Date: **23 June 2004**

Venue: **Committee Room 3, National Assembly for Wales**

Title: **Ministerial Report**

1. Ambulance Services Performance
2. Childcare Allowances for NHS Students
3. Second Offer Scheme: Statistical Recording of Patients that have Declined a Second Offer
4. Inspection of Children's Services in Blaenau Gwent
5. Continuing Care and its Application after Guidance
6. Dental Contract and £5.3 million for NHS Dentistry in Wales
7. Hepatitis C – Skipton Fund Ex Gratia Payments
8. Optometry Award
9. Wales Cancer Bank
10. CHC conference and new powers
11. Carers Strategy
12. GP and Diabetes Training Course
13. Primary Mental Health Network
14. Infertility Services
15. Welsh Medical Genetics Service
16. 'Big Fat Problem' – BBC Social Action Campaign on Overweight and Obesity
17. NHS Wales Environment Week

18. **UPDATE**

18. 1 GMS Contract - Out of Hours Provision

Annex 1: Inspection of Children's Services in Blaenau Gwent Letter

1. AMBULANCE SERVICE PERFORMANCE

1.1 The 2003-04 SaFF target agreed with the Welsh Ambulance Trust for the emergency ambulance service was to achieve, by the end of March 2004, a monthly level of at least 60% across Wales for first responses to Category A (immediately life threatening) calls arriving within 8 minutes. This was a milestone towards achieving the national target of 75% and was supported by an additional investment of £2.5m.

1.2 Management information received from the Ambulance Trust indicates that in the month of March, the ambulance service exceeded the 60% SAFF target.

1.3 Latest quarterly statistics (for the quarter ending 31 March 2004) were published on 19th May and showed that across Wales 56% of first responses to immediately life threatening calls arrived within 8 minutes. Because many of the new developments funded from the additional £2.5m only started making an impact late in the financial year, improved performance is not fully reflected in this quarter's release. The quarterly statistics showed:

- performance in Conwy achieved the national target for 75% of first responses to Category A calls to arrive within 8 minutes
- the vast majority of responses to all emergency calls in Wales (88.1%) arrived within the target times despite increasing demand

1.4 The Welsh Ambulance Trust is continuing to work with Health Commission Wales to explore how resources can best be used to further improve the performance of the emergency ambulance service.

Publication of quarterly performance statistics for the quarter ending 30th June 2004 is planned for 25th August.

2. CHILDCARE ALLOWANCES FOR NHS STUDENTS

2.1 The Assembly provides financial support for health professional students undertaking pre-registration education and training, in the form of a bursary. The NHS Wales Student Awards Unit administers the NHS Wales Bursary Scheme.

2.2 At present, there is no specific help given to NHS funded students for childcare costs, although a means-tested Dependants Allowance, for day-to-day costs is available.

2.3 Many NHS funded parents who are students face difficulties when embarking on training, due to increased financial commitments for childcare costs. These financial pressures can make training less attractive to mature students, single parents and those on a low income.

2.4 I have recently announced the introduction of a new NHS funded student childcare allowance in

Wales from September 2004.

The aims of the allowance is to:

- Widen access to health professional training;
- Improve student retention;
- Bring childcare support for NHS-funded students more into line with other higher education students; and
- Target help where it is needed most.

2.5 Under the scheme up to 85% of childcare costs can be met, helping around 700-800 students a year. The allowance payable could be up to £114 per week for students with one child or £170 per week for those with two or more children. Eligible students, both existing and new, will be able to claim the allowance from September 2004.

3. SECOND OFFER SCHEME: STATISTICAL RECORDING OF PATIENTS WHO HAVE DECLINED A SECOND OFFER

3.1 Those patients who are suitable for transfer, and yet refuse an offer of earlier treatment through the Second Offer Scheme will remain, in their chronological position, on the waiting list. They will be labelled for reporting and management purposes as having refused a second offer. The commissioners (Local Health Boards or Health Commission Wales) are responsible for ensuring that these patients receive treatment according to clinical urgency and their place in the queue, in accordance with the Innovations in Care Guidance.

3.2 At the end of April 2004, of those patients waiting over 18 months for treatment, 315 had turned down the opportunity of having their treatment at an alternative hospital.

3.3 Latest figures for Swansea NHS Trust show that of a further 425 patients contacted under the Second Offer Scheme, 95 have agreed to have treatment elsewhere, 178 have refused to travel and the remainder have been written to and are awaiting responses.

3.4 In the period of April-June, 364 patients patients are to be treated as second offers, of these, 270 are to be treated at Cardiff BUPA, 84 at the Nuffield and 10 at Kidderminster.

4.

INSPECTION OF CHILDREN'S SERVICES IN BLAENAU GWENT

Introduction

4.1 I set out in my May report, my decision to invoke the protocol for dealing with serious concern in local authority social services in respect of children's social services in Blaenau Gwent.

Progress

4.2 The Chief Inspector of Social Services for Wales has met with the Chief Executive and the interim Director of Social Services to discuss the specific improvements required and the inspection and monitoring arrangements for evaluating progress.

4.3 Following the meeting, the Chief Inspector confirmed by letter (dated 3 June, attached Annex 1) the outcome of the discussion and the actions to be taken by the authority and SSIW.

4.4 The Chief Inspector has focused on 3 priority areas and will monitor the position reached on these at the end of July. Progress on them will serve to provide a sound basis upon which sustained improvement can be made. They are:

1. Progressing Specific Casework issues
2. Strengthening Quality Assurance - Systems, Processes and Procedures,
3. Development of systems to generate reliable information to monitor and manage performance

4.5 The authority has provided further information relating to the casework issues raised by SSIW and has taken action in each case to address these. SSIW will monitor progress on these. The Chief Inspector will report on progress in the next Ministerial Report following his monitoring of the position reached by the end of July. He will then set further quarterly performance targets for the authority.

Monitoring

4.6 For subsequent quarters the Chief Inspector will monitor the authority's performance through receipt of performance reports and continuing visits to the authority by Inspectors to discuss, reality check and scrutinise information and services. I will continue to receive regular reports of progress.

5. CONTINUING CARE AND ITS APPLICATION AFTER GUIDANCE

5.1 The special report of the Health Services Ombudsman on long term care concluded that some of the cases examined were inappropriately refused funding for continuing NHS health care. Since the publication of the report, around 380 unsolicited enquiries have been received by LHBs in Wales who are progressing investigations in their area. The need to establish a consistent and co-ordinated response to these claims across Wales was recognised and Powys LHB, which has residual responsibility for Health Authority liabilities prior to 1 April 2003, will manage this process. The Assembly has provided funding for this work, and will finance the required reimbursement of care costs.

Process for Managing Retrospective Claims

5.2 Arrangements have been established with Powys LHB to ensure a consistent and co-ordinated framework in which enquiries are addressed and decisions made across Wales. Progress to date includes:

- Powys LHB has appointed an All Wales Continuing Care Reviews Manager, to establish and manage the process;
- Powys LHB has distributed guidance to LHBs on managing the investigation and processing of claims;
- All LHBs will determine the validity of claimants in their area, collect information and make recommendations which are then submitted to a Special Review Panel;
- Powys LHB is currently establishing independent Special Review Panels, which will consider cases submitted by LHBs, and make recommendations to Powys LHB. Independent Chairs and other panel members are being recruited and training prepared;
- Membership of the panels will be constituted so that the groups of three people are re-mixed regularly, to ensure consistency between panels in different areas and over time;
- All cases where investigations are complete will be heard during a first phase of intensive panel meetings in June and July. Provisional dates and venues for the first phase panels to sit have been set, beginning on 8 June 2004. It is expected that six cases can be considered at each sitting and that panels will be held on two or three days per week from 8 June, across the regions. These will consider all cases where investigations are complete;
- The recommendations of the Special Review Panel will be ratified by the Board of Powys LHB, and claimants informed. Reimbursement will be claimed from the Welsh Assembly Government if approved;
- A second follow-up phase will take place in the autumn, to consider those cases where investigations are not yet complete;
- Arrangements will be made for a third phase to hear cases arising at a later stage, following publicity generated by decisions on original cases, and subsequent publicity required to identify other cases. Guidance will also be provided by Powys LHB to LHBs on how to identify other possible cases of inappropriate payment for care;
- From April 2003 LHBs may use the Special Review Panel where new claimants wish to appeal against local decisions on continuing NHS health care.

New Guidance and Framework

5.3 The Assembly is developing new guidance on continuing NHS health care that takes into account the findings of both the Health Services Ombudsman and the Coughlan judgement. (The latter clarified aspects of the health/social services funding of care). This guidance has been subject to external consultation, which ended on 28 May 2004, and final guidance will now be produced.

5.4 Concurrently, the production of a framework for the provision of continuing NHS health care across Wales is also being developed. This will help provide further details and ensure greater consistency in the production of locally agreed policies. This framework is being developed through an all-Wales

project group, with representatives from health and social care sectors. While the responsibility for ensuring the legal and fair provision of continuing NHS health care lies with Local Health Boards, the aim of the framework will be to develop a much more consistent and equitable approach across Wales. It is intended that the framework will be subject to consultation in the summer of 2004, and finalised in the autumn. LHBs will then address its implementation on a local basis.

This will help ensure:

- Consistent and fair arrangements in operation across Wales for the processing of claims for retrospective reimbursement of care costs.
- The production of the new guidance and framework for continuing NHS health care in Wales, which will provide the basis for legal, fair and consistent policies and practice.
- No further referral of cases to the Ombudsman

5.5 Next Steps

- The Special Advisory Panels will be considering claims where investigations are complete in a series of meetings in June and July. It is expected that decisions will be finalised by Powys LHB in September. A second phase of further claims will be considered in the autumn.
- Continuing NHS health care guidance will be issued following the consultation.
- The continuing NHS health care framework will be subject to consultation during the summer of 2004 and issued in the autumn.
- Guidance will be produced regarding the mechanisms for identifying other potential claims once the initial claims have been considered and it is clear that an effective process for managing claims has been established.

6.

DENTAL CONTRACT AND £5.3 MILLION FOR NHS DENTISTRY IN WALES

Contract

6.1 The Welsh Assembly Government took provision in the Health and Social Care Act 2003 to provide regulation-making powers for the Assembly in relation to primary dental services.

6.2 A new dental contract together with reform of services is needed to secure a sustainable NHS dental service for the future. It will provide a new service framework for primary care dentistry, building in incentives to enable dentists to respond appropriately to clinical need, and removing the unnecessary demands created by the current system such as six-monthly checks and a highly interventionist approach to treatment. Removing these demands will free up capacity over time.

6.3 The immediate aims of the new contract are to stabilise both access and funding for NHS dentistry.

To achieve this I propose the following action:

- Reduce the bureaucracy for both dentists and the NHS by simplifying the system and abolishing the item of service treadmill.

6.4 This is agreed by all expert opinion to be the main reason that dentists leave the NHS. It is bureaucratic and requires dentists to work to a schedule of some 400 fees, which range from £4.23 (including the patient charge) to £520.74 (including the patient charge - the maximum of which is £354) for the most complex work. The range of treatments to be provided will be the same but instead of an item of service, dentists will treat patients on basis of clinical need without worrying about whether this qualifies for payment or not.

Devolved budgets

6.5 Devolved budgets will allow Local Health Boards to keep the money locally for dentistry if a dentist leaves the NHS. It will exclude the funds that are already spent on Community Dental Services from general allocations, but will include funds LHBs currently spend on emergency dental services, initiatives, personal dental services and general dental services.

Guarantees for dentists and LHBs

6.6 Dentists will be guaranteed the same amount of money for the same level of NHS commitment. They will also have a right to a contract and an income guarantee for three years. The three-year transitional period, in which dentists' income is protected, will give both LHBs and dentists time to adapt to and establish the new system. However the base contract will not prevent LHBs and dentists who, by agreement, wish to progress further and faster towards change.

6.7 The Assembly Government will support LHBs in managing the contract implementation, leaving LHBs free to concentrate on access. In the medium term the new way of providing dentistry will free up capacity because dentists will have to do what is of clinical priority building on best clinical guidance. This has been the experience from Personal Dental Services pilots in England. Additional resources and any growth allowed in the budget will enable LHBs to create additional capacity.

Implementation timetable

6.8 The start date is April 2005. I appreciate that time is needed to get the implementation right i.e. to allow dentists and local commissioners a sufficient run-in period and to accommodate a simplification of the patient charging system. There will be full opportunity for those involved in these reforms to be involved in the process and we will listen to what they have to say regarding allowing sufficient time for implementation.

Additional resources

6.9 The new contract is being developed broadly within existing resources subject to any Pay Review Body recommendations and additional growth monies. However, to help smooth the path of the proposed programme of reform and the introduction of the new contract I announced last month an additional £5.3 million for NHS dentistry.

6.10 This £5.3 million is new to NHS dentistry, and is in addition to the funding programmes already in place to support dental services such as the Welsh Dental Initiative, increased access sessions and the fissure sealant programme. It is proposed that the £5.3m will be used to support LHBs, local dental committees and dentists to help prepare for the changes and to increase access to NHS dentistry. Detailed proposals will be developed in partnership with those involved in reforms and we will look to target some of these resources at those areas with the most pressing access issues.

7.

HEPATITIS C – SKIPTON FUND EX GRATIA PAYMENTS

7.1 Further developments have taken place since the update in my last report on the ex gratia payments scheme for people infected with Hepatitis C from NHS blood or blood products.

7.2 On 3 June, I made a further announcement the Skipton Fund will go live on 5 July. (The Skipton Fund is the body set up to manage the UK-wide ex gratia payment scheme for people who have been infected with Hepatitis C from NHS blood or blood products.)

7.3 It was also agreed to amend the criteria of the Hepatitis C Payments Scheme; to remove the condition that people must have British citizenship at the time of their inadvertent infection a pre-requisite to a successful application. The scheme will now include people who have cleared the Hepatitis C virus after period of chronic infection.

7.4 Legislation affecting social security benefits and residential care charging has been amended to ensure that people receiving payments from the scheme are not penalised.

7.5 Now people can register their details on the Skipton Fund database to receive an application form and guidance on how the scheme will work.

8.

OPTOMETRY AWARD

8.1 The Association of Optometrists has given its Award for the Advancement of Optometry to the Welsh Assembly Government in recognition of its pioneering work in giving faster and simpler access

to specialised care for patients with suspected eye conditions. In giving the Award Lynn Hansford, Chair of the Association, praised Wales for revolutionising eyecare in the Principality. The Wales Eye Care initiative is still expanding and the special eye examination for groups vulnerable to eye disease and the All Wales screening for diabetic retinopathy exist to achieve early detection of disease leading to the preservation of sight.

8.2 The initiative now includes an emergency service where patients are sent to optometrists or where they self-refer to optometric practices with eye conditions. Subject to local protocols the optometrists' fees for this service and the special examination are paid for directly by the Welsh Assembly Government. The Government also pays fees for optometrists who have been accredited to supply a Low Vision Service, a scheme now underway and expanding as more optometrists are trained and accredited.

8.3 The Wales Eye Care Initiative is also looking at pilot schemes which will look at ways patients with eye disease can be managed in the community, allowing a more dedicated and efficient service in hospital eye care.

8.4 This is the first time the Award has been given to a body rather than an individual. The Association's Chief Executive recommended the achievement the Welsh Assembly Government has made to the rest of the UK. He referred to good community based healthcare driven by patient need that kept the patient in primary care where appropriate.

9. WALES CANCER BANK

9.1 I officially launched the Wales Cancer Bank on 09 June 2004, which will revolutionise the opportunities for cancer research in Wales.

9.2 Patients with possible or confirmed cancer, plus some other patients, will be asked to take part in the Wales Cancer Bank project. Their permission will be sought to keep a portion of their tissue, and also a blood sample, for future scientific studies. These studies will help to establish the causes of cancer, help identify new areas for treatment and to select the best treatments for individual patients. This may take years to achieve but is a major investment for future generations.

9.3 The knowledge gleaned from research carried out by specialists working with the Cancer Bank will make a major contribution to the health of people in Wales, and indeed the wider world.

10. COMMUNITY HEALTH COUNCILS (CHC) CONFERENCE AND NEW POWERS

10.1 On 20 May I attended as a speaker the second day of the CHC annual conference. The main theme of the conference was primary care, and I spoke about how CHCs new powers would impact on primary care. I emphasised the importance that CHCs ensure that constructive relationships are developed with primary care and care home sectors.

10.2 CHCs were given new powers and functions by the Health (Wales) Act 2003 and are pivotal in carrying forward the Welsh Assembly Government's commitment to strengthening the public voice in the running of the NHS in Wales. I believe that they are the key to giving patients and the public a bigger voice in the shaping of health services in Wales.

10.3 The new powers include providing an independent advocacy service to help people who want to complain about the NHS. Complaints advocates, based at CHCs, provide independent help through providing information about the NHS complaints procedure, writing letters on their behalf or providing support at meetings.

10.4 CHCs have for some time been allowed access to inspect hospitals and talk to patients about the care and treatment they receive, but had no statutory right to visit GP or dental surgeries or private nursing homes where NHS patients are being cared for. As of 1 April, CHCs now have the power to enter and inspect any premises where NHS funded care is provided, and will be working more closely with these organisations to help them provide the best service for patients.

10.5 A new statutory body has also been created to support the work of CHCs. The CHC Board will ensure that all CHCs' work is to the highest standard in giving help and support to patients and public across Wales.

10.6 The new powers also allow more open membership of CHCs – something which CHCs themselves have been calling for. Whilst the skills and experience of many existing local authority and voluntary sector members will be retained, new opportunities for other people, particularly from the under-represented groups, will be on offer. More open membership will ensure that CHCs are more representative of the communities they cover.

11.

CARERS STRATEGY

11. 1 Carers Grant

- This year we have made available £5.8 million through our Carers Grant to local authorities towards the development of services and support for carers. As in previous years, we have asked local authorities to work with their local carers, carers' voluntary organisations and other stakeholders to identify how the Carers Grant resources can best be used to meet local needs and priorities. This year we also asked local authorities to say how they are taking account of our Good Practice Guide on Black and Ethnic Minority Carers.
- I have now formally approved each local authority's plan for utilising this funding, and I have arranged for a copy of each authority's plan to be placed in the Library.

11.2 Future of Carers' Grant

- The Carers Strategy Review Panel has endorsed our objective that the assessment of need and the provision of services for carers should become embedded as part of mainstream of social services and fully supports the principle that these grant resources should transfer into the Revenue Support Grant. At a strategic level this has now largely been achieved. Draft strategies on Health Social Care and Well Being, National Service Frameworks and other high level strategies now acknowledge that identifying and providing for the needs of carers are key elements of service provision.
- The Panel has however written to me expressing concerns about the timing of the transfer of these resources from next April. I have considered this advice carefully, together with other representations I have received, and have discussed the position with my Cabinet colleague Sue Essex, Minister for Finance, Local Government and Public Services. We have agreed with the Carers Strategy Review Panel assessment that it would be appropriate to defer the transfer of the carers grant resources into the RSG for a further 12 months. These resources will now transfer into the RSG from April 2006.

11.3 Progress on implementing the 2003-4 work priorities

- **Young Carers**

The young carers training package for professionals working in schools has been successfully piloted in 7 schools and is being sent out to schools across Wales. Jane Davidson and I will be launching it formally on 28 June.

- **Vouchers**

The four pilot schemes in Ceredigion, Carmarthen, Cardiff and Neath Port Talbot are on track to be formally evaluated in September 2004 and I shall be publishing the results at that time.

- **Black and Minority Ethnic Groups**

The good practice guide "Challenging the Myth" was published in December 2003 together with a summary of the research on which the guide was based, and a Directory of resources.

- **Integrating adult carers assessments into the unified assessment process**

The Carers Strategy Review Panel have been contributing to the development of draft guidance and the final draft should be available following the Panel's meeting on 22 June. Subject to the Panel's advice, my intention is to consult on this draft guidance over the summer.

- ### Support arrangements for carer members of Local Health Boards

I have supported the appointment of twenty-two local Health & Social Care Facilitators across Wales, based in the local Councils for Voluntary Action. A key element of their jobs is providing support to voluntary sector and carer members on Local Health Boards.

- ### Carers in Employment

We are committed to encouraging all businesses in Wales to develop carer friendly employment policies. The Welsh Assembly Government has set a standard for other organisations to follow by developing its own policy in consultation with trades unions, carers and carer organisations.

11.4 Priorities for 2004-5

On the advice of the Carers Strategy Review Panel we have identified the following priorities for this 2004-05:

- Voucher scheme. To complete the evaluation of the pilots during 2004 with the aim of rolling out a scheme across Wales in 2005
- To work with the Young Carers' Advisory Panel to identify and disseminate good practice for Young Carers projects
- To consult on the draft guidance on integrating adult carers assessments into the unified assessment process and issue the final guidance before the end of 2004.
- With the carers Panel and others to monitor the support mechanisms for carer members on LHBs
- To commission further work to assess the broader economic implications of providing effective services and support for carers
- To monitor the impact of the guidance on good practice regarding BME carers.

- To consult with the Panel on the implementation of the Carers (Equal Opportunities) Bill in Wales should it received Royal Assent.

11.5 I shall be publishing a more detailed account of these work priorities next month as part of our 4th Annual Report on the implementation of the Carers Strategy.

12. GP AND DIABETES TRAINING COURSE

12.1 On 16 June 2004 I officially launched the All Wales Foundation Course in Diabetes for General Practitioners; a unique initiative to improve and speed up treatment for diabetes sufferers.

12.2 This, the first all-Wales Foundation Course in Diabetes for GPs, supported by the Welsh Assembly Government and the University of Wales College of Medicine and the Welsh pharmaceutical industry, aims to ensure that diabetes services meet the patients' needs.

12.3 The two-day course, which includes an on-line assessment, will also take into account the changes in GPs contracts, this is one of the actions identified within the Diabetes National Service Framework Delivery Strategy that recognises the importance of continuous professional development for doctors and nurses.

12.4 The course will consist of e learning prior to a two-day residential programme supported by an e-learning course and assessment. It was anticipated that two lead general practitioners should be nominated from each local Health Board will attend the course. They will then be able to provide advice and support to their respective LHB to develop a diabetes service that meets NSF specification.

12.5 The GP's who complete the course will then be able to provide advice and support to their respective LHB, to develop a diabetes service that meets NSF specification. They will also be required to cascade the information to other General Practitioners within their locality.

12.6 Delegates who attend both seminars will receive an attendance certificate. Delegates who also pass the online assessment module will be awarded a Course Certificate. It is anticipated in future, that the course, following evaluation, will be awarded at Diploma Level, and will be an annual event.

13. PRIMARY CARE MENTAL HEALTH NETWORK

13.1 I launched the Primary Care Mental Health Network in February 2003. The Network has changed its name since it's launch. It was Originally known as the All Wales Primary Care Mental Health Network (AWPCMHN), it is now called the 'Wales Mental Health in Primary Care' network (Wa MH in PC). The Royal College of GPs serves as the host institution for the Network.

13.2 The Wales Mental Health in Primary Care network (WaMH in PC) is now firmly established, and supported by the Welsh Assembly Government. The network has four key aims:

- Act as a conduit for sharing good practice, eventually taking on a consultative role, with a view to influencing policy decisions in connection with the mental health strategy and NSF.
- Identify potential innovators within primary care mental health who can take forward training packages and the provision of high quality education within this field.
- Enable the network group to effect change where necessary, in order to improve the service to users, building on the enthusiasm and participation of those involved in the network, drawing on the support of the Assembly and following the principles identified in the NSF.
- Encourage research into the development of outcome based practice in primary care mental health.

13.3 One of the Networks first steps was to make a series of awards for innovative work in primary mental health care, supported by an educational grant from Wyeth Pharmaceuticals. These awards (up to £5000) are intended to bring good practice out in the open for others to share and learn from, to identify centres of excellence or innovation across the country, and to encourage research into the development of outcome-based practice in primary care mental health.

13.4 Award winners are likely to be those who can demonstrate in their applications innovations, initiatives and/or research that impact directly on primary mental health care in one of the following categories:

- Applications that demonstrate social inclusion, empowerment and support of users and carers and contribute to the promotion of a normal pattern of daily life (NSF Standards 1, 2 and 3)

- Applications in the area of commissioning, delivery and establishment of equitable, accessible, responsive and comprehensive services (NSF Standards 4, 5 and 6)
- Applications concerned with client assessment and care pathways that demonstrate a high level of collaboration between all those involved in the care of those with mental distress who present in primary care (NSF Standard 7)
- Applications that demonstrate collaborative and innovative opportunities in the development of staff and/or user/carer training and support in the development of primary care mental health services (NSF Standard 8).

14. INFERTILITY SERVICES

14.1 Until March 2003, specialist infertility services (IVF etc) were commissioned by the five health authorities. They each had different policies ranging from no treatment to a maximum of two cycles of IVF.

14.2 In 2001 the Welsh Assembly Government and Department of Health commissioned NICE to develop a clinical guideline on infertility. NICE published its guidance in February 2004. NICE recommended that couples should be offered IVF on the NHS if they meet the following criteria:

Either;

i. The woman is aged between 23 and 39 years old; and
ii. There is an appropriately diagnosed cause of infertility of any duration, or unexplained infertility of at least 3 years' duration;

Or;

iii. The woman is younger than 23; and
iv. There is an absolute indication of IVF (such as prior treatment for cancer).

a. IVF should consist of a maximum of three complete fresh treatment cycles;
b. No more than two embryos should be transferred during any one cycle.

14.3 I announced in February that from April 2005 there would be common eligibility criteria across Wales for IVF and other specialised fertility treatments. To this end we will be looking to Health Commission Wales, who commission specialised services in Wales, to meet the provision of one cycle of treatment from April next year. In the longer term, I would expect there to be continued progress in implementing the full NICE Guidelines.

14.4 To be eligible for treatment couples will need to meet the clinical criteria recommended by NICE and meet the social criteria which the Welsh Assembly Government are developing. A Working Group of stakeholders including representatives of service users has been established to develop these social criteria. In England, the Department of Health also announced that one cycle would be available on the NHS.

15. WELSH MEDICAL GENETICS SERVICE

The Genetics Strategy Implementation Advisory Group (GenSIA)

15.1 The GenSIA Group, a group with wide representation including patient and user representatives, has provided advice on funding, standards and commissioning to Health Commission Wales (SS) and on Strategy and Policy to the Health Strategy and Policy Development Division, WAG.

15.2 The Group, chaired by Dr Cerilan Rogers of the NPHS, worked with the Health Economics representative to agree weighted criteria for use in evaluating the bids. This was felt to be the most fair, auditable and transparent approach. In the event, the bids scored very highly against the criteria.

Allocation of funding

15.3 The 80 recommendations from the Strategic Review were costed at approximately £5m revenue.

Not all could be covered out of the £1.5m and the GenSIA group had some difficult decisions to make regarding the advice it provided to Health Commission Wales. Health Commission Wales has indicated its view that the unfunded recommendations merit future consideration whenever further funds become available.

15.4 The GenSIA group advised Health Commission Wales (SS) that the top priority business cases for the Medical Genetics Service should be funded. Health Commission Wales accepted this advice. These investments together with the MCN project funding totalled £976,570.

15.5 A range of business cases for recurrent funding to take forward other aspects of the Service Review recommendations were also considered. The total cost of the business cases was £1.2m. The funding available at that stage was £523,430. The GenSIA Group evaluated the business cases against the agreed criteria. All were judged very highly and found to be eligible for funding.

15.6 An overview of investment options and the associated opportunity costs was presented. This proposed sufficient funding for each business case but kept within the available funding. Clearly, elements of the business cases had to be sacrificed in this approach. The GenSIA Group supported the proposal but encouraged Health Commission Wales to look for other options and budgets for taking forward the unfunded elements.

15.7 Space is a very pressing issue for Medical Genetics on its many sites throughout Wales. Health Commission Wales therefore allocated slippage funding for accommodation in South Wales. At the University Hospital of Wales, accommodation has been funded for 25 new members of staff together with some extra space for existing people. This will considerably relieve current space pressures but is only a short-medium term measure. At Swansea a new and groundbreaking collaboration is in hand for a ‘Maggie's building’ based on the Maggie’s Charity philosophy. North Wales accommodation is under review.

Service Developments

15.8 The Medical Genetics Service is delighted with this substantial additional investment and the many service developments that it has enabled. Both Medical Genetics and HCW are confident that the investments will enable service stabilisation, developments and advances. The opportunities associated with revenue funding are considered to be of greater value and more far-reaching in service excellence terms in Wales and ensure that Wales is now well placed to regain its position at the forefront of UK genetics. The DoH recently invited senior Genetics staff to assist in the assessment and evaluation of Service and Laboratory Development bids against the English Genetics White Paper funding.

15.9 The investments in service developments will deliver many benefits including:

- Medical Genetics’ ability to take its first steps towards fulfilling the promise of the Wanless principles in Wales;

- Service sustainability and the consequent ability to attract high calibre genetics staff from a very limited national and international pool;
- The ability of the Genetics Laboratories in Wales to a) participate fully and to best effect in the UK Genetic Testing Network (UKGTN), and b) significantly improve their efficiency and throughput commensurate with recent technological advances;
- The maintenance of a service started and developed in Wales (neurogenetics) which sets the standard and leads the way across the world;
- Support for the investment in Cancer Genetics enables the Service to meet the recommendations identified in the independent evaluation and confirms the Wales Cancer Genetics Service as the paradigm of excellence in terms of professional standards and user satisfaction;
- The Investment in NHS R&D demonstrates support and understanding of the need for Genetics to advance into new ways of working and the live assessment of cutting-edge technologies with a view to translation from research to direct patient care, and both collaborate and contribute to medical genetics on an international scale;
- Important collaborative ventures with CHD colleagues. The Medical Genetics Service recognises that as Genetics developments advance, there will be an important role for the Service in assisting in identifying and counselling people at risk of, for example, coronary heart disease and other major diseases in the population;
- Investment in high profile buildings for the service in Swansea and Cardiff, and a commitment by the commissioner to review the opportunities for accommodation for North Wales staff and patients.

15.10 Medical Genetics has agreed the investment of in-year underspend with HCW; this has seen much-needed investment in accommodation and the purchase of high-specification, modern laboratory equipment, which may also be made available for use by other specialised diagnostic pathology laboratories in the University Hospital of Wales, thereby facilitating closer co-operation in molecular pathology and extending the benefit to other specialties and their patients.

15.11 The new core funding for the NHS R&D laboratory will enable Medical Genetics in Wales to build on existing Wales Gene Park funding, so as to contribute on a national scale in parallel with similar DoH funding for DNA array technology ("DNA chips") for laboratories in England, and indeed on an international scale in introducing this promising new technology into diagnostic service.

Next steps

15.12 The GenSIA Group will meet one more time to review progress and to discuss the Service’s proposals for the evaluation of the developments.

15.13 The operation of the all-Wales Medical Genetics Service reflects the Wanless principles. Service developments and the Strategic Review recommendations not funded now will fall within the Wanless vision and will be prioritised in the light of Wanless.

15.14 The Strategic Review, together with the service developments costed to date, will be distributed as part of the WAG Genetics Strategy consultation procedure.

16. 'BIG FAT PROBLEM' – SOCIAL ACTION CAMPAIGN ON OVERWEIGHT AND OBESITY

16.1 The 'Big Fat Problem' is a BBC Wales social action campaign developed in partnership with the Welsh Assembly Government. It aims to raise awareness of the health benefits of maintaining a healthy weight and to offer strategies to achieve this, focusing on the importance of a healthy diet and regular physical activity.

16.2 The social action campaign is running from the end of March to the end of June 2004. Phase One of the campaign focussed on raising public awareness of the key campaign themes with a week of programmes and promotions similar in format to those used in previous years for the STI and testicular cancer campaigns. Promotions included Adshell advertising (mainly at bus stops) for two weeks from the 22 March. Phase Two followed during April with a roadshow visiting five towns around Wales. The events provided an opportunity for individuals to sign up to a diet and exercise programme and to obtain advice and support from local dieticians and physical activity specialists. Access to the programme is also available via NHS Direct Wales and is supported by an advice booklet and a dedicated website. Different BBC programme strands are following the progress of a range of members of the public who have signed up for the programme over an 8-week period. A final 30-minute programme will be broadcast in late June to highlight the progress of these individuals.

16.3 In the first six weeks of the campaign:

- Audience reach for TV programming was1.3 million people
- 5,991 people signed up to the campaign
- 3,368 people called the helpline
- 573 people had personal consultations at the roadshows
- 32,467 page impressions were made on the dedicated website in the first week
- 100,000 copies of the support booklet were produced.

17. NHS WALES ENVIRONMENT WEEK

17.1 On Friday 4 June 2004, I marked the end of NHS Environment Week. This concluded a series of events across NHS Trusts in Wales to boost environmental awareness, ahead of the World Environment Day on Saturday 5 June 2004.

17.2 Trusts in Wales, with the support of Welsh Health Estates and Carbon Trust Wales organised a series of initiatives designed to boost environmental awareness.

These events included:

- Tree planting by Trust Chairmen
- Exhibitions and Displays
- Green Vehicle Demonstrations
- Preparation of personalised travel plans
- Environmental Quiz
- Publicity material:

    - Environmental Handbooks
    - Leaflets
    - Pledge sheets - As many staff as possible were asked to complete an environmental pledge sheet, supplied by the Environment Agency. These were returned to the agency for collation. Pledges included actions such as using your car less and reducing energy and water consumption.

17.3 The Welsh Assembly Government is committed to Sustainable Development and is the only government in Europe to have a constitutional duty to promote sustainable development. The NHS is a major user of energy and water, and producer of waste in Wales. It can therefore make a significant contribution to the Assembly achieving its aims in relation to the environmental objectives of sustainable development.

17.4 This week showed that the vast majority of people want to help to protect the environment, they do not want to waste energy, water or contaminate the land and sea. But perhaps they are not aware of how easy it can be to become involved and make a positive contribution to protecting the environment.

17.5 It is expected that this will be an annual event that becomes bigger and better every year.

18. UPDATE

GENERAL MEDICAL SERVICES CONTRACT – OUT OF HOURS PROVISION

18.1 The implementation of the new GMS contract in Wales allowed for General Practitioners to "opt out" of the provision of Out of Hours services. It was anticipated that all GPs would take advantage of this opt out. The responsibility for providing this service would then pass to Local Health Boards. Where GPs indicated they wished to opt out of these services, the latest date for LHBs to take over this responsibility is the 31 December 2004.

18.2 Local Health Boards, supported by colleagues from the Primary Care Division of the Welsh Assembly Government have been developing plans to implement new Out of Hours services across Wales. The guidance that LHBs have been given advises LHBs to plan to provide these services from September/October this year to ensure a smooth transition of services, and all have indicated that they are working to this timetable.

18.3 LHBs have all submitted plans to WAG. The plans indicate that approximately 60 to 70 per cent of GPs will still wish to involved in providing Out of Hours services albeit through the new service models developed by LHBs together with partner agencies such as local NHS Trusts, Ambulance Services and other local partner agencies.

18.4 All LHBs are on track to deliver their new models of Out of Hours services.

18.5 All providers will be required to provide regular reports detailing aspects of service quality to LHBs. Additionally, reports will be required by the respective Regional Offices.

18.6 The models of services being developed by LHBs show increasing levels of service integration between GP Out of Hours services and other "unscheduled care services" such as Accident and Emergency services. Whilst the introduction of these services will change the nature of how some services are provided across Wales, it will allow the introduction of an improved service model. These improved services will use patient triage to ensure all patients are correctly assessed and allow for improved collaboration between services such as Ambulance services, GPs and Acute Hospitals. This will deliver better care for patients.

Jane Hutt
Minister for Health & Social Services

Annex 1 - Inspection of Children's Services in Blaenau Gwent Letter

Mr R Morrison
Chief Executive
Blaenau Gwent County Borough Council
Municipal Offices
Civic Centre
EBBW VALE NP23 6XB

Eich cyf . Your ref
Ein cyf . Our ref

03 June 2004

Dear Mr Morrison

I wrote to you on 23 April to inform you that, on the basis of SSIW's inspection of Children's Services and the joint review report, I have concluded there are grounds for serious concern about services for children in Blaenau Gwent. In particular, there is evidence of frequent failures to meet statutory requirements and to follow guidance, of failure to protect vulnerable people from actual and potential harm and lack of effective guidance and control. You and I have been in correspondence and have met to discuss the inspection's findings and I know that you have taken immediate action to address some pressing matters.

I have previously set out in draft my initial expectations regarding areas and time scales for improvement, and we met recently, along with Dr Sue Ross your interim Director of Social Services, to discuss these in detail. I am pleased to record that there was general agreement between us on the way to proceed, and this letter now confirms my expectations and the arrangements for the Inspectorate's monitoring of progress. At this stage, the targets set out cover the period to the end of July. On the basis of information provided by the authority at this time, I will then set further targets for the period to the end of September and for subsequent quarters.

In setting out my expectations, I have focused on 3 priority areas. Progress on these will serve to provide a sound basis upon which sustained improvement can be made. They are:

1. Casework
2. Quality Assurance - Systems, Processes and Procedures, and
3. Systems to generate reliable information to monitor and manage performance

1. CASEWORK

Following the inspection of children's services, nineteen cases were referred back to the authority for attention. Subsequently there have been further discussions between my Inspectors and your officers about the handling and decision making in these cases. In my letter of 16 March I made a number of recommendations and asked you to let me know that necessary actions had been completed. **The first target we agreed when we met was to complete this work and provide me with a report by 31 May** about the actions that have been taken in respect of these cases. This has not yet reached me and I will need to receive it as a matter of priority.

2. QUALITY ASSURANCE - SYSTEMS, PROCESSES AND PROCEDURES

Target - By 31 July

- To have in place policy and procedure manuals for children's services which are compliant with regulations, standards and guidance and which give clear guidance to all staff, including

accountability for decisions.
- To put in place an induction training programme on these procedures for all staff
- To have in place risk assessment procedures
- To have in place a system for supervision of all staff
- To have in place a system to monitor the timeliness, nature and quality of responses to referrals to the intake, long-term and disability teams.
- To have in place arrangements to assure and verify quality of work and compliance with statutory requirements

WORKLOAD MANAGEMENT

Baseline information

- Number and location of vacant social work and management posts
- Workload of social workers (indicate whether qualified) and support workers in each team
- Number of cases unallocated broken down by category (Children In Need, Child Protection, Looked After Children, Disabled Children).
- To set out the steps you will take to ensure social workers have manageable caseloads

REVIEWS

- To have in place arrangements for statutory Child Protection and Looked After Children reviews to be chaired by Independent Reviewing Officers

CHILDREN LOOKED AFTER

- To have the Placement with Parents etc Regulations and procedures properly completed in respect of all children subject of care orders who are placed at home.
- To provide an initial draft copy of the following:

    - the authority's permanency policy
    - the authority's placement strategy
    - an outline plan to reduce the number of children placed outside the county borough/ authority.

FOSTER CARE

- To set out the steps to address current failures to meet the authority's statutory obligations as cited in the SSIW inspection and subsequent CSIW inspection

COMPLAINTS ABOUT CHILDREN'S SERVICES

To be in a position to provide information on a quarterly basis about complaints

- Number received
- Nature of complaint
- Stage of procedure reached
- Outcome and action taken

I will need a report setting out the position on these areas at 31 July.

3. SYSTEMS TO GENERATE RELIABLE INFORMATION TO MONITOR AND MANAGE PERFORMANCE

Target

By 31 July to have in place systems to provide baseline information on performance and systems which will provide reliable information on an ongoing basis in the areas which will be subject to monitoring.

Your authority will of course have its own needs for information for performance management. I wish to focus attention on the areas in which I will set targets.

In each area, you will need to let me have baseline information on current performance at 31 July. I will then set performance targets on a quarterly basis starting at 30 September and your systems will need to be able to provide robust performance information on a quarterly basis, broken down into calendar months.

INTAKE AND ASSESSMENT

Baseline information at 31 July followed by quarterly reports on:

a. Total numbers of new referrals received
b. Number of re-referrals of open and closed cases
c. Numbers which did not proceed to initial assessment
d. Of the numbers which did not proceed to initial assessment I require;

    i. numbers where further information/advice was given
    ii. numbers where referral was made to another agency
    iii. numbers where there was no further action

- Number and percentage of referrals in which a decision about what response is required is taken within 24 hours.
- Numbers and percentage of initial assessments completed within 7 working days from referral for

each calendar month
- Numbers and percentage of initial assessments which were completed within 8 or more working days for each calendar month
- Average time to complete an initial assessment in working days.
- Numbers and percentage of core assessments completed within 35 working days.
- Numbers and percentage of core assessments completed within 36 working days or more and the reasons for this.
- Average time to complete a core assessment in working days

CHILD PROTECTION

Baseline information at 31 July and quarterly reports on:

- Number of children on the child protection register with an allocated social worker (indicate whether qualified)
- Number of initial child protection conferences held within 15 days
- Number of Core Group Meetings held within 10 days of initial child protection conference
- Number of children on the child protection register with an up to date, written Child Protection Plan
- Number of reviews of children on CPR due each month and number carried out within statutory timescales.

CHILDREN LOOKED AFTER

Baseline information at 31 July and quarterly reports on:

- Number of looked after children with an allocated social worker (indicate whether qualified)
- Number of looked after children with an up to date Care Plan
- Number of statutory visits due each month and number carried out
- Number of reviews of looked after children due each month and number carried out within statutory timescales

FOSTER CARE

Baseline information at 31 July and quarterly reports on:

- Total number of approved foster carers
- Number of foster carers who have been reviewed in accordance with statutory requirements
- Number of foster carers with more than 3 children placed with them (indicate where foster children are siblings, details of approval status, any respite care placements, number of other children in the home)
- Total number of children placed in foster care

I will need your first report going on baseline information as soon as possible after the end of July. We both felt that it would be possible for the information I need subsequently to be provided in the form of the quarterly monitoring reports you propose to provide to Council Members. These would need to be available to me as soon as possible following the end of each quarter, and SSIW will need to undertake reality checks to test the strength of the information provided. I will report to the Minister for Health and Social Services on progress following the end of each quarter.

During this month my Inspectors will visit the authority to discuss the report on casework. Jonathan Corbett, Acting Deputy Chief Inspector, will also meet with Dr Sue Ross, to finalise the monitoring and inspection arrangements in respect of the first two reporting periods to the end September. Dates have already been agreed for the visit and the meeting with Sue Ross.

I will want to meet you again to review progress, set targets and consider what further action may be required when we have looked at the monitoring report for the end of July and undertaken the necessary checks on its accuracy.

I am writing in identical terms to Dr Sue Ross. A copy of the letter also goes to Mr Sandy Blair at the WLGA in accordance with the protocol on responding to serious concern about local authority social services.

Yours sincerely

GRAHAM WILLIAMS
Chief Social Services Inspector for Wales