Health & Social Services Committee HSS-07-01 (p.1)

Date: Wednesday 2 May 2001
Venue: Committee Room 3, National Assembly for Wales
Title: **Monthly Report Of Health And Social Services Minister**

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1. STRATEGY ISSUES

1.1 " Improving Health in Wales" - Implementation Plan

Update as at 4 April

To ensure the widest distribution of the Plan as possible I arranged for copies and summaries to be provided to all Health and Local Authorities to cascade to managers and staff and also to be placed in all health premises and public buildings. I also arranged for a general summary to be sent to all staff in NHS Wales.

All the Chairs of the nine Task and Finish Groups have been appointed and members have been contacted with their Task Group arrangements. The Structures Group, chaired by the Director of NHS Wales, met on 27 March and will be reporting its recommendations in three months time. I chaired the first meeting of the Steering Group on 9 April and the first meeting of the Implementation Group was held on 11 April. Each of the Groups has been asked to provide a framework for their short, medium and long term objectives together with a forward work programme. I would expect the scoping of the tasks and short term objectives of the Groups to be completed by June, and to form the main part of the first draft Technical Document for the implementation of the Plan which is to be issued in the summer.

1.2 Videoconferencing

The first virtual meeting of the Health and Social Services Committee was successfully held on 28 March with members being located over three sites.

All members agreed that it was a very successful venture and that the Health and Social Services Committee should continue to use video conferencing for meetings where applicable.

Kirsty Williams, AM chaired the meeting from the Institute of Rural Health at Gregynog Hall with Dai Lloyd, AM being situated at the School of Health Science at the University of Wales Swansea. Other members and health officials linked in from the BT videoconferencing suite at the Cardiff International Arena in Cardiff. Each site was able to see the members and health officials from the other two sites on their video screens. Yet another "first" was the simultaneous translation from English to Welsh.

1.3 Telemedicine

A Welsh Heath Circular, WHC (01) 010, was issued on 7 March inviting proposals from the service for inclusion in the all Wales Telemedicine initiative by 30 April 2001. Two project managers are now in post to take this programme of work forward, one responsible for strategy development and the other for implementation of the programme.

1.4 Expansion of Medical Education (Undergraduate) and Research in North Wales

During a recent visit to North Wales, I called on local Higher Education institutions and NHS Trusts to form a consortium to develop proposals for an expansion of medical education and research facilities across the region. The proposals are to be developed in full partnership with the University of Wales College of Medicine prior to consideration by a High Level Strategy Group, which will make its final recommendations by September 2001.

2. NHS PERFORMANCE

2.1 Waiting Lists

The end year figures for 2000\01 were published on 25 April. These figures (attached at Annex A) show a fall in the number of inpatients waiting for treatment to 65,600, the lowest level since September 1996. The figures for inpatients and day case treatment also show the biggest single monthly fall since March 1999. During the year 2,500 of the patients waiting for more than six months have had their cataract operation, and out-patient lists, which have grown steadily over the past five years, have begun to fall.

This is an excellent performance and demonstrates the positive effect of the additional £40million allocated to tackle waiting lists and emergency pressures and the application of challenging targets. This extra money has also allowed us to provide:

- 36 additional consultants;
- 20 extra critical care beds;
- more than 100 acute beds over the Winter; and
- extra clinics and operating sessions to speed up treatment for patients

The targets set for waiting times last year were tough but they have set the foundation for future years. We have learned lessons which have informed the target-setting process this year, resulting in a focus on priority areas, such as Cancer, cardiac care, cataracts and orthopaedics, and the use of best practice and increased capacity.

2.2 Winter Emergency Pressures

This winter there was no serious outbreak of flu, partly at least due to the mass vaccination programme introduced by the Assembly. However our hospitals in Wales have still been under constant pressure this winter and at times have been busier than previous years.

There were some excellent outcomes from the emergency pressures group, the ongoing work of which will be led by the NHS Director.

Daily reporting will continue until the end of May. Weekly reporting is still continuing with the information being fed back to the NHS on Cymruweb. Social Services Departments are also receiving this information.

Reporting on delayed transfers of care is still in its pilot phase. A multi-agency working group has formed to review, and if necessary refine, the process of collecting the data. My officials have also been evaluating local discharge protocols currently in place in order to assess the need for future guidance.

As a consequence of the additional £40 million, which I made available last May for emergency pressures and reducing waiting lists, the NHS in Wales has seen an increase in the number of consultants. At the beginning of March, thirty-six new consultants had been appointed with a further thirty-three in the process of appointment.

3. IMPROVING HEALTH AND TACKLING INEQUALITIES

3.1 Health Impact Assessment

At the beginning of March, I launched a new guidance document, a follow up to the Assembly's health impact assessment of the Objective 1 Programme. Designed for use by organisations and groups at all levels, it highlights the Programme's relevance to health and, by way of a simple assessment tool, can

help organisations and groups to take health into account as part of their projects. I consider this to be an important tool for developing further local action where help for people to improve their health and that of their families is seen as an integrated part of wider social and economic regeneration.

I launched the document in Blaenau Gwent and was pleased to do so for two reasons. First, Blaenau Gwent County Borough Council deserves the credit for the way they are pursuing an integrated approach where improving people's health is recognised as an essential part of sustainable economic development. Secondly, I was impressed with the way that health issues are being addressed as part of the community centre project I visited. This is encouraging as such action is vital to our efforts to improve health and to reduce inequalities in health.

3.2 Foot and Mouth Disease

A statement providing an update on the public health issues will be given at the Committee.

Foot and mouth disease has no implications for the human food chain and consequently there is no threat to food safety. The controls on the movement of live animals, and export of meat and dairy products, have been introduced on the grounds of animal health not food safety because they can be a vehicle for transmitting the virus to other animals.

The Meat Hygiene Service (MHS), an executive agency of the Food Standards Agency, is working closely with colleagues in agricultural departments to control the spread of the disease. In particular, the MHS has taken action quickly and efficiently to consider and approve applications from slaughterhouses which wished to operate under the restrictions required by foot and mouth disease legislation.

Three slaughterhouses in Wales have voluntarily surrendered their licences (which permit them to slaughter animals intended for sale for human consumption) to enable them to take part in cull schemes in areas infected with foot and mouth disease.

In parallel with the action to deal with the immediate effects of the Foot and Mouth Disease, health and social care agencies, including the voluntary sector, are facing a range of issues arising from the impact of the disease on individuals, families and communities. The impact of Foot and Mouth Disease (FMD) will affect individuals, families, including children, and communities where people are affected either directly by the disease on their farms, or indirectly by the impact on tourism and other rural businesses. Effects will range from stress, depressions and potentially more serious mental health issues, through to public health issues for farmers and those involved in the cull; and environmental health impacts in the immediate vicinity of the cull, and further afield.

Local statutory and non-statutory agencies are dealing with the health and social care impact of the disease as part of their normal business. However, given the continuing scale of the problem, I have taken steps to assess the actions already in place, and what further may be needed. This note outlines the issues and the current position. I will update this information at the Committee meeting.

- The Institute of Rural Health is investigating the nature and volume of the use of rural helplines during the FMD crisis. The Institute have also been asked to work up a proposal for a more rigorous study of the health impact of FMD, focusing on Montgomery and Anglesey.
- The mental health helpline has taken some 800 calls since mid February, but this is no more than they would normally expect. Very few could be attributed to FMD. The Rural Stress Helpline has had 22 FMD-related calls in the last month.
- There are no reports coming in or additional calls on community mental health teams but staff in the teams have suggested that any increased activity is likely to come later. The arrival of compensation payments to affected farmers may help allay problems at least in the short term (although this will not impact on non-farming businesses affected by the crisis).
- Clwyd Mind has reported an increase in referrals from Banks and other funding institutions where callers seemed distressed. We have not be able to confirm this pattern more widely.
- GPs have been made aware of counselling and other stress services, and, as yet, there is no information to indicate increased activity levels for GP services.
- The Chief Medical Officer's regular newsletter to all doctors in Wales, recently issued, includes information about rural stress helplines and other related services. Community Psychiatric Nurses have not reported increased activity, but have been given advice on disinfectant and other procedures.
- Health professionals have been in touch the Health and Safety Executive in Cardiff, who, so far, have recorded little or no demand for their services in dealing with the crisis.
- I hope to hear shortly from health authorities about local responses.
- We have contacted all Social Services Departments and those in Anglesey, Monmouth and Powys have responded with details of the special measures they are putting in place to ensure access to elderly people and other clients. There are some difficulties (for example care workers who live on farms and who have been unable or reluctant to travel; and problems with police, army and agriculture officials blocking access for, for example, meals on wheels deliveries) However, social services are being flexible in adapting service provision, work patterns etc to minimise the difficulties for staff and clients alike.

In relation to the health needs of workers dealing with the Foot and Mouth, the situation is as follows:

- Information packs are being sent to all farmers directly affected by the disease, which include information about rural stress helplines and related services.

- Training has been provided for Assembly staff in the operations room dealing with difficult calls and we are looking to extend this to other areas. The Assembly's staff Health and Welfare Unit have advertised their services to staff dealing with the crisis. In addition Agriculture Department staff have access to services provided by a private supplier. Other action is being taken to support Assembly staff and those employed on a contractual basis in dealing with the cull, the clean-up operation and related matters.

3.3 BSE

The MHS is responsible for the enforcement of meat hygiene regulations and EU-wide BSE controls in licensed abattoirs and meat cutting plants. Recent failures of consignments of imported beef to comply with BSE rules (they were found to contain specified risk material) were detected at the point of destination by the MHS and the contaminated beef was removed from the food supply chain. The checks on imports by the MHS are designed to maintain food safety by ensuring that imported beef complies with the regulations relating to human consumption in the UK.

The Food Standards Agency is publishing details of the offending abattoirs, pursuing all such breaches with the Governments concerned, and has also voiced its concerns with the European Commission. As a result of the Agency's demands for action, and pressure via Commissioner Byrne, German authorities have suspended the licences of two of their abattoirs, and similar action has been taken elsewhere.

The Food Standards Agency has issued instructions to the MHS to step up checks on imported meat, in anticipation of a possible increase in the volume of imports as a result of the foot and mouth disease outbreak.

3.4 Butchers Licensing

An outbreak of E-coli 0157 food poisoning occurred in Central Scotland in 1996, which led directly to the deaths of 17 people. Around a further 500 people are known to have been made ill as a result of the outbreak. Cross contamination from raw meat to ready-to-eat foods through poor handling and hygiene practices in a butcher's shop was identified as the main cause of the outbreak.

Regulations approved in Wales in December 2000 require Butchers' shops which sell both raw and cooked foods to obtain a licence from their local authority environmental health department by 30 June 2001. Butchers will need to satisfy a number of conditions before qualifying for a licence.

They will need to comply with the existing food hygiene and temperature control legislation. They will also need to operate a documented Hazard Analysis Critical Control Point food safety management system (HACCP), and food handlers and supervisory staff will need to undergo enhanced hygiene training.

Individual butchers' shops will be required to pay an annual licence fee of £100. As a result of a Welsh office funded HACCP initiative, most butchers' shops will already be operating HACCP, and will not therefore incur any additional costs (other than the licence fee itself) in meeting the requirements of the Regulations.

Welsh local authorities are currently working with butchers to have timely licence applications.

3.5 Food Standards Agency Audits

The Food Standards Act 1999 gives the FSA a key role in overseeing local authority enforcement activities. The Framework Agreement audit scheme sets out the arrangements whereby the Agency will audit to ensure that local authorities are providing an effective service to protect public health. The audit will assess conformance against an agreed standard and associated guidance.

Selection of authorities will be informed by monitoring data to include both low and high apparent levels of performance. There will also be an element of random selection.

There will be prior notice of the audits (normally 3 months) to allow a pre-visit document survey and the on site audit will normally be 2-3 days. Audit reports will be issued to local authorities with the expectation that the reports will be presented to the elected members within the appropriate local public forum. Copies of audit report will be placed on the Food Standards Agency web-site. The Agency will publish an annual report providing a national summary of monitoring data and audit findings.

It is planned that all Welsh Authorities will be audited in 3 years and details of the Welsh programme of audits will be published shortly.

3.6 Nutrition Strategy

In recognition that a healthy balanced diet plays an important role in the maintenance of good health, I have asked the Food Standards Agency to develop, in collaboration with key interests, a Nutrition Strategy for Wales.

They key objective of the strategy is to identify appropriate means for improving diet, particularly amongst disadvantaged groups.

Particular emphasis will be attached to:

- promotion of healthy eating policies;
- development of partnerships to promote good nutrition;
- identifying and tackling barriers to healthy eating;
- promoting and funding good practice.

A steering group, chaired by Joy Whinney (Director of FSA Wales) has been established to oversee the development of the strategy. The group includes representation for Health Promotion Division, Public Health Group and Education Group; from Health and Local Authorities; the Welsh Consumer Council; the British Nutrition Foundation; the University of Wales College of Medicine; and the Welsh Collaboration for Health and the Environment. The group held its first meeting on 28 March and plans to meet on a regular basis over the coming 12 months.

4 QUALITY REGULATION AND INSPECTION

4.1 Cardiff Prison Visit

I visited Cardiff Prison on 22 February to officially open the Day Centre, which caters for vulnerable prisoners. This had been under threat of closure due to Prison Service cutbacks but we were able to help bridge the gap in funding with a one off payment of £19,000. This was on the understanding that the project would be re-launched as a pilot scheme and properly evaluated at the end.

Inmates using the facility left me in no doubt that it was vital and two said that they would have killed themselves if it had had to close. My visit also included the educational facilities where impressive work is being done to overcome illiteracy and innumeracy and to equip young prisoners in particular for the job market. My discussions with prisoners and staff showed clearly that we are right to be involved with the Prison Health Task Force in trying to raise health care standards in our four Welsh prisons.

I was able to raise with the Governor my concerns about asylum seekers who are to be housed in the prison. He was able to assure me that the full range of prison health facilities would be available to them.

On 19 April, I announced that £360,000 would be made available to Health Authorities to work with their Prison Healthcare colleagues to improve NHS mental health record into prisons. I see the improvement of these services as a vital component in our efforts to raise the standards of care for prisoners.

4.2 Commission for Health Improvement Report on Carmarthenshire NHS Trust

The Commission for Health Improvement (CHI) published its report on its investigation of the Carmarthenshire NHS Trust on 15 November, and was discussed by the Committee a week later. CHI, the Trust and Dyfed Powys Health Authority will return to the Committee on 16 May to report progress on implementing the action plan.

4.3 Care Council for Wales

The Social Services White Paper for Wales *"Building for the Future"* set out a programme of work designed to raise standards in the social care workforce. The central proposal is to create a new statutory body called the Care Council for Wales, or Cyngor Gofal Cymru, to regulate the social care workforce and to raise standards of training. The new body will be an executive Assembly Sponsored Public Body (ASPB).

The Council will be very different from a traditional regulatory body, run largely by the profession itself. All of the key interests will have a voice - and service users, carers and the general public will be in a majority. The Council will have a lay chair, and its remaining membership will represent employers from all sectors, professional associations and trade unions, and education and training interests.

The appointment of the Chair of the Council is progressing, interviews have been arranged for 4 May and arrangements for the appointment of members are in hand. The consultation period for the Care Council for Wales (Appointment, Membership and Procedure) Regulations has ended and the regulations are now being progressed through Assembly procedures.

4.4 Inspection Report on Denbighshire Mental Illness Services

A report from the National Assembly's Social Services Inspectorate has concluded that, while a number of services provided by Denbighshire for adults with mental illness are positive, overall services still fall short of the standards expected.

The inspection, which took place in January 2000, is the first in a series across Wales. The inspectors found that there was an insufficient range of services to provide an adequate choice for people with a mental illness, particularly those living in rural areas. Although there were some good working relationships with Health and other agencies, further work was needed to provide a clear direction for mental illness services in the future.

In its response, the Council acknowledges that, "the report has served as a valuable catalyst for the exploration and refinement of further change." It has prepared an action plan to implement the 11 recommendations of the report, designed to improve mental illness services in Denbighshire.

4.5 Practice Premises Working Group

I have received the final report of the Practice Premises Working Group. The key features include recommendations:

- to introduce flexibilities into GP statement of Fees and Allowances designed to promote development;
- to introduce a Local Development Scheme to provide health authorities with the greater flexibility in securing development;
- to bring about greater flexibility in the way that the current rules are interpreted.

Officials have already started work on implementation. Copies of the report have been sent to all members of the Committee and it is being made available this month to the NHS. The report will also inform the Primary Care Strategy.

4.6 Better Health: Better Advice – A Welfare Rights Initiative

On 1 February, as part of spending plans for the NHS, we committed £2 million over three years to fund welfare rights workers in primary care. I can now announce that this will be taken forward in partnership with the National Association of Citizens Advice Bureaux (NACAB). The scheme will utilise the

existing network of 68 bureaux throughout Wales. I want NACAB to work in partnership with local health groups, local authorities and the voluntary sector to provide advice to those most in need.

The initiative will help GPs to deal with medical problems where the underlying cause is poverty, failure to access social care or problems with welfare rights. Failure to claim benefits is a problem that impacts adversely on the most needy and represents a substantial loss to the Welsh Economy.

NACAB calculate that for an investment of £30,000 in a welfare rights worker, that worker can generate an additional £250,000 per year in benefits claimed by their clients. Since economic and social circumstances have a strong influence on health, I believe that this scheme will be a major contribution in tackling health inequality.

5. CHILDREN'S SERVICES

5.1 Framework for the Assessment of Children in Need and their Families

I am pleased to report that the Framework for the Assessment of Children in Need and their Families is being published by the National Assembly this week. The Framework is a key component of the National Assembly's objectives for children's social services and is being taken forward as part of the Children First Programme.

It provides a systematic way of analysing, understanding and recording what is happening to children and young people within their families and the wider context of the community in which they live.

The National Assembly has commissioned the NSPCC to deliver a series of training events in April and June to local authorities in Wales to support implementation of the Framework. The training will be supported by a training pack 'The Child's World' produced by the NSPCC and the University of Sheffield.

Copies of the Framework will be made available in the libraries in Cathays Park and Crickhowell House and on the National Assembly Website at: www.wales.gov.uk/childrenfirst and www.cymru.gov.uk/rhoiplantyngyntaf

5.2 Resumption of BCG (Tuberculosis) Immunisation

Routine schools immunisation was suspended in September 1999 due to a shortage of vaccine.

The Department of Health announced on 24 March that supplies of BCG vaccine would recommence by July 2001 and that sufficient stocks currently existed to resume the UK-wide routine schools immunisation programme.

The Assembly has asked Health Authorities to identify their vaccine needs and it is planned that a phased programme of catch-up vaccinations will be introduced. The first group to be immunised will be

those children due to leave school this year and it is planned to be back on track by 2003.

6. SOCIAL CARE

6.1 Health Act 1999 "Flexibilities"

I am currently consulting on the terms of a special grant of £1.9 million to local authorities in 2001-2 to support and facilitate flexible care and joint working. Copies of the consultation paper have been sent to Committee members.

6.2 Residential Accommodation Regulations

New regulations came into force on 9 April 2001 (made under Standing Order 22 using the executive procedure).

The effect of the amendments to the National Assistance (Assessment of Resources) Regulations is to increase the upper and lower capital limits for means-testing from £16,000 and £10,000 to £18,500 and £11,500 respectively and to allow a disregard of the value of a resident's home for the first three months of their stay in permanent residential accommodation.

The amendments will also fully disregard from means testing compensation payments made to victims of variant Creutzfeldt-Jakob disease (vCJD). Interim payments of £25,000 to all vCJD patients or their families will be made by mid-April (once the new social security rules come into force). Payments are being made from a trust established out of funds provided by the Department of Health. It is not possible to say yet when the main Scheme will be fully up and running, but the UK Government is working hard to ensure that it will be in place as soon after that as possible.

The effect of the amendment to the National Assistance (Sums for Personal Requirements) Regulations is to increase to £16.05, the weekly sum which local authorities are to assume that residents in residential or nursing home care will need for their personal requirements.

6.3 Establishment of New Social Care Institute For Excellence

The new Social Care Institute for Excellence (SCIE) will be established this summer. Steps are in hand to make appointments to start setting up the body which will be the result of a close partnership between the National Assembly and the Department of Health. SCIE is intended to play a key role in raising the standard of social care provision throughout England and Wales and £2 million has been allocated by the Department of Health and the National Assembly to help establish it this year.

SCIE will rigorously review research and practice, provide high-quality information about social care to all those who need it, and help raise standards of care across the field. Staff from the National Institute for Social Work (NISW) will work with the Department of Health and National Assembly to set up SCIE, building on NISW's expertise in the development and dissemination of knowledge on social care.

SCIE will work closely with new and existing organisations in social care, such as the Social Services Inspectorate, and the Care Council for Wales, to implement the Government's Quality Strategy for social care.

The establishment of SCIE as a centre for knowledge is one aspect of the Government's aim to improve information and information systems within the social care sector. The availability of good information systems is fundamental to the provision of high quality services that meet the needs and expectations of service users. Funding has also been made available through the Spending Review to help authorities to tackle the information management agenda. In Wales, a further £6million has been allocated over the next 3 years to develop effective management information systems to support the Agenda to improve quality.

6.4 Developing Performance Management in Social Services

A final set of Performance Indicators and information requirements has been agreed for 2001/2, which will provide the basis for authorities to prepare returns to the Assembly in this year. During the year a comprehensive data validation process will be managed by the Social Services Inspectorate for Wales to assist authorities in ensuring returns are based on comparable data.

In order to ensure commonality in the definition and collection of this data; community care services will switch to using definitions drawn from the Department of Health's 'Referrals, Assessments and Packages of Care' system to ensure that Welsh and English authorities build their performance information on the same basis.

A consultation is currently in hand on a formal Performance Management Strategy for Social Services and the detailed management of the proposed Performance Management Development Fund, a £7.35m fund to enable authorities to implement modern performance management arrangements in Social Services and upgrade their management information systems.

The strategy sets out the basis for a continual programme of improving performance management and monitoring in the future, widening and improving the quality of performance management and information in social services. The proposed strategy should also enable improved joint working with health services (particularly primary health care services) once arrangements for this are developed through the implementation of 'Improving Health in Wales'.

A series of regional meetings with authorities has been established to identify possible areas for collaboration between authorities to ensure they make the best possible use of the very limited amount of expertise available in authorities for this very specialised area of work. It is anticipated that authorities may apply to use some of the grant funding on a collaborative basis.

Discussions have begun with the Directors of Social Services on how a management development programme should be taken forward in Wales.

7. CARE STANDARDS INSPECTORATE FOR WALES: IMPLEMENTATION

I have agreed to proposals for 8 of the 11 office locations, which we will be required to provide for both the Headquarters and regional offices of the new Inspectorate. Work will begin shortly on preparing accommodation at:

- Caernarfon for the North West regional office;
- Colwyn Bay for the North West local office;
- Llandrindod Wells for the Mid Wales regional office;
- Carmarthen for the West Wales regional office;
- Haverfordwest for one of the West Wales local offices;
- Swansea Business Park for the South West regional office;
- Tremorfa for the Cardiff regional office;
- Nantgarw for the Vale and the Valleys regional office and Headquarters.

The project team is continuing to search for property solutions at Aberaeron to cover the northern part of the West Wales region and at Mold/Wrexham for the North East region. Pontypool is also being considered for the South East region. A decision on these remaining locations will be made in the near future.

8. FINANCE

8.1 Overall Position

The current forecast is a cash underspend of £34 million against voted provision for health and social services in 2000-2001. Forecast underspending on health is £30.5 million and £3.5 million on social services.

These underspends have been reviewed and are either committed or reflected in spending announcements already made in connection with the launch of *Improving Health in Wales*, or required to support the increased costs of the family health services expenditure as a result of projected increases in contractors' activity to support implementations of National Service Frameworks and other developments in primary care.

8.2 Health Authorities and NHS Trusts

The financial position of Health Authorities and NHS Trusts for 2000-01 is forecast at £18 million surplus although there are still a number of uncertainties which may affect final out turn.

A large proportion of this surplus has arisen from the provision of non-recurrent funding which has enabled deficits from previous years to be made good and outstanding debt to be repaid and/or enabled underlying deficits to be financed without resource to borrowing. (The underlying financial position is assessed at between £10-11 million deficit).

The balance of the underspend has primarily resulted from delays in implementing new developments in both the acute and primary care sector, mainly because of the time needed to develop investment plans and recruit staff following the announcement of substantial additional resources for health in late March 2001. The situation was anticipated and the unspent income has been factored into spending plans for 2001-02.

Ann Lloyd has now written to Health Authorities and Trusts with details of both the new £20 million package announced on 9 April and the February £10 million *Improving Health in Wales* package. NHS colleagues have been asked to submit investment proposals against the additional funding for capacity to meet increased demand (£1.0 million) and for sexual health/disease prevention (£545k), by 30 April.

The £20 million breaks down as follows:

£3.100 million	Primary Care
£1.776 million	Nurse recruitment and retention
£4.000 million	Secondary sector (capacity to meet increased demand and single use instruments)
£4.000 million	*Improving Health in Wales* implementation
£2.000 million	Capital (Central Sterile Supplies Departments)
£0.060 million	Primary care and dentistry premises support
£4.000 million	Cancer care standards
£1.000 million	Mental health services
£19.936 million	

Mrs Lloyd has also met each health authority to discuss the wider issues of investment and performance. She is instituting quarterly performance meetings with each area.

NHS Wales

Hospital Waiting Lists: March 2001

In Patient and Day Care Waiting list at 31 March 2001

- There were 65,600 patients waiting. Adjusted to take advantage of discontinuity in the data (see note 4 on page 6, and below) this represents a fall of 4.2% over the month

- 14% had been waiting over 12 months
  (Mar ’01 8,874, Feb ’01 10,193)

- 6% had been waiting over 18 months
  (Mar ’01 3,939, Feb ’01 177,791)

Out Patient Waiting List at 31 March 2001

- **down 100** (-0.1%) over the month.
  Mar ’01 177,664 Feb ’01 177,791

- three of the five Health Authorities reported fewer people waiting
  Gwent +1,382 Bro Taf +25, Dyfed Powys-485, North Wales –36, Morgannwg –1, 013)

- **28% had been waiting 6 months**
  Mar ’01 45,789 Feb ’01 47,099)

The Statistical Release is available on the internet:

www.wales.gov.uk/keypubstatisticsforwales/content/latest.html **&** www.wales.nhs.uk/pubs.cfm

Headline figures are rounded to the nearest 100. All figures relating to 31 March 2001 are provisional.

General Notes

This release has been compiled using data supplied by individual NHS trusts and health authorities.The data are subject to validation checks centrally prior to publication but it is the responsibility of trusts and health authorities to ensure that the figures have been compiled correctly in accordance with central definitions and guidance. There may be some variations in the way data are compiled by individual trusts.

Discontinuity in Data

The totals waiting on the in patient/day case lists in February and March are affected by a discontinuity in the data. The figures published in the accompanying tables implies a fall over the month of 5.5%. Adjusted to take account of the discontinuity, this becomes a fall of 4.2%. Similarly the implied fall of 7.9% between January and February becomes a fall of 3.2% when adjusted. See note 4 for further details

HOSPITAL WAITING LISTS:
Welsh residents

Table 1

Welsh residents waiting for in-patient or day case treatment (a)

Date	Total	Patients waiting over 12 months: Number	% of total list	Patients waiting over 18 months	Graph dates	Graph data
31 March 1997	67,609	6,274	9.3%	1,402	97	
31 March 2000	79,873	11,352	14.2%	4,273	100Mar 100	80
30 April 2000	80,603	11,881	14.7%	4,593	100Apr 100	81
31 May 2000	81,251	12,227	15.0%	4,694	100May 100	81
30 June 2000	80,478	12,380	15.4%	4,735	100Jun 100	80
31 July 2000	80,196	12,468	15.5%	4,914	100Sep 100	80
31 August 2000	79,837	12,286	15.4%	5,012	100Aug 100	80
30 September 2000	79,261	12,388	15.6%	5,122	100Nov 100	79
31 October 2000	78,047	11,947	15.3%	5,004	100Oct 100	78
30 November 2000	76,600	11,651	15.2%	4,790	100Nov 100	77
31 December 2000	77,501	11,625	15.0%	4,928	100Dec 100	78
31 January 2001	75,382	10,996	14.6%	4,819	101Jan 101	75
28 February 2001 (a)	69,399	10,193	14.7%	4,458	101Feb 101	69
31 March 2001 (a)	**65,595**	**8,874**	**13.5%**	**3,939**	101Mar 101	65

(a) See note 4 on page 6 regarding discontinuity in data.

Table2 Welsh residents waiting for a first out-patient appointment

Date	Total	Patients waiting over 3 months	Graph dates	Graph data

31 March 1997	101,308	28,401	5.9%	97	
31 March 2000	160,844	73,745	23.6%	100Mar 100	161
30 April 2000	166,269	77,066	24.7%	100Apr 100	166
31 May 2000	171,283	81,568	25.0%	100May 100	171
30 June 2000	175,565	84,731	23.5%	100Jun 100	176
31 July 2000	179,442	85,703	23.2%	100Sep 100	179
31 August 2000	181,995	90,168	24.3%	100Aug 100	182
30 September 2000	182,613	92,565	25.2%	100Nov 100	183
31 October 2000	181,539	91,715	24.5%	100Oct 100	182
30 November 2000	180,525	88,941	24.7%	100Nov 100	181
31 December 2000	181,694	93,222	26.4%	100Dec 100	182
31 January 2001	179,371	93,697	27.0%	101Jan 101	179
28 February 2001	177,791	92,340	26.5%	101Feb 101	178
31 March 2001	**177,664**	**85,562**	**25.8%**	101Mar 101	178
Percentage changes:					
28 Feb 01 to 31 Mar 01	-0.1%	-7.3%	-/-		
31 Mar 97 to 31 Mar 01	75.4%	201.3%	-/-		

HOSPITAL WAITING LISTS: Welsh residents

Table 3

Welsh residents waiting for in-patient or day case treatment, by health authority (a)

Health authority	28 February 2001	31 March 2001	Change	Percentage change
Gwent health authority	14,034	13,183	-851	-6.1%
Bro Taf health authority	17,466	16,573	-893	-5.1%
Dyfed Powys health authority	13,425	12,553	-872	-6.5%
North Wales health authority	13,359	12,587	-772	-5.8%
Morgannwg health authority	11,115	10,699	-416	-3.7%

All Welsh health authorities	69,399	65,595	-3,804	-5.5%

(a) See note on front page and note 4 on page 6, regarding discontinuity in data.

Table 4

Welsh residents waiting over 12 months for in-patient or day case treatment, by health authority (a)

Health authority	28 February 2001	31 March 2001	Change	Percentage change
Gwent health authority	1,973	1,821	-152	-7.7%
Bro Taf health authority	3,910	3,454	-456	-11.7%
Dyfed Powys health authority	2,080	1,691	-389	-18.7%
North Wales health authority	915	789	-126	-13.8%
Morgannwg health authority	1,315	1,119	-196	-14.9%
All Welsh health authorities	10,193	8,874	-1,319	-12.9%

(a) See note 4 on page 6 regarding discontinuity in data.

Table 5

Welsh residents waiting for a first out-patient appointment, by health authority

Health authority	28 February 2001	31 March 2001	Change	Percentage change
Gwent health authority	35,356	36,738	1,382	3.9%
Bro Taf health authority	52,210	52,235	25	0.0%
Dyfed Powys health authority	25,781	25,296	-485	-1.9%
North Wales health authority	33,445	33,409	-36	-0.1%
Morgannwg health authority	30,999	29,986	-1,013	-3.3%
All Welsh health authorities	177,791	177,664	-127	-0.1%

Table 6

Welsh residents waiting over 6 months for a first out-patient appointment, by health authority

Health authority	28 February 2001	31 March 2001	Change	Percentage change
Gwent health authority	10,659	10,760	101	0.9%
Bro Taf health authority	18,211	18,356	145	0.8%
Dyfed Powys health authority	4,890	4,309	-581	-11.9%
North Wales health authority	6,800	6,285	-515	-7.6%
Morgannwg health authority	6,539	6,079	-460	-7.0%
All Welsh health authorities	47,099	45,789	-1,310	-2.8%

HOSPITAL WAITING LISTS: Welsh residents

Table 7

Welsh residents waiting for in-patient or day case treatment, by main specialty (a)

Specialty	28 February 2001	31 March 2001	Change	Percentage change
Trauma and Orthopaedic	19,385	18,312	-1,073	-5.5%
General Surgery	14,835	14,192	-643	-4.3%
Ophthalmology	10,117	8,889	-1,228	-12.1%
Ear, Nose and Throat	7,454	7,848	394	5.3%
Gynaecology	4,294	4,164	-130	-3.0%
Urology	3,727	3,472	-255	-6.8%
Oral Surgery	1,618	1,516	-102	-6.3%
General Medicine (a)	1,147	747	-400	-34.9%
Burns and Plastic Surgery	1,843	1,733	-110	-6.0%
All other specialties	4,979	4,722	-257	-5.2%
All specialties	69,399	65,595	-3,804	-5.5%

(a) See note 4 on page 6 regarding discontinuity in data. General Medicine was particularly affected.

Table 8

Welsh residents waiting over 12 months for in-patient or day case treatment, by main specialty (a)

Specialty	28 February 2001	31 March 2001	Change	Percentage change
Trauma and Orthopaedic	5,391	4,864	-527	-9.8%
General Surgery	2,025	1,691	-334	-16.5%
Ophthalmology	465	228	-237	-51.0%
Ear, Nose and Throat	808	820	12	1.5%
Gynaecology	90	72	-18	-20.0%
Urology	272	223	-49	-18.0%
Oral Surgery	163	141	-22	-13.5%
General Medicine	4	0	-4	-100.0%
Burns and Plastic Surgery	437	354	-83	-19.0%
All other specialties	538	481	-57	-10.6%
All specialties	10,193	8,874	-1,319	-12.9%

(a) See note on discontinuity on front page.

HOSPITAL WAITING LISTS: Welsh residents

Table 9

Welsh residents waiting for a first out-patient appointment, by main specialty

Specialty	28 February 2001	31 March 2001	Change	Percentage change
Trauma and Orthopaedic	35,727	36,284	557	1.6%
Ophthalmology	20,730	20,732	2	0.0%
Ear, Nose and Throat	18,312	18,520	208	1.1%
General Surgery	16,990	16,664	-326	-1.9%
Dermatology	16,073	16,003	-70	-0.4%
General Medicine	13,880	13,981	101	0.7%
Gynaecology	9,710	9,521	-189	-1.9%
Urology	6,891	6,978	87	1.3%
Rheumatology	5,284	5,189	-95	-1.8%
Oral Surgery	5,522	5,674	152	2.8%
Neurology (inc spinal injuries)	4,960	4,562	-398	-8.0%

Orthodontics	2,433	2,499	66	2.7%
Paediatrics	2,747	2,632	-115	-4.2%
All other specialties	18,532	18,425	-107	-0.6%
All specialties	177,791	177,664	-127	-0.1%

Table 10
Welsh residents waiting over 6 months for a first out-patient appointment, by main specialty

Specialty	28 February 2001	31 March 2001	Change	Percentage change
Trauma and Orthopaedic	17,000	17,088	88	0.5%
Ophthalmology	5,641	5,158	-483	-8.6%
Ear, Nose and Throat	4,226	4,044	-182	-4.3%
General Surgery	2,604	2,707	103	4.0%
Dermatology	4,110	3,738	-372	-9.1%
General Medicine	1,691	1,505	-186	-11.0%
Gynaecology	767	694	-73	-9.5%
Urology	1,371	1,461	90	6.6%
Oral Surgery	632	595	-37	-5.9%
Rheumatology	1,864	1,762	-102	-5.5%
Neurology (inc spinal injuries)	1,896	1,643	-253	-13.3%
Orthodontics	510	578	68	13.3%
Paediatrics	48	37	-11	-22.9%
All other specialties	4,739	4,779	40	0.8%
All specialties	47,099	45,789	-1,310	-2.8%

Notes

1. This release gives monthly waiting lists reported by Welsh Health Authorities. Waiting lists reported by health authorities include all those people resident in the health authority area who are waiting for NHS-funded hospital treatment. This will include those waiting for treatment at NHS hospitals outside Wales and at private hospitals where the health authority is providing funding for the treatment.
2. The figures in this release represent the number of people reported by the NHS as waiting for a first outpatient appointment or admission to a hospital for treatment as an inpatient or day case. Changes in the numbers waiting will be affected by changes in the numbers being seen or treated,

but many other factors will also impact on the figures reported. These include the numbers being referred to a hospital for an appointment or treatment and those removed from lists for reasons other than being seen or treated (for example if a patient fails to attend and appointment or no longer requires treatment). The figures do not include those who are currently unable to receive treatment because of their clinical condition, or patients who are temporarily suspended from waiting lists for social reasons. Waiting times begin from the time the clinician decided to admit the patient. Patients subsequently offered a date but unable to attend have their waiting times calculated from the most recent date offered.

3. This release is the main mechanism for the publication of health authority waiting list information. Additional waiting list information, namely that relating to the NHS trusts in Wales, is published quarterly in the series "NHS Wales Hospital Activity". The latest issue was published on March 7th 2001, and contained information for quarters up to and including the quarter ending on December 2000.
4. Note on discontinuities in the waiting list data
   Figures for the in care and day case waiting list for March and February 2001 are not directly comparable for those with earlier months. This is due to the removal of a number of cases, mainly diagnostic endoscopies, which were being inappropriately reported on day case waiting lists by some trusts. It is estimated that 3,500 such cases were removed in February 2001 and 800 in March.
   Targets for waiting list reduction by March 2001 were set in May 2000 when the total in patient/ day case list stood at 81,251. The decrease between May 2000 and March 2001 on a common basis is estimated to be around 11,500or 15% of the May 2000 level. (Using the current estimate of the number of endoscopy patients now excluded as an estimate of the number of patients who were waiting for an endoscopy at May 2000, gives an estimate of 77,000 for the May 2000 inpatient and day case waiting figure on the same basis as the March 2001 figure, i.e excluding diagnostic endoscopies).
5. Since early January, as a measure to protect patients against possible variant CJD risk, single use instruments are required for tonsil surgery. There is currently a UK shortage of these instruments with the result that the number of tonsillectomy and adenoidectomy procedures which can be undertaken is severely restricted. It is estimated that 3,200 patients waiting for a tonsillectomy of an adenoidectomy as an in-patient or day case, included in the waiting list counts, cannot currently be operated on. A separate data collection has been established to monitor the situation, the results of which will be reported in future months.
6. If you have any comments on the coverage or presentation of this release, we would be pleased to receive them.

If you have any comments or require further information, please contact:

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Further copies of the statistical release are available from:
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