

Health and Social Services Committee

HSS(2)-10-05(p.10)

Date: Wednesday 5 October 2005

Venue: Committee Rooms 3&4, National Assembly for Wales

Title: Ministerial Update

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1. Bridges to the Future: Consultation on the Future of the Community Dental Service

1.1 The consultation paper was published on 24 August and highlights the key challenges facing the salaried dental services in Wales and offers suggestions of ways forward.

1.2 The salaried dental services make an essential contribution to general patient care and health and this consultation paper sets out proposals to meet the challenges facing those services. To achieve Welsh Assembly aims change is required so that the people of Wales will continue to benefit from access to quality dental care.

1.3 The skills, experience, and dedication of the Community Dental Service workforce are and will remain an important part of dental provision in Wales. Comments from the dental staff about the proposals contained within this document will help the Welsh Assembly to shape the future for salaried primary dental care services Wales. The views of commissioners, users of dental services and those from the wider health and social care professions have also been sought. The consultation document has been published on the Chief Dental Officer for Wales webpages at www.cmo.wales.gov.uk/content/work/chief-dental-officer/index-e.htm.

1.4 The consultation period runs until 25 November and comments may be sent on the E-response form.

2. Personal Dental Services (PDS)

2.1 Personal Dental Services (PDS) is the forerunner of the new dental contract, which we are introducing in April 2006 and brings the benefits of the new ways of working now.

2.2 £5 million was announced on 26 April 2005 to support the roll-out of PDS pilot schemes in Wales.

2.3 PDS ends the item of service treadmill. It does this by guaranteeing the dentist a gross monthly income based on past earnings. This allows dentists more time with the patient and for professional and practice developments. The funding will allow increased access to NHS treatment as well as improving quality. LHBs and dentists are able to commission services in line with the needs of the local population and to address access difficulties.

2.4 The first PDS scheme went live on 5 July in Ceredigion and to date a total of 27 PDS applications have been approved in Wales. These have varied from single handed to large multi-handed practices located in both rural and urban settings. The schemes have resulted in the registration of an additional 12,000 patients.

2.5 Gauged upon the number of applications currently being assessed by the Welsh Assembly and Local Health Boards, we anticipate that by the end of September over 10% of present General Dental Services provision in Wales will have moved into PDS arrangements.

2.6 I had the opportunity to visit a PDS practice in Rhyl on 12th September. I was very impressed to see the quality of care that was being provided.

3. Patients Receiving Thrombolytic Treatment

3.1 To enable the delivery of the 2005/6 Service and Financial Framework (SaFF) Targets the Welsh Assembly Government's Health & Social Care Department has made available central non recurrent money to help reduce waiting times. Out of this, £600k has been made available to help reduce the call to needle times through the development of pre hospital thrombolysis, meaning that some patients may be given their clot busting drugs before their arrival at hospital, either via a GP or a specifically trained paramedic.

3.2 The funding has been split primarily between the North Wales and South East Wales Cardiac Networks to fund a training programme for paramedics in the delivery of early thrombolysis. Mid and South West Wales Cardiac Network has already invested in thrombolysis training and has a well established programme in place and has received some funds to continue this programme. Funding for North and South East Wales will allow the whole of Wales to have a programme of training for paramedics which will assist in the reduction of the Call To Needle (CTN) times in line with the SaFF target requirement for 2005-06, where 60% of CTN times are to be within 60 minutes.

4. Organ Donation

4.1 The BBC DoNation Season broadcast from Monday 22 August to Saturday 29 August 2005 highlighted the issues around organ donation and transplantation across the UK. The initiative aimed to

raise awareness of the shortage of donors and encourage people to sign their names to the NHS Organ Donor Register, which is administered by UK Transplant.

4.2 The season included television and radio broadcasts, newspaper articles including local broadcasts from BBC Radio Wales. During the season, interviews were broadcast across Wales which included the mother of skater Richard Thomas who spoke on 'Good Morning Wales' about the organs he donated after his death earlier this year.

4.3 The success of the BBC DoNation season has resulted in the following;

- 22,923 people out of 29,700 who called the BBC DoNation line have asked to join the register. Due to this success the phone line was kept open until Sunday 18th September 2005.
- A further 9,994 people registered to join the Organ Donor Register via pressing the red button on their interactive television.
- Since the launch, the BBC DoNation website achieved 350,000 hits. A total of 37,000 web users registered their wishes to become a donor as a direct result of the BBC campaign, of which 26,888 came directly to the UK Transplant website from the BBC site.
- There is currently 0.635 million registered on the Organ Donor Register from Wales (June 2005 figures). A further 1239 requests from people living in Wales to be included on the Organ Donor Register were received between 22nd August-4th September 2005.

4.4 Overall the success of this campaign and other events throughout the year to celebrate the 10th anniversary of the NHS Organ Donor Register have helped UK Transplant to reach the one million new registration mark 3 weeks before its target date. 12.6 million people are now on the Register.

5. Premium Rate Numbers for GP Surgeries

5.1 The adoption of 0870 National Rate numbers by GP practices is seen as an additional cost to patients. On the 24th February 2005, the Health Minister John Hutton announced a ban on the use of such numbers by General Practices in England.

5.2 Since this announcement Wales has migrated a number of GMS practices over to the low cost 0844 numbers. Network Europe Group (NEG) has facilitated this on behalf of NHS Wales.

6. Wales Office of Research and Development (Word) For Health and Social Care Update

Research Infrastructure

Research co-ordinating centre

6.1 The tender period has now closed and bids are in the assessment stage. The contract should be

awarded by late October.

Thematic Networks

6.2 The application stage of phase two of the thematic network funding has now closed. 27 applications have been received from across Wales, for thematic research networks or infrastructure support initiatives.

All Wales Alliance for Research and Development (AWARD) - Policy research

6.3 Six applications have been received from policy makers in the Welsh Assembly Government for research studies and training, to be undertaken as part of the AWARD contract.

Research Funding Scheme

6.4 57 full applications for funding have been received covering a broad spectrum of research and policy areas. Expressions of interest for membership to the Research Funding Committee closed on 22nd September and the Committee membership will be announced in October.

Intellectual Property

6.5 The Intellectual property service has been formally awarded to ANGLE in partnership with TrustTECH. The service has been running since August. A formal launch planned for the Autumn.

Meetings with R&D managers in NHS Trusts

6.6 The Director and Deputy Director of WORD are in the process of meeting with all R&D Managers, R&D Directors and Finance Directors in Trusts to share information and to discuss the implementation of a new annual reporting template to monitor Trust R&D outputs more accurately.

7. Consultation on Future of Health Professions

7.1 The consultation document Making the Connections; Connecting the Workforce: The Workforce Challenge for Health was published 8th July 2005. This is the consultation by the Welsh Assembly Government on the establishment of the Workforce Development, Education and Commissioning Unit as part of the National Leadership and Innovation Agency for Healthcare, incorporating identified functions from Health Professions Wales and the NHS Human Resources Division. The consultation period ends 30th September 2005.

7.2 Regional conferences have been held throughout Wales to engage all key stakeholders. The results will be analysed independently by Opinion Research Services (ORS). Results and recommendations are

expected by early November 2005.

7.3 The draft Health Professions Wales Abolition Order has also been sent out for consultation and comments are to be returned by 24th October 2005.

8. Inspection of Children's Social Services in Blaenau Gwent: Progress as At 30 June 2005

Introduction

8.1 In my report on 25 May 2005 I provided an update on progress in Blaenau Gwent to the end of March 2005.

8.2 In July, two inspectors visited the authority to monitor its progress in meeting the expectations of the Chief Inspector regarding areas for improvement, targets and timescales.

8.3 The Inspectors reported the outcome of the monitoring visit to the Chief Inspector and this report was shared with the authority. The Chief Inspector met with the Director of Social Services and Assistant Director Children's Services in September to discuss progress.

Progress

8.4 The local authority continues to make progress in delivering its recovery plan for social services. It is co-operating well with the monitoring process and seeks to ensure compliance with the expectations of the Chief Inspector. The Advisory Board meets to review the progress being made by the authority as a whole, especially in respect of its responsibilities for social services.

8.5 The pace of activity in respect of the work set out in the recovery plan has been maintained by the permanent senior management team, which has been in place since February 2005. Permanent staff appointed to the next management tier and team manager levels are now in post. Although still a relatively new management team and new to the authority they have begun to influence how operational services are organised and delivered. The authority has established regular meetings for managers within the department to develop a strong management identity and develop policy.

8.6 In June of this year, eight qualified Romanian social workers joined the authority. The authority has developed a detailed induction programme for these staff, learning from their own experience and that of other Welsh authorities who have also recruited from Eastern Europe. For the first time since 1996, the department had a full complement of qualified social workers in post at the time of the Inspectors visit. The authority knows that retention of staff is equally important in maintaining capacity and developing an appropriate skill mix. Workforce issues will continue to be a significant challenge and will require the management team's ongoing attention.

8.7 An important part of the recovery plan for the authority is to strengthen the level of partnership and understanding of roles and responsibilities between the teams and with other agencies. The social services management team is currently introducing threshold and eligibility criteria with the aim of ensuring greater transparency for service users, staff and other agencies regarding access to services. The authority believes that this has already begun to have some impact but acknowledges that more work around shared multi- agency protocols and clear communication strategies will be needed.

8.8 The authority has recently developed a placement panel for children who may need accommodation. This panel considers the possible placement needs of the child but also looks at the community supports that might be offered to sustain the child or young person safely at home or in a more local placement. Other agencies have been invited to join the panel as a means of encouraging a holistic approach to service delivery. The authority is also looking to extend this system to promote earlier intervention in relation to children in need referrals. With time this should have an impact on reducing the numbers of looked after children in Blaenau Gwent.

8.9 The management team has continued to promote a performance management culture across all the teams. This includes ensuring that all staff are aware of their performance against key indicators and are encouraged to understand the significance of the indicators and what they mean in relation to seeking better outcomes for children. The authority has maintained its arrangements for producing detailed monthly data about performance in such areas as timely initial assessments; reviews of children looked after, action taken under child protection procedures, caseloads, supervision etc.. The overall direction of progress continues to be positive. The authority expressed its willingness to work to challenging targets and where these are not met, performance is generally very close. There is evidence of improving performance overall, although in one area , that of core assessments, the authority has continued to struggle to monitor performance accurately and recognises that more cases require a core assessment than are being undertaken. It is introducing a process to prioritise this area of work to enable it record the relevant information for managing and improving performance.

8.10 The local authority continues to be realistic and positive about the scale of the challenges remaining and the need for sustained momentum in addressing the agenda for change.

8.11 It is essential that recent improvements are consolidated and that shared thresholds and partnership working with other agencies continues to be prioritised and promoted.

Monitoring

8.12 The Chief Inspector will continue to monitor the authority's performance through receipt of quarterly performance reports and continuing visits by the authority by inspectors. I will continue to receive regular reports of progress.

9. Inspection of Children's Social Services in City and County Of Cardiff: Performance at 30 June 2005

Introduction

9.1 I provided an update on progress at the end of March 2005 in my May 2005 report. The Chief Inspector has put in place a formal programme of monitoring with targets set on a quarterly basis which are aimed at moving the authority to the point where:

- it responds promptly and appropriately to referrals of concern about children
- the management of work with children and families is strengthened, there is compliance with regulations and guidance, and services safeguard children and promote their welfare

9.2 These targets cover the production and implementation of guidelines and procedures, the process of strengthening management information systems, and improving service performance.

9.3 A monitoring visit was not paid to the authority during the last quarter because a review of the whole of children's services was being undertaken in June and July. The Chief Inspector met with the Corporate Director and Chief Officer for Children's Services in September to discuss the progress.

Progress

9.4 The authority's continued commitment to improve services has been demonstrated in the data they have submitted again this quarter. The authority continues to demonstrate that it is responding effectively and quickly to all referrals to the authority and its performance in decision making within 24 hours is satisfactory. All referrals to the authority are now risk assessed at the point of referral and this system appears to be well embedded. There has been significant progress in the improvement of core assessments with targets set being exceeded. There has also been an overall improvement in the performance of the child disability and health team. There was a dip in performance in relation to the completion of initial assessments within required timescales although the actual number of completed assessments has increased. The authority reports that the dip in performance relates to reduced capacity at both social work and service manager levels. Additional management capacity has been reintroduced into the team as an interim measure until the staffing position stabilises.

9.5 Performance in relation to reviews for looked after children has reached its highest performance to date. The authority has also identified a small dip in performance in conducting reviews of children on the child protection register and taken immediate action to deal with this. The authority has started to implement its whole system commissioning strategy to improve the facility of placements of children who are looked after this includes increasing support for placements to support stability and timely and effective implementation of care planning for children. They have also planned to implement the first phase of services to increase family support services to prevent children becoming looked after.

9.6 The Chief Inspector is of the view that the authority continues to demonstrate progress in most key areas, in particular the performance in relation to core assessments and the significant improvement in

the performance within the children's disability services. The report of the inspection of children's social services is due to be published at the end of the year and will provide detailed evidence as to the extent of improvement in children's services.

Monitoring

9.7 The Chief Inspector will continue to meet with the Director and Chief Officer Children's Services and to monitor the authority's performance. The Chief Inspector has set performance targets until the end of December when he will be in a position to evaluate the extent of progress taking account of the findings from the report of the inspection. This will inform the decision as to whether the monitoring needs to be extended beyond the end of this year.

10. Bridgend County Borough Council Children's Social Services

10.1 Following the validation of the authority's self-audit of children in need in response to the practice recommendations of the Victoria Climbié Inquiry report in March 2004, the Chief Inspector wrote to the Director of Social Services to set out issues identified, on which action needed to be taken by the authority. The Chief Inspector has continued to monitor progress in addressing these issues and the actions taken by the local authority to improve its children's social services. Following a visit by inspectors to the authority in July, the Chief Inspector concluded that although there has been a positive response by the department and there is evidence of some improvement, this is not been at a level which he would have expected. The pattern of improvement has been inconsistent and the authority has not been able to satisfy the Chief Inspector that it has the capacity to sustain and improve on its current performance which is poor.

10.2 Accordingly the Chief Inspector has concluded that there are grounds for serious concern as set out in Section 3 of the Response to Serious Concern about Local Authority Social Services Protocol about the current provision of children's services. The Chief Inspector has written to the authority setting out the grounds for /concern and has met with the senior officers to discuss the measures the authority must take by the end of October. The Chief Inspector has agreed a series of action which are needed to improve children's social services with the authority. The chief Inspector will meet with senior officers of the authority again early in November to formally agree an improvement plan and to set targets for improvement. The Chief Inspector will put in place a quarterly reporting process on which progress will be monitored by him. He will report on progress to me and I will keep the Committee informed of this through my Ministerial Reports.

11. Summary Report: Inspection of Health and Social Services for Adults Admitted to Acute Hospitals

11.1 The inspection showed that most patients were satisfied with the care they received from individuals within the NHS and local authority social services. The NHS and local authorities are working well together to speed up the discharge of patients from hospitals though there are still some

unnecessary delays and inefficiencies. The whole experience of admission to hospital through to discharge home or transfer to another care setting was one of extreme uncertainty and despair for many patients. For older people in particular, the pattern of care in hospital or at home was too frequently driven by a sense of crisis followed by gaps or delays in support, advice and treatment. The patients with longstanding health problems associated with ageing and their carers need much better levels of support to prevent the emergencies which often lead to hospital admission. The report calls for a sharper focus of the services at community level on meeting the health and social care needs of people who are vulnerable to repeated hospital admissions.

Inspection of Services for Adults in Bridgend

11.2 Bridgend County Borough Council has a strong commitment to providing effective services for adults and services are mainly good. Inspectors found that most people had been helped by the services with some innovative development through joint projects with the health service. The prospects for sustaining services were, however, uncertain. The authority should ensure that facilities are equally available throughout the borough and develop a prioritised commissioning strategy for all adult services. The Council needs to increase its focus on social services.

11.3 Bridgend County Borough Council has agreed an action plan in response to the recommendations of the report.

Inspections of Services for Children in Caerphilly

11.4 Caerphilly Council has a strong commitment to providing effective services for children but services are not as good as they should be. Inspectors found that there was some sound work undertaken with children and families and some innovative service development. But there were too many children waiting for services and not enough consideration of whether or not they were at risk in the meantime. Parents of disabled children felt that social services were too often unresponsive and lacked understanding of their child's and their own needs. The authority needs to develop its quality assurance framework and to develop a commissioning strategy for children's services.

11.5 Caerphilly County Borough Council has taken very seriously the priority actions listed in the report and has already undertaken a number of significant measures to create improvements.

Inspection of Services for Adults in Blaenau Gwent

11.6 Blaenau Gwent County Borough Council has laid some of the foundations for better services for adults, but there is still a long way to go before they are as good as they should be.

11.7 Inspectors found recent improvements, including a striking reduction in delayed transfers of care from hospital, and very many people were satisfied with the services they receive. But overall people who use services and their carers have not been well served by arrangements to assess their needs or to

manage and review the resulting care plan. Too many older people are going in to residential care and the involvement of users and carers in developing services is weak. The scale of the challenges facing social services in Blaenau Gwent, combined with very recent changes of managerial responsibilities at the time of the review, meant the authority was still uncertainly placed to sustain and improve services.

11.8 Blaenau Gwent County Borough Council has taken seriously the priorities for action listed in the report and has already taken a number of significant steps to create improvements.

Inspection of Services for the Protection of Vulnerable Adults

11.9 Local Councils have got better at protecting vulnerable adults from abuse, but more needs to be done to improve the assessment of risk, monitoring outcomes and communication with the police and other partners. In a series of inspections in 2003 and 2004, inspectors found that social services have recognised the key role that they have to play in protecting vulnerable adults. More needs to be done, however, in supporting and challenging staff at the front line to do a good job.

11.10 The summary report refers to the detailed individual inspections in Caerphilly, Cardiff, Conwy and Pembrokeshire. It draws out the areas of improvement and identifies good practice examples from each of the inspected authorities. It also looks at emerging issues and future developments in the area of adult protection. The adult protection monitoring reports received from local authorities for 2003-2004 show that there were 1301 adult protection referrals reported in Wales, compared to 751 in the previous year. This probably reflects improvement in identification and reporting of abuse. Ten local authorities had specific adult protection posts, with another eight having identified the need for such a post and taken steps to secure funding.

12. Children Act 2004: Consultation Exercise about Proposed Child Protection Arrangements to April 2006

12.1 On 10 June, draft guidance and regulations on proposed child protection arrangements were published for consultation. The consultation period ran until 31 August 2005. Two consultation events were held in June.

12.2 Section 28 of the Children Act 2004 places a duty on key persons and bodies in Wales to make arrangements to ensure that in discharging their functions they have regard to the need to safeguard and promote the welfare of children. Draft guidance issued jointly by the Secretary of State and myself details how devolved and appropriate non-devolved services should fulfil their duties under this legislation. Such organisations have a duty under s.28 to take the guidance into account.

12.3 Under Section 31 of the Children Act 2004 Area Child Protection Committees will be replaced by Local Safeguarding Children Boards, thereby placing them on a statutory footing for the first time. The Act empowers the Assembly to make regulations stipulating the membership of the Boards. The draft Local Safeguarding Children Boards (Wales) Regulations and the associated guidance entitled

'Safeguarding Children Together' were also published for consultation on 10 June. The guidance set out how all agencies and professionals should work together to safeguard and promote children's welfare and protect them from abuse and neglect.

12.4 The consultation documents can be found at:

<http://www.wales.gov.uk/subchildren/content/section-28-children-act-2004-e.pdf>

<http://www.wales.gov.uk/subchildren/content/safeguarding-children-e.pdf>

13. Children Act 2004: Local Safeguarding Children Boards

13.1 A consultation paper on the establishment of Local Safeguarding Children Boards was published on 10 June 2005.

13.2 The consultation period closed on 31 August. An All Wales Workshop to consider the revision of the draft Guidance in the light of the responses to the consultation exercise was held on 21/22 September. Later in the Autumn, regional consultation events with Child Protection Forums will be held in which the revised draft will be considered.

13.3 Regulations are scheduled to go to Plenary in March 2006. The regulations and associated guidance will be published in April 2006 and the new Safeguarding Boards will take over from the existing Area Child Protection Committees on 1 October 2006.

14. Food and Fitness Action Plan for Children and Young People

14.1 It was reported in May that a draft action plan on Food and Fitness for Children and Young People had been prepared as a result of the work of the Food and Fitness Task Group for Children and Young People.

14.2 The plan has now been issued for consultation in two versions; the adult version in July, and a children and young people's version on 1st September. Consultation continues until October 31st.

14.3 The plan can be accessed via the following links:

<http://www.cmo.wales.gov.uk/content/work/food-and-fitness/index-e.htm> / <http://www.cmo.cymru.gov.uk/content/work/food-and-fitness/index-w.htm>

for the adult version, and

<http://www.cmo.wales.gov.uk/content/publications/consultations/index-e.htm> /

<http://www.cmo.cymru.gov.uk/content/publications/consultations/index-w.htm>

for the children and young people's version

15. Legislation made under SO 29

15.1 The following Legislation has been made under SO29 since 13 July 2005.

15.2 Statement of Financial Entitlements (Amendment) (No.2) (Wales) Directions 200 - Made on 21st July 2005 under Standing Order 29

Appendix A: The GP Appraisal System in Wales

A.1 Annual appraisal for GPs became a contractual and professional obligation with the commencement of the new GP contract in April 2004. Since 2003 Dr Malcolm Lewis and colleagues in the Wales Postgraduate Deanery have pioneered annual appraisal here in Wales.

A.2 The GP appraisal programme provides an opportunity for the assessment and appraisal of practising accredited GPs performance. The emphasis of the system in Wales is on learning and developing. It aims to ensure that a GP's professional development and personal skills are relevant, up to date, and can contribute to improvements in the care they provide to patients.

A.3 Doctors register with an online system in order to select an appraiser who will have access to their virtual appraisal folder. Gathering suitable appraisal material is a continuous process and doctors are able to add entries to their virtual folder as part of their daily work. This is reviewed annually and a development plan for the coming year produced.

A.4 The numbers of doctors engaging with the appraisal process in Wales is monitored by the GP Appraisal unit through the online appraisal system as well as by the Local Health Boards (LHBs).

A.5 In the 2004-2005 financial year, the Deanery handled the appraisal of the 2127 GPs registered by LHB. As at 1 April 2005, there were 65 fully trained appraisers were in post across Wales. The unit is currently recruiting and training an additional 15 appraisers, most of whom will work in North Wales and will begin appraisals by November 2005. GP appraisers are selected and trained through a competitive open recruitment process. They are employed on a part-time basis and are contracted to carry out 30 appraisals each year.

A.6 The GP Appraisal process is an important aspect of a doctor's revalidation with the GMC. Doctors wishing to retain their accreditation to practise will need to revalidate periodically. This means they will have to prove to the GMC, every five years that they are up to date and fit to practice.

A.7 The appraisal process also contributes to the overall clinical governance framework operated by the LHBs as it provides an opportunity to review and raise the quality of care provided by GPs and an assurance that each GP is planning and reviewing their Continuing Professional Development in a structured way.

A.8 The Welsh Assembly Government provides funding to the Deanery to manage the GP Appraisal system; it costs approximately £400 to appraise each doctor in Wales.

A.9 The appraisal system in Wales is highly regarded both throughout the UK and further a field for its innovative approach and use of technology. The involvement in the process of many different areas of the health service is also a distinctive aspect of the system in Wales. Not only are the LHB Medical Directors involved in monitoring the compliance of GPs in their area, but organisation such as the General Practitioners Committee Wales and the Royal College of GPs play an important role in ensuring quality assurance.

A.10 In addition, the model is already being looked at by other professions (for example Optometrists) as the model for practitioners' appraisals.

Appendix B: Cancer Atlas Of The UK and Ireland: 1991-2000: Publication Of The National Statistics (ONS) Report

Background

B.1 The Office for National Statistics (ONS) published a cancer atlas of the UK and Ireland in July 2005. A short overview of its content is below.

B.2 The atlas shows a range of maps and charts of cancer incidence and mortality in the UK and Ireland, and covers the ten year period 1991-2000. It aims to analyse the recent broad geographical patterns – at country, region (of England) and health authority level – in the incidence of, and mortality from, 21 common cancers in the UK and Ireland, and to relate these patterns to variations in known aetiological (risk) factors and socio-economic deprivation. The report includes maps by health authority for the UK and Ireland. For Wales, the maps show the five former health authorities. The information contained in the report is not new, but the presentation is, and the use of maps enables a rapid visual summary of large amounts of geographical information.

B.3 The full atlas is more than 400 pages long, and is available on the ONS website; <http://www.statistics.gov.uk/statbase>

Key results

B.4 Cancer is a major cause of morbidity and mortality in the UK and Ireland. During the 1990s, there were on average about 270,000 new cases of cancer diagnosed each year (excluding non-melanoma skin

cancer), with on average almost 165,000 deaths from cancer each year. (For Wales during this period, there was an average of around 14,700 registrations and 8,400 deaths per year.)

B.5 In the 50 years since 1950, there have been large declines in mortality from heart disease, stroke and infectious diseases at different times, but cancer mortality has changed relatively little. It now accounts for around 27% of deaths in males and 23% in females. In contrast to the relatively stable mortality trends, cancer incidence has risen since the early 1970s (although this is partly because of improvements in diagnostic techniques and increased ascertainment of cases by the cancer registries).

B.6 Cancers of the lung, breast, prostate and colorectum account for about half of all cancer cases. Lung cancer in men has declined following earlier reductions in smoking, but in women rates increased gradually to a plateau in the 1990s. The incidence of prostate cancer in men has increased (partly due to the increasingly widespread use of PSA testing) and is now the commonest male cancer. However, mortality from lung cancer is still higher. In women, the incidence of breast cancer rose, and it is by far the commonest female cancer. However, mortality from breast cancer fell during the 1990s, and (given the increase in female lung cancer) mortality rates from breast and lung cancer are now similar.

B.7 The geographical patterns for different cancers varied – for some cancers there was little variation, while for others wide variations existed. In an area, high rates for some cancers were often balanced by low rates for others.

B.8 In Wales, overall cancer incidence was about 7% higher than the UK/Ireland average, but mortality was not much raised. However, as noted above the pattern varies by cancer site.

B.9 For several major cancers which have well-defined risk factors, wide geographical variations existed in incidence and mortality across the UK and Ireland. Reducing the incidence and mortality rates everywhere to those found in the areas with the lowest rates would prevent about 25,600 cases of cancer and 17,500 deaths from cancer (across UK & Ireland) each year. Around three-quarters of these would be in cancers related to smoking tobacco or drinking alcohol.

Appendix C: National Cancer Standards

C.1 The 2005 National Cancer Standards were published on 16 June and as a first step towards their implementation Networks are in the process of developing action plans to identify the current and designate the future organisation of services for each cancer and specialist palliative care. The new Cancer Standards span the whole patient pathway and will ensure networks build sustainable cancer teams for the future. Design For Life requires that these standards are to be met in full by March 2009.

C.2 The 3 Cancer Networks are now in the process of mapping and assessing services against the Standards and will be producing service reconfiguration action plans by February 2006. These plans will identify current and designate future service organisation. This work will also include specialist palliative care and Local Health Boards, working through the Cancer Networks, will be developing

improved commissioning processes involving both the statutory and voluntary hospice movement, based on proven need.

C.3 The Welsh Cancer Intelligence and Surveillance Unit (WCISU) released a report on the 15th June which brought together information on cancer incidence, mortality and survival in Wales, and covers the ten year period 1993-2002. The report includes chapters for 20 major cancer sites and includes trends and area comparisons, and covers cancer mortality and survival as well as incidence.

Appendix D: South West Wales Cancer Network Patient Satisfaction Survey

Background

D.1 This is the first comprehensive patient satisfaction survey of its kind to be conducted for the population in South West Wales and was carried out during the period October 2003 to August 2004. The population surveyed were patients attending the following NHS Trusts: Swansea, Bro Morgannwg, Pembrokeshire and Derwen, Ceredigion and Mid Wales and Carmarthenshire. All NHS Trust Chief Executives supported the need to undertake the survey.

Methodology

D.2 The questionnaire was available in both English and Welsh and was distributed to Swansea, Bro Morgannwg, Pembrokeshire and Derwen, Ceredigion and Mid Wales and Carmarthenshire NHS Trusts. Patients were considered eligible if they had received the diagnosis and treatment for cancer within the three years prior to the study. Of the six main types of cancer surveyed, patients with breast cancer formed the largest group, followed by gastrointestinal (both upper and lower gastrointestinal) cancer and then lung cancer. Approximately 99% of the patients surveyed were white with only 1% being of a different ethnic group.

Discussion

D.3 A total of 3 out of 4 patients felt that their GP was quick to pick up on their symptoms and refer them to the hospital. When referred by a GP, 72% of the patients felt that they did not have to wait too long for the first appointment. The majority thought that the tests they underwent were fully explained and that the healthcare team staff were sympathetic and recognised the patients' anxiety. 93% of the patients had their diagnosis given to them by a senior member of the cancer team: a consultant in 83% of the cases, and a specialist registrar in 10% of the cases. Approximately 77% of the patients felt that the diagnosis of cancer was given in a sensitive way, but 10% felt that it was not sensitive enough given the seriousness of the diagnosis.

D.4 Facilitating regular workshops to develop Cancer team member's communication skills is an area which will need to be explored in South West Wales. There is also a need for development of personal assessment tools to assess patient understanding of the explanation given to them and of the

management plan of their disease. Approximately 75% of the patients felt that they had enough information about what happened next in their journey and 70% were given written information about their illness and treatment to take home.

D.5 Approximately 64% of the patients received their treatment within one month of the diagnosis and 90% within three months. Improvements in the cancer services in South West Wales Cancer Network are needed if the Service is to meet the 2005-06 SaFF waiting times targets for the start of definitive treatment.

D.6 Of the total number of patients, 67% had surgery as part of their management, while 35% received radiotherapy and 46% received chemotherapy. In patients undergoing surgery, 75% had clear explanation of how well their treatment has gone. Approximately 68% of patients undergoing surgery received a clear explanation of the likely complications and long-term impact compared to 56% in the patients receiving radiotherapy and 63% in the chemotherapy group.

D.7 A number of patients (20-27%) in the different treatment groups would have liked more information about what to expect when they went home. Most patients were satisfied with the level of care in the follow-up period. The majority were seen in a timely manner and felt confident that they were being monitored appropriately.

D.8 Most patients felt that they were well informed as to the person who was in charge of their care and were able to contact healthcare teams when needed. Yet, 13% felt that they were 'in limbo' during their care. The same number felt that they were not given information about the likely progress of their cancer and not enough information about the management of their symptoms. A substantial number of patients (51%) were not given information about complimentary therapy. It is necessary to employ resources to make such a therapy more available and accessible to patients in South West Wales. Approximately 60% of the patients were given information about self-help and support groups. The Cancer Directory of South West Wales provides information about such groups both on a local level as well as nationally.

D.9 Almost half of the questionnaires returned (45%) contained a completed section from the respective carer. The overall balance of comments by the carers of the services received, were positive. The main negative comments were in relation to information, self-help and support groups.

Conclusions

D.10 The overall results from the survey clearly demonstrate the excellence of care provided to cancer patients in South West Wales. The responses to the different questions have been mainly positive with more than 70% of respondents happy with the quality of care provided in the different stages in the patient's cancer journey. A few patients and carers had unpleasant experiences with the care provided, although there were very few cases, it is still essential to investigate the underlying circumstances and try to address these for other patients. It is also sensible to discuss these cases among cancer care providers to avert such unpleasant experiences for other patients in the Network.

D.11 This survey provided the Network with a baseline against which to measure further progress. The network will repeat the survey in a few years time. There is also a need to provide the opportunity for every patient with cancer to record their views of the cancer services in the Network as they actually ‘travel’ through their cancer journey. This real time assessment could prove invaluable in ensuring a continuous quality improvement programme for the cancer services in South West Wales.

D.12 Points to address

- Promote greater use of the Cancer Directory in South West Wales, providing the necessary information needed to ensure rapid access in referral to the appropriate cancer team.
- Facilitate regular workshops to develop Cancer team member’s communication skills is an area which will need to be explored in South West Wales.
- Development of personal assessment tools to assess patient understanding of the explanation given to them and of the management plan of their disease.
- Provide patients with information packs to allow for a greater understanding of what to expect when they return home.
- Provide patients with information relating to Complementary therapies to make such a therapies more available and accessible to patients in South West Wales.
- Where patients and carers reported unpleasant experiences with the care provided it is essential to investigate the underlying circumstances and try to address these for other patients. It is also sensible to discuss these cases among cancer care providers to avert such unpleasant experiences for other patients in the Network. .
- There is a need to provide the opportunity for every patient with cancer to record their views of the cancer services in the Network as they actually ‘travel’ through their cancer journey. This real time assessment could prove invaluable in ensuring a continuous quality improvement programme for the cancer services in South West Wales.

D.13 North East Wales NHS Trust is carrying out a patient satisfaction survey at its cancer unit in Wrexham Maelor Hospital. South East Wales Cancer Network is currently in the process of considering how such a patient satisfaction survey can be taken forward in South East Wales.

Appendix E: Profile Of Long Term and Chronic Conditions in Wales

Background

E.1 Designed for Life emphasises that services for chronic disease management will need to be remodelled over the next three years to meet increasing demands on health and social care services. To inform these developments a baseline of the prevalence of chronic conditions in Wales has been produced.

Results

E.2 The Profile of long term and chronic conditions, published in July 2005, provides data on a range of chronic diseases and highlights differentials on the basis of age, gender, geography, and socio-economic status. Overall trends in the prevalence of chronic conditions are also highlighted in the publication. The report also records the direct and indirect impact that chronic conditions have on services such as primary, secondary and social care, as well as wider socio-economic implications. It reports that: -

One third of adults in Wales (an estimated 800 thousand adults) reported having at least one chronic condition.

- Of people aged over 65 in Wales, two thirds reported having at least one chronic condition, and one third had multiple chronic conditions.
- Over three-quarters of people aged over 85 in Wales reported having a limiting long-term illness.
- It is estimated that, by 2014, there will be a 12% increase in the number of adults with at least one chronic condition and a 20% increase in those aged 65 and over with a chronic condition.
- Of adults in Wales, 14% reported being treated for arthritis, 13% for a respiratory illness and 9% for a heart condition.
- Of people aged over 65 in Wales, 34% reported being treated for arthritis, 21% for a respiratory illness and 30% for a heart condition.
- 23% of people in Wales reported having a limiting long-term illness, compared with 18% in England and 20% in both Scotland and in Northern Ireland.
- The percentage of people in Wales who reported having a limiting long-term illness varies from 19% in Cardiff to 30% in Merthyr Tydfil.

Next Steps

E.3 The document is limited to existing data sources relating to chronic conditions. As a recognition of these limitations, a further two stages of data collection and analysis are planned which will utilise the new and emerging opportunities for data collection including the GMS Quality and Outcomes Framework. This work will build upon the initial baseline of information and will be taken forward in partnership between the Assembly and the National Public Health Service.

Appendix F: Designed for Life

F.1 The July report referred to the launch of Designed for Life, the new 10-year strategy aimed at improving health and social care services in Wales.

F.2 Since then a great deal of follow-up work has been undertaken, but the primary emphasis at this stage has been on four main areas –

- raising awareness of the purpose, content and implications of the strategy
- further analysis and discussion of issues relating to secondary care reconfiguration
- preparation of a more detailed implementation plan

- initial work on the complementary, more detailed document on the future of social care, provisionally entitled Designed with Care.

F.3 Designed for Life is a hugely ambitious programme of transformation and improvement. It is vital that staff and those with leadership roles across Wales have an early opportunity to hear and discuss what it says and means, and accordingly a large number of meetings have taken place offering a forum for such discussion. Some 2,000 people – trusts and LHB boards, senior clinicians, officials, local government members and officers, and NHS staff - have been engaged in the process, which is still continuing. This is not simply a one-way process. The meetings offer an opportunity to discover what people across Wales think of the proposals and implications, and how the strategy should be taken forward, and these are being noted to help formulate the implementation process.

F.4 At regional level and more locally, discussion has been taken forward of issues relating to secondary care reconfiguration. Two parallel processes are in train. The first involves looking carefully at the case for change. Where does current practice have to change, in the face of inescapable forces for change, such as new legislation, national skills shortages and latest quality and safety guidelines, and what opportunities exist to create innovative, cutting edge services, drawing on the latest thinking?

F.5 Secondly, in the light of this complex mix of pressures and opportunities, what would be the best arrangement for Wales, to ensure that skills and equipment are used to maximum effect and that those using services get safe, effective, efficient services at the point they need them.

F.6 In the immediate next phase, the focus will be on

- reviewing commissioning arrangements and updating commissioning guidance for NHS and social care services
- identifying and taking up opportunities to strengthen clinical leadership in service change across Wales.
- Creating a robust programme to progress the recently announced access targets for 2009
- Reviewing quality and governance arrangements in the NHS
- Taking forward the secondary care reconfiguration process.

F.7 Initial work on the complementary, more detailed document on the future of social care, provisionally entitled Designed with Care. While there will be two documents, reflecting the reality of the two services, the NHS and local councils will need to develop a joint approach to care that seeks to derive the best benefits from collaboration. This will require constant liaison and information interchange, particularly with regard to models of service delivery.

Appendix G: New Arrangements for The Home Oxygen Therapy Service

Current position

G.1 Tender documents for the new service originally set out 1 October 2005 as the projected start date on the assumption that the Department of Health and the Welsh Assembly Government would be in a position to sign contracts with the new service providers in early 2005. This would have allowed approximately nine months for LHBs to work with all stakeholders, including new service providers, to develop and manage plans for change. However, we were unable to sign contracts for the new service due to legal action taken by an unsuccessful tenderer. This has now been satisfactorily resolved.

G.2 In the light of this delay, views were sought on a revised start date for the new service. There is general agreement that it would be unwise to introduce service changes in December and January when there is usually peak demand. The consensus is that it would be preferable to wait until February 2006 when these pressures begin to ease. Therefore, it has been agreed with CPW, Air Products and NHS stakeholders that the start date for the integrated service will be 1 February 2006. This has been confirmed with LHBs and NHS Trusts.

G.3 In the coming months the Welsh Assembly Government and Air Products will be issuing information and guidance tailored to specific needs – that is, for those working in LHBs, Trusts, GP practices and pharmacies and, to patients and their carers. Regular meetings are being held with the Oxygen Therapy Reference Group and Local Health Board Oxygen Leads to identify the issues. Guidance has been issued including priority actions for LHBs who are being encouraged to pursue local planning for change as much as possible.

G.4 Issues

- Delay of contract until February 2006 – pharmacy contractors have been advised of this through a joint WAG/CPW letter issued this month. CPW are helping re-direct patients to those contractors who are willing to continue to supply cylinders until February.
- The incoming contractor, Air Products are engaging with officials and with Local Health Boards to ensure a smooth transfer of patients to the integrated service.
- Changes are being made to the October Drug Tariff to allow GPs to prescribe cylinders which have more oxygen in them so that less cylinders will be required.
- Cylinder patients have now been identified across Wales and LHBs are working towards having these patients and in particular the high users, assessed by specialist respiratory teams as soon as possible.

Publicity of the changes

G.5 This is currently under consideration in conjunction with Air Products, LHBs, Trusts and the British Lung Foundation.

G.6 Draft guidance for clinicians is being prepared relating to the new system and transitional arrangements, and should be issued shortly