

Date: 6 June 2001
Venue: Committee Room 3, National Assembly for Wales
Title: **Five Yearly Reviews of Health Professional Advisory Committees**

Purpose

1. To offer members an opportunity to comment on the 7 draft review reports.

Summary

2. This paper attaches 7 draft review reports, one each on the following bodies:

- Welsh Pharmaceutical Committee
- Welsh Dental Committee
- Welsh Nursing and Midwifery Committee
- Welsh Medical Committee
- Welsh Optometric Committee
- Welsh Scientific Advisory Committee
- Joint Professional Forum Health and Wellbeing

Timing

3. If members have any observations they wish to make to me before these reports are finalised, please let me have them by the end of May. Following any revisions after consideration of such comments, the final reports will be made available to view on the Internet.

Background

4. Edwina Hart's written Cabinet Statement of 21 December 2000, on the regime for reviewing **non executive** Assembly Public Bodies (ASPBs) and other similar bodies, affirmed the Cabinet's commitment to continuing this review regime, in a more open way than in pre Assembly days. An Assembly official, Martin Rolph, produced the attached draft review reports, after consulting the chairs of all the Committees, a number of other external stakeholders, relevant senior professional officers of the Assembly, and attending a meeting of each of the Committees concerned.

5. Also on 21 December 2000, Edwina Hart and I issued a joint written Cabinet Statement announcing these 7 five yearly reviews.

Consideration

6. While each of the 7 review reports addresses the unique circumstances of the body concerned, a number of themes common to most or all, seem to emerge:

a These bodies are not within the control of the Assembly to the same extent as many of the Assembly's other advisory committees. The Assembly neither appoints them, nor decides their constitutions. The formal relationship is based on primary legislation starting

with the NHS Act 1973, as amended, which places a legal duty on the Assembly to “recognise” these committees as sources of health professional advice.

b There appears to be scope for both the Assembly and the NHS to get more value out of Committee activities, without significant additional resources or demands on the Committees’ members’ time.

c The Assembly has need of the sort of advice and information the Committees are able to produce. They bring a variety of health professional expertise rooted in the needs and circumstances of the people of Wales to bear in their discussions, providing the most credible and disinterested source of this type of professional advice which can be envisaged. They have the potential to make important contributions to the development of “Improving Health in Wales”. Nearly all Committee members hold posts in the frontline of the provision of the NHS healthcare – for example as community nurses, consultant surgeons, general dental practitioners, community optometrists, radiographers, community pharmacists, to take just one example from each of the 6 profession specific committees.

d. The committees represent very good value for money. Their main direct costs to the Assembly are the travel and subsistence expenses paid to members to attend meetings, and the notional cost of the time of Assembly officials directly related to the work of the Committees. The total annual direct cost of all 7 Committees to the National Assembly is about £200,000. A little over half of this is the notional cost of the time of Assembly staff which would be available for other purposes if the committees did not exist.

e. During the course of the reviews, it became apparent that one group, the Professions Allied to Medicine (PAMs), were not adequately covered by this advisory machinery. There are approximately 3,000 PAMs staff in Wales, in therapeutic professions such as physiotherapy, occupational therapy. Committee members may recall that the committee these professions set up themselves (the All Wales Committee for Health Professions) made a presentation to us in autumn 2000. The terms of reference of the reviews did not permit the position of PAMs to be addressed fully as a distinct issue, but I am glad that this issue has been firmly recognised in this review process (in the Review of the Joint Professional Forum), and can now be carried forward within the work of developing the NHS Plan.

Compliance

7. The powers of the Assembly relevant to the holding of the reviews are sections 28 and 40, and Schedule 4, of the Government of Wales Act 1998. This paper raises no issues of regularity or propriety.

Financial Implications

8. To implement almost all of the recommendations in the draft reports would involve no direct increase in expenditure, with 2 exceptions – increasing the frequency with which the Optometric Committee meets, by 50% (it currently meets the least often of all these committees) and formally recognising, in some form, a committee formed to advise the Assembly and others on professional issues related to the needs of the people of Wales for services provided by Professions Allied to Medicine (PAMs). The cost of implementing both of these would be in the region of £10,000 in a full year. The current budget allocation for Statutory Health Advisory Committees is insufficient to meet this increased requirement. Additional resources would need to be bid for, and failure to secure additional funding would result in an inability to implement the two recommendations described at the beginning of this paragraph.

Crosscutting Themes

9. The terms of reference of the reviews included reference to the Assembly's three key themes of equality, social inclusion and sustainability. Equality issues (in relation to membership) have been raised in all the reports, and the themes of equality and social inclusion were reflected in issues all the Committees address, as each report records.

Action

10. Committee members are invited to let me have any comments they may have on the draft attachments by 18 June.

JANE HUTT
Minister for Health and Social Services

Contact Point

11. **Public Health Division**

DRAFT
5 YEARLY REVIEW OF THE WELSH PHARMACEUTICAL COMMITTEE (WPhC)

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1. INTRODUCTORY INFORMATION

Terms of Reference

1.1 The terms of reference for this review were

“To consider whether there is a continuing need for the Welsh Pharmaceutical Committee (WPhC) and, if so, whether the WPhC provides good value for money and is efficient and effective. The review will consider the WPhC’s cost effectiveness, the value of its work and whether that work can be done by the Assembly or other body(ies).

The review will make recommendations about the composition and operation of the WPhC and its management and staffing support. The review will also consider the way the Assembly sponsors the WPhC and monitors its performance. The review will make appropriate recommendations, in particular in the context of Better Wales and the three key themes of social inclusion, equality and sustainable development.”

Powers under which the Welsh Pharmaceutical Committee is recognised by the Assembly

1.2 The Welsh Pharmaceutical Committee (WPhC) is an advisory Assembly Public Body (ASPB), recognised now under Section 19(1) of the NHS Act 1977, as amended. The word “recognise” is that used in the legislation. The Assembly is not under an obligation to create the WPhC, but is under a legal duty to “recognise” a Welsh Pharmaceutical Committee if it considers an appropriate one exists.

Powers of Assembly to review and implement changes

1.3 Sections 28 and 40 , and Schedule 4(ii) , of the Government of Wales Act 1998 give the National Assembly for Wales the power add functions to the WPhC, with its consent, or to remove functions from it , and to review it.

Purpose and function (from May 2000 revision of constitution)

1.4 The WPhC’s role is to:

- Advise the 1st Secretary and the Assembly Minister for Health and Social Services on pharmaceutical services in Wales
- Implement an annual work programme agreed between the Director of the NHS Directorate, Chief Pharmaceutical Adviser and the Chairman on behalf of the Committee
- Receive for comment and advice, documents or issues referred to it by the National Assembly for Wales
- Bring to the attention of the 1st Secretary and the Assembly Minister for Health and Social Services, through the Chief Pharmaceutical Adviser, issues concerning the maintenance and development of health services and health issues in Wales generally
- Produce an annual report

Membership composition

1.5 The following part of the WPC's constitution describes the structure of the membership.

"The Committee will consist of the following voting members:-

- 2 elected representatives from each of the district pharmaceutical committees of the Health Authorities in Wales, who shall be elected by the district pharmaceutical committees to serve on this Committee, and who should also be from different fields of practice;

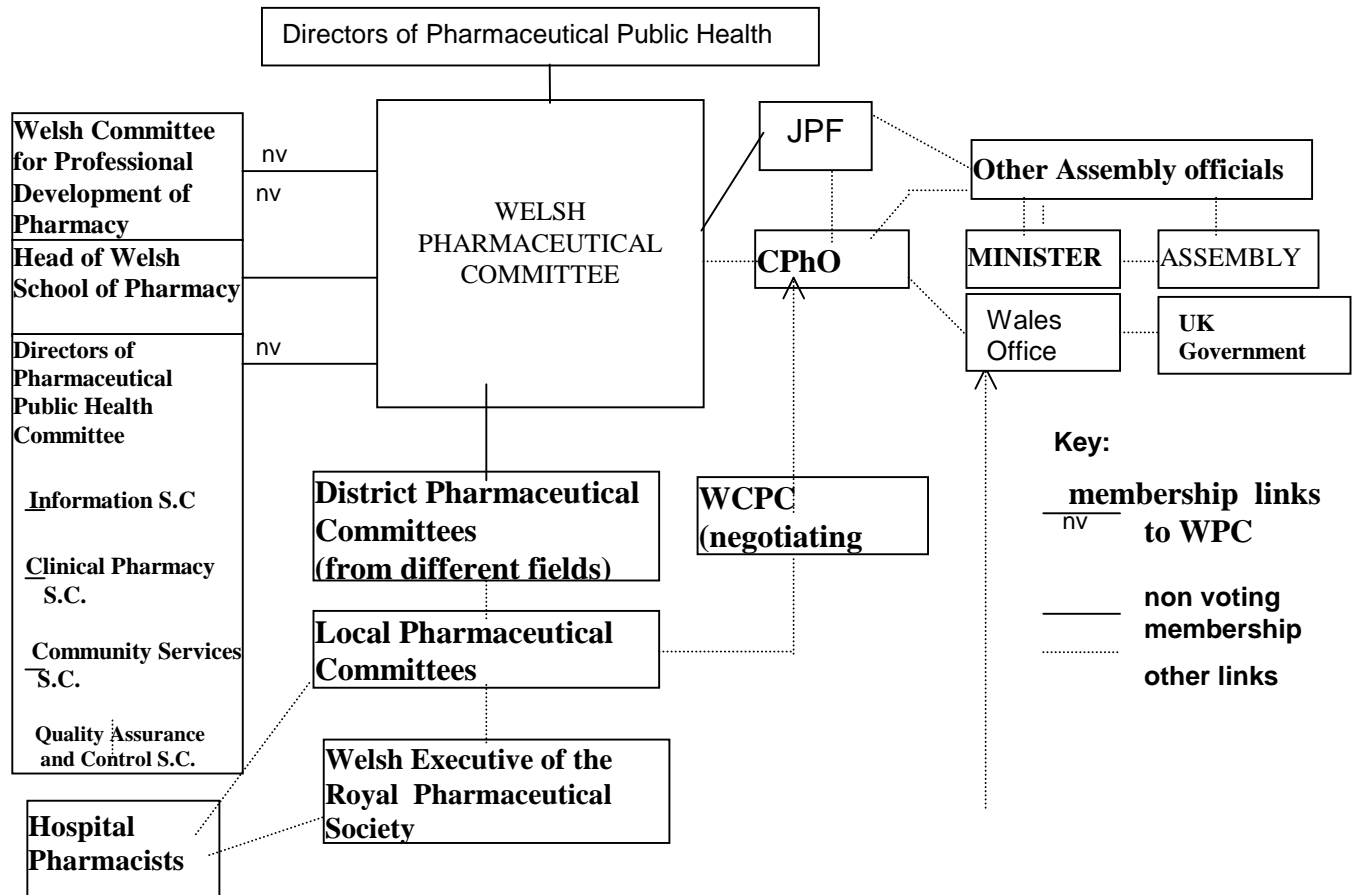
and the following non-voting members:

- 1 representative of the Directors of Pharmaceutical Public Health Committee
- 1 representative of the Welsh Committee for Professional Development of Pharmacy
- The Head of the Welsh School of Pharmacy

The following all-Wales specialists

- Quality Control
 - Drug Information
 - Clinical Pharmacy
 - Community Services
- The Chief Pharmaceutical Adviser for Wales and the Principal Pharmaceutical Officer will be invited to attend all meetings of the Committee and will receive the agenda, minutes and other papers issued on behalf of the Committee."

1.5 This membership is illustrated in the diagram below.



Meetings

1.7 The WPhC normally meets 3 times a year. Meetings are held in Cardiff.

Sub-Committees

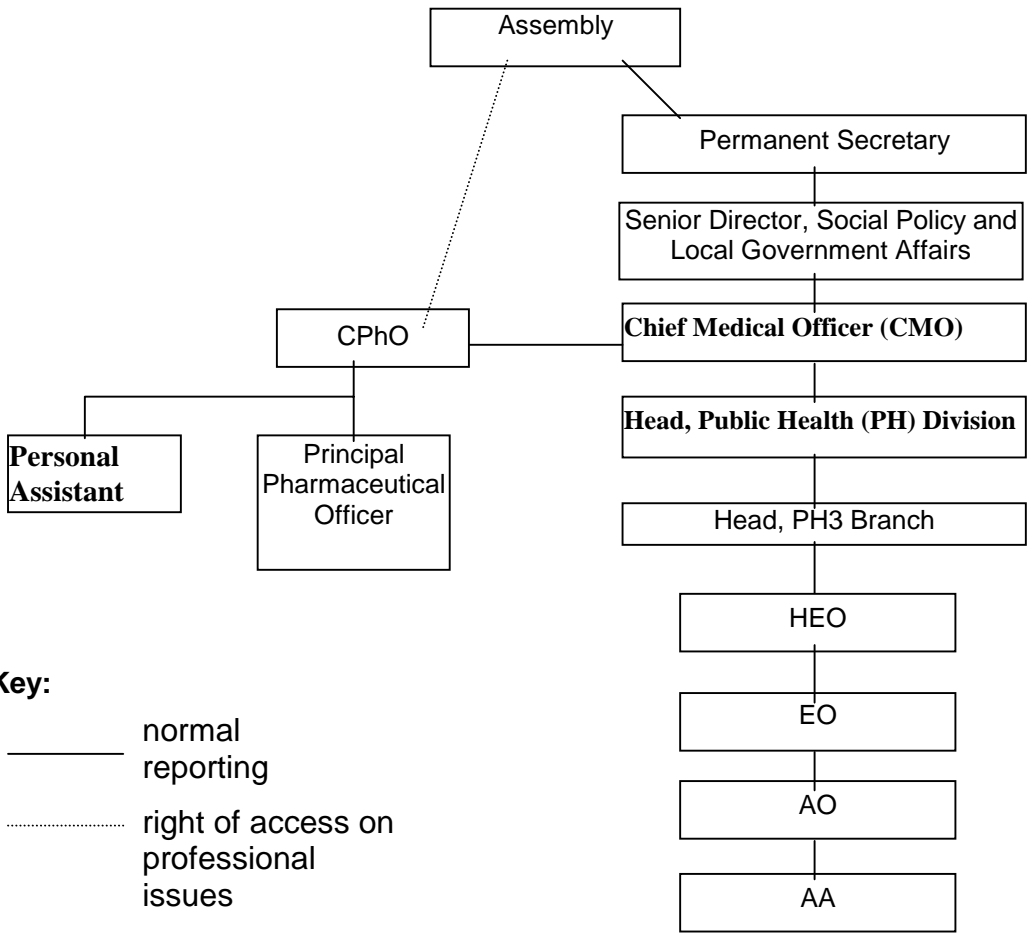
1.8 WPhC has no sub-committees itself, but the Trust Chief Pharmacists Committee has acquired the sub committees which previously reported direct to WPhC, as shown in the diagram above.

Main Assembly staff contributing directly to WPC's work

1.9 The main Assembly staff making direct contributions to WPhC's work are:

- Chief Pharmaceutical Officer (CPhO)
- Principal Pharmaceutical Officer
- CPhO's Personal Assistant
- Higher Executive Officer (HEO), Public Health Branch 3 (PH3)
- Executive Officer (EO), PH3
- Administrative Officer (AO), PH3
- Administrative Assistant (AA), PH3

1.10 The reporting arrangements for these staff are described in the following diagram.



Assembly expenditure arising directly from the existence of the WPhC and its Sub-Committees

1.11 This expenditure consists of:

- i) members' loss of earnings allowances, and travel and subsistence expenses
- ii) costs of Assembly staff contributing to WPhC's work.

1.12 The following tables provide information on these costs in 1999-2000.

Table 1 : WPhC's Direct Costs to the Assembly 1999-2000

Main Committee	Travel and Subsistence	£1,555.48
	Financial Loss	£1,277.35
	Miscellaneous (Refreshment, Venue, Stationery etc)	£6,149.97
Assembly Staff Costs		£10,355.01*
TOTAL		<u>£19,344.81</u>

*not 'real' expenditure, but the notional cost of staff time released for other tasks if WPhC did not exist.

Methodology and costs of this review

1.13 Martin Rolph, an Assembly official, undertook this review, alongside 5 others covering health advisory professional bodies and the Joint Professional Forum Health and Wellbeing (JPF), between late January 2001 and March 2001. He spoke the Chair of the Welsh Pharmaceutical Committee and the Assembly's Chief Pharmaceutical Officer, and received documents; then consulted the Chair and Chief Pharmaceutical Officer on the draft report before it was submitted to Ministers and the Health and Social Services Committee for comment.

1.14 The direct cost of this review (wholly the cost of the reviewer's time) was about £1,700.

2. Previous Reviews

2.1 The last review of the WPhC was undertaken in 1992.

2.2 The main recommendations for change of the 1992 review were relatively minor and related to the constitution. There was one recommendation that the Forward Programme meeting be strengthened by "the attendance of the Director of the NHS in Wales and/or the CMO if at all possible".

2.3 These recommendations were all implemented, although recently the Forward Programme meeting has not taken place in the way envisaged by the previous review.

3. OUTPUT

3.1 The main forms of output by the WPhC are:

- a. ad hoc advice to the Chief Pharmaceutical Officer, and via her to Ministers, Members and officials of the Assembly;
- b. communication in the opposite direction, mainly via members of the committee, to widespread parts of the pharmaceutical profession in Wales.

3.2 The main 'customers' for the WPhC's output are:

- a. the CPhO, and via her the staff and Members of the Assembly;
- b. members and, via them, the pharmaceutical profession.

3.3 The diagram at para 1.6 illustrates these relationships.

3.4 The main documented outputs associated with the WPC are the papers put to it, and the minutes of its meetings.

3.5 The agendas of the Committee are largely shaped by the Chair.

3.5 The WPC has not produced an annual report since 1996/97. Its current constitution provides for it to do so (see para 1.4 above).

4. PLANNING

4.1 WPhC used to have an annual work programme, but this practice has fallen into abeyance in recent years.

5. FINANCE

5.1 The WPhC itself does not hold an annual budget and owns no assets. All money spent on the direct costs of the WPC is managed by the sponsor branch, PH3.

6. IS THERE A CONTINUING NEED FOR THE WPhC?

6.1 The outputs of WPhC contribute to the achievement of Assembly policy. For example:

- a. WPhC addresses issues of relevant to Betterwales targets and themes. For example, WPhC contributed to a task and finish group on prescribing last year – Betterwales has a target of delivering 50% of the potential savings in prescription costs identified by the Audit Commission.
- b. WPhC addresses issues of relevance to the Assembly's key themes. For example, the meeting of which WPhC I attended received a presentation from NHS Direct, and discussed the pilot exercise NHS Direct is running in Essex in relation to referrals to Community Pharmacy. Community Pharmacy is the most widely used of all the frontline services, so there is clear relevance to the major Assembly themes of equality and social inclusion. Emergency ("morning after") contraception, which WPhC has discussed, and is an issue which affects the

population of Wales differently, given our different socio-economic and behavioural background.

6.2 The WPhC's work is not duplicated elsewhere. Its members are not appointed by the Assembly, giving its advice the credibility arising from its members' professional independence. Other bodies exist to pursue the sectional interests of members of the pharmaceutical profession themselves (eg the Royal Pharmaceutical Society) and their education, training and clinical standards of (eg The Welsh Committee for the Professional Development of Pharmacy). WPhC focuses on the professional aspects of the needs of the people for Wales in the field of pharmaceutical services.

6.3 Other means of seeking to fulfil WPhC's role (eg by employment of more advisers) would be less effective and represent poorer value for money. They would also carry less credibility with the profession in Wales.

6.4 The importance of the WPhC to the Assembly's conduct of its responsibilities in the field of pharmaceutical health is greater than in the days of the Welsh Office. The intention to abolish the Health Authorities, commissioned on 1st February 2001, will bring further strategic roles relating to the NHS into the Assembly itself, making the WPhC's importance as a source of advice of the all Wales level likely to grow even further.

6.5 Recommendation 1: WPhC should continue to be recognised by the Welsh Assembly as the prime source of independent Welsh professional advice on pharmaceutical services.

7. EVALUATION

Planning

7.1 WPhC does not currently operate a formal forward planning mechanism, nor produce annual reports. This is not consistent with the provisions of its constitution (see para 1.4 above) which envisage both of these documents being produced.

7.2 The constitution also envisages the work programme being agreed between the Director of NHS Wales, the Assembly's Chief Pharmaceutical Officer, and the WPhC chair. For a variety of understandable reasons, particularly associated with other pressing concerns before and after the creation of the Assembly, this has not happened recently.

7.3 The production of a short annual forward work programme would help the WPhC assess better it would be using its time and energies to best advantage, and help it act more proactively. Such a plan should not be so large as to take up all the time in WPhC meetings, leaving no time for issues which arise in a year.

7.4 Recommendation 2: WPhC should produce a forward annual work programme, by:

- once a year including an item on this in a WPhC agenda;
- the chair issuing a short paper in advance of this meeting, suggesting on no more than one side of A4 paper, a relatively short list of key items the WPhC proposes to consider and offer advice to the Assembly and/or profession;
- the programme, as it emerges from the annual discussion in WPhC should go to the NHS Director (and any other relevant Assembly Directors) for comment. This would give NHSD the opportunity to respond indicating which subjects would particularly interest it, and the opportunity to indicate any other subjects on which the Assembly would welcome professional advice;

- a meeting between the WPhC Chair and Vice-chair and the Chief Medical Officer, Chief Pharmaceutical Officer and NHS Director to discuss the forward work programme.

Usefulness of WPC's outputs

7.5 The Assembly has a need for authoritative professional advice on pharmaceutical services in Wales, sometimes within a short timescale.

7.6 The WPhC is a critically important support to the two professional pharmaceutical advisers employed by the Assembly and , mainly via them, the Assembly's Ministers, Members and staff.

7.7 The WPhC is also a useful source of information and advice to the various parts of the pharmaceutical profession throughout Wales.

7.8 Lesser, but developing customers include the other professional advisory committees.

7.9 At present the agendas, minutes and papers are routinely available only to WPhC members – although members are understood to share developments in WPhC , and no doubt some papers , with their colleagues in the pharmaceutical profession and partner professions in their part of Wales.

7.10 Given this, there seems no reason why all WPhC agendas, papers and confirmed minutes should not be placed in the public domain, accessible via the internet. NHS Wales CymruWeb would not alone be a suitable vehicle for this, as it is not accessible to all members of the Pharmaceutical Profession, still less the public in general, so material should also be placed on the Health part of the Assembly internet website and the appropriate part of the NHS Wales website. WPhC material placed on such sites would need to be clearly marked as not automatically representing Assembly or NHS Wales views, so as to safeguard the Committee's separate status.

7.11 Recommendation 3: WPhC should make its agendas, papers and confirmed minutes available over the internet (subject to exclusion of material on grounds of patient, commercial etc confidentiality)

Working Methods

7.12 Recommendations 2 and 3 above have relevance for working methods. I make no other recommendations in this area.

Composition and Size of Membership

7.13 The current composition of membership appears to be about right. The requirement to include representatives of all the District Pharmaceutical Committees in Wales ensures that all parts of Wales are represented in the Committee. The development and implementation of the NHS Plan is likely to result in changes to the local advisory structures on which the WPhC currently partly bases its membership.

7.14 Recommendation 4: WPhC should consider.

- what advice it should offer the Assembly on the possible future shape of the advisory role currently undertaken by bodies linked to the existence of the Health Authorities
- when decisions in this area are taken, what changes it needs to make to the way in which its own membership is built up to ensure a good spread of localities in Wales are represented, as well as specialisms, but avoiding producing too large and unwieldy a committee, as for example having one member from each LHG area would do.

Conflicts of Interest

7.14 Members of WPhC are asked to notify the secretariat of their interests, when the secretariat becomes aware of their appointment, and annually thereafter. With the letter inviting them to do so, WPhC members are sent a copy of the code of practice for members. (copy at Annex 2)

7.15 These actions were introduced in support of the current UK Government's 1997 manifesto commitment to openness, accountability and effectiveness.

7.16 The WPhC's value to all its customers lies in the degree of independence with which it is expected to approach the matters it considers. I believe that WPhC members discharge their responsibilities to the WPhC with integrity and care. However, further formalisation in the area of the WPhC's register of interests and code of practice would ensure that is seen to be the case, even more than at present.

7.17 Recommendation 5: WPhC should amend its constitution to explicitly state that members will abide by its code of practice. Members will not be accorded formal WPhC membership until they sign an undertaking to this effect, and complete their first notification of interests.

Relationship with the Assembly

7.18 Much of the earlier parts of this review relate to the WPhC's relationship with the Assembly. The Assembly does not have the legal powers to instruct the WPhC what to do – it cannot appoint or remove members. In extreme circumstances, the Assembly could withdraw recognition of the WPhC, which would mean the removal of the modest financial support it receives, and probably of the involvement of any Assembly official.

7.19 Up until 1996/97, the only regular source of information about WPhC available in the public domain was its annual report, although the WPhC's constitution still envisages the production of an annual report. If recommendations 2 and 3 above are implemented, there will be far more information in the public domain than hitherto, and the production, in addition, of an annual report would be of little value, but would take up some of the time of WPhC members and those who support them.

7.20 Recommendation 6: If recommendations 2 and 3 of this report are implemented, the WPhC constitution should be amended to remove any need for the production of an annual report.

Equal Opportunities

7.21 WPhC members appear to be predominantly white males. This is to a significant degree a reflection of the profile of the profession in Wales, but there must be scope for a WPhC which contains more women and members of ethnic minorities. The Assembly does not appoint members, who are mainly members by virtue of the positions they hold on other bodies.

7.22 Recommendation 7: WPhC should consider how it can increase the number of women and members of ethnic minorities in its membership.

8. RECOMMENDATIONS

8.1 This review makes the following recommendations (see paragraphs mentioned for full text).

1. WPhC should continue to be recognised by the Assembly (para 6.5)
2. WPhC should produce a forward annual work programme (para 7.4)
3. WPhC should make its papers available over the internet (para 7.11)
4. WPhC should consider what advice it should offer the Assembly on the possible future shape of the advisory role currently undertaken by bodies linked to the existence of the Health Authorities
5. WPhC should make amendments to its constitution relating to declarations of interest and its code of practice (para 7.18)
6. The WPhC constitution should be amended to remove any need for the production of an annual report (para 7.21)
7. WPhC should consider how it can increase the number of women and members of ethnic minorities in its membership (para 7.23)

9. ACTION PLAN

9.1 Apart from Recommendation 1, it is for PH to lead on the implementation of recommendations.

9.2 It is feasible for WPhC to implement Recommendations 2 – 7 within one year from the completion of this report, subject to support from relevant Assembly officers, especially in relation to Recommendation 3, and part of Recommendation 2.



**Cynulliad Cenedlaethol Cymru
The National Assembly for Wales**

To Members of

Welsh Health Services Committee

Parc Cathays / Cathays Park
Caerdydd / Cardiff
CF10 3NQ

Eich cyf / Your ref
Ein cyf / Our ref

Dyddiad / Date 9 March 2001

Dear Member,

CODE OF PRACTICE AND REGISTER OF INTERESTS FOR MEMBERS OF ADVISORY ASSEMBLY SPONSORED PUBLIC BODIES (ASPBs)

The register of interests drawn up in 1999 as a result of the Government's manifesto commitment to openness, accountability and effectiveness, has to be updated on an annual basis.

I therefore attach a form for you to complete and return to me at Public Health Division 3, as soon as you are able to do so. I remind you that the Register should list any direct and pecuniary interests which members of the public might reasonably think could influence judgement. It should also list non-pecuniary interests of members which relate closely to the work of the Committee. Members should disclose annually on the form provided, and on the occasion of any change, any private interests which they or their close family¹ have, and which falls into any categories set out below

- any public or private appointment
- any company directorship
- any proprietorship or partnership in a trade, business or profession
- any holdings of unquoted shares
- any holdings of quoted shares which represents, either separately or in combination, more than 5% of the issued share capital

Furthermore, I am in the process of updating the information held on members of the Statutory Committees, and I would be grateful if you could assist me in this process by providing me with the following information

- professional address, home address and business and home telephone numbers (please see form enclosed)
- details of any group on which you sit as a representative of the Welsh Medical Committee

Should you have a problem with these requests, please do not hesitate to contact me.

Yours faithfully,

Miss M. Heledd Thomas

(DRAFT)

5 YEARLY REVIEW OF THE JOINT PROFESSIONAL FORUM HEALTH AND WELLBEING (JPF)

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5 YEARLY REVIEW OF THE WELSH PROFESSIONAL FORUM HEALTH AND WELLBEING (JPF)

1 Introductory Information

Terms of Reference

1.1 The terms of reference for this review were:

“To consider whether there is a continuing need for the Joint Professional Forum Health and Wellbeing (JPF) and, if so, whether the JPF provides good value for money and is efficient and effective. The review will consider the JPF’s cost effectiveness, the value of its work and whether that work can be done by the Assembly or other body(ies).

The review will make recommendations about the composition and operation of the JPF’s and its management and staff support. The review will also consider the way the Assembly sponsors the JPF’s and monitors its performance. The review will make appropriate recommendations, in particular in the context of Better Wales and the three key themes of social inclusion, equality and sustainable development”.

Powers under which the Joint Professional Forum Health and Wellbeing was established by the Assembly

1.2 The Joint Professional Forum (JPF) was established in 1999 under the powers of Schedule 6 , para 1(a) of the Nhs Act 1977 and Section 40 of the Government of Wales Act 1998.

Powers of Assembly to review and implement changes

1.3 Sections 28 and 40 of the Government of Wales Act 1998 gives the National Assembly for Wales the power to review the JPF and implement changes.

Purpose and function

1.4 The JPF’s role is:

- to establish a framework for co-ordinating professional advice on cross cutting issues from the formal and statutory advisory Committees to the National Assembly through the relevant Head of Profession;
- to be proactive in the provision of advice and provision of evidence base for the rationale of decision making (including resource consideration) in respect of the National Assembly’s Forward programme and that of the Health and Social Services Committee in particular;
- to provide multi professional advice to the National Assembly for Wales on issues relating to the Health and Well-being of the people of Wales;
- to disseminate information on cross-cutting issues to the relevant professional groups by means of a newsletter maintenance and development of health services and health issues in Wales generally;
- produce an annual report by the date of the Forward Programme Meeting.

Membership composition

1.5 The current membership of the JPF consists of:

Chair – Chief Medical Officer, Wales

Members -

- Chair of the Welsh Scientific Advisory Committee
- Chair of the Welsh Dental Committee
- Chair of the Welsh Pharmaceutical Committee
- Chair of Welsh Nursing and Midwifery Committee
- Chair of Welsh Medical Committee
- Chair of the All Wales Committee for Healthcare Professions
- Representative of Directors of Social Services
- Representative of Directors of Housing and Regulatory Services.
- Representative of Directors of Environmental Protection
- Chief Nursing Officer, Assembly
- Chief Dental Officer, Assembly
- Chief Pharmaceutical Officer, Assembly
- Chief Scientific Adviser, Assembly
- Deputy Chief Scientific Adviser, Assembly
- Chief Environmental Health Adviser, Assembly
- Two Senior Medical Officers, Assembly
- Chief Inspector, Social Services Inspectorate, Assembly
- Senior Director, Social Policy and Local Government Affairs
- Director, NHS Wales
- Director, Social Services and Communities Group

Meetings

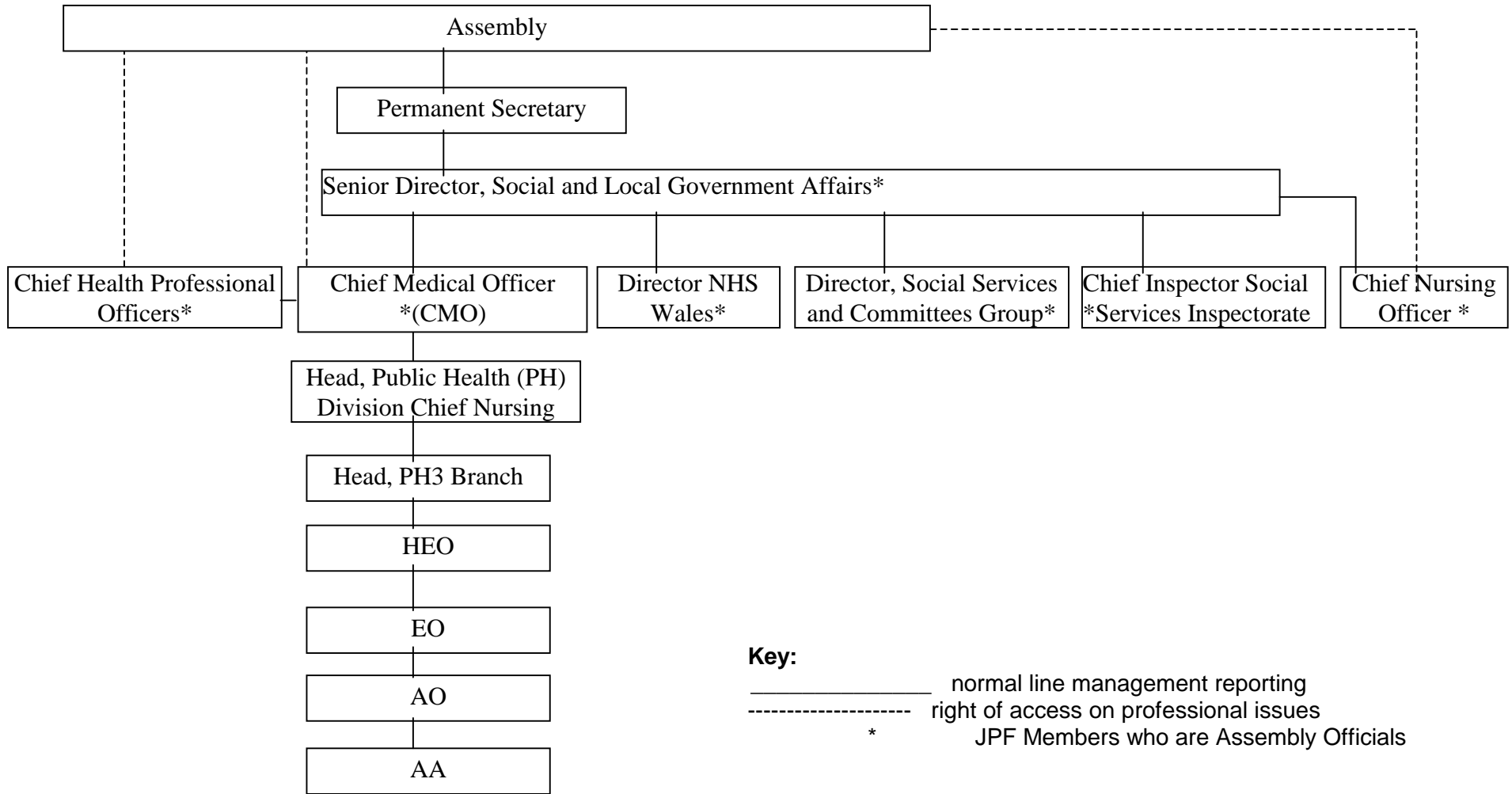
1.6 The JPF normally meetings 3 times a year. Meetings are held in Cardiff.

Main Assembly staff contributing directly to JPF's work

1.7 The main Assembly staff contributing directly to JPF work are:

- Chief and Senior Health Professional Officers
- Higher Executive Officer, PH3 (HEO)
- Executive Officer, PH3 (EO)
- Administrative Officer, PH3 (AO)
- Administrative Assistant, PH3 (AA)

1.8 The reporting arrangements for those Assembly staff who are members or support the Forum are described in the following diagram



Assembly expenditure arising directly from the existence of the JPF

1.9 This expenditure consists of:

- i. members' loss of earnings allowances, and travel and subsistence expenses
- ii. costs of Assembly staff contributing to JPF work.

1.10 The following table provides information on these costs. These are preliminary estimates, given the relatively recent creation of the Forum.

Table: JPF's very approximate direct annual costs to the Assembly in 2000-2001

Forum (including Plenaries)*	Travel and Subsistence, Miscellaneous costs	£30,000
Assembly Staff Costs**		£30,000

* assuming 4 meetings and 3 Plenaries per year

** not "real" expenditure, but the notional cost of staff time which would be available for other purposes if JPF and its Plenaries did not exist.

1.11 These are provisional order of magnitude estimates. At the time of the review, some of these costs were allocated to the 6 profession specific Welsh health advisory committees, so there is a relatively small element of double counting if this and the 6 other reports are taken together. I comment on this at paragraph 7.9

Methodology and costs of this review

1.12 Martin Rolph, an Assembly official, undertook this review, alongside 6 others covering health advisory professional committees, between January and March 2001. He attended a meeting of the Forum and received documents. The Forum was also discussed with each of the Chairs of the 6 health professional advisory committees when they met them in connection with the committees they chair. In addition, a discussion was held with a senior representative of the All Wales Committee for Healthcare Professions (AWCHP). He also consulted the Chief Medical Officer on the draft report before it was submitted to Ministers and the Health and Social Services Committee for comment.

1.13 The cost of this review (wholly the cost of the reviewer's time) was about £1,200.

2. WHY A REVIEW OF THE JPF NOW?

2.1 This is the first review of the Joint Professional Forum. It was commissioned ahead of the normal 5 yearly interval solely because the 6 health professional advisory committees were being reviewed at the same time and by the same official.

3. OUTPUT

3.1 The JPF's outputs are:

- a. advice in meetings to the Assembly, via the senior officials present;
- b. the holding of plenary sessions for a wide range of professional staff working for the NHS and its partners;

3.2 The main customers of the JPF are:

- the National Assembly for Wales, via the Senior Officers who attend;
- various parts of the membership of health, NHS and partner professions across Wales

3.3 Output is produced regularly:

- in preparation for, during and after its meetings;
- through the preparation for holding of, and follow up to its health and well-being plenaries.

3.4 The JPF is unique to Wales . It is viewed as a very important recent creation by both the chairs of the profession-specific health professional advisory committees and senior Assembly officials. It helps an independent, multi-professional view to be brought to a range of some of the most important health and well-being issues facing the people in Wales.

Publications

3.5 Plenaries are expected to result in the issue to all parts of the NHS and its partners of documents shortly. This Spring saw the release of reports of the Diabetes and Rehabilitation Plenaries held in the second half of 2000. The Pain and Palliative Care Plenary, held on 6 April 2001, was preceded by the issue to participants of these reports. "Pain Management – A Review of Pain Services in Wales 2001" and "Palliative Care Services in Wales – A Review."

4. PLANNING

4.1 JPF considers its forward work programme, especially the planning of its Planning sessions, but does not currently have a formal work programme.

5. FINANCE

5.1 The JPF itself does not hold an annual budget and owns no assets. All direct Assembly expenditure on JPF is managed by the secretariat Branch, PH3.

6. IS THERE A CONTINUING NEED FOR JPF?

6.1 Many JPF outputs contribute to the achievement of Assembly policy. For example:-

- JPF addresses issues of relevance to Better Wales targets (eg, the meeting I attended in February 2001 decided to make the subject of its Summer 2001 decided to make Mental Health , an area which features in Better Wales , the subject of its Summer 2001 plenary)
- JPF addresses issues of relevance to the Assembly's key themes – mental health (mentioned above) is a subject which is particularly relevant to equality, social inclusion and sustainable economy and communities. The April 2001 Plenary on Pain and Palliative Care was relevant to a sustainable Welsh economy – back pain is

a major cause of lost working days, and indeed withdrawal from being economically active altogether.

6.2 JPF work is not duplicated elsewhere. No other body is able to combine the totality of the professional aspects of health and the NHS Wales **and** is as independent and disinterested a source of informed and credible Welsh cross cutting health professional advice to the Assembly.

6.3 Future developments are likely to make the JPF and the advice it provides to the Assembly even more essential. The recent announcement on 1 February 2001, that the Assembly proposes to abolish Health Authorities and carry out their strategic roles itself exemplifies this. For example, the development of the Public Health function as the NHS Plan is developed and implemented will include multi-professional concerns and interests across the NHS and local government partners.

6.4 The availability of a Forum at all Wales level with the potential to produce professional health advice (including health interests of local authorities as well as the NHS) will be an important contribution (along with availability of statistics and appropriate research and development) in ensuring that the Assembly has an adequate evidence base for its increased strategic planning and policy making role. It will also help to ensure that the health alliances at LHG/local authority level have the support (in terms of professional advice etc) which it is desirable they should receive from the all Wales level.

6.5 Recommendation 1: The Assembly should continue to support the JPF as a key source of independent advice on health professional matters relating to Wales.

7. EVALUATION

Planning

7.1 JPF plans its activities well in advance, though not in a particularly formal way. Now that the Forum and its Plenaries are becoming more established, the Forum might benefit from a slightly more formal planning arrangement, such as the production of a brief annual outline programme of the major issues it hopes to address in its meetings or Plenaries. Such a programme should not seek to allocate all the Forum's time, as important issues always crop up in-year. But it would offer greater opportunity to seek feedback from Ministers and others, as well as provide a broad yardstick against which to measure Forum activity and plan the following year's outline programme.

7.2 Recommendation 2: JPF should draw up a brief formal outline programme annually which would go to the Health and Social Services Minister, the Finance, Local Government and Communities Ministers and any other appropriate Ministers for comment.

Usefulness of JPF outputs

7.3 The Assembly has a need for authoritative multi-professional advice on health, NHS and related issues. The JPF is an important support to the Assembly's senior officers, especially professional advisers, and via them to the Assembly's Ministers, Members and other staff.

7.4 The JPF is also a useful source of information and advice to the various parts of the health and partner professions throughout Wales. At present the agendas, minutes and papers are routinely available only to JPF members – although members are understood

to share developments in JPF and no doubt some papers, with their colleagues in the committees which they chair.

7.5 Given this, there seems no reason why all JPF agendas, papers and confirmed minutes should not be placed in the public domain, accessible via the internet.

7.6 Recommendation 3: JPF should make its agendas, papers and confirmed minutes available over the internet (subject to, exceptionally, exclusion of material on grounds of patient, commercial etc, confidentiality).

Working Methods

7.7 Recommendations 2 and 3 above have relevance for working methods. Unlike the profession specific advisory committees, dates are not currently set a year in advance. This may adversely affect attendance.

7.8 Recommendation 4: The JPF Secretariat should set JPF meeting dates a year in advance.

7.9 At the time of collecting material for this review , and further to para 1.11 , the secretariat classified some of the JPF and Plenary expenditure as applying to individual professional advisory committees. For example , they counted expenses paid to the chair of the WDC when attending the JPF against the costs of the WDC.

7.10 Recommendation 5 : I recommend that the secretariat attributes all JPF and Plenary costs to the JPF , rather than any individual advisory professional advisory committee.

Composition and Size of Membership

7.11 The current composition and size of membership appears to be about right, but these are early days in the forum's life, and the development and implementation of the NHS Plan.

7.12 Recommendation 6: JPF should consider what advice it should offer the Assembly on the possible future shape of the health professional advice needed by the Assembly and other stakeholders covering NHS and wider health and wellbeing issues, in the light of the abolition of Health Authorities, and the structures of professional advice geared to the Health Authorities' existence.

7.13 Looking across all the health professions, one important area appears to be missing from coverage by the six health professional advisory committees themselves – what are commonly known as “professions allied to medicine” or PAMs. These consist of mainly therapeutic services such as physiotherapy, occupational therapy, nutritional advice, art therapy. The UK Parliament has plans to further recognise their professional status by legislating to protect the use of their title. The All Wales Committee for Healthcare professions [AWCHP] is represented on the Joint Professional Forum for Health and Wellbeing, which I believe is right. There is perhaps a case for additional involvement of PAMs in the formal Assembly advisory machinery. But I do not believe it is within my terms of reference to make detailed recommendations on the precise way this should happen.

7.14 I believe there are broadly, 3 option in relation to PAMs in this context:

- i. retain the status quo
- ii. affiliate or associate the AWCHP to one of the existing profession specific health professional advisory committees such as the Welsh Scientific Advisory Committee or the Welsh Medical Committee. I estimate this would result, in a full year, in additional annual expenditure of about £7,500, mainly members' expenses and secretariat costs.
- iii. Support the AWCHP as a full Advisory Committee, which would probably result in a slightly higher additional annual cost, say £10,000.

7.15 Recommendation 7: I recommend that, further to paragraph 7.11 to 7.13 above, JPF should advise the Chief Medical Officer on the possibility of greater support for AWCHP.

Equal Opportunities

7.16 JPF members all appear to be white. All members of the JPF owe their membership to positions elsewhere, and it is therefore within those bodies (the Assembly's senior staff and the 6 health professional advisory committees) that the need to ensure gender and ethnic balance needs to be addressed. Each of the 6 reports on the advisory committees contains a recommendation in this area.

8. RECOMMENDATIONS

8.1 This review makes the following recommendations (see paragraphs mentioned for full text)

1. The Assembly should continue to support the JPF (para 6.5).
2. JPF should draw up a brief formal programme annually (para 7.2).
3. JPF should make its papers available over the internet (para 7.6)
4. JPF Secretariat should set JPF meeting dates a year in advance (para 7.8)
5. JPF Secretariat should allocate all JPF and Plenary costs to JPF(para 7.10)
6. JPF should consider what advice it should offer the Assembly on the possible future shape of the health professional advice needed by the Assembly and stakeholders. (para 7.12)
7. JPF should advise the Chief Medical Officer on the possibility of greater support AWCHP (para 7.15).

9. ACTION PLAN

9.1 Apart from Recommendation 1, all the recommendations, if accepted are ones on which the JPF itself would lead and they should all be implemented by April 2002.

5 YEARLY REVIEW OF WELSH DENTAL COMMITTEE (WDC)

Contents

- 1. Introductory Information**
 - 1.4 Purpose and Function
 - 1.5 Membership Structure
 - 1.10 Assembly Expenditure
- 2. Previous Reviews**
- 3. Output**
- 4. Planning**
- 5. Finance**
- 6. Is there a continuing need for the WDC?**
- 7. Evaluation of the WDC**
- 8. Recommendations**
- 9. Action Plan**
- 10. Annexes**

1. INTRODUCTORY INFORMATION

Terms of Reference

1.1 The terms of reference for this review were

“To consider whether there is a continuing need for the Welsh Dental Committee (WDC) and, if so, whether the WDC provides good value for money and is efficient and effective. The review will consider the WDC’s cost effectiveness, the value of its work and whether that work can be done by the Assembly or other body(ies).

The review will make recommendations about the composition and operation of the WDC and its management and staffing support. The review will also consider the way the Assembly sponsors the WDC and monitors its performance. The review will make appropriate recommendations, in particular in the context of Better Wales and the three key themes of social inclusion, equality and sustainable development.”

Powers under which the Welsh Dental Committee is recognised by the Assembly

1.2 The Welsh Dental Committee (WDC) is an advisory Assembly Public Body (ASPB), recognised under Section 19(1) of the NHS Act 1977, as amended. The word “recognise” is that used in the legislation. The Assembly is not under an obligation to create a WDC, if none exists but it is under a legal duty to “recognise” a Welsh Dental Committee if it considers an appropriate one exists.

Powers of Assembly to review and implement changes

1.3 Sections 28 and 40, and Schedule 4(ii), of the Government of Wales Act 1998 give the National Assembly for Wales the power to add functions to the WDC, with its consent, or to remove them, and to review the WDC.

Purpose and function

1.4 The WDC’s role is to:

- Advise the Assembly Minister for Health and Social Services on Dental Services in Wales
- Implement an annual work programme agreed between the Director of NHS Wales, the Chief Dental Officer and the Chairman on behalf of the Committee
- Receive for comment and advice, documents or issues referred to it by the National Assembly
- Bring to the attention of the Assembly Minister for Health and Social Services, through the Chief Dental Officer, issues concerning the maintenance and development of health services and health issues in Wales generally
- Produce an annual report by the date of the Forward Programme Meeting

Membership composition

1.5 The following part of the WDC's constitution describes the structure of the membership.

"a Details of Composition

The committee will consist of the Chairs, from time to time, of:

- The 5 District Dental Committees in Wales
- The Welsh General Dental Service Committee
- The Welsh Sub-Committee of the Central Committee for Community Dental Services
- The all-Wales Directors of Dental Public Health Group
- The British Dental Association Welsh Council
- The Hospital Dental Services Sub-Committee of the Committee
- MEDMec Dental Services Sub-Committee

and the following:

- The Dean, from time to time, of the Dental School University of Wales College of Medicine
- The Director, from time to time, of Post Graduate Dental Education in Wales
- The member of the General Dental Council who has been elected, from time to time, by dentists whose address in the Dental Register is in Wales
- The Chief Dental Officer for Wales and the Senior Dental Officer will be invited to attend all meetings of the Committee and will receive the agenda, minutes and other papers issued on behalf of the Committee."

Meetings

1.6 The WDC normally meets 4 times a year. Meetings are held in Cardiff.

Sub-Committees

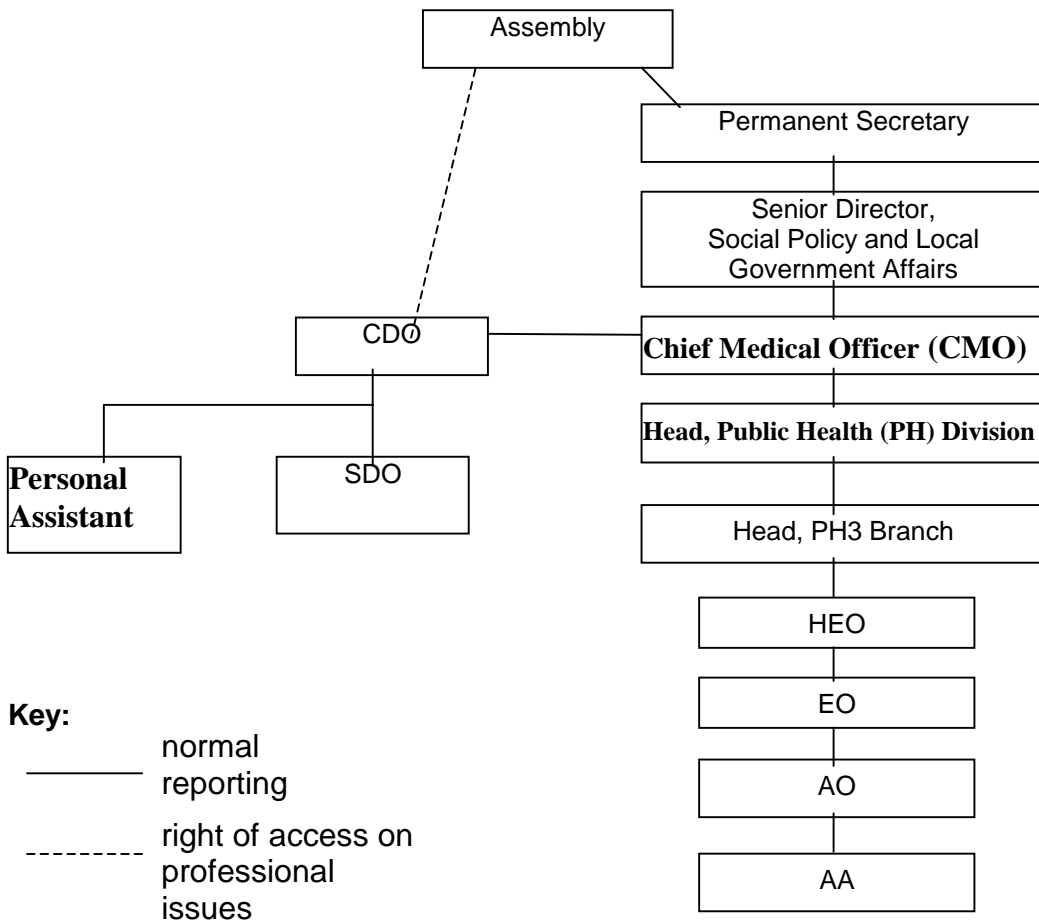
1.7 The WDC has 1 subcommittee.
(Hospital Dental Services/Orofacial/Cancer/Special Needs)

Main Assembly staff contributing directly to WDC's work

1.8 The main Assembly staff contributing directly to WDC's work are:

- Chief Dental Officer (CDO)
- Senior Dental Officer (SDO)
- CDO's personal assistant
- Higher Executive Officer (HEO), Public Health Division, Branch 3
- Executive Officer (EO), Public Health Division, Branch 3
- Administrative Officer (AO), Public Health Division, Branch 3
- Administrative Assistant (AA), Public Health Division, Branch 3

1.9 The reporting arrangements for these staff are described in the following diagram.



Assembly expenditure arising directly from the existence of the WDC and its Sub-Committee

1.10 The Assembly expenditure directly related to the existence of the WDC consists of:

- i) members' loss of earnings allowances, and travel and subsistence expenses
- ii) costs of Assembly staff contributing to WDC's work.

1.11 The following table provides information on these costs in a recent year, typical of the broad level of expenditure.

WDC's Direct Costs to the Assembly 1999-2000

Main Committee	Travel and Subsistence	£2,162.02
	Financial Loss Allowances	£2,587.80
	Miscellaneous (Refreshment, Venue, Stationery etc.)	£ 53.01
Hospital Dental Services/Orofacial/Cancer/ Special Needs Sub Committee		£ 185.61
Assembly Staff Costs		£11,327.30*
Total		£16,315.74

* not 'real' expenditure, but the notional cost of staff time available for other tasks if WDC did not exist.

Methodology and costs of this review

1.12 The main indirect cost related to the WDC's existence is the time of the participants in WDC activity. I have not taken this cost into account in this review, partly as it seems reasonable to assume that employed participants and their employers regard their involvement as a rewarding use of their time from their points of view as well as that of the Assembly. There is a greater problem with the recognition of the time of self employed dental surgeons (who constitute the bulk of the profession in Wales) in that the rates paid for loss of earnings are widely viewed as inadequate. During Spring 2001, it is likely that a consultation paper on the payment of those serving on all Assembly public bodies will be issued, which will give those most concerned an opportunity to raise this issue, if they wish.

1.13 Martin Rolph, an Assembly official, undertook this review, alongside 6 others of health advisory professional bodies, between January and March 2001. He spoke to those listed at Annex 1, attended a WDC meeting and received documents; then consulted the Chair and Chief Dental Officer on the draft report before it was submitted to Ministers and the Health and Social Services Committee for comment. The cost of this review (nearly all consisting of the cost of the reviewer's time) was about £1,700.

2. PREVIOUS REVIEWS

2.1 The last review of the WDC was completed in March 1994.

2.2 The main recommendations of the 1994 review were:

- a. A management statement to provide clear guidance on the role and responsibility, and on performance targets for the WDC should be prepared.
- b. The WDC and the Department should prepare guidance on the establishment, modus operandi and remuneration for the costs of the work of the ad hoc Working Parties, giving consideration to the need for secretarial support.

- c. Detailed recommendations on the make up of the membership - and that it should be reviewed regularly to ensure it continues to provide comprehensive and balanced advice.
- d. Consideration should be given to role of auxiliary dental staff and - whether they should be represented in a formal advisory process.

2.3 These recommendations were all implemented.

3. OUTPUT

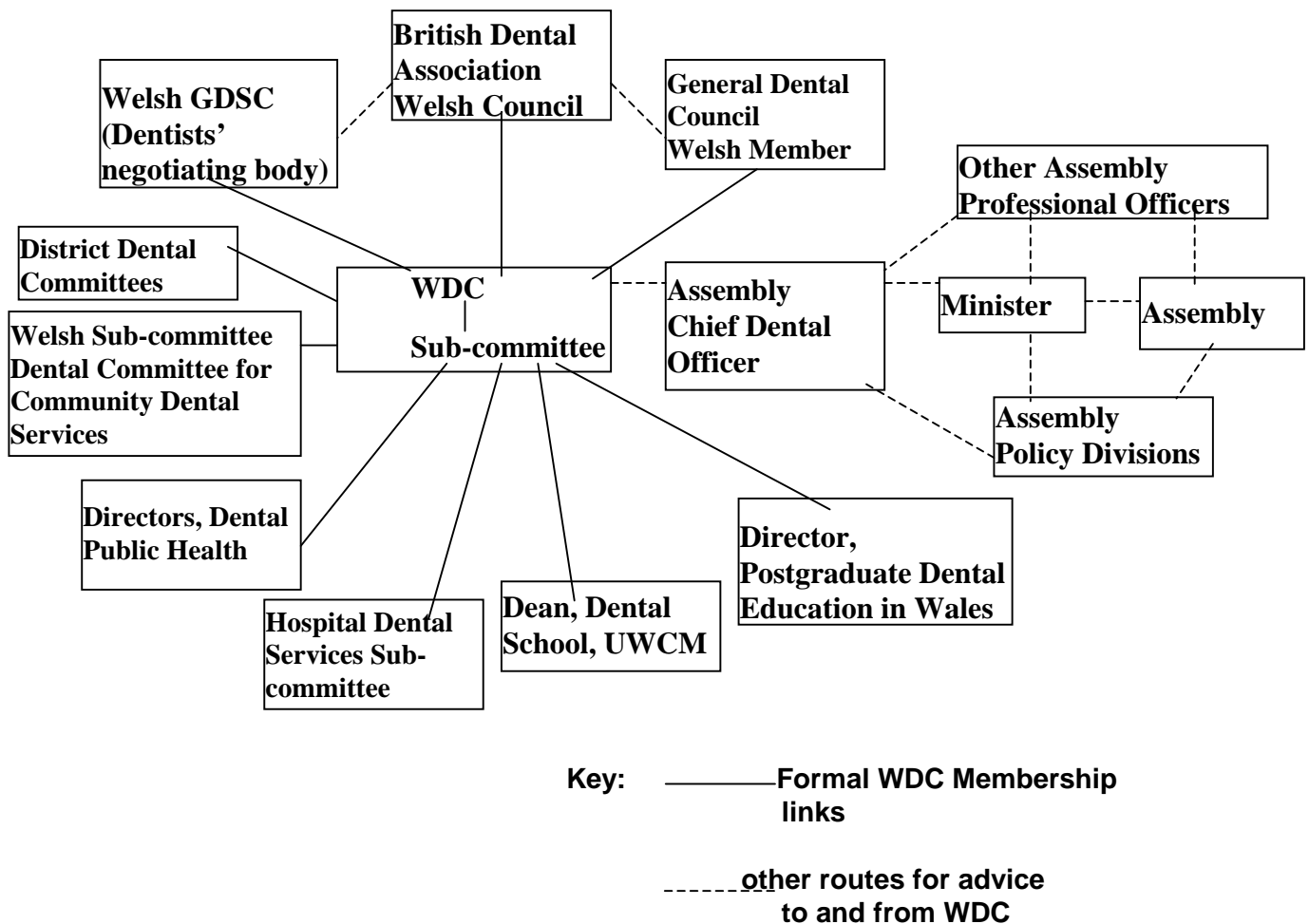
3.1 The main forms of output by the WDC are:

- a. ad hoc advice to the Chief Dental Officer, and via him to Ministers, Members and officials of the Assembly;
- b. communication in the opposite direction, mainly via members of the committee, to widespread parts of the dental profession in Wales.

3.2 The main 'customers' for the WDC's output are:

- a. the CDO, and via him the staff and Members of the Assembly;
- b. members and, via them, the dental profession.

3.3 The diagram below illustrates these relationships.



3.4 The main documented outputs associated with the WDC are the papers put to it, and the minutes of its meetings.

3.5 The agendas of the Committee are largely shaped by the Chair.

3.6 The WDC has not produced an annual report since 1996/97. Its current constitution provides for it to do so (see para 1.4 above).

4. PLANNING

4.1 WDC used to have an annual work programme, but this practice has fallen into abeyance in recent years.

5. FINANCE

5.1 The WDC itself does not hold an annual budget and owns no assets. All money spent on the direct costs of the WDC is managed by the secretariat branch, PH3.

6. IS THERE A CONTINUING NEED FOR THE WDC?

6.1 The outputs of WDC contribute to the achievement of Assembly policy. For example:

- a. WDC addresses issues of relevance to Better Wales targets. For example, in June 1999, at its first meeting after the creation of the Assembly, the WDC minutes recorded that "it was recognised that any WDC document must be consistent with the aims of Better Health Better Wales".
- b. WDC addresses issues of relevant to the Assembly's key themes. (e.g. the implementation of the decision to remove general anaesthesia from general dental practice raises issues relating to the future treatment of children with special needs – an issue relevant to the theme of equality)

6.2 The WDC's work is not duplicated elsewhere. Its members are not appointed by the Assembly, giving its advice credibility arising from its members' professional independence. Other bodies exist to pursue the sectional interests of dental practitioners themselves (e.g. the British Dental Association) and education, training and clinical standards of (e.g. the dental sub committee of MEDMec). WDC focuses on the professional aspects of the needs of the people for Wales in the field of oral health.

6.3 Other means of seeking to fulfil WDC's role (e.g. by employment of more advisers) would be less effective and represent poorer value for money. They would also carry less credibility with the profession in Wales.

6.4 The importance of the WDC to the Assembly's conduct of its responsibilities in the field of oral health is probably greater than in the days of the Welsh Office. With the proposal to abolish Health Authorities announced on 1 February 2001, heralding an increased in the strategic role of the Assembly itself, its importance in, is likely to grow even further in the next few years.

6.5 Recommendation 1: WDC should continue to be recognised by the Welsh Assembly as the prime source of independent Welsh professional advice on oral health services.

7. EVALUATION

Planning

7.1 WDC does not currently operate a formal forward planning mechanism, nor produce annual reports. This is not consistent with the provisions of its constitution (see para 1.4 above) which envisage both of these documents being produced.

7.2 The constitution also envisages the work programme being agreed between the Director of NHS Wales, the Assembly's Chief Dental Office, and the WDC chair. For a variety of understandable reasons, particularly associated with other pressing concerns before and after the creation of the Assembly, this has not happened recently.

7.3 The production of a short annual forward work programme would help the WDC assess better it would be using its time and energies better, and help it act more proactively. Such a plan should not be so large as to take up all the time in WDC meetings, leaving no time for unexpected and unpredictable issues which arise in a year.

7.4 Recommendation 2: WDC should produce a forward annual work programme, by

- a. once a year including an item on this in a WDC agenda;
- b. the chair issuing a short paper in advance of this meeting, suggesting (preferably on no more than one side of A4 paper) a relatively short list of key items the WDC proposes to consider and offer advice to the Assembly and/or profession;
- c. the programme, as it emerges from the annual discussion in WDC should go to the NHS Director (and any other relevant Assembly Directors) for comment. This would give NHSD the opportunity to respond indicating which subjects would particularly interest it, and the opportunity to indicate any other subjects on which the Assembly would welcome professional advice;
- d. meeting between the WDC Chair and Vice-chair, Chief Medical Officer, Chief Dental Officer and NHS Director to discuss the forward work programme.

Usefulness of WDC's outputs

7.5 The Assembly has a need for authoritative professional advice on oral health and dental services in Wales, sometimes within short timescales.

7.6 The WDC is a critical support to the two professional dental advisers employed by the Assembly, and mainly via them, the Assembly's Ministers, Members and staff.

7.7 The WDC is also a useful source of information and advice to the various parts of the dental profession throughout Wales.

7.8 Lesser, but developing customers, are the other professional advisory committees, especially the Welsh Medical Committee. For example, a recent WDC meeting discussed implications of the recent decision to stop the administration of general anaesthetics in general dental practice settings. One outcome was a reference to the Welsh Medical Committee for advice as one possible implication WDC perceived was the implication that it was conceivable that some general anaesthetics would continue to be

administered in support of medical treatment in settings where recovery facilities were no better than in the dental settings in which they are soon to be stopped.

7.9 At present the agendas, minutes and papers are routinely available only to WDC members – although members are understood to share developments in WDC and no doubt some papers with their colleagues in the dental profession in their part of Wales.

7.10 Given this, there seems no reason why all WDC agendas, papers and confirmed minutes should not be placed in the public domain, accessible via the internet. NHS Wales CymruWeb would not, alone, be a suitable vehicle for this, as it is not accessible to all members of the Dental Profession, still less the public in general. WDC material could also be placed on the Assembly and NHS Wales websites, but marked in such a way as to indicate that it does not automatically represent Assembly or NHS views, so as to safeguard the Committee's separate status.

7.11 Recommendation 3: WDC should make its agendas, papers and confirmed minutes available over the internet (subject to exclusion of material on grounds of patient, commercial etc confidentiality)

Working Methods

7.12 Recommendations 2 and 3 above have relevance for working methods. I make no other recommendations in this area.

7.13 The current WDC chair expressed appreciation of the work of the PH3 section which supports the WDC through making arrangements for its meetings, handling of papers etc.

Composition and Size of Membership

7.14 The current composition of membership appears to be about right. The requirement to include representatives of all the District Dental Committees in Wales ensures that all parts of Wales are represented in the Committee.

Conflicts of Interest

7.15 Members of WDC are asked to notify the secretariat of their interests, when the secretariat becomes aware of their appointment, and annually thereafter. With the letter inviting them to do so, WDC members are sent a copy of the code of practice for members. (copy at Annex 2)

7.16 These actions were introduced in support of the current UK Government's 1997 manifesto commitment to openness, accountability and effectiveness.

7.17 The WDC's value to all its customers lies in the degree of independence with which it is expected to approach the matters it considers. I believe that WDC members discharge their responsibilities to the WDC with integrity and care. However, further formalisation in the area of the WDC's register of interests and code of practice would ensure that is seen to be the case, even more than at present.

7.18 Recommendation 4: WDC should amend its constitution to explicitly state that members will abide by its code of practice. Members will not be accorded formal WDC membership until they sign an undertaking to this effect, and complete their first notification of interests.

Relationship with the Assembly

7.19 Much of the earlier parts of this review relate to the WDC's relationship with the Assembly. The Assembly does not have the legal powers to instruct the WDC what to do – it cannot appoint or remove members. In theory, in extreme circumstances, the Assembly could withdraw recognition of the WDC, which would mean the removal of the modest financial support it receives, and probably of the involvement of any Assembly official.

7.20 Up until 1996/97, the only regular source of information about WDC available in the public domain was its annual report, although the WDC's constitution still envisages the production of an annual report. If recommendations 2 and 3 above are implemented, there will be far more information in the public domain than hitherto, and the production, in addition, of an annual report would be of little value, but would take up a little of the time of WDC members and those who support them.

7.21 Recommendation 5: If recommendations 2 and 3 of this report are implemented, the WDC constitution should be amended to remove any need for the production of an annual report.

Equal Opportunities

7.22 WDC members appear to be predominantly white males. This is to a degree a reflection of the profile of the profession in Wales, but there must be scope for a WDC which contains more women and members of ethnic minorities. The Assembly does not appoint members, who are mainly members by virtue of the positions they hold on other bodies.

7.23 Recommendation 6: WDC should consider how it can increase the number of women and members of ethnic minorities in its membership.

8. RECOMMENDATIONS

8.1 This review makes the following recommendations (see paragraphs mentioned for full text)

- WDC should continue to be recognised by the Assembly, (para 6.5)
- WDC should produce a forward annual work programme (para 7.4)
- WDC should make its papers available over the internet (para 7.11)
- WDC should make amendments to its constitution relating to declarations of interest and its code of practice (para 7.18)
- WDC constitution should be amended to remove any need for the production of an annual report. (para 7.21)
- WDC should consider how it can increase the number of women and members of ethnic minorities in its membership. (para 7.23)

9. ACTION PLAN

9.1 Apart from Recommendation 1, it is for WDC to lead on the implementation of recommendations.

9.2 It is feasible for WDC to implement recommendations 2 – 7 within one year from the completion of this report, subject to support from relevant Assembly officers, especially on Recommendation 3, and part of Recommendation 2.

10. ANNEX 1

Those with whom substantive discussions were held, in connection with this review

- Mr Keith Sylvester, Chair, WDC (and consultant maxillo facial surgeon, Morriston)
- Mrs Nest Davies, General Dental Practitioner, Aberystwyth (and former WDC member)
- Mr John Davies, General Dental Practitioner, Aberystwyth
- Mr Paul Langmaid, Chief Dental Officer, National Assembly for Wales

5 YEARLY REVIEW OF THE WELSH MEDICAL COMMITTEE (WMC)

Contents

1. Introductory Information

1.4 Purpose and Function

1.5 Membership Composition

1.7 Advisory Sub-Committees

1.10 Assembly Expenditure

2. Previous Reviews

3. Output

4. Planning

5. Finance

6. Is there a continuing need for WMC?

7. Evaluation of the WMC

8. Recommendations

9. Action Plan

10. Annexes

5 YEARLY REVIEW OF THE WELSH MEDICAL COMMITTEE (WMC)

1. INTRODUCTORY INFORMATION

Terms of Reference

1.1 The terms of reference for this review were:

“To consider whether there is a continuing need for the Welsh Medical Committee (WMC) and, if so, whether the WMC provides good value for money and is efficient and effective. The review will consider the WMC’s cost effectiveness, the value of its work and whether that work can be done by the Assembly or other body(ies).

The review will make recommendations about the composition and operation of the WMC and its management and staffing support. The review will also consider the way the Assembly sponsors the WMC and monitors its performance. The review will make appropriate recommendations, in particular in the context of Better Wales and the 3 key themes of social inclusion, equality and sustainable development.”

Powers under which the Welsh Medical Committee is recognised by the Assembly

1.2 The Welsh Medical Committee (WMC) is an advisory Assembly Public Body (ASPB), recognised by the Assembly under Section 19(1) of the NHS Act 1977, as amended. The word “recognised” is that used in the legislation. The Assembly is not under an obligation to create a WMC if none exists, but it is under a duty to “recognise” a Welsh Medical Committee if it considers an appropriate one exists.

Powers of the Assembly to review and implement changes

1.3 Sections 28 and 40 , and Schedule 4(ii) , of the Government of Wales Act 1998 give the National Assembly for Wales the power to add functions to the WMC, with its consent, or remove them, with or without its consent , and to review the WMC.

Purpose and function (from July 1999 revision)

1.4 The WMC’s role is to:

- Completion of an agreed work programme within the time specified
- Provide comments and advice on documents and issues within the deadline set by the National Assembly for Wales, if necessary seeking an extension of such deadlines to encompass the normal committee/sub-committee cycle of meetings
- Produce an Annual Report by 31 March each year
- Consider reports from sub-committees and take the appropriate action before the next meeting of the sub-committee, wherever possible
- Review the number, membership, constitution and work of its sub-committees on a 3 yearly basis.

Membership composition

1.5 The following part of the WMC's constitution describes the structure of the membership.

"The Committee shall consist of:

- Two members (one in primary care and one in secondary care) appointed by each District Medical Committee in Wales. Any such member who is for any reason unable to be present at any meeting, may be replaced by a deputy.
- Four members nominated by the General Practitioners Committee (Wales). One of these should be a doctor in a training post.
- 4 members nominated by the Welsh Consultants and Specialists Committee. One of these members should be a doctor in a training post.
- 4 members nominated by the General Practitioners Committee (Wales). One of these should be a doctor in a training post.
- One member nominated by the Welsh Committee for Community Medical Services, or any Committee that the Secretary of State recognises for this purpose as replacing that Committee.
- 2 members nominated by the University of Wales College of Medicine, one of whom shall be the Provost (*now known as the Vice-Chancellor*) of the College.
- The person for the time being holding the office of Director and Dean of Postgraduate Studies, University of Wales College of Medicine.
- The person for the time being holding the office of Chairman of the Welsh Medical Manpower Committee, or a nominated deputy.
- The person for the time being hold the office of Director, Research and Development for Health and Social Research.
- The Chief Medical Officer, National Assembly for Wales, or the CMO's representative, shall be invited to attend all meetings of the Committee, together with any member of the National Assembly for Wales staff whose specialist knowledge might assist discussion.
- The Chairman of any Sub-Committee, or a Deputy, may attend meetings of the Welsh Medical Committee by request, at the discretion of the Chairman of the Committee."

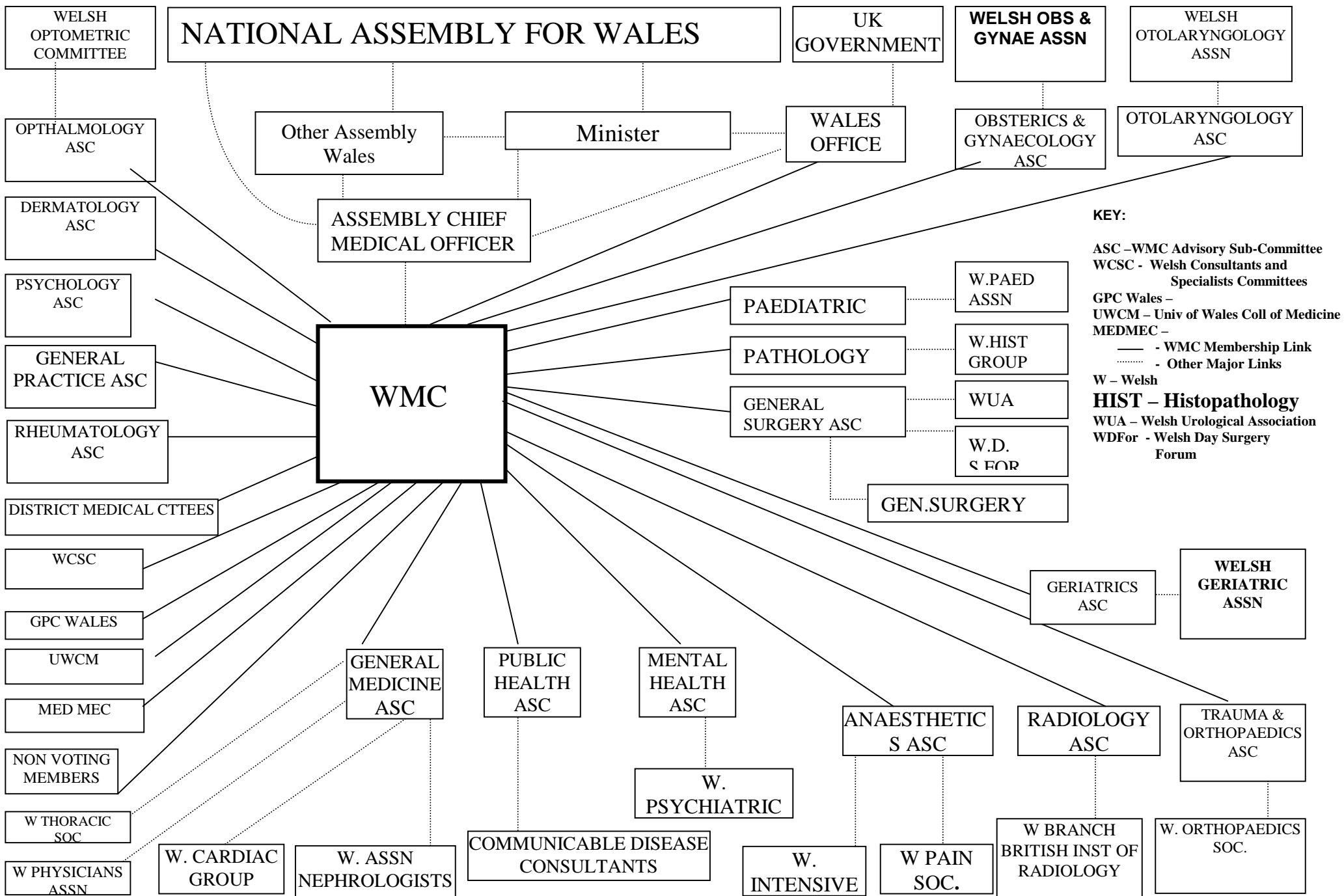
The solid and dotted lines in the diagram in paragraph 1.7 illustrate the formal membership and attendance links.

Meetings

1.6 The WMC normally meets 4 times a year. Meetings are held in Cardiff.

Sub-Committees

1.7 The WMC has 17 speciality sub-committees, which are affiliated to various of the medical profession's own professional groups (ie, the various Welsh "associations", "societies" etc, shown around the edge of the diagram below).



KEY:

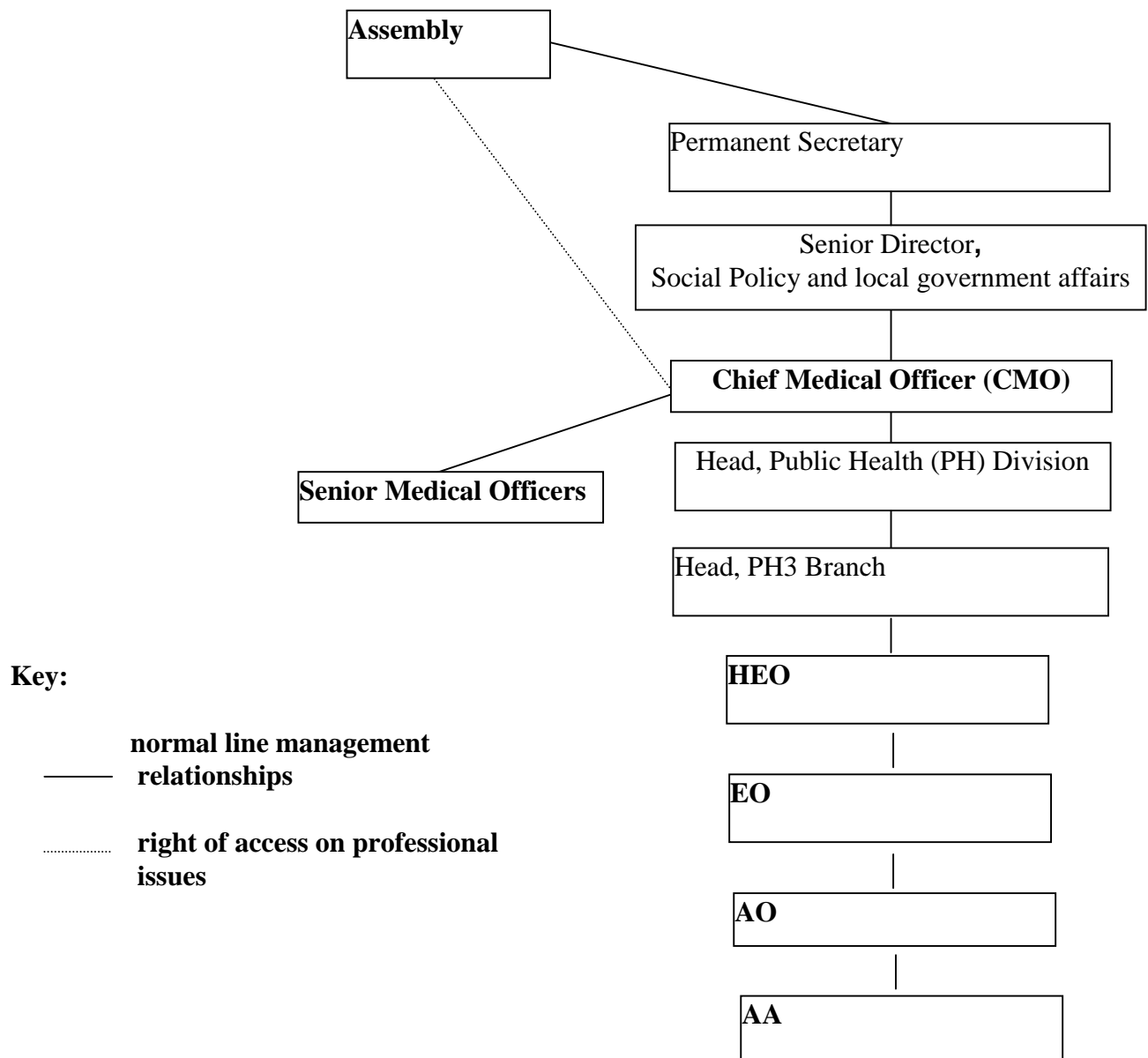
ASC – WMC Advisory Sub-Committee
 WCSC – Welsh Consultants and Specialists Committees
 GPC Wales –
 UWCM – Univ of Wales Coll of Medicine
 MEDMEC –
 — - WMC Membership Link
 - Other Major Links
 W – Welsh
HIST – Histopathology
 WUA – Welsh Urological Association
 WDFor – Welsh Day Surgery Forum

Assembly staff contributing directly to WMC's work

1.8 The main Assembly staff making significant contributions directly to WMC's work are:

- Chief Medical Officer (CMO)
- Senior Medical Officers (SMOs)
- Higher Executive Officer (HEO)
- Executive Officer (EO)
- Administrative Officer (AO)
- Administrative Assistant (AA)

1.9 The reporting arrangements for these staff are described in the following diagram.



Assembly expenditure arising directly from the existence of the WMC and its Sub-Committees

1.10 This expenditure consists of:

- i. members' loss of earnings allowances and travel and subsistence expenses;
- ii. costs of Assembly staff contributing to WMC's work.

1.11 The following tables provide information on these costs in 1999-2000, a fairly typical year in terms of expenditure.

TABLE 1 : WELSH MEDICAL COMMITTEE – DIRECT COSTS TO ASSEMBLY 1999-2000		
Main Committee	Travel and Subsistence	£6,585.60
	Financial Loss Allowance	£183.00
	Miscellaneous (refreshments, venue, stationery etc)	£4,085.14
		£10,853.74
Sub-Committees	(Table 2 below for breakdown)	£10,142.71
Assembly Staff Costs		£29,704*
TOTAL		£50,701.04

* not "real" money, but notional expenditure of staff time which would be available for other tasks if WMC did not exist.

TABLE 2: 1999-2000 EXPENSES OF WMC SUB-COMMITTEE					
Sub-Committee	No of meetings	T & S	Financial Loss	Miscellaneous	Total
Anaesthetics	3	£507.51	-	-	£507.51
Rheumatology/Radiology	3	£205.70	-	-	£205.07
General Medicine	2	£996.15			£996.15
General Practice	2	£2,230.05			£2,230.05
Obstetrics and Gynaecology	3	£2,117.13			£2,117.13
Orthopaedics	1	£563.92	£115.50	£157.50	£836.92
Paediatric	3	£585.64			£585.64
Various other meetings*		£2,664.24			£2,664.24
				TOTAL	£10,144.71

Notes: T & S Travel and Subsistence
 Financial Financial Loss Allowances
 Loss Refreshments, venue, stationery etc
 Misc Where members represent WMC
 *

Not all sub-committee meeting result in expense claims and not all sub-committees meet every year.

Methodology and costs of this review

1.12 Martin Rolph, an Assembly official, undertook this review, alongside 6 others covering health professional advisory bodies, between January 2001 and March 2001. He spoke to those listed at Annex 1 and received documents; attended meetings of the WMC's Ophthalmology Sub Committee, WMC's Executive Committee and WMC itself; and consulted the Chair and Chief Medical Officer on the draft report before it was submitted to Ministers and the Health and Social Services Committee for comment.

1.13 The cost of this review (mainly the cost of the reviewer's time) was about £3,000.

2. PREVIOUS REVIEWS

2.1. The last review of the WMC was completed in early 1999.

2.2. The 1999 review recommended that the WMC should continue to be recognised by the Secretary of State for Wales. Its other recommendations were of a relatively minor nature, for example relating to detailed aspects of the constitutions of the WMC and its sub-committees.

2.3 The WMC constitution was reviewed shortly after the 1999 report. The parts of the current constitution relating to the role and membership are quoted at paras 1.4 and 1.5 above. It was felt appropriate, not least by the CMO, to review the WMC at the same time as the other 5 health professional committees, and in the light of the concurrent consideration by the Department of Health of the Standing Medical Advisory Committee (SMAC) which contains members of the profession from all parts of the UK.

3. OUTPUT

3.1 The main outputs of the WMC are:-

- a. responses to documents the Assembly sends it for comment;
- b. advice in documents or meetings to the Assembly, via its Chief Medical Officer and her staff
- c. communication within a variety of networks in the medical/and other professions in Wales and beyond.

3.2 The main customers of the WMC are:-

- a. The National Assembly for Wales, via the Chief Medical Officer;
- b. Various parts of the medical profession throughout Wales

3.3 Output is produced frequently, for example:-

- a. in preparation for, during and after its meetings;
- b. in response to ad hoc enquiries for the Assembly;
- c. in contributions to Joint Professional Forum (JPF) Plenary sessions on chosen topics. Before the JPF was established in 1999, Plenary sessions came under the aegis of the WMC, as its numbers were usually the largest contributors to Plenary proceedings.
- d. Reports produced by WMC working groups on defined areas of practice (eg Minor Surgery in the mid 1980s, Anticoagulant Monitoring in 1999)

3.4 The CMO and her staff view the WMC and its sub-committees as essential in helping ensure that the National Assembly for Wales receives expert advice which is rooted in the circumstances of Wales. This is not only a product of the committee meetings, but

invaluable support results from nominated professional input, from WMC or its sub-committees, into other areas of work - ie "expert opinion".

Publications

3.5 The WMC's constitution indicates that it is to produce an annual report by 31 March each year.

4. PLANNING

4.1 WMC plans its forward work programme, though not in the form of a formal annual programme.

5. FINANCE

5.1 The WMC itself does not hold an annual budget and owns no assets. All direct Assembly expenditure on WMC is managed by the sponsoring Branch, PH3.

6. IS THERE A CONTINUING NEED FOR WMC?

6.1 Many WMC outputs contribute to the achievement of Assembly policy, e.g:

- a. WMC addresses issues of relevance to Betterwales targets for example through its Sub committees and its own advice on cancers and coronary heart disease which those who live in Wales most deprived communities suffer from most;
- b. WMC addresses issues of relevance to the Assembly's key themes (eg, the WMC meeting I attended in March 2001 took note of the report "Pain Management" produced by group established by the WMC which noted that acute back pain was a major contributor to days lost from the workplace, clearly an issue whose amelioration would contribute to the Assembly theme of sustainability).

6.2 The work of WMC is more important to the Assembly than it was even to the Welsh Office, given the Assembly's need to develop and implement policies geared to the needs and circumstances of people in Wales. The organisational structure of the Committee also supports the Assembly aim of inclusivity, in terms of both specialities and geography.

6.3 WMC's work is not duplicated elsewhere. There is a wide range of bodies concerned with specific aspects of the medical profession's activities in Wales. WMC and its sub-committees have appropriate links with these. But no other body is able to combine the totality of the professional aspects of medical services across Wales **and** is as independent and disinterested a source of informed and credible Welsh medical professional advice to the Assembly.

6.4 Other methods of the Assembly obtaining the advice currently provided by WMC would be far less effective and offer much poorer value for money.

- significantly increasing numbers of Assembly medical officers (there currently are 7.4 whole time equivalents in post, 2.4 being secondees) would still not adequately cover all the specialities, would reduce the involvement of senior “front line” medical professionals and would be very costly. It would not make the same breadth and independence of advice available to the Assembly and such an approach would not carry the same level of credibility within the medical profession.
- contracting out to paid advisers would suffer from the same drawbacks.

6.5 Future developments are likely to make the formal recognition of WMC and the advice it provides to the Assembly, sometimes in concert with others, even more essential. The recent announcement on 1 February 2001, that the Assembly proposes to abolish Health Authorities and carry out their strategic roles itself exemplifies this.

6.6 RECOMMENDATION 1: The Assembly should continue to recognise WMC formally as its key source of independence advice on professional medical matters relating to Wales.

7. EVALUATION

Planning

7.1 WMC operates forward planning mechanisms, particularly through the work of its Executive Committee, which consists of the WMC chair and vice chair, and a limited but relevant group of others, who may or may not be WMC members.

7.2 The WMC Executive Committee meeting I observed was held about a month before The full WMC meeting I observed on 9 March. This was useful. Not only did discussion in a smaller group enable the agenda to be firmed up in the way likely to make best use of the time of the full meeting, but it enabled decisions to be made on what further work specific members needed to be asked to do prior to the full meeting.

7.3 RECOMMENDATION 2: WMC’s annual programme, as it emerges from the annual discussion in WMC should go to the NHS Director (and other relevant Assembly directors) for comment. This would give NHSD the opportunity to respond indicating which subjects would particularly interest it and the opportunity to indicate any other subjects on which the Assembly would welcome professional advice, both of which would enhance the feedback received by WMC as it plans and carries out its work. A meeting should take place between the WMC Chair and Vice Chair with the Chief Medical Officer and NHS Director to discuss the forward work programme.

Usefulness of WMC outputs

7.4 The Assembly has a need for authoritative professional advice on medical matters, sometimes within a short timescale.

7.5 The WMC is a critical support to the Assembly’s Chief Medical Officer and professional medical advisers on her staff and mainly via them to the Assembly’s Ministers, Members and staff.

7.6 The WMC is also a useful source of information and advice to the various parts of the medical profession throughout Wales.

7.7 Lesser, but developing customers, are the other professional advisory committees. For example, the Welsh Dental Committee recently referred an issue on general anaesthesia to the WMC for advice.

7.8 At present the agendas, minutes and papers are routinely available only to WMC members - although members are understood to share developments in WMC and no doubt some papers, with their colleagues in the medical profession in their various parts of Wales.

7.9 Given this, there seems no reason why all WMC agendas, papers and confirmed minutes should not be placed in the public domain, accessible via the internet. Indeed, the Committee has already begun to plan such a development. NHS Wales Cymruweb would not, alone, be a suitable vehicle for this, as it is not accessible to all members of the medical profession, still less the public in general.

7.10 So arrangements should be made for WMC's papers to be accessible from a number of sites, including those of the Assembly itself and NHS Wales. In all cases, the way the material is framed within these sites should make clear that the content is that of the WMC and not the Assembly

7.11 **RECOMMENDATION 3:** WMC should make its agendas, papers and confirmed minutes available over the internet (subject to exclusion of material on grounds of patient, commercial etc, confidentiality).

Working Methods

7.12 Recommendations 2 and 3 above have relevance for working methods. One important feature is the WMC's executive committee, which meets about a month before each full meeting. This helps hone the upcoming agenda to make best use of the time of the full committee, may commission papers and provides the WMC's chair with an opportunity to obtain extra support with some of the decisions she has to take between meetings on how to handle requests for advice etc. I make no formal recommendations in this area.

Composition and Size of Membership

7.13 The current composition and size of membership appears to be about right. The requirement to include representatives of all the District Medical Committees in Wales ensures that all parts of Wales are represented in the Committee and the 5 DMCs themselves (which cover Health Authority areas) help those members ground their contributions in what is going on in their part of Wales as well as their specialism. The NHS Plan for Wales will see the disappearance of Health Authorities, with consultation to take place on the way this is implemented. The 9 March meeting of WMC considered some of these issues.

7.14 **RECOMMENDATION 4:** WMC should consider:

- What advice it should offer the Assembly on the possible future shape of the advisory role, covering primary and secondary medical issues, currently performed by the 5 district medical committees.
- When decisions are taken, what changes it needs to make to way in which its own membership is built up, to ensure a good spread of localities in Wales are represented in membership, as well as specialisms.

Conflicts of Interest

7.15 Members of WMC are asked to notify the secretariat of their interests, when the secretariat becomes aware of their appointment and annually thereafter. With the letter inviting them to do so WMC members are sent a copy of the code of practice for members. (copy at Annex 2).

7.16 These actions were introduced in support of the current UK Government's 1997 manifesto commitment to openness, accountability and effectiveness.

7.17 The WMC's value to all its customers lies in the degree of independence with which it is expected to approach the matters it considers. I believe that WMC members discharge their responsibilities to the WMC with integrity and care. However, further formalisation in the area of the WMC's register of interests and code of practice would ensure that is seen to be the case, even more than at present.

7.18 RECOMMENDATION 5: WMC should amend its constitution to explicitly state that members will abide by its code of practice. Members should not be accorded formal WMC membership until they sign an undertaking to this effect and complete and return their first notification of interests.

Relationship with the Assembly

7.19 Much of the earlier parts of this review relate to the WMC's relationship with the Assembly. The Assembly does not have the legal powers to instruct the WMC what to do - it cannot appoint or remove members. In theory, in extreme circumstances, the Assembly could withdraw recognition of the WMC, which would mean the removal of the modest financial support it receives and probably of the involvement of any Assembly official.

7.20 Until recently, a regular source of information about WMC available in the public domain was its annual report. The WMC's constitution still envisages the production of an annual report. If recommendations 2 and 3 above are implemented, there will be far more information in the public domain than hitherto. The production, in addition, of an annual report would be of little extra value, but would take up some of the time of WMC members and those who support them.

7.21 RECOMMENDATION 6: If recommendations 2 and 3 of this report are implemented, the WMC constitution should be amended to remove any need for the production of an annual report.

Equal Opportunities

7.22 WMC members appear to be overwhelmingly white and the Committee contains a higher proportion of men than the medical profession in Wales as a whole. There must be scope for a WMC which contains more women and members of ethnic minorities. However, the Assembly does not appoint members, who are members by virtue of the positions they hold on other bodies.

7.23 RECOMMENDATION 7: WMC should consider how it can increase the number of women and members of ethnic minorities in its membership.

8. RECOMMENDATIONS

8.1 This review makes the following recommendations (see paragraphs mentioned for full text)

- WMC should continue to be recognised by the Assembly (para 6.6).
- WMC's forward annual work programme should go to the NHS Director for comment (para 7.3)
- WMC should make its papers available over the internet (para 7.11).
- WMC should consider what advice it should offer the Assembly on the possible future shape of the advisory role, covering primary and secondary medical issues, currently performed by the 5 district medical committees.
- WMC should amend its constitution relating to declarations of interest and its code of practices (para 7.28).
- The WMC constitution should be amended to remove any need for the production of an annual report (para 7.21).
- WMC should consider how it can increase the proportion of women and members of ethnic minorities in its membership (para 7.23).

9. ACTION PLAN

9.1 Provided Recommendation 1 is accepted, the rest of the recommendations are for the WMC itself to take the lead, with appropriate support from relevant Assembly staff, especially on Recommendation 3 and parts of Recommendation 2.

9.2 All those recommendations accepted should be acted upon within 12 months from the completion of this review report.

10. ANNEX 1

Individuals with whom discussions were held as part of this review

- Dr Jane Wood - Chair, WMC (and Consultant Geriatrician, Glan Clwyd Hospital)
- Mr David Thomas - immediate past Chair, WMC (and Consultant Obstetric Surgeon, Glan Clwyd Hospital)
- Mrs Shona Sullivan - Chair, Ophthalmology Sub Committee, WMC (and Consultant Ophthalmic Surgeon)
- Dr Ruth Hall, Chief Medical Officer, Assembly
- Dr David Salter, Senior Medical Officer, Assembly
- Dr Jane Ashwell, Senior Medical Officer, Assembly.

DRAFT (3)
**5 YEARLY REVIEW OF THE WELSH NURSING AND
MIDWIFERY COMMITTEE (WNMC)**

Contents

- 1. Introductory Information**
 - 1.4 Purpose and Function
 - 1.5 Membership Composition
 - 1.7 WNMC Sub Committees
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- 4. Planning**
- 5. Finance**
- 6. Is there a continuing need for WNMC?**
- 7. Evaluation of the WNMC**
- 8. Recommendations**
- 9. Action Plan**
- 10. Annexes**

5 YEARLY REVIEW OF THE WELSH NURSING AND MIDWIFERY COMMITTEE

1. INTRODUCTION INFORMATION

Terms of Reference

1.1 The terms of reference for this review were

“To consider whether there is a continuing need for the Welsh Nursing and Midwifery Committee (WNMC) and, if so, whether the WNMC provides good value for money and is efficient and effective. The review will consider the WNMC’s cost effectiveness, the value of its work and whether that work can be done by the Assembly or other body(ies).

The review will make recommendations about the composition and operation of the WNMC and its management and staffing support. The review will also consider the way the Assembly sponsors the WNMC and monitors its performance. The review will make appropriate recommendations, in particular in the context of Better Wales and the three key themes of social inclusion, equality and sustainable development.”

Powers under which the Welsh Nursing and Midwifery Committee is recognised by the Assembly

1.2 The Welsh Nursing and Midwifery Committee (WNMC) is an advisory Assembly Public Body (ASPB), recognised under Section 19(1) of the NHS Act 1977, as amended. The word “recognise” is that used in the legislation. The Assembly is not under an obligation to create the WNMC but it is under a legal duty to recognise a Welsh Nursing and Midwifery Committee if it considers an appropriate one exists. The term “nursing and midwifery” is that used in the legislation (WNMC also covers health visiting).[note: in the remainder of this report the word “nursing” is intended to mean “nursing , midwifery and health visiting” where this is not spelt out]

Powers of Assembly to review and implement changes

1.3 Sections 28 and 40 , and Schedule 4(ii) , of the Government of Wales Act 1998 give the National Assembly for Wales the power to add functions to the WNMC with its consent, and the power to remove functions from it , and to review the WNMC.

Purpose and function

1.4 The WNMC’s latest adopted constitution describes its role as :

- Implementing an annual work programme agreed between the Director of NHS Wales, the Chief Nursing Officer and the Chairman on behalf of the Committee.
- Receiving for comments and advice, documents or issues referred to it by the National Assembly for Wales
- Bringing to the attention of the Assembly Minister for Health and Social Services, through the Chief Nursing Officer, issues concerning the maintenance and development of health services and health issues in Wales generally
- Meeting quarterly

- Producing an annual report by 31 March each year, which will be used to inform the programme setting for the following year

[WNMC is currently revising its constitution]

Membership Composition

1.5 The following part of the WNMC's constitution describes the structure of the membership.

"Details of Composition

The Committee, who shall not exceed 24 in number, shall be nurses, midwives and health visitors who hold a statutory qualification and are employed within the National Health Service in Wales, except that certain co-opted Members may be employed as nurses, midwives or health visitors outside the National Health Service.

The places shall be allocated as follows:

- 3 members from each Local Nursing and Midwifery Committee (LNMC) in Wales. The chairperson of each LNMC will be allocated one place, the 2 other LNMC members being selected through consultation with the Chief Nursing Officer, the Chair of the WNMC and the LNMC, in order to achieve a balance of clinical specialities;
- Up to 9 co-opted members, where it is necessary to include a specialist not represented by the Chair, and/or members from the LNMC. These members shall be selected through consultation with the Chief Nursing Officer and the Chair of the WNMC. The agreed co-opted Members will be selected from within or outside the National Health Service in Wales;
- The Chief Nursing Officer, National Assembly for Wales and/or her representative, shall be in attendance at all meetings of the Welsh Nursing and Midwifery Committee."

Meetings

1.6 The WNMC normally meets 4 times a year. Meetings are held in Cardiff.

Sub-Committees

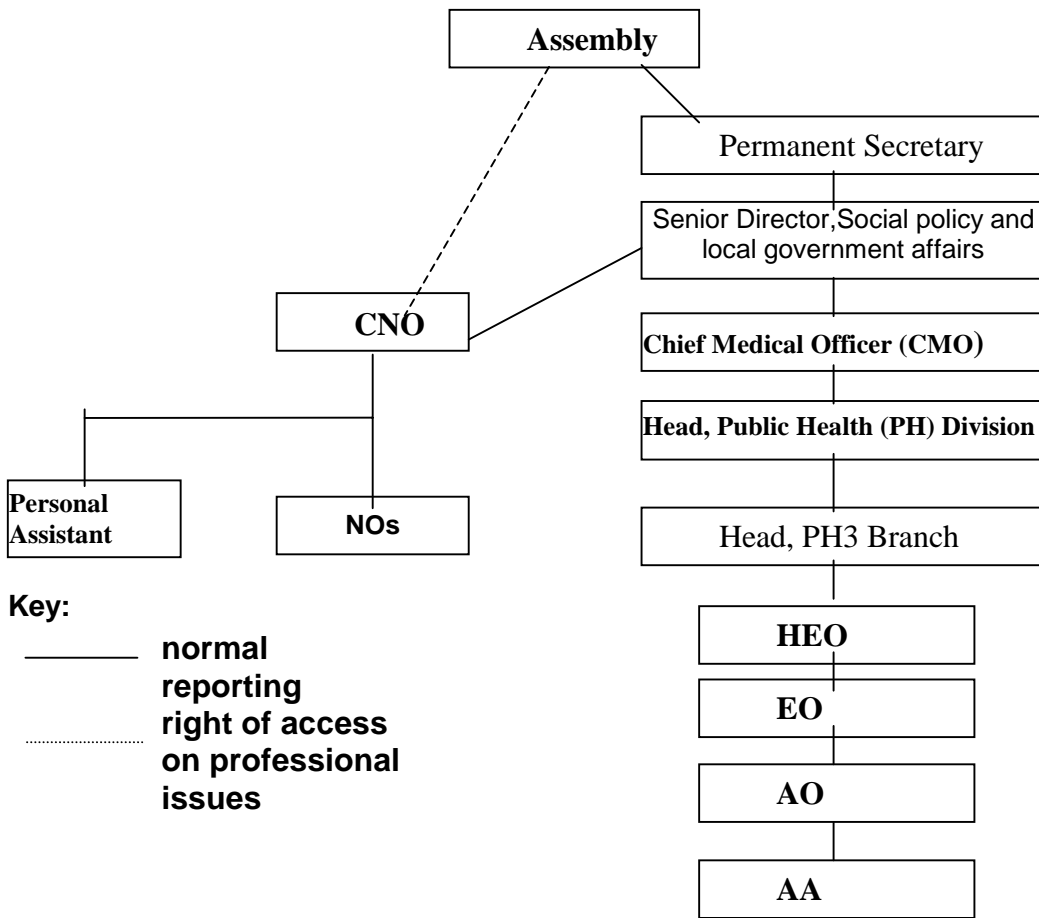
1.7 The WNMC has 3 sub committees. These are listed in table 2 at paragraph 1.11.

Main Assembly staff contributing directly to WNMC's work

1.8 The main Assembly staff contributing directly to WNMC's work are:

- Chief Nursing Officer (CNO)
- Nursing Officer (NO)
- Higher Executive Officer (HEO) Public Health Division Branch 3
- Executive Officer (EO) PH3
- Administrative Officer (AO) PH3
- Administrative Assistant (AA) PH3

1.9 The reporting arrangements for these staff are described in the following diagram.



Assembly expenditure arising directly from the existence of the WNMC and its Sub-Committees

1.10 This expenditure consists of:

- i) members' loss of earnings allowances, and travel and subsistence expenses
- ii) costs of Assembly staff contributing to WNMC's work.

1.11 The following tables provide information on these costs in a recent year, which was a broadly typical year for expenditure:

Table 1: WNMC's Direct Costs to the Assembly 1999-2000

<u>Main Committee</u>	Travel and Subsistence	£2,642.88
	Miscellaneous (Refreshment, Venue, Stationery, etc.)	<u>£57.40</u>
		£2,700.28
<u>Sub Committee</u>		£1,037.29
<u>Assembly Staff Costs</u>		£15,881.54*
	Total	£19,619.11

* is not "real" expenditure , but represents the national cost of staff time which would be available for other tasks if WMNC did not exist.

Methodology and costs of this review

1.12 Martin Rolph, an Assembly official, undertook this review, alongside 5 others of health advisory professional bodies, between late January and March 2001. He spoke to those listed at Annex 1, attended a meeting of the WNMC and received documents; then consulted the Chair and Chief Nursing Officer on the draft report before it was submitted to Ministers and the Health and Social Services Committee for comment.

1.13 The cost of this review (mainly the cost of the reviewer's time) was about £2,100.

2. PREVIOUS REVIEWS

2.1 The last review of the WNMC was completed in 1998.

2.2 The two main recommendations of that review were:

a. that the WNMC should consider strengthening the lines of communication to the profession at grassroots level. CymruWeb offers an efficient means of communication which could be utilised to disseminate information easily and effectively. Given that it does not yet reach all members of the profession, however, and does not extend outside the NHS, a mixed strategy should be considered. Members of the WNMC and LNMCs should be encouraged to strengthen and utilise local networks to involve the profession more widely;

b. that the WNMC and the Department monitor developments resulting from the National Assembly for Wales, the Hart report, and the Public Health White Paper carefully and respond appropriately. In due course, it may be that the constitution will require further revision.

2.3 The recommendations of the 1998 review have all been implemented. This review took place ahead of the normal 5 year cycle because:

- it helps complete implementation of the recommendation at para. 2.2(b); and
- it was felt appropriate , not least by the Assembly's CNO , to review it at the same time as the other 5 health professional advisory committees, and in the light of the concurrent consideration by the Department of Health of the Standing Nursing and Midwifery Advisory Committee(SNMAC) which contains members of the profession from all parts of the UK.

3. OUTPUT

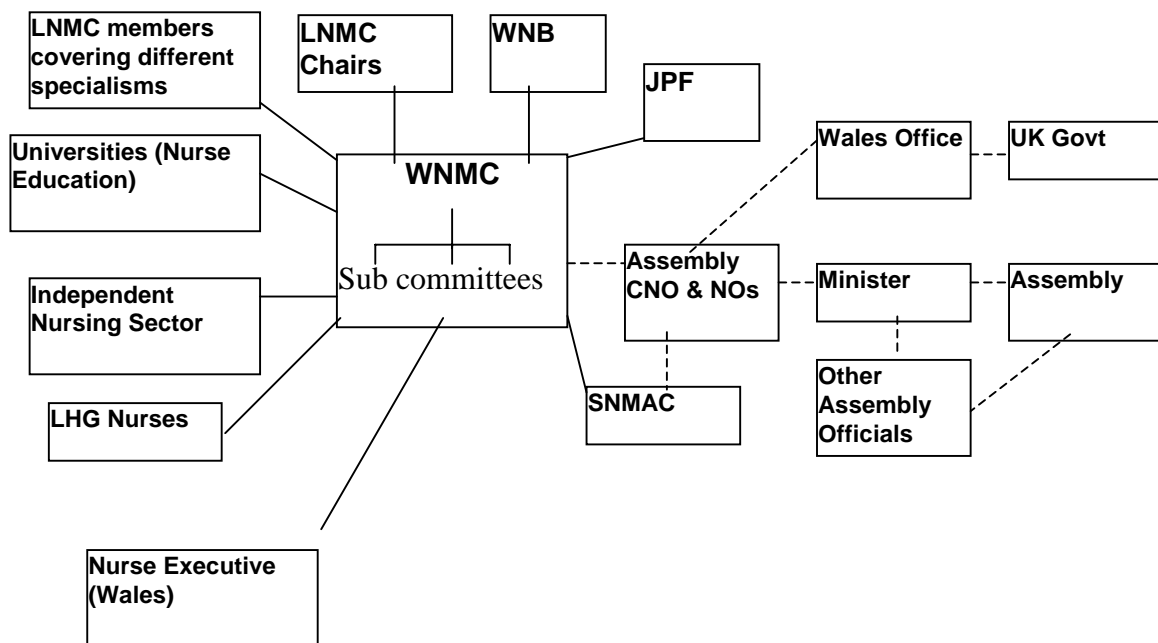
3.1 The output of the WNMC consists mainly of:

- its own papers and minutes, which are currently available to members and those they choose to share them with;
- the papers emerging from WNMC sub committees; and
- ad hoc advice to the Assembly's Chief Nursing Officer and her staff.

3.2 The customers for WNMC output are mainly:

- directly, the Assembly's CNO and her staff, and via them Assembly staff, Ministers and Members;
- the individual WNMC members, and via them nurses in a wide range of clinical specialities and areas of Wales.

3.3 The diagram below illustrates the key relationships to the WNMC



- Key
- LNMC - Local Nursing and Midwifery Committee
 - WNB - Welsh National Board
 - JPF - Joint Professional Forum Health and Wellbeing
 - SNMAC - Standing Nursing and Midwifery Advisory Committee
 - - direct membership UK
 - - other links

3.4 Other than ad hoc advice, the written output of WNMC is focused around its four meetings per year. The main commissioners of WNMC outputs are:

- itself - especially the Chair; and

➤ the Assembly, through the CNO and her staff seeking advice.

3.5 The quality, appropriateness and usefulness of the WNMC's advice are judged, mainly, by:

➤ sub committees, in deciding what will go to full WNMC meetings;

➤ WNMC meetings, in deciding what to include in its agenda, and its conclusions on each agenda item;

➤ the CNO and her staff; and

➤ other who receive WNMC advice.

3.6 No annual report is produced.

4. PLANNING

4.1 WNMC has recently produced a draft annual work programme, but the practice of a discussion about it between WNMC and the NHS Directorate of the Assembly has fallen into abeyance in recent years.

5. FINANCE

5.1 The WNMC itself does not hold an annual budget and owns no assets. All money spent on the direct costs of the WNMC is managed by the sponsor branch, PH3.

6. IS THERE A CONTINUING NEED FOR THE WNMC?

6.1 The outputs of WNMC contribute to the achievement of Assembly policy.

For example:

➤ WNMC addresses issues of relevance to “results wanted” as shown in Better Wales and to the targets there. For example, it regularly discusses issues relevant to waiting times issues , including nurse recruitment and retention : and primary care nursing which is relevant to joining up services for service users and carers , mental health and many other issues.

➤ WNMC addresses issues of relevance to the Assembly's key themes. (eg aspects of the nursing , midwifery and health visiting professions' contribution to mental health services are discussed , which have relevance for the equal opportunities and social inclusion themes , and indeed for the sustainable development theme , as child and adolescent mental illness is a cause of under achievement in education , while adult mental illness results in a significant reduction in the number of economically active adults in Wales)

➤ The WNMC's work is not duplicated elsewhere. Its members are not appointed by the Assembly, giving its advice the credibility arising from its members professional independence. Other bodies exist to pursue the sectional interests of nurses themselves (eg Royal College of Nursing) and their education, training and clinical standards of (eg Welsh National Board for Nursing, Midwifery and Health Visiting). WNMC focuses on the professional aspects of the needs of the people for Wales in the field of nursing, midwifery and health visiting.

6.2 Other means of seeking to fulfil WNMC's role (eg by employment of more advisers) would be less effective and represent poorer value for money and not offer the service of disinterested advice which the WNMC is in a position to do. It would also carry less credibility with the profession in Wales.

6.3 The Importance of the WNMC to the Assembly's conduct of its responsibilities in the field of health and the NHS is greater than in the days of the Welsh Office, The intention to abolish the Health Authorities announced on 1 February will bring further strategic roles in the NHS into the Assembly itself, making the WNMC's importance as a source of advice at the all Wales level likely to grow even further. WNMC should continue to be recognised by the Welsh Assembly as the prime source of independent Welsh professional advice on nursing, midwifery and health visiting services.

6.4 Recommendation 1: WNM should continue to be recognised by the Welsh Assembly as the prime source of independent Welsh professional advice on nursing , midwifery and health visiting.

7. EVALUATION

Planning

7.1 While WNMC has recently produced a draft forward plan, it does not currently operate a formal forward planning mechanism, nor does it currently produce annual reports. This is not consistent with the provisions of its constitution (see para 1.4 above) which envisage both of these documents being produced.

7.2 The constitution also envisaged the work programme being agreed between the Director of NHS Wales, the Assembly's Chief Nursing Officer, and the WNMC chair. For a variety of largely understandable reasons, particularly associated with other pressing concerns before and after the creation of the Assembly, this has not happened recently.

7.3 The production of a short annual forward work programme would help the WNMC assess better whether it is using its time and energies to best advantage, and help it act more proactively. Such a plan should not be so large that the items take up all the time of the WNMC meetings, leaving no time for issues which arise in a year.

7.4 Recommendation 2: WNMC should produce a forward annual work programme, by

- a. once a year including an item on this in a WNMC agenda
- b. the chair issuing a short paper in advance of this meeting, suggesting on no more than one side of A4 paper, a relatively short list of key items the WNMC proposes to consider and offer advice to the Assembly and/or profession in the current year.
- c. the programme, as it emerges from the annual discussion in WNMC should go to the NHS Director (and any other relevant Assembly Directors) for comment. This would give Senior Assembly Officials the opportunity to respond indicating which subjects would particularly interest them, and the opportunity to indicate any other subjects on which the Assembly would welcome professional advice from the WNMC
- d. Seeking in all the above to make appropriate links with the work programme SNMAC sets itself.

e. a meeting between the WNMC Chair and Vice-chair and the Chief Nursing Officer and NHS Director to discuss the forward work programme a short introduction to the following year's annual work programme paper which summarises the extent of progress with the previous year's work programme.

Usefulness of WNMC's outputs

7.5 The Assembly has a need for authoritative disinterested professional advice on nursing services in Wales, sometimes within a short timescale.

7.6 The WNMC is a critical support to the Assembly Chief Nursing Officer and 5 Nursing Officers and , through these Assembly Officials to, the Assembly's Ministers, Members and staff.

7.7 The WNMC is also a source of information and advice to the various parts of the nursing and midwifery profession throughout Wales.

7.8 The WNMC is an important contributor to the work of other professional advisory committees, especially the Joint Professional Forum Health and Wellbeing (JPF) and the Plenaries held under its aegis.

7.9 At present the agendas, minutes and papers are routinely available only to WNMC members – although members are expected to share developments in WNMC and no doubt some papers with their colleagues in the nursing and midwifery professions in their part of Wales.

7.10 Given this, there seems no reason why all WNMC agendas, papers and confirmed minutes should not be placed in the public domain, accessible via the internet. NHS Wales CymruWeb would not alone be a suitable vehicle for this, as it is not accessible to all members of the profession, still less the public in general. WNC material should also be placed on appropriate parts of the Assembly and NHS Wales websites. WNMC material would need to be clearly marked as **not** automatically representing Assembly or NHS Wales views, so as to safeguard the Committees' separate status.

7.11 Recommendation 3 : WNMC should make its agendas, papers and confirmed minutes available over the internet (subject to exceptional exclusion of material on grounds of patient, commercial etc confidentiality)

Working Methods

7.12 Recommendations 2 and 3 above have relevance for working methods. I make no other recommendations in this area.

Composition and Size of Membership

7.13 The WNMC's membership (as illustrated in the diagram at para 3.3) provides for all parts of Wales and major nursing specialisms to contribute of the NHS Plan for Wales. The development and implementation is likely to result in changes to the local advisory structures on which the WNMC currently partly bases its membership.

7.14 Recommendation 4 : WNMC should consider :

- what advice it should offer the Assembly on the possible future shape of the advisory role currently undertaken by bodies linked to the existence of the Health Authorities, such as Local Nursing and Midwifery Committees.
- when decisions in this area are taken , what changes it needs to make to the way in which its own membership is built up to ensure a good spread of localities in Wales are represented , as well as specialisms , but avoiding producing too large and unwieldy a committee , as for example having one member from each LHG area would do.

Conflicts of Interest

7.15 Members of WNMC are asked to notify the secretariat of their interests, when the secretariat becomes aware of their appointment, and annually thereafter. With the letter inviting them to do so, WNMC members are sent a copy of the code of practice for members. (copy at Annex 2)

7.16 These actions were introduced in support of the current UK Government's 1997 manifesto commitment to openness, accountability and effectiveness.

7.17 The WNMC's value to all its customers lies in the degree of independence with which it is expected to approach the matters it considers. I believe that WNMC members discharge their responsibilities to the WNMC with integrity and care. However, further formalisation in the area of the WNMC's register of interests and code of practice would ensure that is seen to be the case, even more than at present.

7.18 Recommendation 5: WNMC should amend its constitution to explicitly state that members will abide by its code of practice. Members will not be accorded formal WNMC membership until they sign an undertaking to this effect, and complete their first notification of interests.

Relationship with the Assembly

7.19 Much of the earlier parts of this review relate to the WNMC's relationship with the Assembly. The Assembly does not have the legal powers to instruct the WNMC's actions cannot appoint or remove members. In theory, in extreme circumstances, the Assembly could withdraw recognition of the WNMC, which would mean the removal of the modest financial support it receives, and probably of the involvement of any Assembly official.

7.20 Up until 1996/97, the only regular source of information about WNMC available in the public domain was its annual report. Although the WNMC's constitution still envisages the production of an annual report. If recommendations 2 and 3 above are implemented, there will be far more information in the public domain than hitherto, and the production, in addition, of an annual report would be of little value, but would take up some of the time of WNMC members and those who support them.

7.21 Recommendation 6: If recommendations 2 and 3 of this report are implemented, the WNMC constitution should be amended to remove any need for the production of an annual report.

7.22 Formally, the Chief Nursing officer is the key assembly official to whom the WNMC relates. Inevitably , however , contact on most detailed issues between WNMC and the Assembly takes place mainly between WNMC and the CNO's 6 Nursing Officers. For example , there were 3 Nursing Officers present for whole or part of the WNMC meeting I

attended on 8 February 2001. Easy contact between the WNMC and all the Assembly's Nursing Officers is highly desirable.

7.24 However, there appears to be no Nursing Officer charged with overall lead responsibility for general liaison with WNMC. With the growing potential importance of the WNMC to the Assembly (see para 6.4 above), there is a case for one Nursing Officer to have overall lead responsibility for liaison with the WNMC – for example

- to assist it in focussing its activities to best effect , and assist the Assembly in getting best value from the WNMC's activities.

7.25 Recommendation 7 :The CNO should consider the designation of one Nursing officer as having lead responsibility for overall contact and liaison with the WNMC .

Equal Opportunities

7.26 Members of ethnic minorities do not appear to constitute a significant proportion of WNMC membership. Only the WNMC itself can address this, as its own constitution, in whose content it is sovereign, defines who should be members, mainly by virtue of other positions they hold on other, often more local, bodies.

7.24 Recommendation 8 : In support of the Assembly's key theme of equal opportunity WNMC should consider how to achieve a membership which is more representative of the composition of the nursing profession in Wales , particularly in terms of the proportion of members from ethnic minorities.

8. Recommendations

8.1 This review makes the following recommendations (see paragraphs mentioned for full text)

- WNMC should continue to be recognised by the Assembly, (para 6.5)
- WNMC should produce a forward annual work programme (para 7.4)
- WNMC should make its papers available over the internet (para 7.11)
- WNMC should consider what advice it should offer the Assembly on the possible future shape of the advisory role currently undertaken by bodies linked to the existence of the Health Authorities, such as the Local Nursing and Midwifery Committees(para 7.14).
- WNMC should make amendments to its constitution relating to declarations of interest and its code of practice (para 7.18)
- The WNMC constitution should be amended to remove any need for the production of an annual report(para 7.21).
- The CNO should consider the designation of one (lead) Nursing Officer for liaison with WNMC(para 7.24)
- WNMC should consider how to achieve a membership which is more representative of the composition of the nursing profession in Wales.(para 7.26)

9. ACTION PLAN

9.1 Apart from Recommendations 1 and 7 it is for WNMC itself to lead on the implementation of recommendations.

9.2 It is feasible for WNMC to implement Recommendations 2-6 and 8 within one year from the completion of this report, subject to support from relevant Assembly officers, especially in relation to Recommendations 2 and 3.

9.3 Nursing Division should aim to complete the implementation of Recommendation 7 by the end of 2001.

DRAFT

5 YEARLY REVIEW OF THE WELSH SCIENTIFIC ADVISORY COMMITTEE (WSAC)

Contents

1. Introductory Information

- 1.4 Purpose and Function
- 1.5 Membership composition
- 1.7 Sub Committees
- 1.10 Costs

2. Previous Reviews

3. Output

4. Planning

5. Finance

6. Is there a continuing need for WSAC?

7. Evaluation of the WSAC

8. Recommendations

9. Action Plan

10. Annex

5 YEARLY REVIEW OF THE WELSH SCIENTIFIC ADVISORY COMMITTEE

1. Introductory Information

Terms of Reference

1.1 The terms of reference for this review were

“To consider whether there is a continuing need for the Welsh Scientific Advisory Committee (WSAC) and, if so, whether the WSAC provides good value for money and is efficient and effective. The review will consider the WSAC’s cost effectiveness, the value of its work and whether that work can be done by the Assembly or other body(ies).

The review will make recommendations about the composition and operation of the WSAC and its management and staffing support. The review will also consider the way the Assembly sponsors the WSAC and monitors its performance. The review will make appropriate recommendations, in particular in the context of Better Wales and the three key themes of social inclusion, equality and sustainable development”.

Powers under which the Welsh Scientific Advisory Committee exists

1.2 The Welsh Scientific Advisory Committee (WSAC) is an advisory Assembly Public Body (ASPB) which is recognised under Schedule 6 para 1(a) of the NHS Act 1977 as amended and the general powers of Section 40 of the Government of Wales Act 1998. In practice , it is treated in an identical manner to the health professional advisory committees established under the express provisions of section 19(1) of the NHS Act 1977, as amended , under which the Welsh Dental , Medical etc Committees are “recognised” by the Assembly.

Powers of Assembly to review and implement changes

1.3 Sections 28 and 40 of the Government of Wales Act 1998 enable the review of the WSAC .

Purpose and function

1.4 The WSAC’s role as laid down in its current constitution is to:

- “Provide advice on any matter referred to it by the Assembly Minister for Health and Social Services;
- Have sub-committees in the following disciplines: laboratory services; clinical oncology; physiological measurement; medical physics and bioengineering; medical imaging.
- The Laboratory Services Sub-Committee shall be responsible for the co-ordination and presentation to the Committee of cohesive advice on Pathology from Standing Specialist Advisory Groups in Haematology, Histopathology, Clinical Chemistry and Microbiology.
- The Medical Physics and Bioengineering Sub-Committee shall be responsible for the co-ordination and presentation to the Committee of cohesive advice on radiation protection from a Standing Specialist Advisory Group on Radiation Protection following consultation with other sub-committees as appropriate.

- The Physiological Measurement Sub-Committee shall be responsible for the co-ordination and presentation to the Committee of cohesive advice on audiological services from a Standing Specialist Advisory Group on Audiology.
- Prepare a report summarising its activities over the previous year for presentation to the Director of NHS Wales at an annual review meeting.
- This constitution will be reviewed annually at the first meeting of the Committee year.
- Any proposed changes must be approved by the Welsh Scientific Advisory Committee and by the Chief Scientific Adviser. ”

Membership composition

1.5 The following part of the WSAC’s constitution describes the structure of the membership.

“Details of Composition

- All members must hold a substantive appointment, in Wales, relevant to the aims and objectives of the Committee.

The Committee shall consist of:

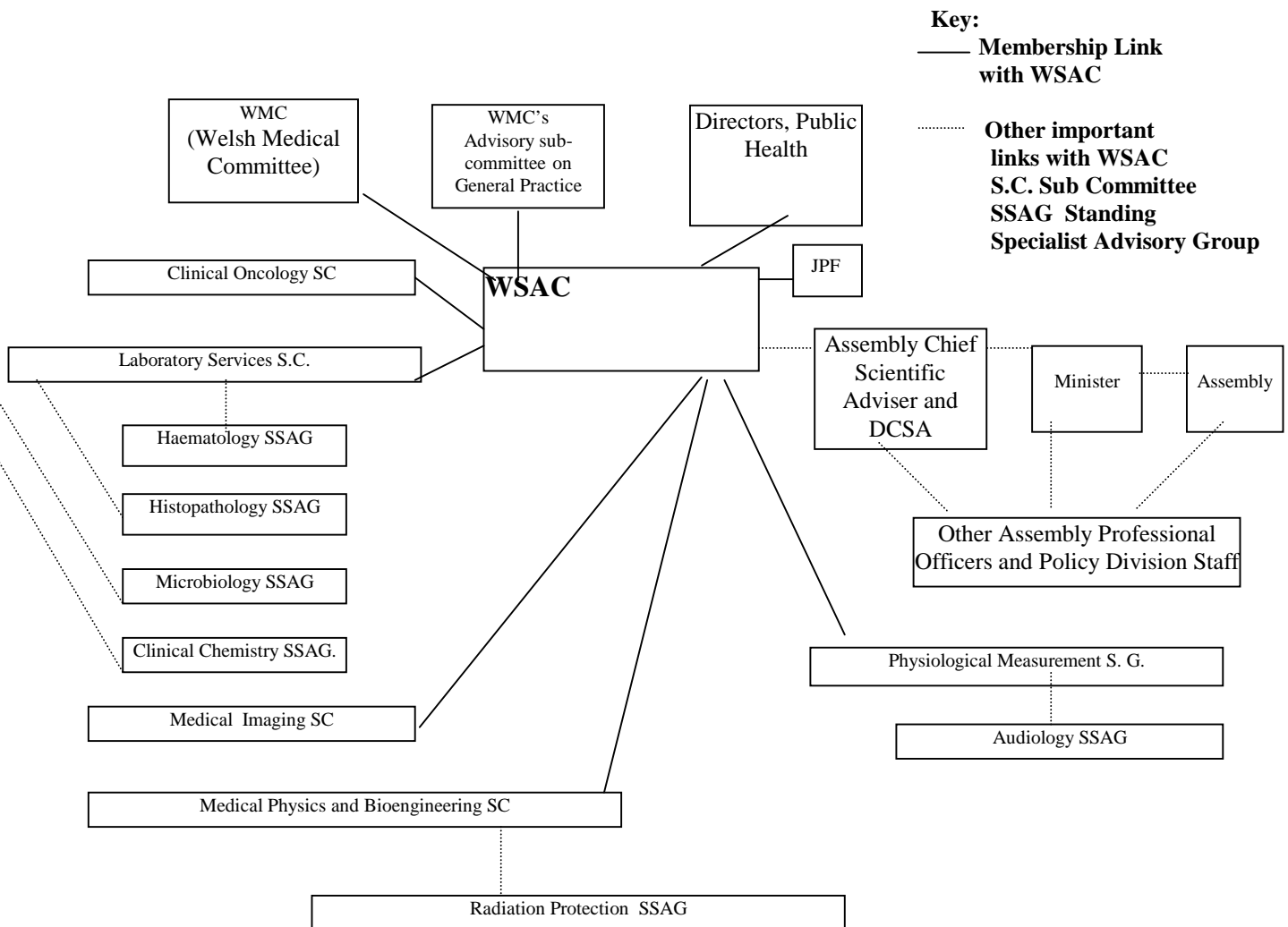
- The Chairman of the Committee;
- 4 Members of the Laboratory Services Sub-Committee to include the Chairman and Secretary ex-officio and to include 1 consultant pathologist, 1 clinical scientist, 1 Medical Laboratory Sciences Officer (MLSO) and 1 representative holding an academic post at the University of Wales College of Medicine;
- The Chairman and Secretary of the Clinical Oncology Sub-Committee ex-officio;
- The Chairman and Secretary of the Medical Imaging Sub-Committee ex-officio;
- The Chairman and Secretary (or other nominated person) of the Medical Physics and Bioengineering Sub-Committee ex-officio;
- The Chairman and Secretary of the Physiological Measurement Sub-Committee ex-officio;
- The Chairman of the Welsh Medical Committee, or his/her named nominee, ex-officio;
- 1 Member nominated by the Advisory Committee on General Practice of the Welsh Medical Committee;
- 1 Member nominated by Directors of Public Health Medicine in Wales;
- Up to 3 members co-opted by the Committee when considered necessary to undertake the proper functions of its remit and maintain an appropriate balance of scientific disciplines;
- The Chief Medical Officer, Chief Scientific Adviser, Deputy Chief Scientific Adviser, Director of NHS Wales or their nominees may attend all meetings of the Committee, Sub-committees and Standing Specialist Advisory Groups; may propose items for discussion and advice and will receive all documents”.

Meetings

1.6 The WSAC normally meets 3 times a year. Meetings are held in Cardiff.

Sub-Committees

1.7 The main committee's membership arises mainly out of the chairs and secretaries of the sub committees described at paragraph 1.5. The diagram below illustrates this further:

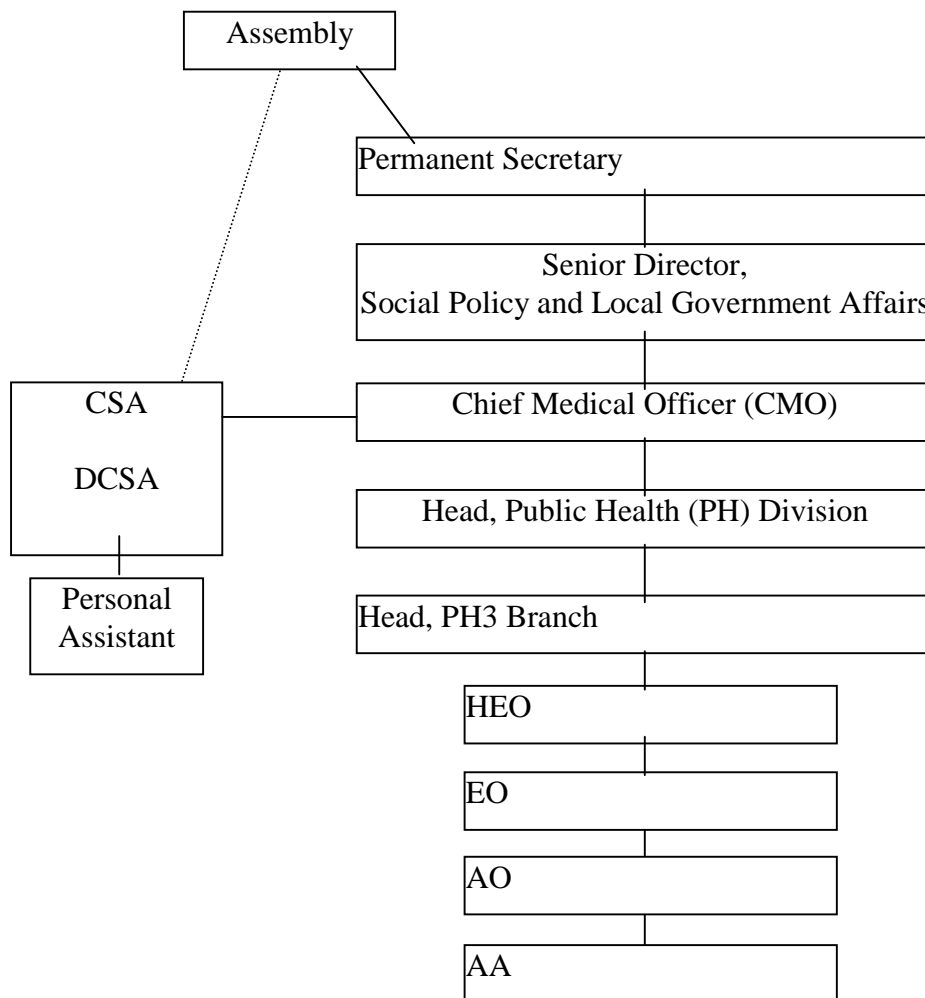


Assembly staff contributing to WSAC's work

1.8 Assembly staff making significant direct contributions to WSAC's work are

- Chief Scientific Adviser (CSA)
- Deputy Chief Scientific Adviser (DCSA)
- Personal Assistant
- Higher Executive Officer (HEO), Public Health Division, Branch 3
- Executive Officer (EO), Public Health Division, Branch 3
- Administrative Officer (AO), Public Health Division, Branch 3
- Administrative Assistant (AA), Public Health Division Branch 3

1.9 The reporting arrangements for these staff are described in the following diagram.



Key:

_____ normal reporting line

..... right of access on professional issues

Assembly expenditure arising directly from the existence of the WSAC and its Sub-Committees

1.10 This expenditure consists of:

- i. members' loss of earnings allowances, and travel and subsistence expenses
- ii costs of Assembly staff contributing to WSAC work.

1.11 The following tables provide information on these costs in a recent year, which was broadly typical in terms of overall expenditure.

Table 1: WSAC's Direct Costs to the Assembly 1999-2000

Main Committee	Travel and Subsistence Miscellaneous (Refreshment, Venue, Stationery etc).	£2,015.35 £ 519.78
Sub Committees	(See table 2 below for breakdown)	£13,907.09
Assembly Staff Costs		£17,441.36*
	Total	£34,183.58

* not "real" expenditure, but the notional cost of staff time which would be available for other tasks if WSAC did not exist.

Table 2: Expenses of WSAC Sub Committees - 1999-2000

Sub Committee	No. of meetings	Travel and Subsistence	Loss of earnings	Total
Clinical Chemistry	3	£1,911.61	-	£1,911.61
Haematology	2	£829.46	£20.00	£849.46
Histopathology	2	£749.26	-	£749.26
Laboratory Sciences Sub-Committee	3	£2,439.25	-	£2,439.25
Medical Physics & Bio Engineering	3	£1,205.71	-	£1,205.71
Microbiology	2	£1,013.85	-	£1,013.85
Medical Imaging/Skillmix	3	£1,081.78	£152.76	£1,234.54
Physiological Measurement	3	£1,878.02	-	£1,878.02
Radiation Protection	3	£795.24	-	£795.24
Clinical Oncology	3	£1,458.18	-	£1,458.18
Clinical Effectiveness	1	£187.65	-	£187.65
			Total	£13,907.09

Methodology and costs of this review

1.12 Martin Rolph, an Assembly official, undertook this review, alongside 6 others covering health professional advisory bodies, between January 2001 and March 2001. He spoke to the current WSAC chair, Professor Geraint Williams, a Consultant Pathologist at the University Hospital of Wales, to his immediate predecessor, to the Assembly's Chief and Deputy Chief Scientific Advisers, attended a WSAC meeting and received documents; then consulted the Chair and Chief Scientific Adviser on the draft report before it was submitted to Ministers and the Health and Social Services Committee for comment.

1.13 The cost of this review (just the cost of the reviewer's time) was about £1,600.

2. PREVIOUS REVIEWS

2.1 The last review of the WSAC was completed in 1993.

2.2 The main recommendations of the 1992 review were that the Committee should continue, that each of its Sub-Committees should be represented on the Main Committee, and that the Committee should take a pro-active stance in relation to the Health Service reforms ongoing at that time.

2.3 These recommendations were implemented.

3. OUTPUT

3.1 The main outputs of WSAC are:

- Creation of network of a wide range of scientific disciplines and professional groups in the NHS in Wales which is available for the National Assembly to tap into, in directing input into consultation exercise (the range of sub-committees shown in the diagram at para 1.7 illustrate this).
- ad hoc advice and information to the Assembly's Scientific Advisers, and via them, officials, Ministers and Members of the Assembly.
- A link for information and advice to flow in both directions between the Assembly and some of the clinical , scientific, technical and therapy professions allied to health.
- Contributions to multi professional Plenary Meetings.

3.2 The main customers for WSAC's output are thus the Assembly, directly in the form of its Scientific Advisers, and the professions which make up the Committee's membership.

3.3 Ad hoc enquiries are frequently made of the Committee's Chair, and Chairs of its Sub Committees, by the Assembly's Scientific Advisors.

3.4 The quality, usefulness and credibility of WSAC's output is mainly judged by the Assembly's Scientific Advisers, and by members of the professions to which it relates throughout Wales.

3.5 WSAC does not produce an annual report.

3.6 WSAC's output is primarily commissioned by itself, with some items being set by the Assembly (a recent example would be the Health and Social Services Ministers' request to WSAC's Medical Imaging Sub-Committee for a report on methodologies for distinguishing left from right in use of X-rays in Wales).

4. PLANNING

4.1 WSAC used to produce an annual report (the last one was for 1996/97), but this practice is currently in abeyance, as (more recently) the practice of producing forward work programmes and presenting both to the Director of the NHS Wales, the Chief Medical Officer and Chief Scientific Adviser.

5. FINANCE

5.1 The WSAC itself does not hold an annual budget, and owns no assets. All Assembly money spent on the direct costs of the WSAC is managed by the secretariat branch, PH3.

6. IS THERE A CONTINUING NEED FOR WSAC?

6.1 WSAC's existence is a crucially important contribution to the creation and maintenance of networks which support productive collaboration across the whole of Wales and across professions working together. It contributes advice relevant to the health targets in Better Wales arising from its meetings and more ad hoc outputs (eg on cancers and coronary heart disease).

6.2 Its activities also have relevance to the Assembly's key themes. For example, social inclusion and equality depend on adequate staffing in the NHS across Wales. Many of the services with which WSAC is directly concerned currently have major recruitment and retention problems, so that their advice on these issues is of considerable relevance to the NHS Human Resource Strategy of the Assembly.

6.3 The WSAC has de facto equal status with the other health professional advisory committees. A wide range of professions which each comprise relatively small number of staff in Wales, but which are critical to a wide range of health services, are represented in WSAC membership. WSAC's status and membership make up helps ensure that appropriate Wales based expert professional advice is available, usually via the Assembly's Chief Scientific Adviser and his deputy, to the Assembly, alongside the advice available from the other 5 health professional advisory committees.

6.4 The range of professions included in membership also means that this Committee is both multidisciplinary **and** multiprofessional in nature, which can be a source of considerable strength in formulating the substance of advice, including sometimes offering professional advice on priorities. The multiprofessional nature of the membership means that health scientists and medical practitioners work together – offering the benefits of synergy and replicating the workplace necessity of productive and creative joint working.

6.5 The Assembly's two scientific advisers to whom I refer in the previous paragraph are the main source, directly or indirectly, of health science advice to Assembly Members, Ministers and other Assembly officials. On the first day I met them, one of them was using contacts made through WSAC to obtain quickly information needed by the Human Resources Division of NHSD to draft an answer to an Assembly Question.

6.6 Recommendation 1 WSAC should continue to be recognised as a major source of health professional advice to the Assembly, on a par with the other 5 health professional advisory committees

7. EVALUATION

Planning

7.1 currently produce an annual report. Both these practices have lapsed in recent years, no doubt under the pressures the NHS and Assembly have both experienced during and following the creation of the Assembly

7.2 The current WSAC constitution says that WSAC will “prepare a report summarising its activities over the previous year for presentation to the Director of NHS Wales at an annual review meeting”

The production of a short annual forward work programme would help give WSAC an opportunity to assess whether it would be using its time and energies to best advantage for the ultimate benefit of the people of Wales. It would increase the extent to which WSAC could successfully act in a proactive way. Such a forward programme should not be so large as to take up all the time of WSAC meetings – clearly unexpected and unpredicted issues will crop up which merit consideration during the year.

7.3 Recommendation 2 WSAC should produce a forward annual work programme, broadly in the following way:

- once a year, the WSAC agenda should include an item on this issue, which the Chair would normally introduce.
- a short forward work programme paper would be issued by the Chair to members prior to the discussion discussed at (a) above. This paper would be likely to consist of a few paragraphs mentioning, briefly, the **key** WSAC activities of the previous year, as an introduction to a list of items suggested for WSAC attention in the coming year.
- this paper would then be amended in the light of members' discussion at the WSAC meeting at which the item was taken.
- the resulting version of the forward work programme would then be sent to the Director of the NHS in Wales, The Chief Medical Officer and Chief Scientific Adviser who would then meet the WSAC chair and vice chair to discuss it.

Usefulness Of WSAC's Outputs

7.4 The discussions in WSAC and WSAC sub committee meetings are likely to be of increasing value, directly and indirectly, to the Assembly. The various services covered by WSAC sub committees, and therefore represented in full WSAC membership, are areas where the Assembly has important responsibilities, and is taking a distinctive policy line. To give just one example, clinical oncology is clearly a critical component of the development and implementation of cancer services policy.

7.5 The other main direct customers of WSAC and its sub committees are the various professions represented within it, but other developing customers are the other professional advisory committees, especially the Welsh Medical Committee, which has a seat on WSAC.

7.6 A significant output of WSAC are its papers, agendas and minutes. It would aid dissemination of informed WSAC discussion if these were available to any member of the relevant professions covered by WSAC, those training for them, and others. In the general interests of openness, there seems no reason why most of WSAC's papers should not be in the public domain generally, subject to exclusion in rare cases where issues such as patient or commercial confidentiality may arise.

7.7 Intranet systems such as Cymruweb are not accessible to all, so other means would be needed, such as appropriate parts of the Assembly and NHS Wales websites.

WSAC material placed on such sites would need to be clearly marked as **not** automatically representing Assembly or NHS Wales views, so as to safeguard the Committee's separate status.

7.9 Recommendation 3 WSAC's papers, agendas and cleared minutes should be made available on a website accessible to all internet users (for example, on part of the Assembly's site).

Working Methods

7.10. Given the diversity of groups represented in WSAC meetings and, compared with professions such as Medicine, Dentistry or Nursing, the relative lack of other high level professional bodies, WSAC meetings will always face the danger of having many items which are of interest only to one or two people around the table, and on which perhaps only one or two may be qualified to offer informed opinion. This provides WSAC with a challenge in relation to its meetings – how to make them productive, rather than have too much time taken up with a list of reports from its sub committees.

7.11 One way it can and does do this is to set aside a proportion of its meetings for addressing the issues on its forward planning agenda (Recommendation 2 at para 7.4 would help achieve this) or major issues of interest to all members which crop up (one example might be the issues arising for WSAC out of February's launch of the NHS Plan).

Composition And Size Of Membership

7.12 WSAC's fairly large size (? members) is largely a result of the existence of its many sub committees. It is in these sub committees that much of the work of WSAC is initiated or is commissioned by WSAC or via WSAC, by the Assembly. There are good reasons for all the sub committees to exist – each represents a distinctive professional specialism.

Relationship with the Assembly

7.13 Much of the earlier parts of this review relate to the WMC's relationship with the Assembly. Although WSAC does not have the same legal basis as other similar health professional advisory committees, the Assembly does not appoint or remove members in practice. In theory, in extreme circumstances, the Assembly could withdraw recognition of the WSAC, which would mean the removal of the modest financial support it receives and probably of the involvement of any Assembly official.

7.14 Until recently, a regular source of information about WSAC available in the public domain was its annual report. The WSAC constitution still envisages the production of an annual report. If recommendations 2 and 3 above are implemented, there will be far more information in the public domain than hitherto. The production, in addition, of an annual report would be of little extra value, but would take up some of the time of WSAC members and those who support them.

7.15 Recommendation 4: If recommendations 2 and 3 of this report are implemented, the WSAC constitution should be amended to remove any need for the production of an annual report.

Equal Opportunities

7.16 WSAC members appear to be overwhelmingly white and the Committee contains a higher proportion of men than in the relevant professions in Wales as a whole. There must be scope for a WSAC which contains more women and members of ethnic minorities. However, the Assembly does not appoint members, and the Committee largely comprises by virtue of positions held on other bodies (mainly WSAC sub-committees).

7.17 Recommendation 5: WSAC should consider how it can increase the number of women and members of ethnic minorities in its membership.

Conflicts Of Interest

7.18 Members of WSAC are asked to notify the Secretariat of their interests, when the Secretariat becomes aware of their appointment, and annually thereafter. With the letter inviting them to do so, WSAC members are sent a copy of the Code of Practice for members (copy at Annex). These actions were introduced in support of the current UK Government's 1997 manifesto commitment to openness, accountability and effectiveness. The WSAC's value to all its customers lies in the degree of independence with which is expected to approach the matters it considers. I believe that WSAC members discharge their responsibilities to the WSAC with integrity and care. However, further formalisation in the area of the WSAC's register of interests and code of practice would ensure that this is seen to be the case, even more than at present.

7.19 Recommendation 6: WSAC should amend its constitution to explicitly state that members will abide by its code of practice. Members will not be accorded formal WSAC membership until they sign an undertaking to this effect, and complete their first notification of interests.

8 RECOMMENDATIONS

8.1 This review makes the following recommendations (please see reference indicated in each case for full text):-

1. WSAC should continue to be recognised as a major source of health professional advice to the Assembly (para 6.5).
2. WSAC should produce a formal annual work programme (para 7.4).
3. WSAC's papers, agendas and cleared minutes should be made available on a website (para 7.10).
4. The WSAC constitution should be amended to remove any need for the production of an annual report (para 7.15).
5. WSAC should consider how it can increase the number of women and ethnic minorities in its membership (para 7.17).
6. WSAC members will not be accorded formal WSAC membership until they sign an undertaking (agreeing to abide by its code of practice), and complete their first notification of interests (para 7.19).

ACTION PLAN

9.1 If Recommendation 1 is accepted , WSAC itself would be in the lead on implementing all accepted recommendations , with the assistance of the relevant parts of the NHS Directorate on Recommendations 2 and 3.

9.2 Subject to the provisos in para 9.1 , WSAC should be able to implement recommendations 2 to 6 within one year of the final version of this report being issued.

DRAFT

5 YEARLY REVIEW OF THE WELSH OPTOMETRIC COMMITTEE (WOC)

Contents

- 1. Introductory Information**
 - 1.4 Purpose and Function
 - 1.5 Membership
 - 1.10 Assembly Expenditure
- 2. Previous Reviews**
- 3. Output**
- 4. Planning**
- 5. Finance**
- 6. Is there a continuing need for WOC?**
- 7. Evaluation of WOC**
- 8. Summary of Recommendations**
- 9. Action Plan**

1. INTRODUCTORY INFORMATION

Terms of Reference

1.1 The terms of reference for this review were

“To consider whether there is a continuing need for the Welsh Optometric Committee (WOC) and, if so, whether the WOC provides good value for money and is efficient and effective. The review will consider the WOC’s cost effectiveness, the value of its work and whether that work can be done by the Assembly or other body(ies).

The review will make recommendations about the composition and operation of the WOC and its management and staffing support. The review will also consider the way the Assembly sponsors the WOC and monitors its performance. The review will make appropriate recommendations, in particular in the context of Better Wales and the three key themes of social inclusion, equality and sustainable development”.

Powers under which the Welsh Optometric Committee is recognised by the Assembly

1.2 The Welsh Optometric Committee (WOC) is an advisory Assembly Public Body (ASPB), recognised now under Section 19(1) of the NHS Act 1977, as amended. The word “recognise” is that used in the legislation. The Assembly is not under an obligation to create a WOC if none exists , but it is under a legal duty to “recognise” a WOC if it considers an appropriate one exists.

Powers of Assembly to review and implement changes

1.3 Sections 28 and 40 , and Schedule 4(ii) , of the Government of Wales Act 1998 give the National Assembly for Wales the power to add functions to the WOC, with its consent , or to remove functions , and to review WOC.

Purpose and function (from 1999 constitution)

1.4 The WOC’s role is to:

- Advise the Assembly Minister for Health and Social Services on Optometric services in Wales
- Implement an annual work programme agreed between the Director of the National Assembly for Wales Health Department, the National Assembly of Wales lead professional officer, and the Chairman on behalf of the Committee
- Receive for comment and advice, documents or issues referred to it by the National Assembly for Wales
- Bring to the attention of the Assembly Minister for Health and Social Services, through the National Assembly for Wales lead health professional office, issues concerning the maintenance and development of optometric health services and issues in Wales generally
- Produce an annual report for the Forward Programme Meeting.

Membership composition

1.5 The following part of the WOC's constitution describes the structure of the membership.

"The committee will consist of the following voting members:

- 1 elected representative from each of the local optical committees of Bro Taf, Gwent and Morgannwg Health Authorities, who shall be elected by the local optical committees to serve on this Committee
- 2 elected representatives from each the local optical committees of Dyfed Powys and North Wales Health Authorities who shall be elected by the local optical committees to serve on this Committee
- 1 member nominated by the University of Wales Department of Optometry
- The Chairman, who will be elected by serving members of the committee from amongst their number, in accordance with paragraph 7.1 of the constitution and the following non-voting representative shall be in attendance
- A dispensing optician elected by the dispensing opticians practising in Wales, pursuant to arrangements by the Welsh Area of the Association of British Dispensing Opticians."

Meetings

1.6 The WOC normally meets twice a year. Meetings are held in Cardiff.

Sub-Committees

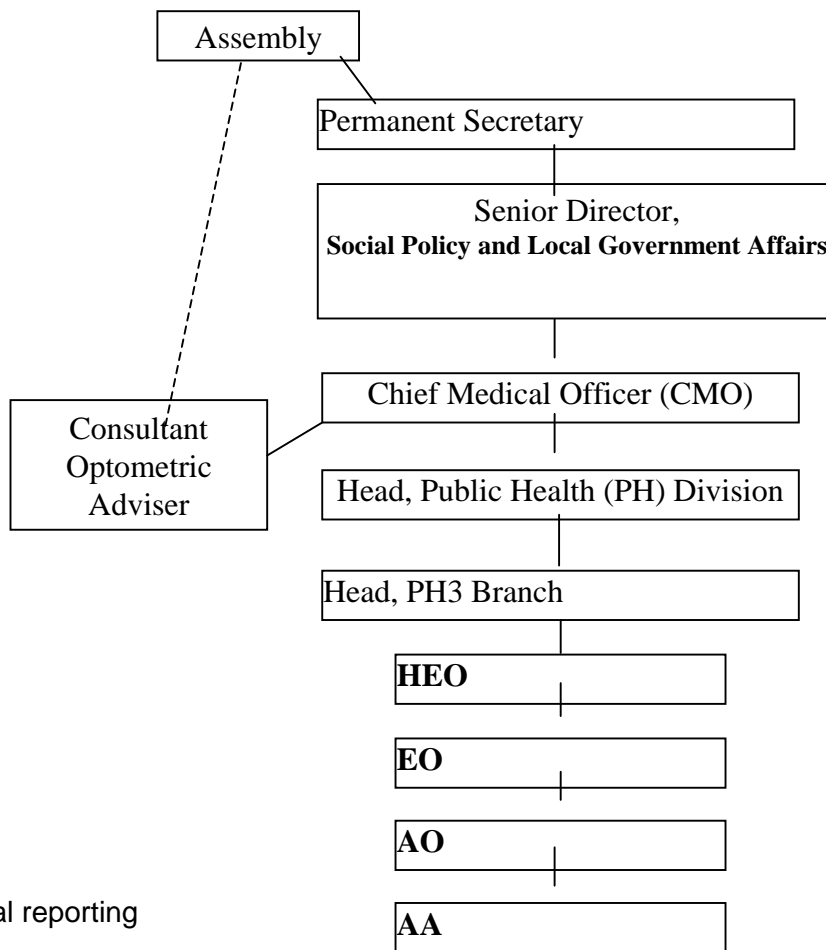
1.7 WOC has no standing sub-committees, but occasionally has task related ad hoc working groups.

Assembly staff contributing to WOC's work

1.8 Until recently there was no specialist optometrist engaged by the Assembly to advise it. The Assembly staff making significant contributions to WOC's work are:

- Consultant Optometric Adviser
- Higher Executive Officer (HEO)
- Executive Officer (EO)
- Administrative Officer (AO)
- Administrative Assistant (AA)

1.9 The reporting arrangements for these staff are described in the following diagram.



Key:

_____ normal reporting

- - - - - right of access on professional issues

Assembly expenditure arising directly from the existence of the WOC and its Sub-Committees

1.10 This expenditure consists of:

- i. members' loss of earnings allowances, and travel and subsistence expenses
- ii. costs of Assembly staff contributing to WOC's work.

1.11 The following tables provide information on these costs in 1999-2000. Examination of earlier costs reveal a broadly level trend allowing for inflation.

Table 1: WOC's Direct Costs to the Assembly 1999-2000

Main Committee	Travel and Subsistence	£1,478.98
	Financial Loss	£2,040.90
	Miscellaneous (Refreshment, Venue, Stationery etc.)	£ 11.56
	Assembly Staff Costs	£4,060.71
Total		<u>£7,592.15</u>

Note: In 2000-2001, the Assembly engaged Mr R N Roberts as its first Consultant Optometric Adviser.

Methodology

1.12 Martin Rolph, an Assembly official, undertook this review, alongside 6 others of health advisory professional bodies, between late January and March 2001. He spoke to the current chair of WOC, Mr Lionel Davies and to Mr Dick Roberts, recently engaged professional Optometric adviser, recent ex-chair of WOC; attended a WOC meeting and received documents; then consulted the Chair and the Assembly’s clinical optometry adviser on the draft report before it was submitted to Ministers and the Health and Social Services Committee for comment.

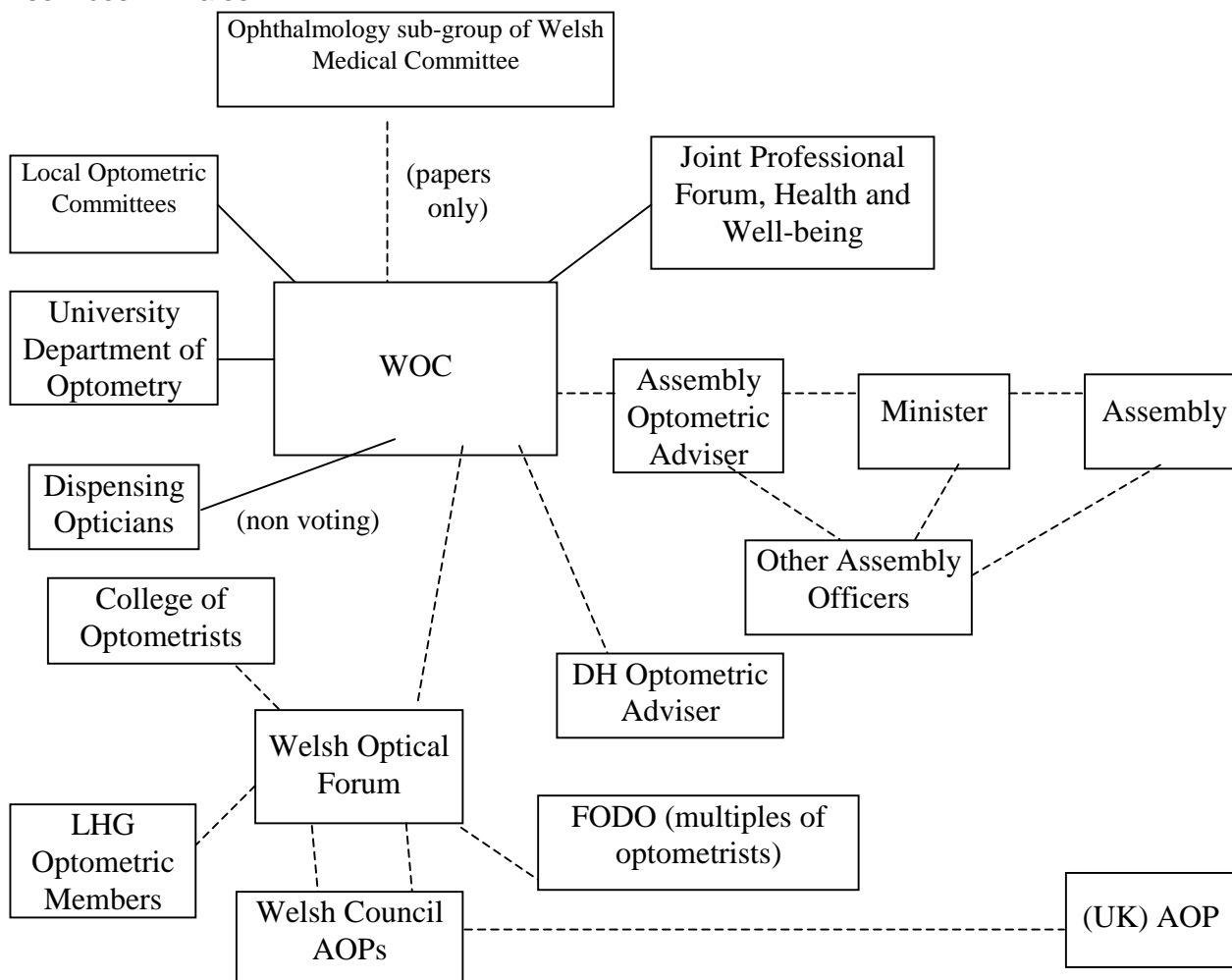
1.13 The direct cost of this review (wholly the cost of the reviewer’s time) was just under £1,000.

2. PREVIOUS REVIEWS

2.1 I found no record of any previous review of WOC.

3. OUTPUT

3.1 WOC's main output is two way flows of information. The diagram below illustrates, broadly, some of the main relationships and flows of information in relation to optometric services in Wales.



Key: — Formal Membership to WOC link
 - - - Informal links to WOC and other links
 LHG - Local Health Group
 AOP - Association of Optometric Practitioners

3.2 WOC's main customers are therefore:

- the Assembly, mainly via the Assembly's Optometric Adviser; and
- optometric professionals throughout Wales, who are linked to exchange of information and advice with the Assembly.

3.3 The types of communication related to WOC fall mainly into 2 categories:

- related to meetings - papers sent out for meetings, and discussions in meetings themselves are usually reported at more local gatherings of optometrists in Wales, in particular Local Optometrical Committees, while the Optometric Adviser to the Assembly will ensure WOC's views are passed on.
- ad hoc use of WOC expertise. For example, the Optometric Adviser will frequently consult the WOC chair before advising Assembly officials and the Minister for Health and Social Services. Another example of ad hoc activity would be WOC's oversight, via a sub-committee it established, of a low vision project, funded by the Assembly, at UHW.

3.4 The output related to meetings is largely determined by the Chair, who decides the shape of the agenda. Ad hoc contacts are usually initiated by either the chair or the Assembly's Optometric Adviser.

3.5 WOC does not produce an annual report, or (currently) any other publications, beyond the papers and minutes of its meetings.

4. PLANNING

4.1 WOC used to have an annual forward work programme, but this practice has fallen into abeyance in recent years. The last one produced is believed to have covered 1997/98.

5. FINANCE

5.1 The WOC itself does not hold an annual budget and owns no assets. All money spent on the WOC by the Assembly is managed by the secretariat branch, PH3.

6. IS THERE A CONTINUING NEED FOR WOC?

6.1 To a degree, the outputs of WOC contribute to the achievement of Assembly policy. For example:

- WOC addresses issues of relevance to Betterwales targets.
- WOC addresses issues of relevance to the Assembly's key themes (e.g. the meetings I attended considered issues such as optometric services for people with special needs, which is relevant to both the equality and social inclusion agendas).

6.2 The work of WOC seems more necessary than before the creation of the Assembly, given the Assembly's need to develop and implement policies for eyecare geared to the needs and circumstances of people in Wales, and also the more open and consultative way that the Assembly conducts business.

6.3 WOC's work is not duplicated elsewhere. Its members are not appointed by the

Assembly, giving its advice the credibility arising from its members' professional independence. On the other hand, its constitution ensures that it is able to focus on the eyecare needs of the people of Wales, not the sectional interests of parts or whole of the optometric profession, for which other structures exist.

6.4 Other methods (eg. within the staff of the Assembly itself) of seeking to fulfil WOC's activities would be less effective and/or represent poorer value for money. Other methods would be likely to produce advice which was less informed by circumstances across Wales and to carry less credibility with the profession throughout Wales.

6.5 Further to para 6.2, one likely consequence of the Assembly's proposal to abolish Health Authorities, and in the process expand its own strategic role in the NHS is to make the availability to the Assembly of credible optometric advice even more essential as there will be no commissioners of healthcare between it and the 22 LHG's.

6.6 Recommendation 1: WOC should continue to be recognised by the Assembly as the prime source of independent Welsh professional advice on optometric services.

7. EVALUATION

Planning

7.1 WOC does not currently operate a formal forward planning mechanism, nor does it currently produce an annual report. Its current constitution indicates that among its roles are to:-

- "Produce an annual report for the Forward Programme Meeting."
- "Implement an annual work programme agreed between the Director of the National Assembly for Wales Health Department, the National Assembly for Wales lead professional officer, and the Chair on behalf of the Committee."

7.2 I believe that an annual work programme has not been drawn up for a few years, nor (due to a variety of understandable reasons, including the intense activity associated with the creation of the National Assembly) has the Chair met the NHS Director of the National Assembly for Wales.

7.3 The production of a short annual forward work programme would help give WOC an opportunity to assess whether it would be using its time and energies to best advantage for the benefit of the people of Wales. It would offer WOC the opportunity to increase the extent to which it could act proactively. At the end of the year, it would offer WOC one form of measure to help it judge how it had performed. Inevitably, a forward work programme should not be so large as to take up all the time available in WOC meetings, leaving no time for issues which arise during the year.

7.4 Recommendation 2

WOC should produce a forward annual work programme as follows:-

- once a year, the WOC agenda should include an item on this issue, which the Chair would normally introduce;
- a short forward work programme paper should be issued by the Chair to members prior to the discussion described at (a) above. This paper would be likely to consist of a few

paragraphs mentioning, briefly, the key WOC activities of the previous year, as an introduction to a list of items suggested for WOC attention in the coming year;

- this paper would then be amended in the light of mentors' discussion at the WOC meeting at which the item was taken;
- the resulting version of the forward work programme would then be sent to the NHS Director and others for comment, Chief Medical officer and Assembly Optometric Adviser prior to the meeting to discuss it.

Outputs

7.5 The discussions in WOC meetings and more ad hoc contacts are of increasing value to the Assembly. Community Optometric Services are an area where the Assembly has taken a distinctive policy line, in relation to exemption from charges, barely a year after its creation.

7.6 The need for dedicated professional optometric advice to be available for the Assembly is therefore essential. This has partly been recognised by the Assembly contracting with a practising Community Optometrist to provide advice to the Assembly, on a part time basis.

7.7 This alone is not sufficient, however, and WOC's existence ensures that professional optometric advice is available to the Assembly reflecting current conditions across all parts of Wales, urban and rural.

7.8 The other main direct customers of WOC are the optometric profession throughout Wales itself.

7.9 Lesser, but developing customers, are the other professional advisory committees, especially the Welsh Medical Committee.

7.10 At present the agendas, minutes and papers are routinely available only to WOC members – although members are understood to share developments in WOC and no doubt some papers with their colleagues in the optometric profession in their part of Wales. More recently, WOC now shares developments and papers with members of the Ophthalmology Sub Committee of the Welsh Medical Committee.

7.11 Given this, there seems no reason why virtually all WOC agendas, papers and confirmed minutes should not be placed in the public domain, accessible via the internet. NHS Wales' Cymruweb would not be a suitable vehicle for this, as it is not accessible to all members of the optometric profession, still less the public in general, so copies should also be placed on the relevant parts of the Assembly and NHS Wales websites. WOC material placed on such sites would need to be clearly marked as not automatically representing Assembly or NHS Wales views.

7.12 Recommendation 3: WOC should make its agendas, papers and confirmed minutes available over the internet (subject to exclusion of material on grounds of patient, commercial, etc confidentiality).

Working Methods

7.13 WOC meets twice a year. Having considered both the increasing potential there is for

WOC to assist the Assembly through the provision of professional optometric advice, the views of the current Chair, and the more proactive role for WOC which the creation of the Assembly makes desirable, twice yearly meetings would appear to be insufficient. A third meeting should be added – cost likely to be of the order of £2,000 per year.

7.14 Recommendation 4 : WOC should meet 3 times per year.

7.21 Recommendations 2 and 3 above also have relevance for working methods. I make no other recommendations in this area. The current WOC Chair expressed appreciation of the work of the PH3 section which supports the WOC through making arrangements for its meetings, handling of papers, etc.

Composition and Size of Membership

7.16 Although WOC has for many years been classified as an advisory non-department public body (NDPB) and thus in 1999 became an Assembly public body (AONB), the Assembly does not have the power over it to the same degree as with most of its other advisory AONB's.

7.17 One of the two main ways in which it differs is that its members are not appointed (“downwards”) by the Assembly, but “upwards” from the profession in localities around Wales, as specified in its constitution (see para 1.5 above for the part of its constitution which describes how WOC's membership is made up).

7.18 The current composition of membership appears to be about right. The requirement to include representatives of all the Local Optometric Committees in Wales ensures that all parts of Wales are represented in the Committee. 7.19 However, the NHS Plan for Wales sees the abolition, fairly soon, of the Health Authorities, to which the LOCs relate in terms of area covered. There will be consultation on how this should be implemented.

7.22 Recommendation 5 : WOC should consider :

- what advice it should offer the Assembly on the possible future shape of the advisory role, covering primary and secondary optometric issues, currently performed by the 5 District Optometric Committees.
- When decisions are taken, what changes it needs to make to the way in which its own membership is built up, to ensure a good spread of localities in Wales are represented in membership.

Conflicts of Interest

7.23 Members of WOC are asked to notify the Secretariat of their interests, when the Secretariat becomes aware of their appointment, and annually thereafter. With the letter writing team to do so, WOC members are sent a copy of the Code of Practice for members. (Copy at Annex 1.)

7.24 These actions were introduced in support of the current UK Government's 1997 manifesto commitment to openness, accountability and effectiveness. The WOC's value to all its customers lies in the degree of independence with which it is expected to approach the matters it considers. I believe that WOC members discharge their responsibilities to the WOC with integrity and care. However, further formalisation in the area of the WOC's register of interests and Code of Practice would ensure that "seen to be the case, even more than at present."

7.25 Recommendation 6: WOC should amend its constitution to explicitly state that members will abide by its Code of Practice. Members will not be accorded formal WOC membership until they sign an undertaking to this effect and complete their first notification of interests.

Relationship with the Assembly

7.26 Much of the earlier parts of this review relate to the WOC's relationship with the Assembly. The Assembly does not have the legal powers to instruct the WOC what to do – it cannot appoint or remove members. In extreme circumstances, the Assembly could withdraw recognition of the WOC, which would mean the removal of the modest financial support it receives, and probably of the involvement of any Assembly official.

7.24 Up until 1996/97 the only regular source of information about WOC available in the public domain was its annual report, although the WOC's constitution still envisages the production of an annual report. If recommendations 2 and 3 above are implemented, there will be far more information in the public domain than hitherto, and the production, in addition, of an annual report would be of little value, but would take up some of the time of WOC members and those who support them.

7.25 Recommendation 7: If recommendations 2 and 3 of this report are implemented, the WOC constitution should be amended to remove any need for the production of an annual report.

Equal Opportunities

7.26 WOC members appear to be 100% white and male. This is to a significant degree a reflection of the profile of the profession in Wales, but there must be scope for a WOC which contains more women and members of ethnic minorities. The Assembly does not appoint WOC members, who are mainly invited to be members by virtue of the positions they hold on other bodies.

7.27 Recommendation 8 : WOC should consider how it can increase the number of women and members of ethnic minorities in its membership.

8. SUMMARY OF RECOMMENDATIONS

8.1 This review of WOC makes the following recommendations (full text at paras shown):

- WOC should be retained (para 6.6).
- WOC should produce a forward annual work programme (para 7.4.)
- WOC should make its agendas, papers and confirmed minutes available over the internet (para 7.12).
- WOC should meet 3 times per year (para 7.4.)
- WOC should consider what advice it should offer the Assembly on the possible future shape of the advisory role, covering primary and secondary optometric issues, currently performed by the 5 District Optometric Committees (para 7.20)
- WOC Members will not be accorded formal WOC membership until they sign an undertaking to (the effect that they will abide by WOC's Code of Practice). (Para 7.23.)

- The requirement for WOC to produce an Annual Report should be dropped (para 7.26.)
- WOC should consider how it can increase the number of women and members of ethnic minorities in its membership(para 7.28).

9. ACTION PLAN

9.1 Apart from Recommendation 1, it is for WOC to lead on the implementation of recommendations.

9.2 It is feasible for WOC to implement Recommendation 2-8 within one year from the completion of this report, subject to support from relevant Assembly Officers, especially in relation to recommendations 2, 3 and 4.

Public health division 3/nursing division
assembly sponsored public bodies

register of interests: 2000

COMMITTEE

COMMITTEE MEMBER

SELF

CLOSE FAMILY MEMBERS

SIGNATURE

DATE