



Cynulliad National
Cenedlaethol Assembly for
Cymru Wales

Y Pwyllgor Deisebau

Adroddiad Cwblhad

Crynodeb o ystyriaeth y Pwyllgor Deisebau ar P-03-078 Sgrinio Canser

Mai 2008

Cyflwynwyd

18 Hydref 2007

Dyfarnwyd yn Dderbyniadwy

19 Hydref 2007

Ystyriaeth Gychwynnol

8 Tachwedd 2007

Bu'r pwyllgor yn ystyried papur gan Wasanaeth Ymchwil yr Aelodau Cynulliad Cenedlaethol Cymru.

Cytunodd y pwyllgor:

- Y byddai rhagor o wybodaeth yn cael ei geisio gan y deisebwyr

(Gweler Atodiad 1 ar gyfer y dyfyniad perthnasol o drawsgrifiad cyfarfod 8 Tachwedd 2008 ac Atodiad 2 ar gyfer Papur Gwasanaeth Ymchwil yr Aelodau)

Ystyriaeth Bellach

6 Rhagfyr 2007

Bu'r Pwyllgor yn ystyried y wybodaeth ychwanegol a ddarparwyd gan y deisebwyr, a chytunwyd i:

- Ofyn am y wybodaeth ddiweddaraf gan y Pwyllgor Iechyd, Lles a Llywodraeth Leol am yr adroddiad a gynhyrchwyd gan y Pwyllgor Iechyd a Gwasanaethau Cymdeithasol ar Wasanaethau Canser yng Nghymru.

(Gweler Atodiad 1 ar gyfer y dyfyniad perthnasol o drawsgrifiad cyfarfod 06 Rhagfyr 2007, Atodiad 3 ar gyfer y llythyr a anfonwyd at Jonathan Morgan AC, Cadeirydd y Pwyllgor Iechyd, Lles a Llywodraeth Leol.)

10 Ebrill 2008

Cytunodd y Pwyllgor i:

- Aros am ganlyniad sesiwn graffu'r Pwyllgor Iechyd, Lles a Llywodraeth Leol ar 19 Ebrill 2008.

(Gweler Atodiad 1 ar gyfer y dyfyniad perthnasol o drawsgrifiad cyfarfod 10 Ebrill 2008)

24 Ebrill 2008

Derbyniwyd ymateb gan Gadeirydd y Pwyllgor Iechyd, Lles a Llywodraeth Leol ar 23 Ebrill 2008

Cytunodd y Pwyllgor i:

- Ystyried llythyr Cadeirydd y Pwyllgor Iechyd, Lles a Llywodraeth Leol yn y cyfarfod nesaf.

(Gweler Atodiad 1 ar gyfer y dyfyniad perthnasol o drawsgrifiad cyfarfod 24 Ebrill 2008, Atodiad 4 ar gyfer y llythyr gan Gadeirydd y Pwyllgor Iechyd, Lles a Llywodraeth Leol ac Atodiad 5 ar gyfer yr adroddiad cynnydd ysgrifenedig gan y Gweinidog dros Iechyd a Gwasanaethau Cymdeithasol sydd wedi'u hamgáu gyda'r llythyr hwn)

8 Mai 2008

Cytunodd y Pwyllgor i :

- Gau'r ddeiseb, gan na all y Pwyllgor ei symud ymlaen ymhellach.
- Sicrhau bod gan y Deisebwyr fanylion cyswllt ar gyfer ysgrifenyddiaeth y Pwyllgor Iechyd, Lles a Llywodraeth Leol.

Manylion Cyswllt ar gyfer Clerc y Pwyllgor Iechyd, Lles a Llywodraeth Leol

Clerc: Steve George

Ffôn: 029 2089 8009

Ebost: stephen.george@cymru.gsi.gov.uk

Gwefan: www.cynulliadcymru.org

Cyfeiriad Post:

Cynulliad Cenedlaethol Cymru

Bae Caerdydd

CF99 1NA

(Gweler Atodiad 1 ar gyfer y dyfyniad perthnasol o drawsgrifiad cyfarfod 8 Ebrill 2008)

**Clerc Deisebau
Mai 2008**

Atodiad 1

Darn Perthansol o Drawsgriafiadau Cyfarfodydd y Pwyllgor Deisebau

8 Tachwedd 2007

Val Lloyd: We move on to our second new petition, which is referenced P-03-078, and titled 'Cancer Screening Vigil 2007: Petition to Review Screening Systems for Cancer Regimes'. Are there any observations?

If no-one else has a comment, I will start. I read this several times in great depth, and I am not absolutely certain what the petitioners are asking us to do. I thought that I understood when I started reading it, but then the issue was somewhat clouded as I went on. I wonder whether it might be helpful to ask the petitioners to write to us by our next meeting as to what it is they want to do, or want us to do

Michael German: If the title at the top of our paper was the process—that is, that they wanted a review of the screening systems for cancer regimes—I think that that would be a much more straightforward way of dealing with it, as we would have far more clarity as to what we might do with it. It may well be that, when the clerk speaks to them, it would be possible to encourage them to think in the sort of terms that we have at the top of our paper, which would be a much easier way for us to move a petition on.

Val Lloyd: Yes, I think so. This is one of the lessons that we learned on our visit to Scotland, which I found very helpful. Here, it is a matter of getting clarity as to what the petitioners are asking us to do—for their benefit as well as for ours. Are Members content with that? I see that you are. I suggest that we give some sort of directions to assist the petitioners; possibly a half of a sheet of A4 paper. I do not know; I plucked that from the air. Point 10 or 12, not something like point 4. We will not count the words, and we will forgive you if it extends to two-thirds of a page. That will be beneficial to the petitioners. Thank you very much.

I would also like to take this opportunity to thank the Members' research service for its papers on these petitions, which were very helpful indeed.

6 Rhagfyr 2007

Val Lloyd: The next petition is P-03-078, the cancer screening vigil 2007. I have some difficulty with this, because the committees have changed their functions—they are scrutiny committees now, not committees that undertake reviews. Members of sub-committees can only be Assembly Members now, can they not?

Michael German: I thought that the committees did do reviews. 'Reviews' may be the wrong word, but the Committee on Equality of Opportunity, for example, has just finished a review of access to polling stations, has it not? Was it called a 'review' or a 'study'? I cannot remember.

Andrew R.T. Davies: I think that it was a review.

Michael German: Yes, so I think that the word 'review' is an acceptable word, because that is what we use.

Val Lloyd: But those are scrutiny reviews. There is a difference in how committees conduct business now, compared with prior to May.

Michael German: I suspect that this is a scrutiny matter; we can see the elements—

Val Lloyd: There was a review in February 2007. The Health and Social Services Committee undertook a review of cancer services then. So, I think that it is a little bit soon to do it again. The Welsh Assembly Government then set up a reference group, which includes a range of relevant people.

Ms Lewis: The committee set it up.

Val Lloyd: I am sorry—the committee set up a reference group.

Michael German: We could ask for an update, then, from the Health, Wellbeing and Local Government Committee, to see where it is on that.

Bethan Jenkins: Are the petitioners aware of that?

Val Lloyd: Presumably they did research before presenting this.

Michael German: I think that the pressure came from the very same people who have signed this petition.

Val Lloyd: We will ask for an update, and then we can bring that up. I am sure that that will be ready for our next meeting after Christmas.

10 Ebrill 2008

Val Lloyd: We move on to cancer screening. The ministerial response is that she will attend next week's meeting of the Health, Wellbeing and Local Government Committee for a scrutiny session, and Members will have an opportunity to discuss the update with her there. If it is any comfort to this committee, I am a member of that committee.

Michael German: We will wait and see what you have to say after you have attended the meeting, Chair. We ask you to bear the petition in mind when you question the Minister.

24 Ebrill 2008

Val Lloyd: Moving to cancer services—I was going to say 'informally', but Jenny is also a Member of the Health, Wellbeing and Local Government Committee—the health committee agreed to continue monitoring the progress of the recommendations in the report on cancer services. At about 5 p.m. yesterday afternoon, the formal letter from the Chair of the committee was placed in my pigeonhole, but it was too late for me to pass a copy to anybody.

Andrew R.T. Davies: Shall we wait until the next meeting, when we will have seen the letter, and decide the way forward then?

Val Lloyd: Thank you, Andrew.

8 Mai 2008

Val Lloyd: We start with petition P-03-078 on cancer screening. We have had a formal reply from the Chair of the Health, Wellbeing and Local Government Committee, relating to screening systems post cancer. In light of that, there is not much more that we can take forward on this.

Michael German: We should make sure that the petitioners can access the review that will happen in the future, so that they know who to contact and where to get details about when it will be reviewed again. The committee will review it again, will it not?

Val Lloyd: Yes, because it is an ongoing document. Some of the recommendations have been or are being implemented, and we need to continue to review some of the others to see whether they will be brought forward. From my memory, no date was given by the committee.

Michael German: It is a matter of knowing who to contact to get the information from.

Val Lloyd: I would say the secretariat of the health committee.

Michael German: That is right, and that is what I am saying. Perhaps you could include that when you write to the petitioners.

Val Lloyd: That would be helpful. In light of that, we can close that petition.

Atodiad 2

Cancer Screening Petition

This paper provides some background information about the provision of cancer screening services in Wales

1. Cancer screening provision in Wales

The Assembly Government's approach to screening for cancer is based on the advice provided by the UK National Screening Committee (NSC) to all four administrations in the UK¹. The NSC is responsible for assessment of all present and proposed screening programmes against the available evidence and published standards.

Screening services for breast and cervical cancers are already established in Wales and the Health Minister has indicated that a new screening programme for bowel cancer will be rolled out towards the end of 2008². The Minister for Health has stated that screening for testicular cancer is not available in Wales because the NSC does not support the need for a national screening programme³. They have also recommend against general screening for anal, bladder, lung, oral, ovarian and stomach cancers⁴. The NSC policy position allows for prostate cancer screening to be provided on an individual request basis, provided that the man fully understands the lack of good quality evidence about the benefits and risks of testing.

The UK National Screening Committee have produced a set of criteria for appraising the viability, effectiveness and appropriateness of a screening programme⁵. The criteria are based on the following 10 principles⁶:

1. Important health problem
2. Natural history well understood
3. Recognisable at an early stage

¹ WAQ50424, RoP, page 4 October 2007: <http://www.assemblywales.org/bus-home/bus-chamber/bus-chamber-third-assembly-written.htm?act=dis&id=61537&ds=10/2007>

² Ibid

³ WAQ50274, ROP p2-3, 6 August 2006: <http://www.assemblywales.org/bus-home/bus-chamber/bus-chamber-third-assembly-written.htm?act=dis&id=57042&ds=8/2007>

⁴ See the UK National Screening Committee policy position chart – reviews are on-going. This is the 2006 policy position chart: http://www.nsc.nhs.uk/pdfs/policy_position_chart_july06%5B1%5D.pdf

⁵ You can access the criteria here: <http://www.nsc.nhs.uk/pdfs/criteria.pdf>

⁶ See National Public Health Service for Wales. *Population screening for prostate cancer*. April 2007, page 3: <http://www.wales.nhs.uk/sites3/news.cfm?orgid=719&contentid=6570>

4. Treatment better at an early stage
5. A suitable test exists
6. An acceptable test exists
7. Adequate facilities exist to cope with abnormalities detected
8. Screening at repeated intervals when insidious onset
9. Chance of harm is less than the chance of benefit
10. Cost balanced against benefit

2. Structures for the delivery of screening services

A number of organisations are involved in the commissioning and delivery of screening services, including:

Health Commission Wales

Screening provision in Wales is supported by ring-fenced funding secured for directly managed services. The Assembly Government provides funds to Health Commission Wales for All Wales Screening Services⁷. Screening Services currently comprises the breast, cervical, newborn hearing and antenatal screening programmes.

Breast Test Wales

Breast Test Wales (BTW) was established in 1988 to deliver the NHS breast screening programme in Wales. BTW is divided into three geographical divisions with centres in Cardiff, Swansea and Llandudno (with its new satellite centre in Wrexham). Ten mobile units work across Wales to support these centres, visiting over 100 sites in every three year round of screening⁸ Breast Test Wales is incorporated within the Velindre NHS Trust⁹

Cervical Screening Wales

Cervical Screening Wales (CSW) is responsible for the whole of the cervical screening programme provided to women resident in Wales, by both Welsh and English NHS Trusts, including programme management and coordination, call and recall arrangements, cervical cytology services, cervical histology services and colposcopy services. The responsibility for the taking of smears within the programme remains with general practices and appropriate community and hospital clinics. However, CSW is responsible for monitoring the performance of smear takers

⁷ For allocations made to Health Commission Wales for 2007-08 see Welsh Health Circular WHC 2006 (088) **2007-08 Local Health Board and Health Commission Wales Revenue Allocations issued on** 19 January 2006:
[http://www.wales.nhs.uk/documents/WHC\(2006\)088.pdf](http://www.wales.nhs.uk/documents/WHC(2006)088.pdf)

⁸ Information from the Breast Test Wales website at: http://www.screeningservices.org.uk/btw/index_eng.asp

⁹ Velindre Cancer Centre Website website: <http://www.wales.nhs.uk/sites3/page.cfm?orgid=357&pid=5008>

and for ensuring that all smear takers have access to appropriate training¹⁰. CSW is also incorporated into Velindre NHS Trust

The Prostate Cancer Risk Management Programme

The Prostate Cancer Risk Management Programme (PCRMP) was launched by the Secretary of State for Health in 2000¹¹. The PCRMP was set up to ensure that men who are concerned about the risk of prostate cancer receive clear and balanced information about the advantages and disadvantages of a screening test and treatment for prostate cancer.

Welsh Screening Committee

The Welsh Screening Committee deals with policy and service delivery in Wales for all types of screening, including cancer. The Committee is chaired by Jenny Frost, Deputy Chief Scientific Officer at the Welsh Assembly Government, and comprises mainly Assembly officials but includes members of the medical profession.

3. Further information

NHS Wales Cervical Screening Wales Website:

<http://www.screeningservices.org.uk/csw/pub/index.asp>

National Public Health Service for Wales:

<http://www.wales.nhs.uk/sites3/home.cfm?orgid=719>

Cancer Services Co-ordinating Group

<http://www.wales.nhs.uk/sites3/page.cfm?orgid=34&pid=7450>

National Public Health Service for Wales. *Population screening for prostate cancer*. April 2007

<http://www.wales.nhs.uk/sites3/news.cfm?orgid=719&contentid=6570>

UK National Screening Committee:

<http://www.nsc.nhs.uk/>

Velindre NHS Trust:

<http://www.wales.nhs.uk/sites3/home.cfm?orgid=34>

¹⁰ For further information see the NHS Wales website at:

<http://www.wales.nhs.uk/sites3/page.cfm?orgid=357&pid=5008>

¹¹For further information see the NHS Cancer Screening Programmes website at:

<http://www.cancerscreening.nhs.uk/prostate/news/qa.html>

Atodiad 3

Y Pwyllgor Deisebau

Petitions Committee

Jonathan Morgan
Chair, Health, Wellbeing and Local
Government Committee
National Assembly for Wales
Cardiff Bay
Cardiff
CF99 1NA

Bae Caerdydd / Cardiff Bay
Caerdydd / Cardiff CF99 1NA

Our ref: P-03-078

20 December 2007

Dear Jonathan

PETITION – CANCER SCREENING VIGIL 2007

As you will be aware, the Assembly now has a duty under Standing Order 28 to consider all admissible petitions it receives. The Petitions Committee has been established to consider these petitions. At its meeting on 6 December, the Committee considered a petition calling for a sub-committee of the Health, Wellbeing and Local Government Committee to be established to review the screening systems available in Wales for the various types of cancers.

The Committee discussed the petition and we agreed to ask the Health, Wellbeing and Local Government Committee to consider requesting an update from the Welsh Assembly Government on the progress made in implementing the recommendations of the report published by the former Health and Social Services Committee on Cancer Services in Wales. A copy of the paper considered by the Petitions Committee is attached.

I would be grateful if you could consider this request, and for any action that the Health, Wellbeing and Local Government Committee may take on the petition, to be reported to us as soon as possible. The Petitions Committee will give further consideration to the petition in the light of the response.

Yours sincerely

Val Lloyd
Chair, Petitions Committee

Atodiad 4

**Y Pwyllgor Iechyd, Lles a
Llywodraeth Leol**

**Health, Wellbeing and Local
Government Committee**

Bae Caerdydd / Cardiff Bay
Caerdydd / Cardiff CF99 1NA

Val Lloyd AM
Chair
Petitions Committee
National Assembly for Wales
Cardiff Bay
Cardiff CF99 1NA

Your ref: P-03-078

23 April 2008

Dear Val

PETITION – CANCER SCREENING VIGIL 2007

You wrote to me in December about a petition that the Petitions Committee had received calling for a sub-committee of the Health, Wellbeing and Local Government Committee to be established to review the screening systems available in Wales for the various types of cancers.

You asked the Health, Wellbeing and Local Government Committee to consider requesting an update from the Welsh Assembly Government on the progress made in implementing the recommendations of the report published by the former Health and Social Services Committee on Cancer Services in Wales.

In the light of your request the Committee agreed to request an update from the Minister for Health and Social Services on progress in implementing the recommendations of the report. The Committee also agreed to raise the matter with the Minister directly when she attended a meeting of the Committee for scrutiny.

As you know, the Minister attended the Committee's meeting on 16 April. Before the meeting she provided the Committee with a written progress report, which I attach for information. The Committee spent around 30 minutes questioning the Minister directly on her paper and on progress. I attach an extract from the transcript of the meeting detailing questions from Members and the Minister's responses.

I hope this is helpful.

Yours sincerely

Jonathan Morgan
Chair

Atodiad 5

Health, Wellbeing and Local Government Committee

HWLG(3)-08-08 (p2) : 16 April 2008

Update on progress made by the Welsh Assembly Government in Implementing the recommendations of the Health and Social Services Committee report on Cancer Services for the people of Wales

Purpose

1. To provide a written update to the Committee on progress made implementing each of the recommendations contained within the Health and Social Services Committee's Review of Cancer Services, published in February 2007.

Background

2. The former Health and Social Services Committee undertook a Review of Cancer Services for the People of Wales last year (February 2007). The Review contained 16 recommendations for improving cancer services. The former Minister, Brian Gibbons AM, issued a Written Cabinet Statement in response to the Review on 7th March 2007.

3. Jonathan Morgan AM, Chair of the Health, Wellbeing and Local Government Committee wrote to the Minister for Health and Social Services, Edwina Hart AM MBE, on the 5th February 2008 asking that a written update be provided to the Committee detailing progress against the recommendations for its meeting on the 9th April 2008.

4. Jonathan Morgan AM has also asked for information to be provided to the Committee regarding the current provision of cancer screening services and new initiatives in the field. A short briefing paper is attached at doc.2.

Recommendation

5. The Health, Well-being and Local Government Committee is asked to note the achievements and progress made over the last year in meeting the recommendations of the Health and Social Services Committee.

Doc.1 Written Update

Recommendation 1

The Welsh Assembly Government should, with the Cancer Services Coordinating Group, formulate an urgent implementation plan to address the

issues raised by the previous CSCG reports which it has accepted. This should include:

1.i. securing the funding of new and replacement radiotherapy equipment in order to ensure timely radiotherapy;

Current Position April 2008

An all-Wales project to put in place a long term programme has been established to provide 17 new and replacement linear accelerators across Wales by March 2015.

1.i.i ensuring a stable workforce.

Current Position April 2008

A 5 year laparoscopic surgical training programme (2008-2012) is being developed in order to ensure that treatment in Wales meets the NICE recommendations.

Recommendation 2

The Welsh Assembly Government should consider using incentives such as training bursaries for specialist staff who agree to work in Wales for a period following qualification.

Current Position April 2008

Health Professionals are in the process of modernising their career and qualification frameworks on a UK basis to aid retention. We are also exploring options to support new graduates into first destination posts.

Recommendation 3

The Welsh Assembly Government should ensure that the school nursing service is expanded and strengthened as necessary to enable school nurses to play a greater role in promoting healthy lifestyles.

Current Position April 2008

One Wales made a commitment for one family nurse per secondary school by the end of the Assembly Term. Stakeholder events are taking place in April 2008 to inform policy development.

Recommendation 4

In taking forward its review of the commissioning of cancer services the Welsh Assembly Government should:

4.i. take account of the fact that cancer services should be commissioned on a local, regional (network) or national basis, and there are aspects of the service for which each of these levels might be appropriate;

4.ii. ensure that there is clarity and transparency about how services are commissioned. In accordance with the conclusions above, this should include the level at which different, specified services are commissioned and the information should be accessible to the public. There should be more clarity regarding the role of Health Commission Wales in this process.

4.iii. Ensure that commissioners at all levels have the resources to work towards meeting the National Cancer Standards by 2009.

4.iv. Ensure that NHS trusts follow the strategic decisions of the Cancer networks, rather than vice-versa.

4.v. Recognise that for the fundamental aspects of cancer treatment (surgery, radiotherapy, chemotherapy and other drug treatment), commissioning on anything less than a regional level further undermines the ability of the cancer networks to function effectively.

4.vi. Agree that commissioning for radiotherapy equipment, high cost drugs and specialist surgery needs to be carried out at a national level, possibly by a regional local health board consortium with clear decision making processes and guided by cancer network plans.

4.vii. Accept that commissioning at regional level should build on the expertise of the three cancer networks, supported by the Cancer Services Co-ordinating Group. The three networks should have more autonomy from the local health boards and NHS trusts from which their membership is derived and a mandate to enable them to make decisions, monitor contracts and to be accountable to the region as a whole.

4.viii. Ensure that at each level, there is a requirement for the commissioners to consult with appropriate service providers in the statutory, voluntary and private sectors, patient representatives, local authorities and social care providers. At local level there should be a requirement for joint local commissioning.

Current Position April 2008

Following the publication of the HSSC Review of Cancer Services, the Assembly Government announced an additional £4.5m recurrently to support these recommendations and the implementation of the National Cancer Standards by March 2009.

I issued proposals to change the structure of the NHS in Wales on April 2nd 2008. Following consultation, any new arrangements will be tailored to ensure that cancer services are planned and delivered in line with expert opinion, ensuring that services are co-ordinated and managed at the most appropriate level.

Recommendation 5

The Welsh Assembly Government should fund and promote the development

of the Cancer Network Information System (CaNISC). This should include:

5.i. a clear and urgent timetable for incorporating primary, out-of-hours and palliative care;

Current Position April 2008

Through the work of the all-Wales Palliative Care Planning Group and the CSCG's Palliative Care Advisory Group, detailed information requirements for palliative care, including that care delivered in primary care, are being developed. CaNISC (Cancer Network Information System Cymru) will then be developed to collect this information for cancer patients. This is likely to take place over the next two years.

5.ii. measures to secure patient confidentiality; and

Current Position April 2008

CaNISC (Cancer Information System Cymru) complies with all Informing Healthcare's standards for patient confidentiality.

5.iii. raising the profile of CaNISC within local health boards (LHBs) and NHS trusts by designating a CaNISC "champion" on the board and requiring each LHB and NHS trust to charge a senior manager with responsibility for promoting CaNISC to specialist staff by ensuring support and training to meet individual needs.

Current Position April 2008

Each Trust continues to have a nominated Executive Lead who has been involved in drawing up an implementation plan agreed with the Cancer Information Framework. A Welsh Health Circular issuing the All-Wales Core Cancer Data Set is due to be published shortly.

Recommendation 6

The Welsh Assembly Government, in consultation with the UK Government, the Scottish Executive and other interested parties, should seek to establish a protocol for the appraisal of new drugs and therapies that will speed up the process and prevent unreasonable and uninformed public expectation. If necessary it could explore the feasibility of co-operating with the Scottish Medicines Consortium to share expertise.

Current Position April 2008

The all-Wales Cancer Drugs Group brings together the CSCG all-Wales Cancer Site Advisory Groups, Regional Cancer Networks and commissioners. Once licensed, new cancer drugs that are considered a clinical priority are being recommended for appraisal to the AWMSG. This new process is more responsive.

Recommendation 7

The Welsh Assembly Government should review the way in which information about new drugs and therapies is communicated to clinicians and to the media and general public. Clinicians should be given guidance on how best to discuss and explain prescribing options and decisions with their patients.

Current Position April 2008

The AWMSG has developed a communication strategy using the expertise of a Public Relations (PR) company. The PR company will also assist the AWMSG in delivering effective messages to the public and media.

Recommendation 8

The Welsh Assembly Government should review with the local health boards the arrangements within the NHS in Wales for managing unexpected demands.

Current Position April 2008

The NPHS continues to provide information to LHBs on potential costs for all cancer drugs. This is expected to further develop as a result of input from the all-Wales Cancer Drugs Group.

Recommendation 9

The Welsh Assembly Government should ensure joint planning between cancer charities and partner organisations ensuring best use of all available resources within the cancer patient pathway.

Current Position April 2008

This work is ongoing. Future planning arrangements will need to be developed as a result of any changes in planned service requirements.

Recommendation 10

In line with the National Institute for Health and Clinical Excellence's guidance on supportive and palliative care all patients should be:

10.i offered a comprehensive care and rehabilitation package as outlined above at the time of diagnosis. This should include information on prognosis and treatment; rehabilitation and nutrition. The provision of psychological / spiritual / emotional support should also be covered. The package should be reviewed at regular intervals, but especially at the completion of treatment.

Current Position April 2008

Network level action plans are in place in order to achieve the target of March 2009 for the National Cancer Standards for Specialist Palliative Care which require a comprehensive support package.

10.ii. Given clear information on financial support and benefits,

employment and other rights.

Current Position April 2008

Macmillan Cancer Support is funding a 2 year 'Patient Information Development Project'. In collaboration with Health Solutions Wales, a website is being developed that will act as a sign post for cancer patients and their carers to access information.

10.iii. Allocated a named key worker as a point of contact for them and their carer(s).

Current Position April 2008

Network level action plans are in place in order to achieve the target of March 2009 for the National Cancer Standards for Specialist Palliative Care, published in 2006, which require coordinated care and support for cancer patients.

Recommendation 11

Carers should be identified when patients commence treatment, and their need for support should be assessed and planned.

Current Position April 2008

Both the Unified Assessment Process and complementary hospital based systems seek to identify carers and explore their needs. This year the National Assembly Government is seeking a Legislative Competency Order to introduce specific measures for carers in Wales.

Recommendation 12

The Welsh Assembly Government should review the Hospital Travel Costs Scheme.

Current Position April 2008

In Wales, cancer patients are defined as having a medical need for ambulance transport so are eligible for free non-emergency patient transport services. I announced a review of non-emergency patient transport services on 28th November 2007.

Recommendation 13

The role of the allied health professions (AHPs) in cancer care and rehabilitation should be developed so that expertise is available in primary and secondary care and there is a defined career path to encourage AHPs to specialise in cancer care.

Current Position April 2008

Work is underway to develop National Standards for the Rehabilitation of Cancer Patients. As a result of this work consideration will be given to developing Allied Health Professionals.

Recommendation 14

The Cancer Co-ordinating Group should identify good practice in cancer care and rehabilitation and disseminate it to practitioners across Wales.

Current Position April 2008

The Cancer Services Coordinating Group's (CSCG) Nursing and Allied Health Professionals Group is currently drafting National Standards for Rehabilitation of Patients with Cancer.

Recommendation 15

Local health boards and NHS trusts should work with a range of voluntary sector organisations with a view to their being engaged in providing information and support for patients and carers.

Current Position April 2008 (February 2007)

Both the Cancer Services Co-ordinating Group and the regional Cancer Networks have arrangements in place to engage with the voluntary sector. Proposed changes to the structure of the NHS will further develop the role of the voluntary sector in helping to plan services.

Recommendation 16

The Welsh Assembly Government should work with the NHS and the voluntary sector:

16.i. to ensure that service models and partnerships, including the concept of the "hospice at home", reflect best practice in other areas;

Current Position April 2008

The all-Wales Palliative Care Planning Group has submitted a report specifying the elements of a core palliative care services to help inform the planning and organisation of these services. Regional planning for palliative care will allow the NHS and the voluntary sector to work better together.

16.ii. to put funding on a more stable footing that reflects more equitably the extent to which the sector provides services which would otherwise fall to the NHS, and that is founded on the Local Health Board's strategic appraisal of need and evidence of the hospice movement's ability to deliver services. Given the recent announcement of £2 million for hospices there needs to be robust formulae for its effective and fair distribution that ultimately will improve the care of patients in Wales.

Current Position April 2008

The work of the all Wales Palliative Care Group in specifying the elements of a core palliative care service will inform the allocation of funding to ensure equitable, sustainable and high quality palliative care services.

16.iii. To explore ways of simplifying the commissioning of palliative care services.

Current Position April 2008

The all-Wales Palliative Care Planning Group report should help inform and simplify the planning process for palliative care being led by the regional planning fora.

I issued proposals to change the structure of the NHS in Wales on April 2nd 2008. Following consultation, any new arrangements will be tailored to ensure that palliative care services are planned and delivered in line with expert opinion, ensuring that services are co-ordinated and managed at the most appropriate level.

16.iv. To ensure that the Welsh Cancer Standards are met by 2009 and that the recommendations of the 2003 strategy document are met.

Current Position April 2008

Progress with these is being monitored carefully by the Regional Offices and central Assembly Government officials. An additional £4.5m from 2007- 08 has been made available to help meet all the National Cancer Standards.

16.v. Funding should be on a three year basis with a formal service level agreement between the NHS and the provider.

Current Position April 2008

For the additional central funding being made available for palliative care from 2008-09, Service Level Agreement type arrangements will be considered to ensure that funding is set on a firmer basis.

Doc.2

Briefing Paper regarding the provision of Cancer Screening in Wales

Cancer Screening is commissioned by Health Commission Wales and is provided by Velindre NHS Trust through Screening Services Wales. In Wales we have two well established screening programmes for both Breast Cancer and Cervical Cancer and a new screening programme for Bowel Cancer currently in development.

Breast Cancer Screening

Breast Test Wales screens, by mammography, via automatic invitation to those women aged between 50 and 70, every three years. Older women can self refer for screening.

In 2006/2007:

- 126,366 women were invited to screening (all ages)
- 95,597 attended (75.6%)
- 4,472 were recalled for further tests
- 835 women had cancers diagnosed through screening.

The National Screening Committee has not yet given formal advice on

extending the age range. Should the NSC consider in the future, that there is good evidence to extend the age range then this will be given careful consideration by the Welsh Assembly Government.

Breast Test Wales is currently looking at modernising the mammography equipment in a planned manner, replacing the old equipment with new digital technology.

Cervical Cancer Screening

Cervical Screening Wales invites women between the ages of 20 and 64 for a routine test, every three years. England screens from age 25 to 64.

In 2006/2007:

- over 200,000 women were screened
- 79% coverage for women aged 25-64 years (target 80%) and 75% for women aged 20-64 years
- Around 15,000 women had an abnormality detected by cytology
- 7,000 women were referred to colposcopy
- 3,000 women were found to have a pre-cancerous abnormality that was treated in colposcopy.

Each year in Wales around 150 new cases of cervical cancer are diagnosed and around 70 women die from the disease.

The Assembly Government is planning to implement a vaccination programme against Human Papilloma Virus (HPV) in autumn 2008 for girls aged 12-13 years old to protect them against the HPV virus which can cause cervical cancer. Work is currently being undertaken to maximise uptake for this programme. There will also be a two-year catch-up vaccination campaign starting in autumn 2009 for all girls up to the age of 18. Information materials produced to support the vaccination programme will include advice on the importance of cervical screening

Bowel Cancer Screening

In February 2007, the Assembly Government confirmed that a bowel cancer screening programme will be implemented across Wales on a phased basis. Men and women aged between 50 and 74 in Wales will be invited for screening. Full roll-out of the bowel cancer screening programme will be phased starting with 60-69 year olds, followed by 70-74 year olds and finally 50-59 year olds. The planning phase is well underway with first screening due to start at all sites across Wales towards the end of the year.

