



Consultation on the Recovery of Medical Costs for Asbestos Diseases (Wales) Bill

Marie Curie Cancer Care memorandum to the National Assembly for Wales Health and Social Care Committee

Marie Curie provides end of life palliative care across Wales. This care is provided in two settings; our hospice in Penarth and in the community.

Approximately 75% of the patients cared for by our community based nursing service have some form of cancer related life terminal illness whilst the figure is around 90% for those cared for in a hospice environment.

In the year 2011/12 our Community Nursing Service cared for a small number of people with asbestos related or potentially asbestos related terminal illnesses. The statistics are as follows:

Diagnosis Code	Diagnosis	Patients total	Patients attributable to asbestosis	Cost to NHS (planned care only)
C32	Larynx	4	4	£4,142
C34	Bronchus & lung*	291	7	£5,960
C45	Mesothelioma	5	5	£3,472
	Total		16	£13,574

* approx 2.5% attributable to asbestos exposure - see link below

<http://annhyg.oxfordjournals.org/content/50/1/29.full>

It is not necessarily the case that all those with cancer of the larynx were asbestos related. For the purposes of the proposed legislation however, this would not be an issue as costs would only be recovered where a causal link (and consequent payment of compensation) had been established between the disease and exposure to asbestos.

Included in the figures above are our estimates of the cost of providing Marie Curie nursing services care for these patients. This figure represents those costs that are covered by NHS Wales resources. It is important to note that (on average) half the cost of Marie Curie care is borne by NHS Wales and half by our own funds raised through charitable donations.

Marie Curie is supportive of this legislation. Of itself, it will have no impact on the care patients suffering from an asbestos related disease receive; that is

not its purpose. What it does have the potential to achieve is to release not insignificant funds back into the healthcare system in Wales. Marie Curie recognises that it is perhaps not appropriate to ring fence these funds through the legislation itself but we do think that there might be some provision in the legislation which specifically requires the government to report formally on how it has used the money and what rationale it used to reach those decisions.

Our key concern focuses on those resources that are used to support the care of people with an asbestos related disease that are generated by the Charity. Recovery of these costs does not appear to be covered by the Bill but they remain very real costs and those that could be used to provide more care should they be recoverable. As a matter of principle those costs that were recovered which were charitable funds should be returned to the charity and not to the NHS Wales funding 'pot'.

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