MINUTES

Date: Wednesday, 7 February 2001

Time: 1.45 to 5.30pm

Venue: Committee Room 3, National Assembly Building

Attendance:

Members of Health & Social Services Committee

Kirsty Williams (Chair)	Brecon & Radnorshire
Geraint Davies	Rhondda
Brian Gibbons	Aberavon
Brian Hancock	Islwyn
Jane Hutt (Minister)	Vale of Glamorgan
Ann Jones	Vale of Clwyd
Dai Lloyd	South Wales West
David Melding	South Wales Central
Lynne Neagle	Torfaen

Officials

Dr Ruth Hall	Chief Medical Officer
Richard Hughes	Public Health Division
Mike Ponton	Project Director, NHS Strategy
Stephen Redmond	NHS Human Resources Division
Mike Shanahan	Social Care Policy Division

Helen Thomas	Social Policy Group
Colin Williams	Acting Director, NHS in Wales
Secretariat:	
Jane Westlake	Committee Clerk
Claire Morris	Deputy Committee Clerk

Item 1: Apologies and Substitutions

1.1 There were no apologies or substitutions.

1.2 Members were reminded of the requirement, under Standing Order 4.5, to declare any interests before taking part in proceedings. The following declarations were made:

> Dai Lloyd, General Practitioner and member of the Council of the City and County of Swansea;
>
> Geraint Davies, Pharmacist and member of Rhondda Cynon Taff County Borough Council.

Item 2: Minister's Monthly Report
Paper: HSS-03-01(p.1)

2.1 The Chair reminded members that the report had been carried forward from the last meeting (HSS-02-01(p2) In response to questions from members the Minister made the following points:

- The report of the Practice Premises Working Group was expected at the end of February and its findings would be shared with members.
- Funding for improving practice premises, particularly in disadvantaged areas, would need to be built into the capital programme and linked closely to the new way of working in primary care outlined in the Strategy for NHS Wales.
- She had made a statement the previous Friday about proposals for the long term care of the elderly. Elderly patients discharged from hospital would in future receive an agreed care package free of charge for six weeks. This would facilitate discharge from hospital.
- Three quarters of elderly people received free personal care or assistance with costs. To extend free personal care to all would be disproportionately costly.
- The waiting list figures for December had been disappointing. There had been a month on month

reduction from May until December, when there had been an increase. Considerable pressure had been put on the NHS in December and January and discussions were taking place with health authorities to review their agreed targets. There had been incidences of patients refusing operations in December because of the proximity to Christmas, which had also contributed to the increase in the figures. A further update would be provided at the next meeting.

- Current year figures for the Personal Social Services Training Support Programme were not yet available.
- Members would receive copies of the draft reports on the 5 yearly reviews of the seven Health Professional Advisory Public Bodies. They would then be considered as an item for the forward work programme.
- The Home Office had announced that volunteers would not be charged for checks with the Criminal Records Bureau. All members welcomed this.
- With regard to the MMR vaccine, Dr Ruth Hall said that there was no scientific evidence of any benefit in giving single vaccines, and the Immunisation Co-ordinating Group had been working to disseminate this message to both professionals and parents. There was also serious concern that children would not complete the programme if it involved having a greater number of vaccinations. The programme would continue to be monitored and an update provided to the Minister along with clarification on the licensing of single vaccines. This would be circulated to members.
- There were occasions when a cancer patient could be referred to a non-cancer specialist because their symptoms were not clear until after their referral. GP referral guidelines were currently being piloted. A copy of the minimum standards of care for the major cancers would be distributed to members.
- The Workforce Planning Group's remit covered all health professionals, including professions allied to medicine.
- The establishment of a successor body to the Welsh National Board for Nurses, Midwives and Health Visitors had been delayed until April 2002.
- A review of the likely underspends on central budgets was underway to ensure that revenue monies could be spent on budget priorities. Slippage on the capital programme would be carried forward.

Action

- Practice Premises Working Group report to be circulated;
- Update on waiting times targets to be provided to next meeting;
- Five year reviews of the seven health professional advisory public bodies to be considered for inclusion in forward work programme;
- Update on the uptake of MMR vaccine and clarification on single vaccine licensing to be provided;
- Minimum standards of care for the major cancers to be circulated.

Item 3: Phillips (BSE) Inquiry Report
Paper: HSS-03-01(p.2)

3.1 The Minister said that the UK Government would shortly be publishing an interim response to the Phillips Report. This may need to be taken into account when formulating the Committee's final report, which she was keen should reflect the problems that had affected Wales and the lessons learned.

3.2 It was agreed to set up a working sub-group to produce a first draft of the report for consideration by the Committee. Membership of the sub-committee was agreed as Lynne Neagle, Dai Lloyd and David Melding.

3.3 The following were identified as areas of particular concern to members:

Arrangements for Caring for Sufferers

- The requirement for joint working from all agencies involved in the care package;
- The speed of progression of the disease and the need to adapt quickly to changing care requirements;
- The variation in service provision across Wales;
- The need for a key worker with control of the care budget;
- The need to fast track benefits and support;
- The prolonged distress caused by delays in inquests;
- The difficulties in obtaining palliative/hospice care for non-cancer patients;
- Improving knowledge amongst GPs to facilitate earlier diagnosis;
- The apparent difficulty in obtaining social care support for people with psychiatric illness as compared to people suffering from physical illnesses;
- Need for extended provision of bereavement support, particularly for children, or a continued relationship with the key worker;
- Whether a single CJD Care Co-ordinator for the UK was sufficient.

Measures to Protect the Human Food Chain

- The lack of information available on what measures were in place within local authorities and how much was being spent by them on food safety;
- Whether the preventative procedures and strategies now in place were sufficient;
- The need for the FSA to revisit the issue of food sourced from outside the EU;
- The need for a robust model to assess the risk to public health of any future epidemics, however infrequent.

Progress of the Epidemic and Scientific Advice Available

- The need to monitor new incidences of vCJD, which could either prove or disprove the theory behind the epidemic;
- The importance of the Assembly being able to obtain independent advice from scientific

committees;
- Consideration of re-establishing the Health Professionals Group within the Assembly;
- The need to develop the relationship with SEAC and receive regular reports after each of their meetings;
- In view of the importance of sheep farming in Wales and the similarity between BSE and Scrapie, the possible need for further research in this area.

3.4 Dr Ruth Hall confirmed that work was ongoing to establish a baseline of practice for the sterilisation of surgical instruments across Wales. She would provide a report to the Committee once the results were available.

Action

- A meeting of sub-group to be arranged.
- Information requested from FSA on number of private kills by farmers to be followed up.
- Information on scheme in Yorkshire where carers held the budget to be obtained.
- Report on sterilisation procedures throughout Wales to be provided.

Item 4: Improving Health in Wales – A Plan for the NHS with its Partners
Paper: HSS-03-01(p.3)

4.1 The Chair welcomed Mike Ponton, Project Director, NHS Strategy, who gave a brief outline of the vision and key themes of the Strategy. A copy of his presentation is attached at Annex A.

4.2 In response to questions from members, the Minister made the following points:

- The Strategy was a Welsh plan, developed to address the specific needs of Wales, not a response to the English NHS Plan.
- The new Director of NHS Wales, Ann Lloyd, would be responsible for the implementation of the Strategy and the NHS would be fully involved;
- The Strategy acknowledged the severe pressures placed on NHS staff and recognised the need to address capacity issues.
- Resources needed to be targeted more effectively. Expanding the Health Inequalities Fund and the work on the resource allocation formula would help to do this.
- Partnership between the patient and the workforce was an essential feature of the Strategy.
- Strategy implementation would be linked to other Assembly policies, such as Communities First.
- Those delivering the NHS needed a clearer line of accountability to the Assembly.
- The abolition of health authorities would not require primary legislation; they would be phased out by the end of March 2003. There were a range of issues in terms of accountability, membership and status of LHGs to be clarified during that time.
- The development of Local Health Groups (LHGs) over the next two years would be critical to the implementation of the Strategy;

- Local authority involvement in LHGs would be increased, with elected members of local authorities becoming members of LHGs.
- Care Trusts would not be piloted in Wales.
- Accessible, equitable services were far more important to patients than targets, which were often meaningless to them. The targets in the Strategy had been identified as key priority areas that were important to the health of people in Wales and would give significant health gain.
- The Commission for Health Improvement (CHI) would inspect all Trusts in Wales once every four years, but there were no plans to categorise Trusts according to performance. The National Assembly, in particular the Committee, would play an important role in securing improvements identified CHI's reports.
- The number of medical students in Wales was increasing but greater capacity and infrastructure was needed.
- An audit was currently being undertaken on the use of agency staff in the NHS and the results would be issued to Members. It was acknowledged that resources would be better utilised in recruiting and training permanent staff.
- A consultation on public private partnerships had been undertaken by the Minister for Finance, Local Government and Communities and discussed in Plenary on 5 December, where it had been referred for consideration by relevant subject committees.
- The quality of the estate played a significant role in the cleanliness of hospitals. It was also felt that the contracting out of hospital domestic services had played a huge part in the deterioration of standards.
- A programme was in place in Wales that helped health support workers undertake any education or training they needed for their personal development.
- Stephen Redmond said that he was part of a national negotiating team looking at consultant appointments and contracts.
- Dr Ruth Hall said that as part of the work being undertaken on medical undergraduate education in Wales, a sub-committee had been established to look at alternative routes into medical training.
- Colin Williams clarified the core minimum standards for the referral of patients suspected of having cancer by a GP to a Specialist. The GP should make an assessment of the urgency of the case and contact a named specialist by fax or phone. The Specialist should then make an assessment of the urgency on the basis of the symptoms presented. It would be at that stage that the target times for action start.

4.3 Members also made the following points:

- The health economies model was welcomed but it was felt that in certain areas the boundaries needed revisiting.
- The abolition of health authorities was welcomed. It was felt that removing this tier of management would make the NHS more transparent and easier for the public to understand.
- Some members felt that the Strategy did not contain enough specific targets, which would make measuring service development and performance difficult. Others felt that a more balanced approach was needed, with meaningful, relevant targets.
- There was disappointment that there was no section on health inequalities in the Strategy.

- Concern was expressed about the status of LHGs once health authorities were abolished, as they were currently sub-committees of health authorities.
- The retention of Community Health Councils (CHCs) was welcomed. It was felt that they needed to be promoted more widely so the public was aware of their role.
- The intention to provide waiting lists for physiotherapists and other professions allied to medicine was welcomed.
- Greater capacity for medical training was needed in Bangor.

4.4 In conclusion, the Minister said that she had met with all key stakeholders at the launch of the Strategy and had stressed that the Assembly's expectations of them would remain throughout the implementation process. She recognised that to meet those expectations they would need support, to be consulted and involved in the changes. There was a view that this change was for the best and by working together could be moved forward.

Action

- Results of the audit on the use of agency staff to be issued to members.

Item 5: Minutes of Meetings 18 January and 24 January 2001
Papers: HSS-01-01(min) and HSS-02-01(min)

5.1 The minutes of both meetings were taken at the start of the meeting. They were agreed.

5.2 David Melding said that he was concerned that the Members' Library had advised him that the responses to the Adult Mental Health Strategy were confidential and that he could not see them.

5.3 In the temporary absence of the Minister, Helen Thomas advised that responses to consultation were available to members except where individual respondents had expressed the wish not have their views disclosed. The Chair said that she would write to the Minster.

Action

Clerk to draft a letter for the Chair.

Item 6: Any Other Business

6.1 In response to a question from Dai Lloyd, the Minister confirmed that the recently announced £1.5m funding to modernise audiology services included provision for neonatal screening.

Annex A