Health and Social Services Committee

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Meeting date: Wednesday 5 July 2006
Venue:Siambr, Senedd, National Assembly for Wales
Title: Ministerial Report

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1. Secondary Care Reconfiguration

Regional Reconfiguration

1.1 The current review of secondary care services across Wales was prompted by the Report of the Health and Social Care Review, advised by Sir Derek Wanless. In response, the former Minister for Health and Social Services required Local Health Boards (LHBs) to begin a review of local secondary care services with a view to reconfiguration. Regional Offices were tasked with overseeing the process, taking into account the wider geographical context. The review is now closely linked to the aim expressed in Designed for Life for a radical redesign of services, to enable Wales to develop the high quality, accessible and sustainable services it needs for the future.

1.2 The NHS in all three regions issued proposals for a period of public consultation, due to finish by 26th June 2006 (12 weeks from the beginning of April taking account of Bank Holidays). Local Health Boards are responsible for managing the process, though their individual proposals have been collated on a regional basis, so that a single document has been issued in each NHS region. In the case of 2 regions – North Wales and Mid and West Wales - it has been agreed that mailbox for receiving comments will remain open until the 28th July 2006.

1.3 The relevant guidance on conducting consultation is set out in WHC (2005) 084: Shaping Health Services Locally: Guidance for Involving and Consulting on Changes to Health Services, and this includes procedures for dealing with challenges to the proposals. The timetable set out in the guidance implies that the overall evaluation process, including any Ministerial involvement in the case of a contested process, would have been due to end on or before the 21st November 2006, with a start of implementation following thereafter. However, the extended timetable in the two regions mentioned above will increase that period by a month.

1.4 The consultation process managed by the NHS focuses mainly on health issues; clinical quality and sustainability, access, and the sound use of resources. The Welsh Assembly Government has also to take into account, in a clear and explicit way, a broader set of concerns, especially regarding the Wales Spatial Plan. This will require that the wider social, economic and environmental implications of the proposals are assessed. To this end, a process has been set in hand to prepare supplementary analyses for each of the spatial plan areas, and these issues are being raised with the local spatial plan groups during June 2006.

2. Building Strong Bridges – All Wales Voluntary Sector Health & Social Care Mapping Exercise

2.1 As part of the Building Strong Bridges initiative the All Wales Voluntary Sector Health & Social Care Mapping Exercise is being undertaken by the WCVA Research Unit to identify voluntary sector health and social care resources locally and nationally, the nature & scope of services, funding sources, paid and voluntary workforce numbers and the economic impact.

2.2 The exercise will help to support the evidence base and inform future directions.

2.3 The preliminary findings indicate;

- There are over 2,700 voluntary sector organisations providing a wide range of health, social care and well-being services in Wales with an annual budget estimated at £292 million in 2004-5.

- Over 129,000 people are involved in delivering these services including thirty thousand people being paid to provide services.

- Support from public bodies accounted for 72% of the service budget (or £210 million) demonstrating that the voluntary sector is an important service delivery mechanism and is able to access additional funding.

- There is substantial voluntary sector involvement in service planning at local level.

2.4 A national report and local summaries will be produced from the final report and the results will be presented at workshops.

3. Independent Prescribing By Nurses And Pharmacists In Wales

3.1 Following my announcement on 19th January 2006 to support independent prescribing by nurses and pharmacist in Wales, a Task and Finish Group has been established to ensure a systematic and planned implementation over the next 18 months. This group will report progress and communicate to NHS Wales via the All Wales Medicines Strategy Group. Expected implementation will be autumn 2007.

3.2 The group consists of a partnership of 15 representatives from professional, non-professional groups and organisations and professional / policy leads from within Welsh Assembly Government. This group brings together individuals with an interest and expertise in prescribing and developments of the nursing and pharmacy professions.

3.3 At the inaugural meeting of the Task and Finish Group, April 7th 2006, Dr Tony Calland was elected to Chair the Task and Finish Group for the 18-month period. A subsequent meeting held in June 2006 identified sub groups to be established and key deliverables using PRINCE 2 methodology.

3.4 This development will enable nurses and pharmacists to write prescriptions for any licensed medicine for any medical condition, providing it is within their area of competency. It is likely that this will initially be put into practice within a narrow range in order to support a number of areas identified in Designed for Life, in particular, the management of chronic diseases and unscheduled care. Timescale for implementation in Wales is line with that expected in England and other home countries.

4. Low Vision Scheme

4.1The Low Vision Scheme, part of the Wales Eye Care Initiative, is a continuing and expanding success. Since its inception two years ago optometrists have assessed and provided vision aids for over 5000 patients, transforming what was a neglected area of care into a service that provides a far better quality of life for the visually impaired.

4.2 The scheme is a fully funded Welsh Assembly Government policy and is administered by Carmarthen LHB and supported by the School of Optometry and Vision Sciences, Cardiff University. Over 100 optometrists and dispensing opticians are accredited to supply the service. We have evidence that patients are particularly pleased with the service given by these practitioners and a more formal evaluation is planned analysing patient responses to questionnaires.

4.3 The scheme was recently presented to the Royal College of Ophthalmologists' annual conference, with interest from the rest of the UK on training, equality of provision and on how we improved the service in Wales from up to a year's wait for patients to the position now where assessment and delivery of vision aids is achieved within an average of 5 weeks.

5. Review of Realising The Potential Strategy

5.1 In view of the new strategic direction outlined in Designed for Life: Creating a world class Health and Social Care for Wales (2003), The Chief Nursing Officer for Wales decided that it was an appropriate time to commission an all Wales Review of Realising the Potential Strategy, which was initially launched in 1999, in order to build on and produce a nursing strategy fit for purpose.

5.2 The review process and information gathering is well underway with the distribution of questionnaires across organisations in Wales. Additionally Regional Partnership Workshops for all stakeholders commenced on 22 June 2006.

5.3 Realising the Potential's (1999) strategic goal, and the five supporting aims will remain the same in the revised strategy and the first chapter will reflect what Realising the Potential (1999) has meant to the nursing profession across Wales.

5.4 The revised strategy will be a window into the future, reflecting the professions contribution to Designed for Life. This strategy will play a part in taking the profession forward for the next 10 years.

6. Modernising Medical Careers (MMC)

6.1 Hospital medical practice is being reformed in Wales, under the remit of Modernising Medical Careers (MMC). A UK policy being implemented by the four Chief Medical Officers (CMO).

6.2 Pre-registration house officer posts changed in 2005. The legal requirement for registration with the

General Medical Council (GMC) remains and is achieved after year one of Foundation Programme (FP1), a further year of general professional training follows (FP2).

6.3 The next change in August 2007 is the introduction of junior Specialty Training (ST) posts at ST1, 2 & 3 levels. This will affect the Senior House Officer (SHO) grade and the junior Non-Consultant Career Grade (NCCG) posts.

6.4 All ex FP2s and ex SHOs will apply for the newly structured specialist training programmes.

6.5 There will be doctors in existing SHO posts until their contracts finish. Some may opt to apply for the new ST programmes from 2007.

6.6 From August 2007 post FP2 doctors may apply to enter shorter time limited training posts of up to 2 years. Entry to NCCG posts will not occur before completion of four years of training eg. FP1, FP2, ST1 and ST2.

6.7 "Run- through" training means that the doctor will not have to apply for any further posts and will reach the Specialist Register by virtue of a PMETB awarded CCT, subject to meeting all the requirements of progress in training. After two years of post FP2 training doctors will be eligible to enter career grade posts, depending on service availability.

6.8 Beyond the acquisition of the CCT, doctors will be legally entitled to apply for career grade senior posts in the NHS.

6.9 NCCG doctors may apply at later stages to re-enter specialist training. Alternatively they may apply to go on the specialist register through Articles 11 or 14 of PMETB's SI.

Welsh Position

Foundation Programme

6.10 Foundation Programme posts (F1 and F2) due to commence in August 2006 have been allocated to trainees. In 2006/07 we will have 282 F1 posts and 303 F2 posts. Foundation Recruitment processes for posts due to commence in August 2007 will use a central UK portal through which candidates will select their regional preferences for Foundation Programme posts. Once candidates have been allocated a place in a region local arrangements will apply for allocating individual training placements.

Specialty Training

6.11 The Postgraduate Deanery has created a number of Specialty Training Schools in Medicine, Surgery, Anaesthetics, Mental Health, Women's and Child Health, Radiology and Community

Medicine, who will be responsible for the overall administration of Specialty Training (ST1 – ST7, formerly the SHO and SpR grades). A review of SHO posts will align them to requirements for ST1 and ST2 training for August 2007.

6.12 UK agreed processes for Recruitment and Selection into Specialty Training and Fixed Term Specialty Training Appointments (FTSTAs) are being developed.

7. European Working Time Directive (EWTD)

7.1 Working hours compliance for junior doctors currently stands at 95.5% with the work and rest targets for 2004. Without making any changes this equates to an overall compliance of 29% for the 2009 requirement of 48 hours.

7.2 The Welsh Assembly Government commissioned an evaluation report, Designed to Comply, on the readiness of Trusts for 2009. This identified that on a regional basis compliance is Mid Wales 29%; North Wales 17% and South Wales 32%.

7.3 Joint working of rota participants, clinical directors, risk managers and postgraduate organisers will enable the most appropriate rotas for delivering future EWTD compliance and patient needs. This must be done within the principles of Designed for Life to ensure the right doctor is in the right place at the right time.

8. Measles Mumps and Rubella (MMR) Catch Up Campaign

8.1 In October 2005, the Welsh Assembly Government launched a measles, mumps and rubella (MMR) vaccination catch-up campaign aimed at the 11-25 years age group.

8.2 Wales, along with the rest of the UK, has seen increases in the instances of measles, mumps and rubella. Mumps in particular has seen dramatic rises in recent years and outbreaks among young people in schools colleges and universities have now become common place.

8.3 The 11-25 years age group are particularly at risk as many are too old to have received the recommended two doses of MMR vaccine, which was introduced into the routine childhood schedule in 1992, but young enough to have grown up during a period of low incidences and therefore would have escaped catching these diseases as a child.

8.4 The catch-up programme is being delivered through a mixture of university, college and school based sessions, occupational health schemes and GP practices. The campaign has so far been very successful and as at mid-June nearly 93,000 doses of the MMR vaccine had been provided to young people in Wales. In order to maximise the benefits and maintain momentum the catch-up campaign, which was originally due to end in March, has now been extended to the end of June 2006. A full report on the results from the campaign will be produced later in the year.

9. The Healthcare Associated Infection Champion – E Learning Package Launch

9.1 This education and training initiative has been commissioned through links with NHS Education for Scotland, with the National Public Health Service (NPHS) holding the contract on our behalf. The learning resource package, together with the establishment of Champions in each area of practice in the NHS is part of the Welsh Assembly Government Hospital Strategy, which was published in September 2004. The introduction of the Champions Programme will give hospitals an important resource with which to support staff and ensure patient safety. Staff from all sectors of the service can be selected to prepare for the new role. The education programme will equip them with the skills and knowledge they need to ensure good practice in preventing Healthcare Associated Infections (HAI's) in fundamental areas such as ensuring safe practice and maintaining a safe environment.

9.2 The package was launched on the 20th June 2006 by the Senior Medical Officer, Dr Mike Simmons at the annual Welsh Branch Infection Control Nurses Association Conference (ICNA), held at the Quality Inn Hotel, Cardiff.

9.3 The following day a workshop was held at the University of Glamorgan to showcase the package, and for trust staff to test the package and to listen to Scotland's experience in rolling out and using the package.

9.4 Staff were encouraged to hear many positive comments about the package. We are now planning to hold workshops in North and West Wales to further showcase the package and to encourage uptake from NHS trusts throughout Wales.

10. The New World Health Organisation (WHO) Child Growth Standards

10.1 The World Health Organisation (WHO) has published new infant growth charts, which use breastfed babies as the norm for growth and development. Because breastfed babies are typically lean, the shape of the growth curve in the new WHO Child Growth Standards differs from the existing one, particularly during the first six months of life when growth is rapid.

10.2 These charts are not being used in Wales yet, but they will be included in discussions taking place during the summer relating to the recording of height and weight of children. It is well established standard clinical practice to recognise that breastfed babies and bottle fed babies grow in slightly different ways. The most important aspect is how well the baby is and this recording on a chart may be helpful at times when the mother or the health professional has concerns.

10.3 WHO anticipates that by using the new charts it should be easier to assess, measure and evaluate breastfeeding and complementary feeding, and ensure that breastfeeding mothers are given accurate advice about the weight of their babies. For the first time, the charts will give a prescriptive definition of optimum growth for all children, rather than simply describing average growth.

Updates

11. Welsh Ambulance Service NHS Trust

11.1 On 20 June Plenary passed a motion that proposed a public inquiry into the Welsh Ambulance Services NHS Trust. The implications of this are currently subject to due process and I am unable to comment further at this stage.

12. Home Oxygen Service Contract

12.1 The new home oxygen service has been the subject of much discussion in this Committee and elsewhere. I continue to be grateful to those pharmacists and GPs who have maintained their professionalism and have looked after their patients' interests throughout the transition period. It needs to be remembered that when working effectively this service helps patients manage their symptoms at home rather than in hospital.

12.2 Members will be aware that a recovery plan is in place to address the problems associated with ensuring the supply of oxygen to all the affected patients.

12.3 The backlog of valid orders has now been cleared and the Local Health Boards have been working with Air Products and their GPs to validate their patient data. The aim of this exercise is to ensure that all the patients have been identified by the beginning of July so that they can be assimilated by Air Products by the end of the month. This should facilitate a managed, orderly withdrawal of pharmacies during the same period.

12.4 Air Products will also be using this information to achieve the response times agreed in the contract, and a timely supply for new patients by the end of the transition period. They are implementing a phased programme to deliver a complete supply to their concentrator patients who are also receiving cylinders from community pharmacy and are agreeing appropriate supply dates with intermittent users thereby facilitating withdrawal of community pharmacy.

12.5 Officials have continued to hold regular meetings with Air Products and LHBs to discuss the details of the plan and they are both working to tight deadlines to enable Air Products to meet their targets. They have also been meeting with the Department of Health throughout.

12.6 The data has yet to be finalised but it appears that approximately 7300 patients have so far been identified, and that nationally 85% of those patients are being entirely serviced by Air Products.

13. Pandemic Influenza Planning

Antivirals

13.1 51% of our order of oseltamivir (Tamiflu) for adults and older children has been received in Wales;

13.2 The manufacturer's remaining deliveries will be completed by end September 2006 when arrangements will be made to bring them into Wales;

13.3 In addition, oseltamivir will be supplied for younger children in powder form (requiring reconstitution) and work is ongoing to determine the pharmaceutical requirements;

13.4 The current strategy to treat all those of the population expected to develop clinical symptoms (based on a clinical attack rate of 25%) represents the best use of the stockpile;

13.5 If the stock is less than the clinical attack rate, antivirals will need to be limited to treat priority groups that, provisionally, have been determined as:

- healthcare workers;
- those at risk of developing complications; and
- children

13.6 With the remainder used for other groups. Final prioritisation cannot take place until the virus is circulating and its effect.

13.7 Work is in progress with the National Public Health Service and Rhondda Cynon Taf to develop a model framework for the storage and distribution system to ensure that ill people, wherever they live in Wales, will receive antivirals easily and quickly.

14. Informing Healthcare

14.1 Informing Healthcare has recently published a report of achievements during last year. A few highlights are:-

Patient-centred care

14.2 Successful development of My Health On Line which is a web-based portal that has been built in both Welsh and English with the help and assistance of staff and mothers in the Carmarthen Maternity Service. This is the prototype for eventually provide the people of Wales with on-line access to the important information in their own health record.

Building new information services

14.3 Informing Healthcare's aim to support integrated care by integrating information is being progressed through a number of projects. For example, the concept of the Individual Health Record is being validated by a pilot being set up in Gwent utilising an emergency care record. Considerable work has been done establishing the principles and practice around patient consent and the National Architecture (see below). Both these issues will be tested within the pilot.

A National Technology Architecture for NHS Wales.

14.4 IHC has developed and gained agreement across NHS Wales to the design and implementation of a national Technical Architecture. It is the blueprint which describes how all information services will work together across NHS Wales to provide the right information at the right time in the right place and in the right way to allow patients and clinicians to make informed decisions about healthcare. IHC will be using it to move Wales safely away from a situation where systems have traditionally been designed around organisational requirements and into a situation where they are designed around patients' requirements and their information can be shared securely.

Capacity and Capability

14.5 IHC has begun the process of procuring a private sector strategic partner to provide capacity and capability in areas where specialist skills will be required. Potential partners are likely to come from those large global companies with experience and track record of implementing national IT projects and are prepared to invest in Wales to make Informing Healthcare an international exemplar of a successful healthcare IT programme.