

WELSH HEALTH CIRCULAR



Llywodraeth Cymru
Welsh Government

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Title: National Optimal Pathways for Cancer (2022 update)

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For Action by:
Local Health Boards and NHS Trusts

Action required by:
30 September 2022

Sender: Prof Chris Jones, National Clinical Director, NHS Wales and Deputy CMO, Welsh Government

DHSS Welsh Government Contact(s):

Clinical Conditions and Pathways Team
populationhealthcare@gov.wales

Enclosure(s): None

Introduction

This Welsh Health Circular replaces WHC (2019) 034.

The Welsh Government's Quality Statement for Cancer describes what good cancer services for Wales should look like. One of its most important features is the introduction of the single Suspected Cancer Pathway and the underpinning Nationally Optimised Pathways for different cancer types.

[The quality statement for cancer \[HTML\] | GOV.WALES](#)

This reflects the direction set in the National Clinical Framework, which described how the NHS Executive would bring clinical experts, managers, and patients together in national clinical networks to set out nationally agreed pathways of care.

[National clinical framework: a learning health and care system | GOV.WALES](#)

What are Nationally Optimised Pathways?

These national pathways set out what should happen according to professional guidance and standards for any patient in Wales presenting with a certain type of cancer. Where there is an absence of guidance and standards, clinical consensus has been created through the relevant Cancer Site Groups of the Wales Cancer Network.

The pathways do not set out who delivers these pathways, where they are delivered or how they are delivered. These are matters for health boards and trusts to determine according to their own planning, geography, and workforce capacity. This approach strikes the correct balance between consistency for patients and locally determined operational delivery.

The nationally optimised pathways are also timed pathways of care that describe how organisations can achieve the NHS Delivery Framework target for the Suspected Cancer Pathway. The target is that 75% of people on the Suspected Cancer Pathway should start their first definitive treatment within 62 days of their point of suspicion. Delivering the optimised pathways for patients will therefore support NHS bodies to meet the Suspected Cancer Pathway waiting time target.

The National Optimised Pathways

To date, twenty-one national pathways have been developed by the Wales Cancer Network through the Cancer Site Groups with representation from all NHS bodies involved in those pathways. The pathways have subsequently been tabled at the national meeting of NHS chief executives for approval. The following pathways covering approximately 80% of cancer types are available:

[Single Cancer Pathway - NHS Wales Health Collaborative](#)

- Breast
- Children's Cancers [NEW]
- Colorectal
- Gynaecological – Cervical [NEW]
- Gynaecological – Endometrial [NEW]
- Gynaecological – Ovarian [NEW]
- Gynaecological – Vulval [NEW]
- Head and Neck – Mucosal
- Head and Neck – Neck lump
- Lung
- Neuroendocrine [NEW]
- Teenage and Young Adult [NEW]
- Upper Gastrointestinal – Gastric
- Upper Gastrointestinal – Oesophageal
- Upper Gastrointestinal – Pancreas [NEW]
- Urological – Bladder [NEW]
- Urological – Penile [NEW]
- Urological – Prostate [NEW]
- Urological – Renal [NEW]
- Urological – Testicular [NEW]

In addition, the Wales Cancer Network has developed a Vague Symptoms Pathway. This pathway reflects the introduction of vague symptom Rapid Diagnostic Clinics across Wales and aims to encourage consistency in the application of vague symptoms pathways. We have been advised through the Wales Cancer Network Board and Chief Executives Group that health boards are already committed to supporting the National RDC Programme and that the evaluation has been very positive. We therefore support this as a new and innovative way of giving patients with serious but non-specific symptoms timely access to diagnostic tests in line with proven best practice.

- Vague symptoms pathway (VSP) [NEW]

Review and update

Nationally Optimised Pathways will be kept up to date by the Wales Cancer Network Board. Queries regarding the pathways can be sent to:

WCN.WalesCancerNetwork@wales.nhs.uk

Next steps for health boards and trusts

The Quality Statement for Cancer requires that the nationally optimised pathways are fully embedded in local service delivery. They are designed to reduce unwarranted variation in care delivery across Wales and to help organisations to plan to meet the Suspected Cancer Pathway waiting time target.

- Executive Board note and discuss the pathways as part of the implementation of the Suspected Cancer Pathway.
- Executive leads for cancer use the pathways to support the planning, delivery, and performance monitoring of cancer services.
- Directors of Planning incorporate the pathways into their planning assumptions.
- Site specific local, regional and national MDTs to adopt the pathways or justify reasons for variations.