

# **HEALTH AND SOCIAL SERVICES COMMITTEE HSS-09-01(p.1)**

**Date: 6 June 2001**

**Venue: Committee Room 3**

**Title: The Minister's Monthly Report**

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### **1. STRATEGY ISSUES:**

#### **1.1 "Improving Health in Wales" – Implementation Plan Update (as at 16 May)**

The nine task and finish groups identified below have now met and are fully engaged in scoping and detailing the action necessary to implement the plan, namely:

- Structural Change;
- Service Development;
- Health Challenges;
- Public Health Review;
- Patient Focus/Public Engagement;
- Joint Working, Workforce Development;
- Finance and Assets;
- Performance Management;
- Workforce Development.

They will report on their forward work programmes by the end of June.

In particular I am expecting the Structural Change Group to report their recommendations to me by July. I will then arrange for a public consultation exercise to be carried out during the summer.

To ensure that all stakeholders can be kept informed of developments, I have agreed a Communication Strategy to pass on discussions, proposals and decisions from the implementation process as they are developing. The strategy includes establishing an open access website, providing regular Newsletters and arranging workshops around Wales. Reference groups have also been established for each task and finish group to involve stakeholders more closely in the development of the work of the groups

#### **1.2 Telemedicine**

The Telemedicine team has established structure and process for the evaluation of Telemedicine project

proposals.

Five project proposals were received by the closing date of 30<sup>th</sup> April. Proposals are now being formally evaluated and I will announce the successful bids at the Health and Social Services Committee prior to recess.

### 1.3 Telecommunications

The Telecommunications 2000 Strategy for NHS Wales calls for the migration of the Digital All-Wales Network (DAWN) and existing Trust/Health Authority networks to a new state-of-the-art technology called an IP-VPN (IP Virtual Private Network).

A Procurement Group of the Telecommunications Migration Programme Board has identified BT as the "preferred supplier" of this technology under a managed service arrangement. Members of HIMB (Health Information Management Board) have endorsed this decision and BT was formally notified of the decision, by Welsh Health Supplies on 20 April.

This service will be provided by BT using its **MetroVPN** product and via the prevailing terms of the current NHS Managed Network Services Agreement (MNSA).

### 1.4 Foundation Programme:

One of the first users of the new strategic telecommunications network will be the General Medical Practice Community, under the guidance of the *'Information and Communication Technology (ICT) Programme for General Medical Practices'*.

This key service-led corporate programme is being funded on a matched funding basis, with £9 million being provided by the National Assembly and a further £9 million by the NHS.

The Programme will improve the quality of information available in General Medical Practice to underpin direct patient care by ensuring that **all** General Medical Practices in Wales possess, and **make use of**, a defined minimum level (i.e. the foundation) of information and communications systems by the end of 2003.

The principle objectives of this Programme include:

- Developing a national ICT baseline for General Medical Practices in Wales
- Developing a corporate General Practitioner computing reimbursement framework
- Connecting all General Medical Practices to the new strategic telecommunications network

- Defining an associated education and training programme that will enable all practices in Wales to make use of this ICT baseline
- Delivering a comprehensive benefits realisation project, which will focus on what can be delivered once the infrastructure is in place, rather than just regarding the ICT implementation as an end in itself.

In order to oversee the development and implementation of this Programme, a Board has been established with GP and Local Health Group interests strongly represented. All Health Authority Chief Executives have also signed-up to the principles of the Programme.

Several key documents are being developed in order to ensure that a corporate, consistent approach is achieved throughout Wales during the lifetime of the Programme. These documents are:

- Programme Initiation Document (PRID)
- Operational Guidance including

- ICT Baseline document

- ICT reimbursement framework

- Support Pack (including practice plan guidance and systems evaluation tools)

To promote awareness of the Programme and its key principles, a series of all-Wales ‘Roadshows’ were held in late April and early May, with approximately 40% of all General Medical Practices attending

## **2. NHS PERFORMANCE:**

### **2.1 Waiting Times**

The waiting list figures for April were published on 30 May. I will update the Committee at the meeting.

### **2.2 Emergency Pressures**

We are continuing to monitor the pressures that are being experienced by the NHS through daily reporting. Although the peaks were less marked this year, the pressures remained at a consistently high level throughout the winter and continue to be significant.

The information that has been collected over the winter period is being reviewed to produce a report on the effectiveness of the Winter plans. This will inform plans for the coming winter which are to be developed by the end of September. Work continues on the development of processes to capture information relating to delayed transfers of care.

### **2.3 Prescriptions dispensed in the Community 1999-2000**

The number of prescriptions items dispensed in the community continued to increase - from 40.0 million in 1998-99 to 41.2 million in 1999-00, an increase of 3 per cent.

The net ingredient cost of these prescriptions increased by 11 per cent over the previous year, to £388 million. In real terms, taking into account GDP deflators, this increase was just over 9 per cent. This meant that the equivalent of 14 prescription items at a net ingredient cost of £132 were issued to each person in Wales.

Despite the historically high rate of increase, caused mainly by a sharp increase in generic prices following the closure of a major supplier, Health Authorities remain within budget. The recommendations of the prescribing task and finish group are presently being considered and a report will be made to the Health and Social Services Committee in the autumn. The report is geared towards best practice and is not expected to have a material impact on expenditure.

A copy of the brief, outlining information on prescriptions dispensed in Wales, 1999 – 2000, is attached at annex A.

## **3. IMPROVING HEALTH AND TACKLING INEQUALITIES:**

### **3.1 Inequalities in Health Fund**

The *Inequalities in Health Fund* was established to stimulate and support new local action to address inequalities in health and the factors that contribute to it, including inequities in access to health services. Full details of the Fund were issued via an extended distribution of Welsh Health Circular WHC (2001) 06. The Fund's priority for its first year is coronary heart disease and action that contributes to the implementation of the National Service Framework for Coronary Heart Disease. It has a budget of £3 million this year to support action on coronary heart disease. Back in February, I announced an additional £1 million for the Fund for dental initiatives and a fissure sealant programme. Separate arrangements are being made for this element of the Fund.

I am very pleased to say that 112 proposals were received by the closing date of 6 April 2001. The overall quality of proposals is good, as is the targeting of action on deprived communities and disadvantaged groups within the population. This level of interest is very encouraging and demonstrates

the commitment of a wide range of organisations to tackle, in partnership with others, inequalities in health. However, it does mean that the Fund is oversubscribed. My officials have been managing a detailed assessment process for the proposals received, and representatives from the NHS, local government and the voluntary sector have been involved. I hope to be able to make an announcement on the projects selected for support later this month.

### **3.2 Foot and Mouth Statement**

On 25 May, the Food Standards Agency issued precautionary advice to farmers concerning the consumption of unbulked milk from animals grazing within 2km of the sites of disposal pyres. The Agency concluded that this advice was necessary ahead of the results of tests for dioxins becoming available during June. It will be reviewed as soon as results are analysed.

The Department of Health has published a framework for longer-term public health monitoring in the wake of the foot and mouth crisis. The Chief Medical Officer has been in touch with this important work and she is establishing a monitoring group to ensure that we have the necessary arrangements in place in Wales.

There is widespread recognition that the stress and distress caused by the foot and mouth situation has an impact on people's mental health and well being. In order to explore this in more detail, information has been collected from a number of organisations providing advice, support and other services. A report from this initial small-scale study has been prepared and will be published. I will arrange for all Members of this Committee to receive a copy. As mentioned in my statement on foot and mouth, plans are in hand to undertake a more detailed health impact assessment of the impacts of foot and mouth on people's mental health and well being.

### **3.3 Clinical Adverse Event Reporting System**

*Improving Health in Wales* outlines proposals to introduce a clinical adverse event reporting system in Wales. We have commenced discussions with England, Northern Ireland and Scotland about ways in which we can work together. The Department of Health is launching a new National Patient Safety Agency which will be responsible for developing and implementing an adverse event and 'near miss' reporting system. Wales has been invited to consider ways of working with the Agency, building on our existing successful partnerships with CHI and NICE.

An important aspect of the work of the Agency will be to agree national and international standards and definitions of adverse events and 'near misses'. This will enable the Agency to provide local and national trends and to highlight to relevant bodies issues that they need to address. Most importantly, it will enable the agency to learn from mistakes by making links with international partners. Discussions are taking place between officials and we expect to be able to agree how Wales will work with the Agency over the coming months.

## **4. QUALITY REGULATION AND INSPECTION:**

### **4.1 The Eye Care Initiative**

I am pleased to announce that the Eye Care Initiative, a programme to detect eye disease amongst vulnerable groups of people, unique to Wales, is now underway. I have received a report from the expert working group, recommending a series of investigations designed to detect eye disease amongst 'at risk' groups in Wales, along with guidance to participating optometrists

The report also makes recommendations for setting up an All Wales Diabetic Retinopathy Screening Programme and for the acceptance of a model providing Low Vision services throughout Wales.

I am grateful to the expert group for their dedication and hard work in preparing the report.

Committee members will recall that, initially, consideration was given to extending the categories of people entitled to free NHS sight tests in Wales. The categories were determined by the Committee following a consultation exercise involving professional bodies and voluntary organisations. The groups were:

- ethnic minority groups particularly Afro/Caribbean and non Chinese Asian people
- unioocular people
- hearing impaired people
- those suffering from specific hereditary diseases that effect the eye, such as retinitis pigmentosa

Following legal advice that the policy could be subject to challenge under the Race Relations Act, the Committee agreed to the proposal that eye examinations to detect eye disease should be available to the same groups. Examinations would also be available to patients referred by general practitioners to optometrists.

Work will now progress on the identification of participating optometrists, their training and accreditation. I am most grateful to the Commission for Racial Equality, Wales, who have given full commitment to the initiative and have offered to work in partnership with the Assembly in making it a success. I will be seeking their help and advice in the promotion of the Initiative and in associated awareness campaigns.

The next step for the establishment of an All Wales Diabetic Retinopathy Screening Programme is the setting up of a Strategy Group that will examine the current provision of such services throughout Wales. The Group will make recommendations about an All Wales screening programme which is in line with the recommendations of the UK National Screening Committee and further the establishment of a National Co-ordinating Centre. The Group will report its recommendations in late summer, 2001.



The expert working group recommended the establishment of a strategy group to consider the low vision needs of the population of Wales and to make recommendations based on a primary care led low vision service, affording ease of access and delivery across the whole population. It is intended that the Group will report its recommendations in the late summer 2001.

## **5. CHILDREN'S SERVICES:**

### **5.1 Adoption Register for England and Wales**

The National Assembly for Wales and the Department of Health have appointed Norwood Ravenswood as the preferred bidder for the Adoption Register. Pre-contract negotiations with Norwood Ravenswood will address, among other things, the particular needs of the Register in respect of Wales. These will include:

- Welsh language issues;
- Cross-border placements;
- Development of effective communication and liaison with adoption agencies in Wales; and
- The provision of regular reports to the National Assembly.

Norwood Ravenswood is a voluntary adoption agency, approved by the Secretary of State for Health to deal with both domestic and intercountry adoptions. It is a registered charity, created by a merger in 1997 between Norwood Child Care, active in the field of child care and family support for over 200 years, and the Ravenswood Foundation, a leading provider since 1953 of numerous residential and day services to children and adults with learning disabilities. The organisation works with over 60 councils.

Norwood Ravenswood have been chosen as the preferred bidder for the Adoption Register because they will:

- Provide best value for money – meeting the level and quality of service envisaged by the Department of Health and the National Assembly for Wales in a cost effective way.
- Work flexibly with the Department of Health and the National Assembly for Wales – throughout the tendering process Norwood Ravenswood have demonstrated their commitment and ability to

work constructively with the Department of Health and the National Assembly for Wales.

- Deliver a service meeting the requirements set out by the Department of Health and the National Assembly for Wales – the bid is comprehensive and will deliver the Adoption Register as envisaged by the Department of Health and the National Assembly for Wales.

In the year ended 31 March 1999, a total of 55 children in Wales were adopted or freed for adoption (compared to over 2,000 in England). At local authority level this ranges from no children adopted in Gwynedd, Conwy, Flintshire, Carmarthenshire, Blaenau Gwent and Monmouthshire to 10 in Cardiff. In the same period, 92 children were placed for adoption (2,900 in England), with numbers ranging at local authority level from 0 to 16.

The details of the operation of the Register will be determined in consultation with the relevant stakeholders. The intention is that information on children and adoptive families will be held by the Register on a computer database, and matches will be suggested electronically.

Local councils in England and Wales will be required to place details of all children waiting to be adopted and approved adoptive families on the Register. They will obtain the consent of the children, as considered appropriate for their age and understanding, and families before doing so. Voluntary adoption agencies will also be encouraged to make full use of the Register.

Following the initial placement of a family or child on the Register, social workers will be given an agreed period of time to pursue a match locally. This time period will be determined by the Department of Health and the National Assembly for Wales in consultation with the relevant stakeholders. It may be extended for adoption agencies involved in local or regional consortia arrangements.

At the end of this agreed period, or immediately in cases where a council requests it because a local match is not in the child's best interests, the Register will be used to suggest matches for the child. One or more potential adoptive families will be identified for each child or sibling group.

## **5.2 Adoption Standards**

In order to improve the quality of adoption services across the board, the National Assembly for Wales and the Department of Health have been consulting on Adoption Standards for England and Wales. Scotland are also considering the development of similar standards. Recommendations on the content of the Standards are being developed by a Working Group established under the auspices of the British Agencies for Adoption and Fostering (BAAF) and should be submitted to Ministers in the National Assembly and the Department of Health during June.

The standards are structured to include separate sections for each of the key stakeholders (children, prospective adopters, adoptive parents, birth families, councils and voluntary adoption agencies). The aim is to ensure that all groups are clear what they can expect and what is expected of them and that all

parties receive a fair and consistent service wherever they live. They are underpinned by a set of values, which stress the importance to each child of having a permanent family, where they are safe. They put the child's needs at the centre of the adoption process.

The Standards will include timescales within which decisions should be reached and action taken for most children, to ensure that children are not kept waiting for a family. The standards are being developed to set out how adoption services should be delivered across the board and we expect all those involved in adoption services to follow them.

### **Headlines from National Standards**

- **Children's** needs, wishes, welfare and safety should be at the heart of the adoption process.
- **People who want to adopt** should be responded to promptly, given clear information on the recruitment, assessment and approval processes, and treated fairly, openly and with respect.
- **Approved adopters** should have every effort made to link them with a child or children, for whom they can provide a stable and permanent home, and be helped and supported to do so.
- **Birth parents** should receive services that recognise the lifelong implications of adoption.
- **Local Authorities** should plan and provide a comprehensive adoption service to meet the needs of children, adoptive parents, birth families and adopted adults, in collaboration with other relevant agencies.
- **Local Authorities as adoption agencies, and voluntary adoption agencies** should provide a high quality adoption service, which meets the expectations set out above.

### **5.3 All Wales Youth Offending Strategy**

I am committed to the development of an All Wales Youth Offending Strategy, jointly with the Youth Justice Board for England and Wales. While the Board has lead responsibility for all youth justice matters, the Assembly clearly also has a major interest in this policy area from the perspectives of social inclusion, community regeneration, health, education and training.

I am presently seeking a meeting with Lord Warner, the Chair of the Board, to discuss how we can move this issue forward as quickly as possible.

### **5.4 Child and Family Court Advisory and Support Service (CAFCASS)**

This new NDPB formally came into operation on 2 April and incorporates the services previously

provided by Guardians Ad Litem, Family Court Welfare Officers and the Official Solicitor's Department. The Assembly no longer has devolved responsibility for the GALRO service in Wales from this date, but I am concerned that we should maintain close relations with the new organisation, since there is an important interface between the child protection functions of the Assembly and of CAFCASS.

My officials will be meeting the new Area Manager for Wales as quickly as possible.

### **5.5 New arrangements for Care Leavers**

Draft guidance for local authorities on the new arrangements for care leavers, to be implemented from 1 October 2001, was issued for consultation on 4 May. Workshops for practitioners are being held in Llandudno on 16 May, Swansea on 17 May and Cardiff on 21 May. The aim of the workshops is to help local authorities and other agencies with their planning and to encourage joint working. Final guidance will be issued in July and National Assembly regulations will be made then, subject to approval.

### **5.6 Resumption of BCG (Tuberculosis) Immunisation**

I made a statement in this Committee on 1 May about the cases of TB in the Newport area and the reintroduction of the BCG vaccine to the routine schools programme.

Preliminary skin testing of all pupils in Newport is complete but the screening of staff is ongoing. Appointments are being made for those who require further investigation but until those investigations are complete it is too early to say whether there are any more cases than the eight already identified.

## **6. SOCIAL CARE :**

### **6.1 Assembly Domestic Violence Prevention Policy**

Officials will shortly provide me with a position paper, which will form the basis for my consideration of proposals for an expansion of the Assembly's activity in this area, in line with new policies recently developed in Scotland and Northern Ireland.

I will provide a more detailed report for this Committee shortly.

### **6.2 Carers**

The Carers Strategy Review Panel, set up to review and monitor the Carers Strategy, has met for the second time and has assisted in drafting the First Report of the Strategy for Carers in Wales - Implementation Plan which will be issued on 12 June 2001. This Report reviews progress on the action

points listed in the original Implementation Plan launched in July 2000 and identifies future action. A near-final version of the Report is appended at Annex A to the paper to note HSS-09-01 (p.4)

On the 12 June (which falls within National Carers' Week) the Assembly will formally consider:

- The commencement of the Carers and Disabled Children Act 2000.
- Regulations made under the Act to enable local authorities to provide direct payments to: persons with a parental responsibility for a disabled child; and to disabled children aged 16 or 17. This is in lieu of services provided to them by local authority regulations which prescribe services of an intimate nature provided to the cared-for person with his consent in order that a carer may take a break from caring responsibilities.
- The second Carers Special Grant Report which will provide local authorities with £3.7m to fund additional services for carers. The Carers' Special Grant Report will have been laid before the Committee meeting on 6<sup>th</sup> June.

### **6.3 Voluntary Sector / Volunteering**

June is designated "Advice, Support and Care" theme under the UN International Year of Volunteers, 2001.

The annual Volunteers week will be happening between 1 – 7 June and I attended an event at the National Botanic Gardens, Carmarthenshire on 4 June.

The Voluntary Sector Partnership Council meeting will be held at Kidwelly on 22 June.

### **6.4 Health Act 1999 "Flexibilities"**

I recently consulted 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. The Joint Working Special Grant Report is due to be considered in plenary on 12<sup>th</sup> June.

I am aware that NHS bodies and local authorities in a number of areas are examining the opportunities for greater joint working. Some have conducted scoping exercises and a number are identifying priority areas for joint working schemes. In addition to the special grant, we will seek to support this activity by:

- Developing the strategic partnership concept referred to in the Flexibilities Guidance and the NHS Plan;
- Arranging further conferences on the practical issues;
- Developing the existing statutory guidance;
- Exploring issues of joint training;
- Conducting research and evaluation;
- Maintaining a public database of joint working projects;

- Collecting and disseminating examples of good practice, and;
- Holding local meetings with partners.

## **6.5 Developing A Strategy for Older People in Wales**

In my March report I set out the terms of reference for the Strategy for Older People in Wales and reported that I had asked Brian Gibbons to chair the Steering Group. Members have seen the project plan for the strategy.

The first meeting of the steering Group was held on 4<sup>th</sup> June when it received a presentation on extant knowledge and research on older people and ageing, and considered papers on National Assembly programmes for older people and managing the development of the Strategy.

The membership of the Steering Group is set out in annex B.

Brian Gibbons has held two pre-strategy focus groups with older people which confirmed both the need for and intended scope of the Strategy.

## **7. CARE STANDARDS INSPECTORATE FOR WALES: IMPLEMENTATION**

A "To Note" paper was tabled at the Health & Social Services Committee meeting on 16 May in relation to the Implementation Programme for the Care Standards Inspectorate and provided an update on the Care Standards Act Legislative Programme.

## **8. FINANCIAL POSITION**

### **8.1 Overall Position**

The financial position of Health Authorities and NHS Trusts for 2000-01 is forecast in the range £15 - £19 million income and expenditure surplus although there are still a number of uncertainties which may affect final out turn, particularly around the final expenditure position on primary care drugs.

The surplus has arisen from a combination of two factors:

- 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 recourse to borrowing; and

- 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. Unspent income has been factored into spending plans for 2001-02.

The underlying income and expenditure financial position is assessed at about £13 million deficit which reduces to £10 million in 2001-02 and with net underlying financial balance anticipated to be restored by the end of 2003.

The provisional out-turn for health and social services is a cash underspend of £54.7 million (£49.8 million on health and £4.9 million on social services). This is subject to audit verification but more than half of the health underspend is already committed to capital projects (£29.9 million) or relates to ring-fenced revenue expenditure commitments and projects which although not possible to implement in-year have been factored into spending plans for the current year.

## **9. WORLD HEALTH ASSEMBLY**

On Tuesday 15 May, I was delighted to be able to represent Wales and the United Kingdom at the World Health Assembly in Geneva. The meeting was arranged by the World Health Organisation (WHO) which is a specialised agency of the United Nations 191 Member States.

The main subject of this year's World Health Report is Mental Health and this was the topic for discussion at the Ministerial round table meetings. The main discussion points included:

- What are some of the critical barriers to the provision of community-based mental health services in your country and what efforts are being made to overcome them?
- What measures has your country put (or does it plan to put) in place to fight discrimination and stigmatization of mentally ill people and their families?
- To what extent is your country's mental health policy gender-sensitive and does it identify and address gender-specific risk factors necessary for prevention?

The Assembly gave me the opportunity to highlight the positive work that we are doing in Wales on mental health and to learn from the experience of other countries.

A copy of the paper tabled by the WHO for the Ministerial round table discussions is attached at annex C.

## **10. HEALTH AND SOCIAL SERVICES SUBORDINATE LEGISLATIVE PROGRAMME 2001.**

A schedule showing the position on secondary legislation in the period up to the summer recess is attached at annex D.

In addition to the items listed it may be necessary for section 54 of the Health and Social Care Act 2001 (free **nursing** care) to be commenced by Executive procedure during the recess because this section is likely to be brought into effect in late September in England. We will be examining the implications of free **personal** care the context of the Older Person's Strategy. A paper on issues arising from the Royal Commission on Long Term Care is due to be considered by the Committee at the meeting on 20th June.

### **ANNEX A – PART 1**

#### **Prescriptions dispensed in Wales, 1999-00**

This brief gives information on prescription items dispensed in Wales and the UK. The data cover all prescriptions dispensed by community pharmacists and appliance contractors and dispensing doctors. It also covers prescriptions submitted by prescribing doctors for items personally administered.

Prescriptions for the period 1 April 1999 to September 1999 inclusive have been processed in full. Data for the period 1 October 1999 to 31 March 2000 have been estimated, by Prescription Management Systems, from a 1 in 10 sample for all chemist contractors submitting more than 2,000 prescriptions per month. Prescriptions from smaller contractors, dispensing doctors and personally administered and appliance contractors have been processed in full.

As a result of this it is not possible to publish data on exempt prescriptions and generic prescribing as in previous years.

#### **Key Facts**

**The main points to note are that :**

##### **In Wales in 1999-00:-**

- The number of prescription items dispensed continued to increase - from 40.0 million in 1998-99 to 41.2 million (up by 3 per cent).
- The net ingredient cost of all prescriptions dispensed increased by 11 per cent over 1998-99, to nearly £388 million. In real terms this increase was just over 9 per cent.
- The average net ingredient cost per prescription items was £9.42; an increase of 72 pence on 1998-99.



## **Compared to the rest of the UK:**

- Wales dispensed the highest number of prescription items per head of population - 14.0 compared to 10.6 in England, 11.9 in Scotland and 10.3 in Northern Ireland.
- Wales had the highest net ingredient cost per head of population - £132.00 compared to £106.40 in England, £127.29 in Scotland and £108.05 in Northern Ireland.
- Wales had the lowest net ingredient cost per prescription item - £9.42 compared to £10.00 in England, £10.70 in Scotland and £10.54 in Northern Ireland.

**SOURCES:** All the information presented in this brief for Wales is obtained from the Prescribing Management System (PMS) and is based on the prescription slips submitted by pharmacists and doctors to PMS for payment. Data for England are obtained from the Prescription Pricing Authority (PPA); data for Scotland are provided by the Pharmacy Practice Division, Central Services Agency (CSA) and Northern Ireland data is obtained from the CSA(NI). Data for Wales, Scotland and Northern Ireland are for financial years and data for England are calendar years.

## **ANNEX B**

### **STRATEGY FOR OLDER PEOPLE IN WALES – RECOMMENDED STEERING GROUP MEMBERSHIP**

#### **Health and Social Care**

Mike Jones, Chief Executive, Carmarthenshire NHS Trust, Carmarthen

Dr E W Wilkins, Chair, Advisory Committee on Geriatric Medicine, Bridgend

Byron Williams, Association of Directors of Social Services, Anglesey

Mario Kreft, Care Forum Wales, Wrexham

Phil Davies, Alzheimer's Society, Cardiff

Ms Alison Lloyd, Chartered Society of Physiotherapy, Cardiff

Vanessa Burholt, Centre for Social Policy Research and Development,

University of Bangor

**Local Government (covering social exclusion, transport, access, planning, social housing, leisure, health alliances)**

Ms Viv Sugar, Society of Local Authority Chief Executive's, Swansea

Mrs Lynda Bransbury, Welsh Local Government Association, Cardiff

## **Housing**

Mrs Wendy Bourton, Director, Care and Repair Wales, Cardiff

## **Education and Life Long Learning**

Mrs Anne Jenkins, Head of Development ELWA, Cardiff

## **Older People**

Anna Palazon, Age Alliance Cymru, Cardiff

Pensioners Forum Wales – Alun Davies, National Old Age Pensioners Association of Wales, Treorchy

Jim Hammonds Wales Pensioners, Ceredigion

Albert Huish CBE JP, Cardiff

## **ANNEX D**

### **HSS SUBORDINATE LEGISLATION PROGRAMME 2001**

#### **Legislation to be made after Easter but before Summer recess**

Title	Intention of the legislation	Projected timetable			Comments
		Business Committee	Legislation Committee	Plenary	

Amendment to the GDS regs in relation to general anaesthesia and point of treatment checks	To apply a registration and inspection regime to practices who carry out dental treatment under GA. Also applies point of treatment checks to claims for free dental examination		8 May 2001	5 June 2001	
The Children (Leaving Care) Act 2000 (Commencement No.1) (Wales) Order 2001	To improve the life chances of children and young people living in and leaving care	Completed	Completed	12 June 2001	Plenary brought forward from 27 June
Package of regulations implementing the Children (Leaving Care) Act 2000	To improve the life chances of children and young people living in and leaving care	Completed	Completed	12 June 2001	Plenary brought forward from 27 June
The Carers and Disabled Children Act 2000 (Commencement No.1) (Wales) Order 2001	To bring into force from 1 July 2001 certain provisions of 2000 Act in relation to Wales and provides for regulations to extend carers' services	Approved on 8 May	Considered 15 May  With OCG memorandum of corrections	12 June 2001	Accelerated procedures – Debate to form part of wider package in form of Statement on Carers' Issues
The Disabled Children (Direct Payments) (Wales) Regulations 2001	Powers to allow local authorities (LA) to make direct payments to disabled children (age 16-18) and person with parental responsibility for a disabled child in lieu of services otherwise provided by LA.	Approved on 8 May	Considered 15 May  With OCG memorandum of corrections	12 June 2001	Accelerated procedures – Debate to form part of wider package in form of Statement on Carers' Issues

The Disabled Children (Service for Carers) (Wales) Regulations 2001	To impose duty on LA to: <ul style="list-style-type: none"> <li>● Assess carers</li> <li>● Offers services direct to carers</li> <li>● Make direct payments to carers in lieu of services</li> </ul>	Approved on 8 May	Considered 15 May	12 June 2001	Accelerated procedures – Debate to form part of wider package in form of Statement on Carers’ Issues
The Care Standards Act 2000 (Commencement No.5) Order 2002	To enable the National Assembly to make subordinate legislation which will inform the work of the new Care Standards Inspectorate for Wales	1 May 2001	15 May 2001	12 June 2001	10 minute debate in plenary
* The Meat (Enhanced Enforcement Powers) (Wales) Regulations 2001	Strengthen powers for the enforcement of meat hygiene legislation	1 May 2001	14 May 2001	14 June 2001	
Regulations amending the Rules on Pre-Payment Certificates 2001	To extend the amount, and circumstances whereby a refund may be claimed on a pre-payment certificate for prescriptions, and to amend the timetable for making such claims	1 May 2001	15 May 2001	26 June 2001	

The Gelatine (Wales) Regulations 2001	Implement EU rules for hygienic manufacture or gelatine for human consumption	15 May 2001	29 May 2001	3 July 2001	
The Feeding Stuffs (Sampling and Analysis) (Wales) Regulations 2001	Implement EU rules on methods for the sampling of animal feed stuffs	15 May 2001	29 May 2001	3 July 2001	
The Feeding Stuffs (Amendment) (Wales) Regulations 2001	Implement EU rules on content/labelling of animal feed stuffs	19 June 2001	26 June 2001	10 July 2001	
The Care Standards Act 2000 (Commencement No.6) (Wales) Order 2001 (Care Council for Wales)	Commencing Section 63, 66, 71 on July 31, Section 67 and 70(1) on 1 October	12 June 2001	26 June 2001	10 July 2001	Submission to Minister currently being prepared.
The Sweetener in Food (Amendment) Regulations	Technical amendment to Sweeteners in Food Regs 1995 – new specifications for maltitol syrup	26 June 2001	4 July 2001	17 July 2001	
Amendment to GDS regs in relation to allowances for CPD (Continuing Professional Development) and clinical audit	To introduce new allowances for dentists following recommendations of DDRB (Pay review body)	19 June 2001	3 July 2001	17 or 19 July 2001	Target date for coming in 1 August 2001
The Care Standards Act 2000 (commencement No.7) (Wales) Orders 2001 (Children's Commissioner)	To commence the Commissioner provisions in the Care Standards Act 2000.	19 June 2001	3 July 2001	19 July 2001	

The Children's Commissioner for Wales Act 2001 (Commencement No.1) Order 2001	To commence the provisions in the Children's Commissioner for Wales Act 2001	19 June 2001	3 July 2001	19 July 2001	
*Package of regulations dealing with the Children's Commissioner	To confer functions on the Commissioner and make detailed provision in relation to those functions.	19 June 2001	3 July 2001	19 July 2001	
Care Standards Act (Commencement No.4) (Wales) Order (POCA)	Section 98 of CSA extends provisions of POCA to child care workers employed through certain direct payments	N/A	N/A	N/A	Subject to Ministerial approval this order is being brought forward under the executive procedure
The Specified Risk Material (Amendment) (Wales) (No.2) Regulations 2001	Implement EU controls on BSE – add bovine vertebral column to list of SRM (unless from country with exemption from this rule – which UK has) and introduce controls on imports of beef containing vertebral column, imports of SRM from third countries, ban use of all ruminant bones in production of mechanically recovered meat	—	—	—	These regulations will implement EU requirement. EU deadline for implementation was 1 April, but EU decision not published until mid March. SI for Wales being finalised, consultation to issue w/c 21/5. <b>Officials will request agreement to use of Executive procedure on public health grounds</b>

Fresh Meat (Beef Controls) (Wales) Regulations	Implement EU rules on testing of cattle aged over thirty months					These regulations will implement an EU requirement. SI not yet drafted but FSA will request that it is brought into force as soon as possible after EU implementation date of 1 July. <i>Officials will request agreement to the use of Executive procedure on public health grounds</i>
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**\*subject to Business Committee agreement that requirement to allow set intervals between procedural steps can be disregarded. If Business Committee agreement is not received, these instruments can only be made in time by use of executive procedure**

**Standing Order 27 – Assembly subordinate legislation made otherwise than by statutory instrument**

<b>Title</b>	<b>Intention of the legislation</b>	<b>Projected making date</b>
The National Health Service (General Dental Services) Amendment (No2) (Wales) Regulations 2001	Amendment to GDS regs in relation to allowances for Continuing Professional Development and clinical audit.  To introduce new allowances for dentists following recommendations of DDRB (Pay review body)	1 Aug/1 Sept