GIG CYMRU NHS WALES
Bwrdd Iechyd Prifysgol Bae Abertawe
Swansea Bay University Health Board

Cadeirydd/Chair: **Emma Woollett**
Prif Weithredwr/Chief Executive: **Tracy Myhill**

gofalu am ein gilydd, cydweithio, gwella bob amser
caring for each other, working together, always improving

Rydym yn croesawu gohebiaeth yn y Gymraeg ac yn y Saesneg. We welcome correspondence in Welsh or English.

Dyddiad/Date: 17th September 2020
Ein Cyf / Our Ref: 20-H-030

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FOIA.Requests@wales.nhs.uk

Corporate Services
Headquarters
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Port Talbot, SA12 7BR

Dear

I refer to your Freedom of Information Act Request acknowledged by ourselves on 20th August 2020. Your request sought information relating to pancreatic cancer services.

1. **Diagnosis: What are your plans to get through the potential delayed cohort of new pancreatic cancer cases, and ensure you have sufficient diagnostic capacity to meet this demand?**
   We currently have adequate diagnostic capacity for patients. These cases are dealt with as Urgent Suspected Cancer (USC) and are not being delayed from a diagnostic perspective. Our current performance is in line with USC targets of the patient being scanned with a verified report within 14 days. As more services restart, scanning capacity will be increased.

2. **Surgery: Given the highlighted reduction in capacity for pancreatic cancer surgery and the impact of delays on pancreatic cancer survival, can you set out the Health Board's plans to appropriately prioritise pancreatic cancer surgery and ensure delays and backlogs are minimised.**

   a. **What is the current waiting time from diagnosis to surgery; and how does this differ from pre-pandemic waiting times?**
   The current average waiting time from diagnosis to surgery is 28 weeks. Pre-COVID the average waiting time was 15 weeks.
   Please note that some patients wait longer than the average waiting time, as patients are treated in clinical priority.

b. **How long are the current waiting lists for pancreatic cancer surgery and how does this differ from pre-pandemic waiting lists?**
At 24th March 2020 there were 31 patients on the pancreatic waiting list. As of 25th August 2020, the number of patients currently waiting was 28.

c. **How do you plan to i) restore surgery waiting times and surgery capacity to pre-pandemic levels and ii) work through surgical cases that have had to be rescheduled?**
The Pancreatic Service is now at the same level of operation as pre-COVID levels.
Reconvening surgery at King's College Hospital is in discussion. We are liaising with Cardiff and Vale Health Board in relation to collaborative working to improve the provision of pancreatic services for patients residing in Wales.

3. **Non-surgical oncology: What plans do you have to ensure that patients, particularly inoperable pancreatic cancer patients, continue to have access to chemotherapy, radiotherapy and the best supportive/end of life care?**
At the Pancreatic Multi-Disciplinary Team meeting (MDT), there is Oncology representation ensuring patients needing radiotherapy (RT) or chemotherapy are identified and referred to the appropriate team.

We have followed the UK Royal College of Radiologists (RCR) COVID-19 advice on RT in pancreatic cancer for both locally advanced patients, for those who have been referred for RT as bridge to surgery and use of chemotherapy concurrently. We have access to PET scans up front, ensuring patients with truly localised disease get RT when required.

More widely, RT capacity is being addressed by introducing shorter fractionation protocols for breast and prostate cancer patients, which will benefit pancreas patients. We are also working on a business case to implement shorter fractionation for pancreas cancer RT.

We have been able to maintain our chemotherapy capacity throughout COVID-19, but where capacity may be reduced, had levels of priority if required. We are working with external agencies to look at how we can improve efficiency and capacity within the current unit. We have palliative care input into our Pancreas MDT and refer as needed to specialist hospital and community palliative care services.

4. **Information and supportive care: How have you informed and involved pancreatic cancer patients in decisions about their treatment and care during and in relation to COVID-19? What steps have you/will you take to ensure that supportive care, nutritional care and end of life support have continued through the pandemic and beyond?**
   - The pancreatic team have continued with the weekly Urgent Suspected Cancer (USC) clinics for pancreatic cancers. The clinics was suspended for five weeks during the height of COVID-19 and patients booked were informed of this.

- The last operating list was undertaken on 24/03/20 prior to COVID-19 measures. The theatres list was reinstated on 20/05/20. The patients listed for surgery were all contacted by the Clinical Nurse Specialist (CNS) individually to advise them that the service had been temporarily suspended. The situation was explained in detail and the patients were advised to telephone the CNS with any concerns.
- CNSs gave patients advice on CREON (nutritional supplement), if needed the patients were referred to dietetics for advice and guidance.
- Patients were referred to Oncology during for 'bridging therapy' until we were able to offer a surgical date during COVID-19 measures.
- MDT has continued through the pandemic and feedback given to the local hospitals.
- Neuroendocrine (NET) patients were referred to NET MDT for review to determine if patient would benefit from oncology treatment whilst waiting for a date for surgery.
- Repeat CT scans have been undertaken to check for disease progression. This is then followed by discussion at the weekly MDT.
- There is always a CNS at hand to answer patient's queries. Should a call be received out of hours, there is an answerphone facility where messages are left and CNS contact the patients as soon as possible.
- Patients are given the contact information on Maggie's, Pancreatic UK and MacMillan services. Palliative care patients are referred in the usual way.

5. **Second wave: In the case of a second wave, what plans do you have to maintain pancreatic cancer services?**
   At a strategic level the approach is;
   Whilst it is our intention to continue to provide an element of urgent surgical capacity (including pancreatic) in any future second wave, this will be influenced by various factors. These include the timing and scale of the wave and associated impacts on workforce availability and critical care capacity. Most importantly it would be our ability to operationally minimise the risks for this cohort of urgent patients coming in to healthcare facilities to an acceptable level.

I hope this information is helpful. If you require anything further please contact us at FOIA.Requests@wales.nhs.uk.

Under the terms of the Health Board's Freedom of Information policy, individuals seeking access to recorded information held by the Health Board are entitled to request internal review of the handling of their requests. If you would like to complain about the Health Board's handling of your request please contact me directly at the address below or register your complaint via FOIA.Requests@wales.nhs.uk.

If after Internal Review you remain dissatisfied you are also entitled to refer the matter to the information commissioner at the Information Commissioner's Office (Wales), 2nd Floor, Churchill House, Churchill Way, Cardiff, CF10 2HH. Telephone Number: 029 2067 8400.

Yours sincerely

P. a. Wenger

Pam Wenger
Director of Corporate Governance