

**Gwybodaeth Ychwanegol at Gwestiynau Ysgrifenedig y Cynulliad
Information Further to Written Assembly Questions**

Cyhoeddir atebion yn yr iaith y'u darparwyd, gyda chyfieithiad Saesneg o atebion yn y Gymraeg.

Responses are published in the language in which they are provided, with a translation into English of responses provided in Welsh.

Gwybodaeth ychwanegol at WAQ64774, a gyhoeddwyd gan John Griffiths, y Gweinidog Diwylliant a Chwaraeon, ar 07 Mehefin 2013

Information further to WAQ64774, issued by John Griffiths, the Minister for Culture and Sport, on 07 June 2013

At/To Rhodri Glyn Thomas:

Rhodri Glyn Thomas (Carmarthen East and Dinefwr): Will the Minister make a statement on public conveniences on the Wales coastal path and what Government support will be given to protect these assets? (WAQ64774)

Our Coastal Access Improvement Programme has led to the development of the 870-mile Wales Coast Path. The provision of facilities on or near to the route of the Wales Coast Path is important to the public employment and perception of the route. Public convenience provision and maintenance is a matter for local authorities, taking into account local needs and priorities.

The Welsh Government is, however, conscious of the impact that inadequate public toilet conveniences can have. With this in mind, officials within the Department for Local Government and Communities are working with local authorities to try to facilitate improved access to public toilets within our communities.

Gwybodaeth ychwanegol at WAQ64762, WAQ64764, WAQ64765 a WAQ64767, a gyhoeddwyd gan Mark Drakeford, y Gweinidog Iechyd a Gwasanaethau Cymdeithasol, ar 12 Mehefin 2013

Information further to WAQ64762, WAQ64764, WAQ64765 & WAQ64767, issued by Mark Drakeford, the Minister for Health and Social Services, on 12 June 2013

At/To Darren Millar:

I am writing to you with regards to questions you have raised, concerning the treatment of cancer patients in Wales. I thought it might be helpful to you if I were to combine my response into a full overview, bringing the various strands together. In the first part I will deal with the following questions.

Will the Minister confirm the number of cancer patients that are assigned a key worker to assess their care plan? (WAQ64762)

Will the Minister provide details of all packages of support available to cancer patients struggling to meet the costs of treatment? (WAQ64764)

What progress has been made towards the Cancer Delivery Plan commitment to offer cancer patients financial advice and support? (WAQ64765)

We know how important it is to realise and make sure that care for cancer patients is more than simply acute medical care. That's why key workers have such an important role, the point of your first question. The policy of assigning a key worker to each patient diagnosed with cancer has been in place since the first of April 2011. We don't formally monitor numbers centrally but we do expect Local Health Boards to report compliance against the policy. The next set of annual reports which will be published in September will contain this data.

It is also important we continue to learn where we can do better and seek to do so, based on the views of leaders in the field and patients themselves. The Cancer Implementation Group (CIG) was set up in Wales has been reviewing the key worker policy. They have been focussing on how the policy is working in practice. For example, for patients it is not good enough to simply have a named key worker, what is more important is the advice and support the worker provides. The CIG have identified there is some inconsistency across Wales in who is viewed as a key worker: in some case it is the GP, in others the Clinical Nurse Specialist or lead clinician. This can change as the patient moves through the course of their treatment. It also impacts upon the quality of the advice provided and we wish to ensure advice is 'holistic'-equally supporting the medical and non-medical needs of the patient.

Having identified how we can do better, in the consistent delivery in the intent of this policy the CIG are taking action. Key principles on the role of key workers are being developed to provide greater clarity and consistency in its delivery.

The National Cancer Patient Experience Survey also includes specific questions on the role of key workers. This is the first major national cancer patient survey of its kind in Wales. The views of patients must shape our policies and we know from the research by Macmillan the importance of financial support and advice. The result of the survey, which will be published in the autumn, will give us clear indication of how effective patients see key workers and allow us to take any actions necessary to drive improvement.

In relation to your question about meeting the cost of treatment I am assuming you are not referring to the cost of the treatment itself, which is of course free, but to the wider associated costs outlined in the Macmillan report Counting the Cost of Cancer.

The provision of financial support and advice is an area where Local Health Boards must work closely in partnership with third sector and other organisations to be able to direct people to the appropriate support. We do not expect health professionals to provide the support but to know where to direct patients. The CIG are supporting this approach through their close working with the All Wales Cancer Alliance. The development of key principles of key workers and improving their knowledge of where support can be accessed are an important element of improving access to advice.

There are already many examples of good practice of partnership working between Local Health Boards and the third sector to ensure financial advice is available. Macmillan Information centres have been opened in the University Hospital Wales and the Wrexham Maelor Hospital and are being rolled out to other District General Hospitals. These centres provide a library of advice that is easy to access with staff on hand to talk through issues. They also include quiet rooms where individuals or their friends or relatives can have private conversations with advisors from Macmillan.

I want to encourage more examples like this. Through the CIG we will be working to improve awareness of health professionals about where they can direct patients for financial support and advice.

Will the Minister detail all measures being taken by the Welsh Government to lower waiting times for urgent cancer patients? (WAQ64767)

We aim to treat all cancer patients within 62 days and it is important to remember the large majority of patients are seen within the target time. Unfortunately some cases are extremely complex and require a number of interventions. During 2012/13 the performance against the urgent suspected cancer target has been variable at a Health Board level with only one Health Board (Aneurin Bevan) achieving it on a fairly consistent basis. I am quite clear that this level of performance is not acceptable and I have already met with Health Boards' chairs and raised my concerns about their cancer performance.

Officials from the Welsh Government and the Delivery Unit have been working with all Health Boards to ensure that they improve their cancer waiting times and we clearly set out our expectation that Health Boards were required to deliver the cancer waiting times targets for March 2013 and thereafter. Whilst performance did improve during March 2013, it was disappointing to note that across Wales that cancer waiting times did not meet the level required.

Health Boards have now been asked to supply recovery plans. These were required by the 4 June, and they will confirm what actions they are implementing to achieve the targets on both waiting times. Officials are in the process of reviewing these. Health Boards have been asked to ensure that:

- They remove/radically reduce the backlog of patients who have already waited in excess of 62 days but have not yet been treated.
- Review how they can deliver the urgent suspected cancer target on a sustainable basis by appropriately managing open pathways within 62 days.
- Demonstrate that they have conducted demand/capacity analysis of their cancer and urgent workload is critical to ensure that sufficient capacity is available (particularly at the out-patient level) to manage and prioritise appropriately, and ensure that planning is undertaken in an integrated way.
- Whilst access to first out-patient appointments within 14 (10 working) days is no longer at fixed target, it remains a best practice milestone. Health Boards have been asked to ensure that they have robust processes for measuring performance against this milestone and plan sufficient capacity to ensure patients are seen quickly at the start of the pathway.
- They consider access to diagnostics, in particular, endoscopy, colonoscopy and CT scans present difficulties in many Health Boards.
- To establish review trigger mechanisms to ensure that escalation processes are in place and work effectively where insufficient capacity is available to meet the requirements of the pathway and meet the targets.

I will write to health boards to reinforce these actions.

I hope this clears up any concerns you may have had.