

**Date: 20 June 2001**

**Venue: The National Assembly for Wales, Committee Room 3**

**Title: Issues arising following the " virtual " Committee Meeting on 28 March 2001**

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**Summary and Action:**

1. This paper provides a progress report on issues for clarification following the " virtual " Committee meeting on 28 March 2001.

**Timing:**

2. This paper is presented at the Committee's request.

**Background:**

3. On the 28 March 2001, the Health and Social Services Committee held a three way "virtual " meeting where presentations on the Shared Clinical Information in the Primary Care Team (SCIPiCT) and Cornwall Minor Injuries were given. In the ensuing discussion Members of the Committee raised several issues which required formal clarification from the project leads in the SCIPiCT and Cornwall Minor Injuries projects.

4. The specific issues raised were:

- Written response to be provided on clinical responsibility for the Cornwall Minor Injuries project.
- Written response to be provided on the evaluation of the SCIPiCT project.

**Clarification and Advice Received:**

5. In response to the enquiry the respective project leads have provided the following information:

- The Cornwall Minor Injuries project lead: Mr Andrew Forrest

*" The situation in Cornwall is that there is an agreement/contract between the Minor Injuries Units (MIUs) and the Accident and Emergency (A and E) consultants. They are paid for advice*

*on the telephone, tele-medicine and for training the MIU nurses. As part of this agreement the consultants take clinical responsibility for advice given.*

*As always there is a grey area. If a nurse has any concerns about the advice, under their United Kingdom Central Council (UKCC) Nursing guidelines, they must refer the patient on to the A and E unit. As indeed they would for situations which fall outside the Minor Injury Unit treatment protocols.*

*As we have always stated the agreements, protocols and training are more important and difficult to get right than the technology "*

- The SCIPiCT project lead: Ms Jayne Morgan

*"Although the scope of the core SCIPiCT project does not include evaluation of benefits or risks, this important parallel activity is being pursued in several ways.*

- *A proposal for an external evaluation study is being designed for submission for funding from appropriate sources. This will include a health economics component. (NB: funding for evaluation was not included in the original commissioning.)*
- *Lessons learned from within the project are captured empirically at the end of each stage. Primary Care Team members have identified perceived benefits from involvement in the project and implementation of potential solutions. This includes addressing management of associated risks.*
- *Patient involvement has been established and will be further extended with the Arwystli patient information web site is launched this summer. Patients meet regularly with the SCIPiCT project and Primary Care Team members to discuss wide-ranging issues, which include benefits and risks. The Patient Group plans to undertake further work on this topic.*

*Information captured on the professional and patient perspectives will be available as a resource to other NHS initiatives. There were no proposals for independent and external evaluation, but the costs of this evaluation will be considered as part of the current Budget Planning Round. The evaluation of the benefits of the SCIPiCT project will continue after the project is completed and all reports will be made available".*

## **Future Implications:**

6. An evaluation of the Telemedicine bids that have been received in response to WHC (2001) 010 is currently taking place. It is anticipated that the chosen operational scale site or sites for the Minor Injuries Units in Wales will be specifically asked to address the issue of clinical responsibility.

**Jane Hutt**

**Minister for Health and Social Services**