

## **Health and Social Services Committee**

### **HSS(2)-17-06(p1)**

**Meeting date: Thursday 30 November 2006**

**Venue: Committee Room 2, Senedd, National Assembly for Wales**

**Title: Ministerial Report to the Health and Social Services Committee**

#### **Agenda**

1. Replacement of the Over Thirty Month Rule with BSE Testing
2. Appointment of the Food Standards Agency Board Member for Wales
3. The Bryn-y-Neuadd resettlement programme
4. Statutory Health Professionals Advisory Committees
5. Extension of the Health Challenge Wales Voluntary Sector Grant Scheme
6. Service Development and Commissioning Directives for respiratory conditions
7. Timescale for further evaluation of Disease Modifying Therapies for multiple sclerosis
8. £4.9 million funding for first phase of children's hospital
9. Update on car parking and telephones
10. Update re use of hotel facilities for bone marrow transplant patients
11. Update on NICE guidance on the treatment of Alzheimer's Disease
12. Organ donation: new rights for donors
13. Better Advice Better Health

## **1. Replacement of Over Thirty Month Rule with BSE Testing**

1.1 On 7 November 2005, the UK's Over Thirty Month (OTM) Rule, which prevented older animals from entering the food chain, was replaced by a BSE testing regime for OTM cattle born after 1 August 1996. Animals born before 1 August 1996 are permanently excluded from the food chain.

1.2 Slaughterhouses have to be formally approved by the Meat Hygiene Service (MHS) following a rigorous assessment before they can process OTM cattle born after 1 August 1996 for human consumption. To date, a total of 62 slaughterhouses across GB have been approved by the MHS. This includes two slaughterhouses in Wales – in Caernarfon and Haverfordwest (the Caernarfon plant is in receivership and currently not operating). It is a commercial decision for slaughterhouse operators on whether to apply to the MHS for approval.

1.3 More than 275,000 OTM animals have been slaughtered in the UK since the OTM rule was replaced by BSE testing. To date there have been three positive test results (this is not unexpected, given the number of animals tested). All animals in question were sent for disposal, together with the one before and the two after on the slaughter line, as required by BSE legislation. All the necessary controls to ensure that no part of these animals entered the food chain were carried out.

1.4 There has been one incident of an OTM animal entering the food chain untested for BSE. This occurred in October in Northern Ireland and investigations into the circumstances are continuing. The Food Standards Agency has instituted a recall of the meat and issued advice that, as the specified risk material had been removed from the carcass, any public health risk from eating the meat was extremely low.

## **2. Appointment of The Food Standards Agency Board Member for Wales**

2.1 Following the resignation of Mr Alan Gardner as the FSA Board Member for Wales in the summer, the process of recruiting a new Board Member is underway. This note is to provide a brief report on progress.

2.2 The vacancy was advertised, along with other impending Board vacancies – including that of the Deputy Chair – in the national press (including the Western Mail). The deadline for receipt of applications has now passed and short-listing of candidates for interview is currently underway.

2.3 It is intended interviews will first be held for the post of Deputy Chair. These are expected to take place during December. The interviews for the Wales post will then follow in January 2007. I expect to be able to write to Health spokespersons with recommendations in relation to these appointments as soon as possible once the interviews have been completed.

### **FSA Chief Executive position**

2.4 Mr John Harwood joined the Food Standards Agency in April 2006 as interim Chief Executive following the retirement of Dr Jon Bell. Although an open recruitment process was followed during the summer, no appointment was made. In the circumstances, Mr Harwood has agreed to remain as Chief Executive. With the consent of the Civil Service Commissioner, Mr Harwood's appointment has been extended for a period of up to two years from April 2006. In due course, the Agency will undertake a further open competition to recruit on a permanent basis. Any appointment will be made by the Agency subject to the approval of the Assembly and the other Devolved Administrations.

### **3. The Bryn-y-Neuadd Resettlement Programme**

3.1 The Committee will wish to note that our original ambition to complete social care resettlement from Bryn y Neuadd Hospital by the end of December 2006 will not be achieved. At mid September 2006, 58 people had been resettled into social care arrangements by local authorities and a further 36 people remained to be settled. Over recent months the North Wales resettlement Project Group (which brings together all interested parties and manages the resettlement programme) have undertaken a full review of the outstanding resettlement programmes. From that review, it is now clear that the completion of the social care resettlement programme will slip because of delays relating to the construction of alternative accommodation and issues of individual choice.

3.2 Of the remaining 36 people, seven should be resettled by the end of December 2006; 21 should be resettled by the end of June 2007; and five should be resettled by the end of September 2007. The last three people will not be resettled until the first quarter of 2008-09. This is because the individuals have expressed a firm desire to remain close to the existing Bryn-y-Neuadd site and will not accept resettlement anywhere else. Their resettlement is therefore tied closely to the closure of the hospital and the redevelopment of the site.

3.3 Whilst this is disappointing news, the delays are not due to any lack of Welsh Assembly Government resourcing or any lack of effort or commitment by the partners managing the resettlement programme. The delays are due to the usual problems associated with new build such as finding suitable sites, obtaining planning permission, design problems and difficulties actually encountered when building work commences.

#### **4. Statutory Health Professional Advisory Committees**

4.1 The Welsh Assembly Government recently consulted on whether nine statutory health professional advisory committees should continue to be managed within the Assembly Government, or whether they should be placed with the Wales Centre for Health, an Assembly-Sponsored Public Body.

4.2 The document, which was out to consultation between June and August 2006, was published on the Assembly Government website and can be read via the link below.

<http://new.wales.gov.uk/topics/health/ocmo/consultations/committees?lang=en>

4.3 After careful consideration of the responses to the consultation, I decided to retain the current arrangements. This will maintain the existing lines of accountability and secretariat arrangements valued by many Welsh health professionals.

4.4 However, the Welsh Assembly Government will proceed with a review of the advisory committees that was due to take place later this year. This will provide an opportunity to improve the effectiveness of the advisory committees, drawing on suggestions made during the consultation.

## 5. Extension of The Health Challenge Wales Voluntary Sector Grant Scheme

5.1 The Health Challenge Wales is funding 19 national voluntary organisations to deliver a range of projects until 31 March 2008. These include:

- **Living Streets:** Walking Works Wales (being piloted at Prince Charles Hospital) promotes walking amongst employed people by encouraging them to build short walks into daily routines.
- **Sustrans Cymru:** Active Travel Programme for Wales aims to increase physical activity by making it easier to choose sustainable/active ways of travelling.
- **BTCV:** The Green Gym Network promotes physical activity by enabling local statutory and voluntary health groups to organise and promote Green Gyms.

5.2 Last month, I agreed to extend the scheme by one year to 31 March 2008.

5.3 The extension will support projects to:

- Embed the partnerships they have been fostering over the past two years
- Identify opportunities where voluntary sector organisations can work together on shared priorities that are in line with the Assembly Government's strategic direction.
- Develop sustainability plans so that the work can continue beyond the funding period.

5.4 I also agreed for work to begin on refreshing the scheme for a further funding round. Changes to the scheme will be in line with Assembly Government policy, based on findings from the independent evaluation of the scheme being undertaken and consultation with the voluntary sector.

## **6. Service Development and Commissioning Directives for Respiratory Conditions**

6.1 The Service Development and Commissioning Directives for Respiratory Conditions were issued for consultation on 20 October. The consultation period itself will end on 12 January. The document is part of a series of strategic publications for redesigning the care of chronic conditions, in line with the aims of *Designed for Life*.

6.2 The Directives are aimed at the health and social care community – planners, commissioners, and providers of services – as well as people living with respiratory conditions, the voluntary sector, carers, and wider support networks. They set out a number of important key actions to improve the health and quality of life of people with respiratory conditions. They will also help to ensure that effective respiratory services are delivered more equitably across Wales in line with national guidelines and evidence based practice. They also aim to promote the positive lifestyle changes needed to help prevent the onset of these chronic respiratory disorders. They will underpin the basis for the commissioning and organisation of services for people with respiratory conditions in Wales and will be supported by further work by the National Public Health Service to review the provision of respiratory services across Wales.

6.3 The development of this document involved a wide range of key stakeholders including health professionals and patient group representatives. The three-month public consultation process will provide a good opportunity for wide input into the process of completing the respiratory directives and we look forward to receiving consultation responses.

## **7. Timescale for Further Evaluation of Disease Modifying Therapies for Multiple Sclerosis**

7.1 Since I reported to the Committee on 11 May 2006 regarding the availability of drugs for MS patients, I announced on 30 October that additional funding of £700,000 has been allocated to Health Commission Wales (HCW) to meet the increasing demands for high cost drugs to treat Welsh patients with multiple sclerosis. The additional funds will be given to the hospitals that treat Welsh MS patients. This £700,000 is in addition to the existing £2.5million annual allocation for disease modifying therapies (DMTs). This will allow the prescribing centres commissioned by Health Commission Wales to commence treatment of Welsh MS patients who had previously been assessed as eligible for treatment, and any new patients who present for the remainder of 2006-07.

7.2 The specific disease modifying therapy drugs supported by the MS Risk Sharing Scheme are: -

- Copaxone
- Rebif 22
- Rebif 44
- Betaferon and
- Avonex

7.3 The Welsh Assembly has carefully considered a number of options to help resolve the growing difficulties associated with supplying DMTs to MS patients in Wales. The additional monies will also be accompanied by a review, commissioned by HCW, of the latest evidence and research findings on managing and treating MS together with an assessment of the future epidemiological trends in MS in Wales. The timescales for this review are still to be finalised.

## **8. £4.9 Million Funding for the First Phase of The Children's Hospital**

### **Phase 1**

8.1 Phase 1a was the re-provision of outdated children's ward facilities at the University Hospital of Wales. It included a new main entrance and reception, two 25 bed medical wards and shell accommodation for a paediatric oncology suite comprising a ward, daycare unit, outpatients facilities and dedicated parent's accommodation. The capital cost of this Phase (£4.5m) was funded by the Noah's Ark Appeal.

8.2 Phase 1b comprised the transfer of paediatric oncology services, general medicine and orthopaedics from Llandough Hospital to the new unit at UHW and the development of a new Children's Assessment Centre onto the existing Children's Centre at Llandough Hospital. This Centre expands outpatient clinics for general and specialist children's services, provide children's community services, a clinical investigation unit and urgent access children's assessment. The capital cost of Phase 1b was funded by the Welsh Assembly Government at £4.9m (this was divided as £3.447m at UHW and £1.453m at Llandough).

## 9. Update on Car Parking and Telephones

### Car Parking

9.1 Within the fourteen NHS Trusts in Wales, there are over 120 sites where there are car parking facilities. There is a wide variation between and within Trusts concerning car parking charges, for example:

- Some Trusts provide free parking within some sites and charge for their other sites.
- Some have different charges/arrangements for staff.
- Many have reduced rates for patients with regular appointments.
- Some Trusts have differential charges for the same site.

9.2 The Welsh Assembly Government does not presently direct or guide NHS Trusts on the issue of parking charges at hospital sites. This and other operational matters remain the responsibility of each NHS Trust to determine locally.

9.3 The gross income for NHS Trusts in Wales that charge for car parking in 2005/06 was £4,103,895. The attached spreadsheet shows a full breakdown on a Trust by Trust basis and the split where possible between staff/visitor charging.

### Telephone Income

9.4 Information is currently being collected on income derived by Trusts from telephone charges. The income information available so far is:

Trust	£/yr
Velindre	0
Carmarthenshire	3,405
Ceredigion & Mid Wales	6,644
Powys	6,900
Pembrokeshire	11,741

9.5 Cardiff and Vale NHS Trust telephone income from all sources amounted to £48,000. However, this includes payments made by staff for private telephone calls (land lines and mobiles), and charges to Cardiff LHB for the telephone system at Trenwydd.

9.6 Cardiff and Vale also receives commission or royalties from their service provider, as do Conwy and Denbighshire, Gwent, North West Wales and Pontypridd and Rhondda. Details are currently being sought on the amounts received and the basis on which these are paid, e.g. number of calls, flat fee or some other measure.

9.7 Information is still being sought for:

Bro Morgannwg  
North East Wales  
North Glamorgan  
Swansea

9.8 Information will continue to be gathered and further details will be provided in my next Ministerial Report to Committee.

## Trust income (not revenue) 2005/6 from car parking.

The below are Trust wide figures and therefore could include a number of sites, each with different parking arrangements. If a Trust has a PFI/PPP arrangement on one or more sites the income will not be included below as it is not income to the Trust.

Trust Name	Total parking spaces available (1) (No)	Total disabled parking spaces (2) (No)	Total parking spaces available for patients/visitors (3) (No)	Total parking spaces available for staff (4) (No)	Income from staff (5) (£)	Income from visitors (6) (£)
Bro Morgannwg NHS Trust	3,386	136	1,732	1,717	157,722.00	535,369.00
Cardiff & Vale NHS Trust	5,268	264	3,199	2,715	188,247.00	121,379.00
Carmarthenshire NHS Trust	1,693	52	644	1,049	0.00	225,020.00
Ceredigion & Mid Wales NHS Trust	374	21	229	204	0.00	11,186.00
Conwy & Denbighshire NHS Trust	2,394	100	1,235	1,059	0.00	0.00
Gwent Healthcare NHS Trust	4,206	165	1,642	2,538	284,912.00	508,431.00
North East Wales NHS Trust	2,451	116	2,371	466	26,443.00	235,526.00
North Glamorgan NHS Trust	1,605	76	1,446	1,595	0.00	0.00
North West Wales NHS Trust	2,524	137	2,122	1,612	0.00	121,000.00
Pembrokeshire & Derwen NHS Trust	1,570	95	669	778	0.00	50,000.00
Pontypridd & Rhondda NHS Trust	2,048	96	653	1,299	55,816.00	289,739.00
Powys Healthcare NHS Trust	886	71	753	621	0.00	0.00
Swansea NHS Trust	4,243	221	1,607	2,682	284,822.00	1,003,783.00
Velindre NHS Trust	758	33	204	535	4,500.00	0.00
	<b>33,406</b>	<b>1,583</b>	<b>18,506</b>	<b>18,870</b>	<b>1,002,462.00</b>	<b>3,101,433.00</b>

### Car Parking – Data definitions

Field	Unit	Value	Definition
1.Total parking spaces available	No.		Total number of car parking spaces available for use within the organisation's grounds. This should be the combined total number of disabled, patients, visitors and staff parking places for all of the organisation's occupied sites. Exclude residential parking
2. Total Disabled parking spaces.	No.		Total number of disabled car parking spaces available within the organisational grounds for disabled staff and visitors.
3. Total parking spaces available for patients/visitors	No.		Total number of car parking spaces available for use by patients and visitors within the organisational grounds, inclusive of relevant disabled parking spaces.
4. Total parking spaces available for staff	No.		Total number of car parking spaces available for use by staff within the organisational grounds, inclusive of relevant

			disabled parking spaces.
5. Income from staff	£		Annual gross income in £'s from all staff parking spaces within the organisation grounds.
6. Income from visitors	£		Annual gross income in £'s from all visitors parking spaces within the organisation grounds.

## **10. Use of Hotel Facilities for Bone Marrow Transplant Patients**

10.1 At the 26 October HSSC meeting, it was noted that Cardiff and Vale NHS Trust was piloting the use of hotel facilities for bone marrow transplant patients. Concern was expressed that patients might be exposed to infection in consequence.

10.2 I can now confirm that the University Hospital of Wales has taken two dedicated rooms at the Moat House Hotel on a three-month trial basis to use for transplant patients. This is a model of service used in other units in England and often elsewhere in the world. Autologous patients (who use their own cells and whose transplants are more straightforward) stay in a hotel for either post transplant recovery or for the majority of the transplant episode. Specialised diets are prepared for the patients, the two rooms have dedicated cleaners, the clinical nurse specialist visits every day or the patient visits the hospital. There are clear protocols for the hotel/patient of what to do in an emergency.

## **11. Update on Nice Guidance on the Treatment of Alzheimer's Disease**

11.1 On 17 December, two of the drug companies that manufacture donepezil (aricept), one of the drugs that NICE appraised for Alzheimer's Disease, announced that they are going to challenge NICE's decision in Court, claiming that the process leading to the guidance was unfair. I will update the committee once the hearing has concluded.

11.2 NICE published its final guidance on drugs for Alzheimer's Disease on 22 November, to coincide with the publication of its clinical guideline on management of dementia, including Alzheimer's Disease.

## **12. Organ Donation: New Rights for Donors**

12.1 For the first time, the new Human Tissue Act 2004 (HT Act) which was fully implemented on 1 September 2006 makes the wishes of the deceased paramount.

12.2 If the deceased person has expressed their wish to donate organs for use after their death, the wishes of the deceased take precedence over those of the family or friends and the HT Act now makes it lawful to remove those organs, even if they do not accord with the wishes of relatives - although there may be circumstances when this is not advisable\*

12.3 Establishing consent is the first mandatory step in removing, storing and using human tissue after death for transplantation.

12.4 The HT Act also makes it lawful to take minimum steps to preserve the organs of a deceased person for use in transplantation until information about their wish to donate is known; or, if their wishes are not known, to obtain consent from someone in a close relationship.

12.5 The permission under the Human Tissue Act to preserve organs after death until the potential donor's wishes are known should mean that more organs will be available from deceased donors.

*[\* If the family or those close to the deceased person object to the donation, for whatever purpose, when the deceased person (or their nominated representative) has explicitly consented, clinicians should seek to discuss the matter sensitively with them. They should be encouraged to accept the deceased person's wishes and it should be made clear that they do not have the legal right to veto or overrule those wishes. There may nevertheless be cases in which donation is inappropriate and each case should be considered individually. When a person who has died leaves no formal wishes, the person closest to them will be asked what they believe the deceased wishes would have been.]*

**Source: Human Tissue Authority Briefing 30.8.06**

### **13. Better Advice, Better Health**

13.1 The Assembly continues to provide £700,000 recurrent funding to the National Association of Citizens Advice Bureau (NACAB) for the Better Advice: Better Health initiative.

13.2 The initiative allows GPs to refer patients requiring benefits advice and social care services to expert advisers from the NACAB. The primary objectives of the scheme are:

- (a) to improve the uptake of unclaimed benefits;
- (b) to improve income levels for poorer people; and
- (c) to reduce the time GPs spend resolving non-medical enquiries.

13.3 The National Association of Citizens Advice Bureaux are delivering the scheme through projects in all the 22 local authorities in partnership with local health groups, voluntary bodies and primary care interests. The key achievements of the scheme in 2005-06 were:-

- Between April-December 2006 the benefit gains were £2,280,653m;
- Services across Wales exceeded targets for number of clients seen and confirmed benefits for clients.

13.4 The Project Manager has also met the Wales Centre for Health, which has been commissioned by the Assembly to research the correlation between indebtedness and health.