

MINUTES

Date: Wednesday, 26 February 2003

Time: 9.00am to 12.20pm

Venue: Committee Room 2, National Assembly for Wales

Attendance: **Members of Health & Social Services Committee**

Kirsty Williams (**Chair**) Brecon and Radnorshire

Geraint Davies Rhondda

Brian Gibbons Aberavon

John Griffiths Newport East (*Item 2 - Statement on Orthopaedic Services only*)

Jane Hutt (Minister) Vale of Glamorgan

Ann Jones Vale of Clwyd

Dai Lloyd South Wales West

David Melding South Wales Central

Lynne Neagle Torfaen

In Attendance

Dr Edward Coyle Wales Centre for Health

Dr Ann Marie Cunningham University of Wales College of Medicine

Officials In Attendance

Dr Ruth Hall Chief Medical Officer

John Hill-Tout NHS Wales Department

Ann Lloyd	Director, NHS in Wales
Maria Michael	Social Services Inspectorate Wales
Richard Tebboth	Social Services Inspectorate Wales
Helen Thomas	Director, Social Policy Department
Graham Williams	Social Services Inspectorate Wales
Bob Woodward	Social Services Inspectorate Wales
Secretariat:	
Jane Westlake	Committee Clerk
Claire Morris	Deputy Committee Clerk

Item 1: Apologies and Substitutions and Declarations of Interest

1.1 An apology was received from Jocelyn Davies.

1.2 There were no declarations of interest.

Item 2: Minister's Monthly Report (9.05 - 10.10am)

Paper: HSS-03-03(p.1)

2.1 The Minister made a statement on orthopaedic services in Wales. A copy is attached at Annex A.

2.2 In response to questions from Members on the statement, the Minister made the following points:

- The Welsh Assembly Government would provide capital and revenue funding for the developments at Nevill Hall and St Woolos.
- At Nevill Hall an unused ward was being redeveloped for orthopaedic work and at St Woolos the new beds provided would be ring fenced.
- The Townsend recommendations for allocating resources in the NHS would be implemented in April 2003. The new formula would result in year on year increases for Gwent, and this would have a significant impact on capacity issues, particularly in the areas of greatest need.
- A total of 12 additional specialist registrar training places would be made available across Wales over the next three years (four per year). Gwent would receive its share of these.
- Issues around private practice by consultants applied to all specialties.
- Sustainable solutions, other than treatment, were being sought to improve the long term capacity of the NHS.

- Allied Health Professionals had an important role to play in developing innovative services.
- The proposals would create capacity in the NHS in Gwent. The funding was provided on the basis that the NHS delivered change and innovation.
- Clear lines of accountability had been put in place for Trust senior management teams.
- Problems were being experienced in the whole of South East Wales and Professor Edwards's recommendations that services in Bro Taf (Llandough) be developed would address this need.
- The Minister would continue to update the Committee on developments in orthopaedic surgery via her monthly report.

2.3 In response to comments and questions from Members on the rest of the monthly report, the Minister made the following points:

Section 1: Strategy Issues

- A further update on the transitional costs of structural change would be provided in the March monthly report, but these would not be the final costs.
- The strategy for combating child poverty in Wales was being developed in partnership, primarily driven by the Child Poverty Network in Wales. A workable definition was being drawn up for use in developing policies and targeting resources. Investment had been made in schemes such as Sure Start, Cymorth, Communities First and Children First and this now needed to be pulled together under the heading of tackling child poverty. A clear plan for action over the next four years should be available by the end of the year.
- The proposals to transfer specialised paediatric nephrological inpatient care from University Hospital of Wales to Bristol Children's Hospital had been agreed as the most appropriate way forward based on the clinical evidence. Further discussion with parents could be arranged if necessary.

Section 2: NHS Performance

- The pilot alternative dispute resolution schemes had been set up to address the issue of unacceptable legal costs that were emerging in the field of clinical negligence, and part of their work would be to consider alternative routes to resolving cases.

Section 3: Improving Health and Tackling Inequalities

- The Minister was not aware that the extension of breast screening to women aged 70 in Wales was moving at a different pace to the rest of the UK.

Section 4: Quality Regulation and Inspection

- Checks were being made that there were no inappropriate arrangements for charging for nursing care in care homes in Wales, following the four cases raised by the Ombudsman in England.

Section 5: Social Care

- The operational guidance issued by the Care Standards Inspectorate Wales on regulations and standards in care homes for older people would provide more flexibility for care homes whilst safeguarding patient safety.
- Ringfenced funding would be provided for the Carers Grant Scheme for the next two years.

2.4 The Chief Medical Officer said that she had met with parents in Swansea to discuss the provision of paediatric neurosurgery and was keeping them informed about the option appraisal arrangements. Delays had been experienced in appointing an independent chair for the option appraisal group.

Action

- Information on expert patient networks would be included in the next monthly report.
- Update on blood and blood products to be included in next monthly report.
- Comparison of the breast screening service available in other parts of the UK to be produced.
- Minister to write to David Melding with details of the management arrangements of the NHS Equality Unit.
- Clerk would draw the Nutrition Strategy to the attention of other Committees, as it contained cross cutting issues.
- Update to be provided following checks on arrangements for charging for nursing care in care homes in Wales.

Item 3: Improving Performance in Social Services (10.10 - 11.20am)

Paper: HSS-03-03(p.2)

3.1 Graham Williams, Chief Inspector of Social Services, introduced the Social Service Inspectorate Wales (SSIW) programme of performance evaluation; the performance management programme; the inspection and development programmes for 2003-04; and SSIW's consultation document setting out proposals for the inspection programme from 2004 onwards, including the future for joint reviews.

3.2 In response to the papers, Members made the following points:

- Joint reviews had significantly raised the profile of social services, particularly children's services.
- The first round of joint reviews had shown that in many areas social services in Wales were performing poorly. It was felt that it was not appropriate to introduce a new system at this time. The first round should be a benchmark for second round reviews.
- The current system was robust and independent and this was valued by everyone involved in the

- joint review process. Any successor system would need to replicate that rigour and independence.
- There was a potential conflict of interest between SSIW's inspection role, and their role in working with local authorities to improve performance.
 - Reassurance was sought that local authorities would not be able to choose the areas to be inspected or reviewed.

3.3 In response to Members' comments, SSIW officials made the following points:

- Joint reviews, in whatever form, were a partnership between SSIW and the Audit Commission.
- The need for change resulted from the discontinuation in England of the current England and Wales arrangements for joint inspection and the disbanding of the centralised joint review team.
- The Minister had taken the decision to hold another cycle of reviews in Wales. The way in which this would be implemented was currently out to consultation, but they would continue to be in partnership with the Audit Commission in Wales.
- The current system of Joint Reviews had looked across the whole service, but not in depth at individual service areas.
- The consultation document had been circulated to local government organisations, other auditors and inspectors, voluntary sector networks via the Wales Council for Voluntary Action (WCVA), and was available on the National Assembly Internet site.
- Discussion was ongoing with the Audit Commission to create a mechanism to involve stakeholders in the process of development.
- The intention was to integrate fully joint reviews with other inspection programmes and initiatives as part of the Wales Programme for Improvement. This would also ensure that social services had an increased profile on the overall agenda of local authorities.
- Greater economy of effort was needed. One of the most common complaints about joint reviews was the amount of time and effort involved in collating information beforehand. The proposed performance management system would facilitate the routine collection of good quality, comparable data.
- SSIW did not see their role in facilitating improvement as compromising their independence with local authorities. A request to help a local authority implement its joint review action plan had been refused, as this was not part of the SSIW remit.
- The inspection work SSIW undertook demonstrated their independence. Unfortunately, this work had not achieved as high a profile as joint review reports.
- The proposed way forward would constitute an ongoing process rather than a series of specific, single events.

3.4 The Chair said that as this was clearly an issue of great concern to Members, a strong recommendation should be made to the successor committee to revisit this issue once the consultation exercise had been completed.

Item 4: Report of the Independent Investigation of the Nantygwyddon Landfill Site: Progress Report on Implementing Recommendations on Human Health (11.30 – 12.20pm)
Paper: HSS-03-03(p.3)

4.1 The Chair welcomed Dr Edward Coyle, Director of the shadow Wales Centre for Health, and Dr Anne Marie Cunningham, Academic Fellow at the University of Wales College of Medicine, who had been advising the Wales Centre for Health.

4.2 Dr Coyle outlined the key recommendations of the report by the Agency for Toxic Substances and Disease Registry (ATSDR). He said that this was only the preliminary report and the ATSDR would welcome comments prior to publication of the final document. The study evaluated the public health assessment process at Nantygwyddon, and much of the report related to what could be learnt from the experience.

4.3 Members made the following comments on the report recommendations:

- Much of the reassurance contained in the report was based on previously discredited studies.
- It contained very little new information and no recommendation for new health studies, contrary to the report by David Purchon to the Environment, Planning and Transport Committee that had highlighted the need for further health studies.
- The reassurance about risk was based on the methodology and good management currently in place. It did not account for any future risk.
- Scientific study had been hampered because there was incomplete information about the substances tipped at Nantygwyddon
- Although local health boards (LHBs) might not have the expertise to undertake detailed scientific studies, they nevertheless had a responsibility for health and well being. In formulating their strategies they should be looking at the incidence of disease and data on hospital admissions.
- Valuable lessons could be learned for the future about fully engaging with people, not hiding information and acknowledging their concerns.
- Some of the evidence was inconclusive, for example about the incidence of sarcoidosis, non-Hodgkin's lymphoma, gastroschisis and low birth weight, and these should continue to be monitored.
- Local Authorities should be required to publish health impact studies for landfill sites and also where re-development of brown field sites is proposed.
- There may be a conflict of interest in local authorities monitoring the health effects of landfill sites. It might be more appropriate for a health body to monitor.

4.4 The Chief Medical Officer made the following points:

- She had been asked to take forward a response to the health recommendations that had arisen through the David Purchon report, one of which specifically referred to further research. She had therefore asked ATSDR to consider the need for further research in the spirit of opening up the possibility that further studies might be necessary. The intention had been to add to the recommendations made by David Purchon, if a need was indicated.
- Wales was at the leading edge in preparing Health Impact Assessments and a Health Impact

Assessment Support Unit had been established to support the process. A mechanism was being developed that would build on experience.

- Public health protection was being strengthened in Wales with the setting up of the National Public Health Service, the Wales Centre for Health and through the Local Health Boards.

4.5 The Minister said that she was working with Sue Essex, the Minister responsible for planning, on the links between health and planning policy. The Welsh Assembly Government's Waste Strategy included a health impact assessment tool. At community level, each LHB would have a Director of Public Health, who would be part of the national Public Health Service.

4.6 The Chair said that Members' comments would be passed on to Dr Coyle, to be fed back to the ATSDR.

Action

- Clerk to copy the minutes Dr Coyle.

Item 5: Minutes of 5 February 2003

Paper: HSS-02-03(min)

5.1 The minutes of 5 February were agreed. There were no matters arising.

Annex A

Proposals for funding sustainable solutions to orthopaedic Services

I am pleased to make a statement today responding to Professor Brian Edward's Review of Orthopaedic Services in Gwent, and will be doing this in the context of plans and funding for sustainable solutions to orthopaedic service needs in Wales. This statement relates to points 2.1.2 and 2.1.3 in my Monthly Report.

In recent years there has been a significant increase in demand for orthopaedic services. The 2001 Census highlights the ageing population across the whole of the UK, reflecting longer life expectancy due to improvements in living standards and health care; in Wales there is a higher than average proportion the population aged over 65, compared with a UK average. This places an extra workload on orthopaedic procedures, which are increasingly required with advancing age. High patient expectations, musculo-skeletal conditions (mostly back pain), and the debilitating effects of higher than average levels of life limiting illness in people of working age also contribute to rising demands for orthopaedic services.

In June 2001 I invested £6m additional resources from the Welsh Assembly Government to reduce the numbers of orthopaedic patients waiting longer than 18 months for treatment and tasked the Innovations in Care Team to steer the implementation of best practice in service provision and management. Gwent received £2.25m of this additional funding. An additional £3m was allocated in August 2002. Considerable progress has been made across Wales and by the end of January 2003, 93 patients in Wales were waiting over 18 months for inpatient treatment, a reduction of over 2,000 since June 2001.

To achieve long-term improvements, a small working group, including orthopaedic consultants, has been developing sustainable solutions for orthopaedic services in Wales as part of a strategic approach. This group has taken into account the recommendations of the Review of Orthopaedic services in Gwent that was undertaken by Professor Brian Edwards. It has also recognised the fact that Gwent has the longest waiting times for inpatient/daycases and outpatients in Wales. Waiting times in Bro Taf also highlight service shortfalls, and current difficulties in North Bro Taf have further affected service provision.

As my Monthly Report states, the orthopaedics working group has recommended a series of solutions to make some early impact, whilst emphasising the importance of a phased, long term sustainable approach. The initial solutions, which I am adopting, cover:

- Targeted, phased investment in additional capacity
- Extending the number of Specialist Registrar training places
- Re-establishing the academic chair in Orthopaedics to raise status within the profession and improve clinical recruitment and retention
- Continuing Innovations in Care Programme, particularly waiting list management; outpatient bookings; theatre utilisation, and the wide spread use of extended scope physiotherapists.
- Ringfencing of orthopaedic beds for elective surgery within an overall bed management policy
- Rationalisation of prostheses to improve value for money

To support these recommendations, which take into account Professor Edwards' findings, I have, for 2003/04, committed a revenue funding stream of £5million recurrently. This will be the first step in developing orthopaedics services across Wales and will be used to:

- provide a further four Specialist Registrar training places for next year;
- support and develop services in Gwent, specifically new theatre capacity at St Woolos Hospital in Newport, and the conversion of another ward protected for orthopaedic work at Nevill Hall Hospital in Abergavenny;
- develop the first phase of an orthopaedic Ambulatory care centre at Llandough Hospital in Cardiff;
- strengthen services in North Bro Taf by providing additional support for the new Consultant orthopaedic surgeon in North Glamorgan Hospital at Merthyr Tydfil.

In addition to revenue monies, capital monies will be required to provide the additional physical

capacity in Gwent and Cardiff. I am earmarking capital investment for the schemes in St Woolos, Nevill Hall and Llandough Hospitals to expand capacity to achieve additional elective treatments in orthopaedic service delivery.

Whilst early action in Gwent and Bro Taf will go some way towards alleviating current pressures, there is still much to be done across Wales to reduce orthopaedic waiting times overall and to achieve more equitable and sustainable patterns of care. Sustained service development is essential, and this money will be the first part of an ongoing programme of reform and investment in Orthopaedics across Wales. Continued investment in orthopaedics will be a priority in the forthcoming Budget Planning Rounds. Each health community has developed preliminary proposals for improving access and reducing their orthopaedic waiting times, and these will provide a basis for working group's development of a long term strategic approach.

The Edwards' Review

Professor Brian Edwards' review was submitted to me at the end of January. The report confirms that the NHS in Wales and Gwent in particular needs to extend capacity in this speciality to handle current pressures and predicted future demand. Professor Edwards endorsed the proposals to provide theatre capacity at St Woolos to take account of available ward capacity there, and the conversion of a ward at Nevill Hall. He has also stated clearly that, whilst the Trust has worked hard to reduce its waiting times, there is more that they can do to improve their own efficiency and waiting list management.

Detailed work has now been undertaken to provide an action plan to address the findings and recommendations in the report. This will be taken forward through formal project management engaging all partners.

The report highlighted management, innovation and capacity issues which all contribute to the long waiting times in this community. The allocation of these substantial sums into Gwent is conditional upon the implementation in full by the Trust and LHBs of the remaining recommendations provided in Professor Edwards' report. These include, for example, tighter management of waiting lists, and optimum use of theatre capacity. Consideration of how Delayed Transfers of Care can be addressed to reduce significant pressures on the system must also be a key consideration for Local Authorities, the LHBs and Trust. A senior support team has been set up to overhaul working practices as recommended in the report, which includes an experienced manager from the Welsh Assembly Government, and is led by a senior Trust manager.

This statement is a clear demonstration of my commitment to 'invest and reform' in the health services in one of the most pressurised specialities, orthopaedics. With a tight line of accountability we will now monitor delivery of this investment for the benefit of the people of Wales.