provides.

By



- Improve access to written advice and support for cancer patients
- All patients diagnosed with cancer to have a written care plan
- Improve access to psychological support services
- Routine collection of PROMS and PREMS to optimise patient experience and value based cancer care



Improving our knowledge of cancer (research, education and learning)

Where are we today?

Research and development is a core function of the Health Board. We have a good reputation for quality cancer research our Research Delivery Unit (RDU) at St Woolos Hospital offers commercial & non-commercial research trial support across the major cancer disease sites.

We are involving patients in research to test new drugs and treatments that could benefit them and others. In 2018/19, 237 participants took part in over 21 different research studies/clinical trials.

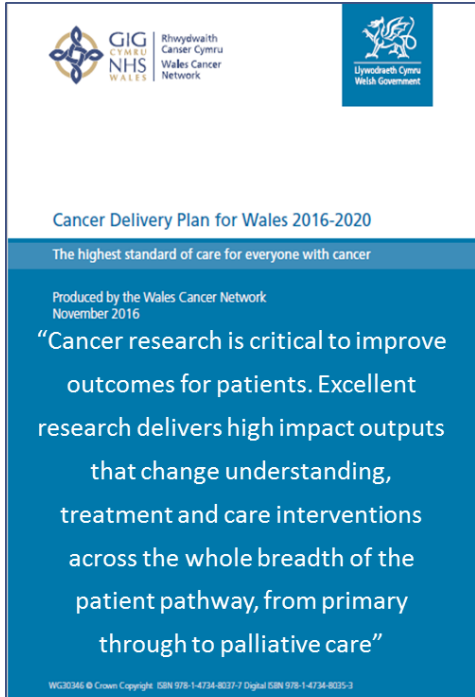
7.8% of Gwent residents diagnosed with cancer in 2016 consented for tissue donation to the Wales Cancer Bank.

What will the future hold?

We want to increase the number of participants recruited into cancer research studies by 10% each year.

We want to accelerate the adoption of new therapies and treatment techniques and continually raise the standard of routine cancer care.

We want to support the development of Wales led research and to recruit Gwent cancer patients to research studies that advance genomics and other novel therapies.



By



- Improve cancer education for our population and clinicians
- Increase the number of participants in cancer research studies to 10%
- Horizon scanning and rapid adoption of new technologies

Cancer services in a Clinical Futures World



**Diagnostics,
outpatients, MDTs,
routine operations,
chemotherapy**

Nevill Hall

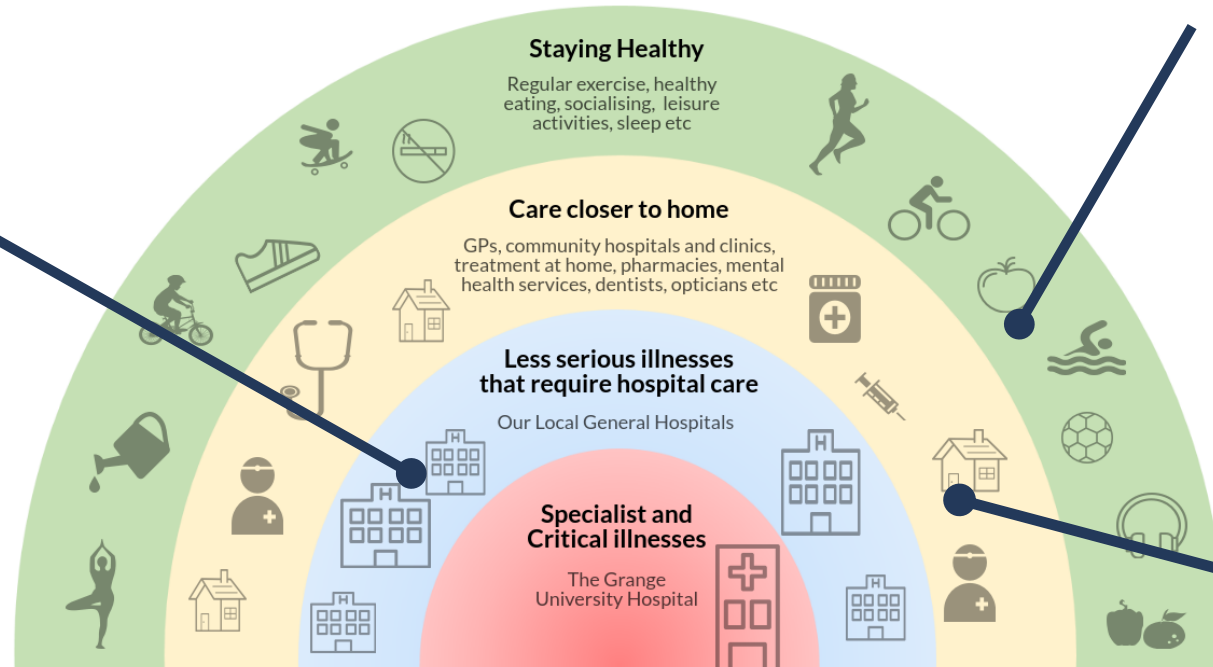
Satellite radiotherapy, Cancer Therapy Centre

Ysbyty Ystrad Fawr

Unified Breast Cancer Centre of Excellence

Royal Gwent

Higher acuity cancer surgery, Post Anaesthetic Care Unit



**Prevention, screening,
knowledge of signs and
symptoms, education,
advice**



**Knowledge of signs and
symptoms, rapid access for
patients who suspect
cancer, faster routes to
diagnosis**



**The Grange University Hospital
High acuity surgery**

Tertiary Care for rare and specialist cancers commissioned externally.

Next steps

Reorient our cancer delivery plans around the six themes

Making sure we optimise every opportunity to reduce the risk of cancer and to promote early detection, equipping our staff to engage with our communities and Make Every Contact Count

Adopt and implement “Optimal Cancer Pathways” and systematically analyse patient flow to map the capacity that is needed at each stage of the pathway to facilitate robust planning for sustainable cancer services that consistently deliver the Single Cancer Pathway.

Develop plans for a Cancer Therapy Centre and to work with Velindre to develop plans for a Satellite Radiotherapy Unit at Nevill Hall Hospital

Increase the number of cancer research studies and the number of participants taking part to enhance our understanding and knowledge of cancer and help us find and develop better, more effective treatments

Establish the governance to reflect the scale and importance of improving cancer services in Gwent through a Cancer Strategy Implementation Board. Clinical Executive Director chairmanship, supported by Operational and Planning Executive functions is essential to provide the focus and drive necessary to deliver improvements in cancer performance and to oversee delivery of this strategy.



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Gofalu amdanoch chi a'ch dyfodol
Caring for you and your future

Our change ambition

In our area, people are looking after their own health and well-being and that of their families. When they need help, this is readily available at home and in their community and supported through innovative technology.

We work in a modern system that, with partners, delivers the best quality outcomes, utilising best practice in the most appropriate setting. Our service provides truly holistic care from home to home and continuously evolves so it remains leading edge.

Compassionate care is delivered by talented creative teams that we trust and respect to put the needs of our patients at the heart of everything we do.

Our staff tell us they feel empowered, equipped and driven to make a difference to the lives and outcomes of people. Our teams feel listened to, valued and trusted.

We are a dynamic organisation that cares, learns and improves together.



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Aneurin Bevan
University Health Board

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