

HEALTH

RUSSELL
GEORGE MS
COLUMNISTCancer failings
must be sorted

LAST week I led a Senedd debate on cancer services in Wales. I felt this was an important conversation for the nation's representatives to have, as cancer can often get lost in all the talk about coronavirus, emergency care and elective treatment.

While we, rightly, highlight the deficiencies of the Labour government in tackling these – the highest Covid death rate in the UK, nearly half of patients spending over four hours in A&E, and one in five people languishing on a waiting list – we forget that half of us will get cancer, guaranteeing all of us will be touched by it in some way.

Prior to the pandemic, the Welsh Cancer Intelligence Unit showed that Wales had the lowest survival rates for six cancers and the second-lowest for three in the UK.

We were already behind England, Scotland and Northern Ireland when it came to female breast, lung, colon, rectal and stomach cancers, and melanoma. Wales was also the second-lowest in the UK for prostate, pancreatic and oesophageal cancers.

The disparity between the nations frustrates me greatly: your chances of survival should not be worse depending in which Bangor you are receiving chemo. Your partner should not be envious of those having radiography in Manchester because they are in Swansea.

This is quite simply unacceptable and we should never have entered 2020 with such poor outcomes.

The number of people entering hospitals in Wales for cancer treatment has fallen by over 40,000 in the first year of the pandemic. Sadly, this is not because the prevalence of cancer had dramatically fallen, but because lockdowns prioritised Covid over everything else, come what may.

Although it is totally understandable why the first lockdown happened, with the need to protect the population and the NHS from the virus, it is undeniable that this has had a significant and negative impact on other illnesses.

Welsh Conservative research recently found that during the first 18 months of the pandemic there were 50,740 cancelled operations and 1,343,467 cancelled appointments in Welsh hospitals. This shows that the costs of lockdowns extend beyond the economic, and into the realm of physical as well as mental health.

Now, current cancer treatment times suggest Welsh cancer services are not catching up on diagnosis and treatment: in November last year, just 58% of patients newly diagnosed with cancer started their first definitive treatment within 62 days of first being suspected of cancer – far below the target of 75% and the second-lowest on record since June 2019.

In our debate we wanted to emphasise these points to ensure the scale of the challenge ahead was not lost on ministers. Things were bad before Covid, but it would be a dereliction of duty to think that getting back to pre-pandemic is acceptable.

We need the will and desire to make things better – business as usual means failure as usual.

Unfortunately, this still has not prompted the Labour government to publish a proper cancer strategy. Cancer charities have said Wales is the only part of the UK without one, stating the Cancer Quality Statement lacks detail and ambition. This is further exacerbated by chronic understaffing: one in 12 staffing roles in clinical oncology are vacant.

That's why we called on ministers to publish a workforce recruitment and retention plan for cancer specialists and a full cancer strategy which will set out how Wales will tackle cancer over the next five years. Labour voted against this.

And we can even go further than this. Radiotherapy and chemotherapy are not easy courses of treatment. To alleviate the negative side-effects of treatments and allow patients to focus more on their recovery without having to worry about extra costs, we believe measures such as free dental care for cancer patients should be offered to support them through their recovery.

I sincerely hoped that the political parties could unite behind our motion last week to address this grave injustice. I am disappointed that the government did not support our motion, but I am pleased that at least the Minister acknowledged that her government has much more to do to improve cancer outcomes and agreed to give further consideration to the many points I raised in the debate.

We can live with Covid. Are we expected to live with cancer too?

■ Russell George is a Welsh Conservative MS and Shadow Health Minister

Have a lip-smackingly
good Valentine's Day

THEY say you have to kiss a lot of frogs before you find your ideal partner.

So it makes sense that if you're looking for romance this Valentine's Day, you want your lips to be in tip-top condition.

The lips help in the delivery of sound and speech, and they allow us to eat by holding food in the mouth. They also assist with the formation of smiles, frowns, pouts, and other displays of emotion. Thus, to work efficiently, a complex system of muscles is required.

The upper and lower lips are connected and form the divide between the skin on the face and the lining of the mouth. The border of the upper lip is double curved and known as the "Cupid's bow". They are very sensitive to temperature and touch and are classed as an erogenous zone because they contain so many nerves.

Also, as they do not have hair or sweat glands, there is no protective layer of body oils or sweat to keep them smooth, which is why they chap so easily. Indeed, most people experience some type of dryness or soreness of the lips.

Those who are at higher risk are mouth-breathers who blow air in and out of their mouths repeatedly, drying the lips and stripping away the moisture, and as we age our lips get drier.

There are numerous lip issues, most with long Latin names, but the main one that stops us kissing with confidence is herpes simplex, better known as cold sores.



Whether you embrace Valentine's Day or cringe at the mere mention of it, we can all agree that romantic relationships play a huge role in our emotional and physical wellbeing. Here, dental hygienist Alison Lowe looks at the importance of lips, their function and how we can keep them in 'kissable condition'



■ Cold sores

These are wretched. Besides being painful, they render even the most confident person self-conscious. They are caused by the herpes simplex virus, a common viral infection. They are highly contagious, can affect anyone and are spread through personal contact such as kissing. Some people have the virus but no symptoms, while others suffer with blistering painful sores. Triggers include stress, fatigue, trauma to the area, sun exposure, hormones, and viruses such as colds and flu.

There are as many as six stages of a cold sore, but they can be summed up in three: 1. Tingling and itching around the lips (often the first sign you are getting a cold sore); 2. Small, painful, and fluid-filled blisters; 3. Blisters burst and leave open sores that crust over into a scab.

The whole process can last anything between seven and 14 days.

Cold sores happen to the best of us, so don't let them get you down.

Anecdotal evidence suggests that the food supplement lysine prevents recurrence, applying a cold

compress reduces inflammation and that by applying a thin layer of toothpaste to blisters they will dry out within two to three days (but avoid if you are allergic to sodium lauryl sulphate).

Generally, it is best to ask your health professional to recommend medication to get them treated properly and reduce the swelling and pain as soon as possible.

An over-the-counter antiviral cream can help (if applied at the first sign of a sore) and stronger antiviral medication can be prescribed if necessary.

Early treatment can help clear up symptoms in as little as a few days. Sores are contagious, so avoid kissing, rearrange any dental or facial appointments and be sure to wash your hands straightaway if you touch the area to prevent spreading the virus.

The importance of hydrating the lips by drinking water and wearing SPF lip balm every day cannot be stressed enough. This prevents the sore from drying out and peeling, offers protection from sunlight and reduces the risk of a further outbreak. However, do not use your best balm as you will need to replace contaminated items including your balm and toothbrush once the area has healed to prevent reinfection.

And please also be Covid-aware when you're dating someone new. Unfortunately, intimate kissing and saliva exchange allows for the spread of not only herpes but lots of other bacteria and viruses too.

Pharmacies to play bigger role in healthcare

YOUR local community pharmacy has always been a first port of call for accessing medicines, treatment and advice.

From April, however, patients in Wales can expect to see even more services available in pharmacies, meaning more care will be available closer to people's homes.

The new opportunities for patients became clear at the end of 2021 when the Welsh Government announced changes to the existing community pharmacy contract.

A new range of services will be put in place to help meet the needs of patients and reduce demands on other parts of the NHS. The changes will continue to make greater use of the clinical skills of pharmacy teams, improving their contribution to the needs of NHS Wales and the people of Wales.

The changes will ensure the availability of the same range of

Jonathan Lloyd Jones, policy lead for the Royal
Pharmaceutical Society, on the changing role of
community pharmacies in Wales

services for patients in each of the 713 community pharmacies across Wales. A universal clinical service will ensure patients can access support and treatment for common ailments, emergency contraception, support with emergency medicine supply, and seasonal flu jabs. So from April you can expect these services in your local community pharmacy.

It will make it much easier to understand what services are available via community pharmacy. Explaining to friends and family what support pharmacy can offer them has always been a challenge. Showing clearly what core

services to expect in a community pharmacy in Wales should improve access to care and the use of community pharmacies.

The new contract will also speed up the rollout of prescribing clinics based in community pharmacy.

Many community pharmacists are now qualified to prescribe medicines independently and without referral to a GP or other medical prescriber. This provides many opportunities for patients to access care and treatment in a timely way and ensures pharmacists can contribute to the delivery of healthcare as part of the wider primary care team.

Prescribing in community pharmacies has been ongoing since 2016 when 33 pharmacies signed up to a programme to test how effective such a service would be.

In that time, pharmacists delivered more than 16,000 consultations via the Independent Prescribing service. The new changes will allow a Wales-wide approach for pharmacy prescribing, allowing pharmacists, once fully trained, to treat more conditions that currently require a visit to a GP.

It's another encouraging step towards our vision of having a prescriber in every community pharmacy by 2030.

It's certainly an exciting time for community pharmacy in Wales. I would encourage you to find out how your local community pharmacy can support you and your family. You may be surprised by what's available on your doorstep.