

Reference:	FOI.16970.25
Subject:	Haemato-oncology and leukaemia
Date of Request:	27 March 2025

Requested:

Support Workers:

1. Do you provide cancer support workers, or similar roles (e.g., navigators, cancer care co-ordinators) to your haemato-oncology patients?

If yes:

- a. How many do you employ, and what is the Full-Time Equivalent (FTE)?
- b. What is their average caseload?
- c. How many are employed by a third party (e.g., charity), and what is the FTE?
- d. What is their caseload?

2. What percentage of your leukaemia patients have accessed their services?

Counselling Services:

3. Do you provide counselling or psychological support for leukaemia patients through:

- a. Mental health professionals?
- b. Digital platforms (e.g., apps)?
- c. Any other relevant services?

4. How many staff do you employ to provide cancer emotional support, and what is the FTE?

5. What are:

- a. The average,
- b. The minimum, and
- c. The maximum waiting times from referral to first appointment or first access point for emotional support services?

6. How do patients get referred to these services (e.g., clinical nurse specialist, GP, self-referral)?

7. Are there any limits on the number of sessions or amount of time cancer patients can access counselling?

8. What percentage of all cancer patients you care for access emotional support in-house?

9. What percentage of leukaemia patients you care for access emotional support?

Welfare Support:

10. Do you offer welfare advice or practical support (e.g., benefits, financial help, transport) to:

- a. All cancer patients?
- b. Leukaemia patients?

11. How do patients access this support, and how is the information shared with them?

12. How many staff and FTE staff are responsible for delivering welfare support services?

13. How many leukaemia patients accessed welfare support in the past 12 months? What percentage of the total leukaemia patients you care for does this represent?

14. What percentage of the total leukaemia patients you care for does this represent?

Response:

Hywel Dda University Health Board (UHB) is unable to provide you with all of the information requested, as it is estimated that the cost of answering your request would exceed the “appropriate limit” as stated in the Freedom of Information Act 2000 and the Data Protection (Appropriate Limit and Fees) Regulations 2004. The “appropriate limit” represents the estimated cost of one person spending 18 hours (or 2½ working days) in determining whether the UHB holds the information, and locating, retrieving and extracting the information.

In order to provide you with the data requested for question 13 and 14, the UHB would need to undertake a manual trawl of cancer patient medical records, to identify any information that would fulfil these parts of your request, as this is not recorded centrally.

The UHB is therefore applying an exemption under Section 12 of the Freedom of Information Act 2000 (FoIA), which provides an exemption from a public authority’s obligation to comply with a request for information where the cost of compliance is estimated to exceed the appropriate limit.

However, under section 16 of the FoIA, the UHB has a duty to provide advice and assistance. Therefore, the UHB provides the accessible information it holds below.

1. The UHB confirms that it does employ cancer support workers for its haemato-oncology patients.

- a. The UHB employs one (1) Whole Time Equivalent (WTE) cancer support worker.
- b. The caseload is variable.
- c. None are employed by a third party.
- d. Not applicable.

2. The UHB confirms that 100% of leukaemia patients have accessed cancer support worker services.

3a. The UHB has an internal counselling service, the Cancer and Psychological Support Service (CaPS), which provides psychological support to patients affected by a cancer diagnosis. As an internal service, referral is via a secondary care cancer health care professional only. A copy of the criteria has been provided at Attachment 1.

3b. CaPS provides digital psychological and counselling support via the Attend Anywhere system.

3c. Not applicable.

4. The UHB provides, within the table below, the WTE of cancer emotional support staff currently employed.

Job role	Pay band	WTE
Senior Co-ordinator	Band 7	1.0

Co-ordinator	Band 6 (Annex 21)	0.8
Counsellor	Band 5	2.4

5. The UHB provides within the table below the average, minimum and maximum waiting times from referral to assessment or first access point for emotional support services for myeloma patients, as at 6 May 2025.

a. Average	16.7 days
b. Minimum	5 days
c. Maximum	40 days

6. Referrals to CaPS are internal only and are accepted from a secondary care cancer healthcare professional or a Cancer Information and Support Officer within the UHB. Referral criteria has been provided at Attachment 1.

7. Typically, a patient is offered up to twelve (12) sessions. However, sessions can be extended up to fifteen (15), where it is deemed detrimental/unsafe to end. Re-referrals are accepted and are discussed with patients as they come to the end of their therapy sessions.

8. The UHB does not hold the information requested. However, the UHB can confirm that CaPS received three hundred and seventy-four (374) patient referrals for psychological support, during the 2024/25 financial year.

9. The UHB does not hold the information requested. However, the UHB can confirm CaPS received twenty-nine (29) patient referrals for psychological support from Haematology Clinical Nurse Specialists (CNS), during the 2024/25 financial year.

10. The UHB has a Cancer Information and Support Service (CISS) which is a non-clinical service providing information, advice and onward signposting to local and national services, dependent on the patient's individual needs. CISS is accessible to all cancer and leukaemia patients.

Please note:- CISS officers provide support without always knowing the patient's diagnosis, and the patient's right to not share information relating to diagnosis/ treatment is always respected.

11. Accessing support is discussed with patients via their clinical team. Once consent is gained a member of the clinical team can refer the patient to CISS. The patient can also self-refer and contact the service directly.

12. The UHB provides, within the table below, the WTE of CISS staff currently employed.

Job role	Pay band	WTE
Co-ordinator	Band 6	0.8
CISS Officer	Band 5	2.4

Please note:- CISS officers cover each acute hospital site; Bronglais General hospital (BGH), Glangwili General Hospital (GGH), Prince Philip Hospital (PPH) and Worthybush General Hospital (WGH).

13. & 14. Section 12 exemption applied.