Edwina Hart MBE OStJ AM Y Gweinidog dros lechyd a Gwasanaethau Cymdeithasol Minister for Health and Social Services

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Llywodraeth Cynulliad Cymru Welsh Assembly Government

To: Chairs of Local Health Boards

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Dear Chair

The provision of high quality cancer care is a top priority for the Welsh Assembly Government, from prevention through to rehabilitation and palliative care. In recognising that people with cancer have on going needs, as a result of their cancer diagnosis and treatment, I asked the Cancer Services Co-ordinating Group (CSCG) to review and report on the needs of people living with cancer and to develop Standards for the Rehabilitation of Adults with Cancer.

I want a greater focus on meeting the needs of individual patients whether they are short or longer term needs. Rehabilitation programmes should be offered as routine follow up with self management encouraged where possible and preferred, depending on the individual. CSCG's Adult Cancer Rehabilitation Standards are set in the wider context of the ongoing needs of people living with cancer and have undergone a 3 month formal consultation process. The final Standards are enclosed with this letter along with CSCG's *Living With and After Cancer* report

You are required to develop a Local Delivery Plan for your respective LHBs to achieve full compliance with the Standards by March 2015. The report on *Living With and After Cancer,* should be used to help inform service planning. The Local Delivery Plans must be submitted to the Assembly Government **by the end of September 2010.** A self assessment monitoring tool to assess compliance with the Standards will be developed.

One of the key issues facing cancer patients, particularly once they are discharged from hospital based treatment, is a sense of abandonment and a lack of ongoing

contact with specialists. In line with the requirements of the Standards for the Rehabilitation of Adults with Cancer, I want each patient diagnosed with cancer to have a nominated Key Worker to coordinate their care for the duration of their treatment in secondary care and subsequently within primary care via their GP, in recognition that people living with cancer have ongoing needs, following the end of their main treatment. I expect each LHB to have in place a Key Worker for each cancer patient, **by the end of March 2011**.

It will be important that the Key Worker for each patient is the most appropriate NHS worker, depending on where the patient is in their cancer journey. The important issue will be that the patient will know who to contact at all times should the need arise.

The Key Workers in primary and community care will need to link closely with the local integrated Chronic Conditions Management (CCM) Teams and care coordinators, which are currently being established across Wales, based around GP practice clusters.

Paul Williams, Chief Executive of NHS Wales will be writing to your Chief Executives, in similar terms.