



Eich cyf/Your ref P-06-1294
Ein cyf/Our ref EM/03431/23

Jack Sargeant MS
Chair - Petitions Committee
Senedd Cymru
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05 February 2024

Dear Jack,

Thank you for your letter of 19 December as Chair of the Petitions Committee about Petition P-06-1294 - Don't leave metastatic breast cancer patients in Wales behind.

I am sorry to read about the concerns of the petitioner. I have taken a specific interest in the petitioner's calls and was very happy to have met with her and discussed how we can take this forward. I was also glad to have been able to attend the metastatic breast cancer conference to show my support for the petitioner's call to improve service provision.

I have also set out the Welsh Government's position in response to the petition, during the debate on the petition, and in response to a subsequent oral question. The core asks for the petition include better data and better specialist workforce provision. I have explained how we are making improvements to the data available on metastatic breast cancer. The Welsh Government has invested around £12 million in a new cancer information system that includes new dataset forms for breast cancer care. This new clinical record allows the capture of structured data on metastatic breast cancer so that it can be readily used to audit care. Because the new data form only came into use in 2023, there will be a period now where data needs to accumulate in the new system before it can be used for clinical audit.

I also approved additional funding for the national clinical audit programme so that Wales could extend clinical audit to metastatic breast cancer. This is an England and Wales audit which is now commencing with the first reports focussing on establishing a historic baseline position. It will take time for the audit to get to the point where it is collecting data for a period where there is data on metastatic disease captured in the new forms because this period is covered by the legacy CaNISC system which has little or no structured data on metastatic disease. We will soon get to the point where can capture data at the point of care that can be used in clinical audit to measure the quality of care provided. I would also like to add that the cancer network has now appointed a new clinical lead for the breast cancer audit.

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Rydym yn croesawu derbyn gohebiaeth yn Gymraeg. Byddwn yn ateb gohebiaeth a dderbynnir yn Gymraeg yn Gymraeg ac ni fydd gohebu yn Gymraeg yn arwain at oedi.

We welcome receiving correspondence in Welsh. Any correspondence received in Welsh will be answered in Welsh and corresponding in Welsh will not lead to a delay in responding.

With regard to specialist nursing provision for metastatic disease, I have previously explained to the Senedd that it is for health boards to deploy their available workforce to meet their population need. I am mindful that only a health board is in a position to determine how it can balance the competing need to provide for cancer and non-cancer care, and within cancer to apply its available workforce in a way that is equitable to other types of cancer and metastatic disease. Nonetheless, I am pleased to report that all health board areas have provision for secondary breast cancer nursing.

Finally, with regard to the nationally optimised pathways. The Strategic Network for Cancer within the NHS Executive develops national pathways to support better health board planning and oversight of services. These pathways set out what should happen to meet the cancer waiting time target. The network has developed and published more than 20 national pathways for different cancers, including for metastatic breast cancer, which take people from suspicion to first definitive treatment. These pathways of care are highly ambitious, and we recognise it will take health boards time to work towards delivering them and sustaining performance in line with them. The metastatic breast cancer pathway will soon be published and available to support NHS planning of services. You may also wish to be aware that the end of treatment summary document for metastatic breast cancer has also been approved nationally and will soon be discussed with lead nurses for adoption across Wales.

The Cancer Network plays an important new role as part of the NHS Executive in supporting the development of cancer services in Wales. This is an extensive agenda, and the Network is deploying its available resources to provide clinical advice and support to a large number of matters, in line with its workplan. In particular it is heavily involved in the development of a national programme of work to improve cancer waiting time performance. It is also leading important work on improved data collection, the use of clinical audit data, and the identification of variation in quality of care. It is also investing significant resources in bringing health boards and trusts together to collaborate nationally on improvements in radiotherapy, systemic anti-cancer therapy, and acute oncology; as well as advising on a series of service challenges and fragilities that need to be managed. Given the broader demand facing NHS services and the financial context facing NHS Wales, I am assured that the Network is appropriately deploying its resources to support the many vital challenges facing cancer services in Wales. The scale and complexity of the challenges being managed by health boards also has implications for the pace at which they can deliver a new set of national pathways.

Thank you for writing to me on these matters.

Yours sincerely,

A handwritten signature in blue ink, appearing to read 'M. E. Morgan'.

Eluned Morgan AS/MS

Y Gweinidog Iechyd a Gwasanaethau Cymdeithasol
Minister for Health and Social Services