MINUTES

Date: Thursday, 25 May 2000

Time: 1.30pm to 4.45pm

Venue: Committee Room 1, National Assembly Building

Attendance:

Members

Kirsty Williams (Chair)	Brecon & Radnorshire
Jane Hutt (AS)	Vale of Glamorgan
Ann Jones	Vale of Clwyd
Alun Pugh	Clwyd West
Lynne Neagle	Torfaen
David Melding	South Wales Central
Helen Mary Jones	Llanelli
Dai Lloyd	South Wales West
Dafydd Wigley *(substitute)*	Caernarfon
Lorraine Barrett *(Item 3)*	Cardiff South and Penarth

In Attendance

Dr Norman Mills	Chair, Task & Finish Group on Prescribing Practices

Officials

Dr Ruth Hall	Chief Medical Officer
Bob Hudson	Director, Corporate Strategy Project

Julie Gregory	Director, Health Service Strategy
Helen Thomas	Director, Social Policy Group
Chris Burdett	Children & Families Division
Julia Williams	Children & Families Division
Mark Partridge	Office of the Counsel General
Mike Ponton	Head of Health Promotion Division
Peter Farley	Health Promotion Division
Carwen Wynne Howells	Chief Pharmaceutical Officer
Robert Williams	Primary & Community Health Division
Jane Westlake	Clerk
Val Horgan	Committee Secretariat

Item 1: Apologies and Substitutions

1.1 Apologies were received from Geraint Davies, who was attending a meeting of the Planning Decisions Committee. Dafydd Wigley substituted for him.

1.2 The Chair reminded members of the revised agenda. The item on the Children's Commissioner was now scheduled for discussion immediately after the break.

1.3 Ann Jones asked that meetings scheduled for Thursday afternoons be kept to a minimum, as they encroached on time set aside for members to travel to their constituencies.

The Chair explained that while meetings were normally scheduled for Wednesday mornings, it was sometimes necessary to utilise time made available on selected Thursday afternoons for further meetings when there were severe pressures on the Committee.

Action

The Chair would raise this issue at the next Panel of Chairs meeting.

Item 2: Update on NHS Wales Strategy Project (Corporate Strategy)

Paper: HSS-11-00(p.1)

2.1 The Chair welcomed Bob Hudson, Director of the Corporate Strategy Project, and thanked him for coming to present an update on the work of the Acute Services Development Group. A copy of the presentation is appended at Annex A.

2.2 As an introduction to the presentation, Dr Ruth Hall said that the Acute Services Development Group was an integral part of a much wider initiative, the NHS Wales Project. She also indicated that the Group's work should be viewed alongside on the Primary Care Strategy. The Group's work would soon be published in a report that would then be subject to consultation. Dr Hall invited members to give their views on the Group's conclusions.

Main Points of Discussion

2.3 Members made the following points in discussion:

- The formation of health economies would fossilise the pattern of care as it existed now.
- Confirmation was sought that there had been movement away from model where care was centred around four to six large hospitals in Wales.
- The need for health authorities and trusts was questioned. It was difficult to have clinical freedom because of the constraints of health authorities and trusts.
- The Group should consider the need for further medical schools in Wales and for recruitment strategies.
- The Group seemed to favour the Private Finance Initiative (PFI), even though the Commons Treasury Select Committee in March had concluded that PFI was a thing of the past. There was a clear need to be imaginative about the provision of capital and consideration should be given to getting rid of capital charges.
- Another point of view was that there should be some measure in the accounts to reflect the cost of capital.
- The management of demand was a sound philosophy, but demand was likely to increase significantly through initiatives such as NHS Direct.
- There was concern about the possible reduction in the number of hospitals from 80 to 40.
- Members welcomed the emphasis on the need for a vibrant intermediate care sector.
- The long-term strategic approach, with a planning timescale of 25-30 years, was also welcomed.
- There was a definite need for a modern capital estate. The options for achieving this needed to be costed.
- The formation of health economies could result in certain services in some areas being accessed only in one location.
- The public would need more information, including examples and illustrations, during the consultation process.

- An alternative to the term "health economies" should be considered.
- Investment should be made in health promotion to help manage the demand for emergency services in the future.
- It was important that staff were properly rewarded.
- There was a query about how the numbers of patients travelling into Wales for treatment from North West England compared with the numbers who had to travel in the opposite direction.
- Health authorities should make optimum use of their estate and assets.
- The last bullet point in paragraph 14 should refer to a ***four*** way partnership, to reflect the difference between the voluntary and private sectors.

Response

2.4 The following responses were made to points raised by members:

- Dr Hall clarified that the aim of the presentation was to bring the Group's work to the Committee's attention. She understood that it was the Assembly Secretary's intention to hold a formal consultation process later.

Bob Hudson made the following points:

- The proposed health economies reflected the current situation. However, the current situation could only be changed if there was a process to allow communication within and across boundaries. The purpose of health economies was not to preserve existing patterns of care but to aid the planning process.
- A review of the need for health authorities and trusts was outside the Group's terms of reference, as was the provision of medical schools.
- The Group did not necessarily favour PFI. More capital was needed than ever before and different means of accessing capital should be evaluated.
- The NHS Wales Strategy would include an analysis of the management of demand.
- Costs would be established on the basis of a detailed evaluation of local services.
- It was imperative that buildings were flexibly designed and built, because advances in technology could significantly impact upon the reconfiguration of services.
- With regard to elective and emergency work, the paper did not necessarily indicate that hospitals should only carry out elective work. It was still possible to protect elective capacity within a single hospital, and there were many good examples of this in Wales. Alternatively, where there were two hospitals in the same urban centre, there could be opportunities to differentiate between their work.
- The final report would contain more detailed information. In the meantime he would be happy to provide members with any specific information they wanted. All information was taken from published information sources.
- The Group was working on a draft report for the public, which would include examples. Public consultation had not yet started, although it had commenced elsewhere in the Corporate Strategy

Programme with "Creating the Climate" events being held.

- The term "health economies" was widely used to denote a coming together of different health bodies in their natural groupings. However, the Group recognised that there were reservations about the use of this terminology.
- It was unrealistic to expect the provision of all services in all hospitals.
- It was inappropriate to comment on how the North Wales Health Authority commissioned its services across the border. Although there was some movement of patients from England into North Wales, the majority of movement was in the other direction.
- Prince Phillip Hospital, Llanelli was classed as a major acute hospital.
- Dr Ruth Hall said that there were a number of successful clinical networks already in Wales. Clinicians had also expressed interest in developing more networks but these needed the creation of support and infrastructure mechanisms. Networks came in various shapes and sizes and it was not possible to draw up a template. It should be remembered that clinical networks were not a solution for all services and they were not immediately available where they were found to be suitable.
- The Assembly Secretary, Jane Hutt, reiterated that acute services were only one part of health and social services in Wales. The aim of the paper and presentation was to indicate the Group's progress so far and a comprehensive report would be prepared over the next few months.. The work on the Primary Care Sector was also very important.
- Jane Hutt paid tribute to the hard work of Dr Hall and Bob Hudson. She added that the main theme to emerge from the discussion was the importance of maintaining the acute network of hospitals and providing access to high quality services in Wales.

Action and Conclusion

2.5 The Chair would ensure that as much information as possible was circulated to members before each meeting.

2.6 In conclusion, the Chair thanked Bob Hudson for his presentation and said that she hoped there would be further opportunity to discuss this subject again as the Group's work progressed.

Item 3: Independent Children's Commissioner – Consideration of Committee's Draft Report

Paper: HSS-11-00(p.4)

3.1 The Chair welcomed Lorraine Barrett, member of the Pre 16 Education, Schools & Early Learning Committee.

3.2 The Chair explained that the report had been redrafted in light of issues raised by the Committee in its meeting of 17 May. All amendments were highlighted.

3.3 The Assembly Secretary thanked all those who had worked on the report during the last week. She

made the following points in response to points from members:

- Paragraphs 49/50 had been amended to reflect in particular the advice of Catriona Williams, Chief Executive of Children in Wales, whom the Assembly Secretary had met last week.
- The involvement of children, especially in the appointment process, and the recommendation in the Waterhouse report to set up an Advisory Council should be treated as separate issues.
- The Amendment to the Care Standards Bill covered the whole scope of the Bill and not just childrenlooked after by local authorites. In addition, the Committee had already recognised that the Commissioner's remit should cover all services that effect children in Wales. The provisions of the Bill were the start, the Secretary of State for Wales was aware of the Committee's recommendations for further separate primary legislation.

3.4 Members concurred with the amendments made, including the addition of the Chair's foreword. They acknowledged the hard work that had gone into making changes to the report.

3.5 The Chair thanked Chris Burdett and his colleagues for responding so quickly to the Committee's requests for changes to the report. The report would be formally laid on 31 May and debated in Plenary on 7 June.

Item 4: Health Action Zones

Paper: HSS-11-00(p.2)

4.1 The Chair explained that this item was referred to the Committee following a debate in Plenary. The paper represented the views of the Labour administration. Dai Lloyd had circulated information to members following his visit to the Health Action Zone of Sandwell in the West Midlands.

4.2 As an introduction to the discussion, the Assembly Secretary said that the paper detailed initiatives that were already in place in Wales. She was very interested in hearing members' views on what could be learned from Health Action Zones. She asked members to bear in mind that Welsh communities were very different from those included in Health Action Zones in England.

4.3 In response to a query, the Chair said that she hoped the Committee would come to a view about the principal of Health Action Zones, which would then be passed on to the government to note.

4.4 Dai Lloyd set out his views on the potential for establishing Health Action Zones in Wales:

- Sandwell was a very large Health Action Zone, Plaid Cymru advocated the establishment of smaller zones in Wales based on electoral wards.
- Positive differences in health had been noted in Health Action Zones, for example, there had been improvements in the treatment of diabetes in the Bradford Health Action Zone.
- There were areas with different health needs within each Welsh county. It would therefore be

very difficult to tackle health inequalities effectively using a county-based approach.
- Only by adopting an unequal approach, where inequalities between wards were accentuated and communities most in need preferentially targeted, could health inequalities be tackled successfully.
- One or two people should be employed in each community Health Action Zone to ensure that targets were reached.
- Reducing inequalities was the priority, county-wide health improvement schemes were secondary.
- Additional funding for Health Action Zones should not be required. Money could be channelled from existing initiatives to reach areas where it was most needed.
- The concept of Community Health Action Zones would fit very well with the "Communities First" initiative, as it would provide a health dimension.

Main Points of Discussion

4.5 The following points were raised:

- There was concern about the possible overlap with current initiatives. Members noted the number of new initiatives that had not really been given time to settle.
- There was agreement concerning deep-seated health inequalities in Wales.
- There was agreement about the need to target areas on an electoral ward level, for short-term action, and for a health focus in "Communities First". Health Action Zones at a ward level could influence "Communities First".
- Some thought should be given to initiatives that could be delivered quickly.
- The importance of the resource allocation formula was noted, as health inequalities could not be tackled without adequate resources. Consideration should be given to getting adjustments in spending down to a local level, below health authority level.
- Some consideration should be given to the question of whether there was sufficient statistical information available at ward level.

Response

4.6 The Assembly Secretary made the following points were made in response:

- The "Communities First" programme aimed to focus on a micro level and would go to the heart of inequalities in, for example, housing, education and health. The Committee should discuss "Communities First".
- The allocation formula was an essential part of the remit for tacking health inequalities. "Communities First" identified the need for funds not only for health but also for other areas such as housing, education, fuel and economic development.
- Money had to be targeted at disadvantaged areas.
- A balance should be sought between long-term gains and quick wins. It would take time to turn around decades of inequalities. However short-term targets were definitely achievable. It was

necessary to go beyond short-term gains to achieve real health benefits.
- Work was being done on the provision of statistics at a ward level.

4.7 Helen Thomas added that work on statistics was currently being undertaken in two areas. Oxford University were developing at ward level an index of deprivation in Wales. This would be completed in July. In addition, the Statistical Directorate in the Assembly was working on more detailed statistics, in conjunction with an English programme under the Strategy for Neighbourhood Renewal, which would take eighteen months to be developed.

4.8 With regard to the development of an information database, Dr Ruth Hall added that the Health Inequality Working Group had indicated some early conclusions which could be linked to the work being undertaken by Oxford University. At present, there was no significant morbidity and mortality data at an electoral ward level. The Local Health Alliance concept was launched to provide a model to facilitate community health development. All of these would fit very well with "Communities First". The Chair noted the agreement of members for using a community based approach to tackling health inequalities. Health inequalities could be targeted on an electoral ward level. She considered that "Communities First" should be discussed in the autumn, once the consultation results were known, to ensure that the Committee's views were incorporated in to the "Communities First" programme.

Action

4.9 The Chair asked for papers to note on

- tackling health inequalities, and
- the health aspects of Communities First.

4.10 The Committee should discuss "Communities First" in the autumn.

Item 5: Task & Finish Group on Prescribing Practices – Interim Report

Paper: HSS-11-00(p.3)

5.1 The Chair welcomed Dr Norman Mills, Chair of the Task and Finish Group, who presented the main themes that had emerged from the Group’s work so far.

Main Points of the Presentation

5.2 These were as follows:

- Members had been provided with an interim report on how the group had been established and the terms of reference.
- The final report was due at the end of October, with a consultation exercise being carried out over

the summer.

- The Group had been asked to ensure an increase in the quality of prescribing - cost cutting was not part of their brief.
- The issue of fraud was being dealt with separately. The Task and Finish Group would assist with that work wherever possible.
- The whole process of prescribing and of repeat prescribing, including the convenience of patients and their carers as well as clinical excellence, came under the Group's scrutiny. There were many examples of excellence in this area in Wales.
- There was evidence of unnecessary expenditure in the prescribing of drugs. The Group had received a report from the Audit Commission that highlighted the potential for considerable savings. In addition, the Group had identified instances when drugs that were no longer needed or had never been needed were being prescribed. The Task and Finish Group would consider how to effect savings and curb unnecessary expenditure wherever possible.
- There was a need for greater collaboration in working between the hospital and primary care sectors, as well as between GP's and community pharmacies. In particular, there was a great deal of knowledge and expertise in community pharmacies that was not being utilised.
- The Group would identify recommendations of good practice that had not been implemented.
- A formulary for prescribing in Wales would be developed to address the variations in access to drugs in different geographical areas.
- There were indications that there might be scope for better prescribing for patients receiving care in facilities other than health care.

Response

5.3 The following points were made in response to points made by members:

- Dr Mills confirmed that the Group was not recommending that doctors should not see pharmaceutical companies' representatives, although they did recognise that doctors could use other means to acquaint themselves with innovations.
- He added that the Group had not presented a written report of their conclusions at this stage because they needed to be refined to become acceptable to as many interested parties as possible.
- The Assembly Secretary noted that the Pharmaceutical Price Regulation Scheme (PPRS) had not been devolved and was therefore outside of the Group's remit. She said that the issue of PPRS as an area for potential savings had surfaced during the Budget Planning Round. She added that Dr Mills had clearly shown that savings could be effected in other areas.
- Dr Mills explained that it might have been unhelpful if the group had set out to find ways of saving money. Instead their aim from the start had been to improve the prescribing of drugs. They had identified the need to maximise professional knowledge and to establish standards that could be monitored..
- Robert Williams confirmed that data was readily available to show in detail what GP's were prescribing.

Action and Conclusion

5.4 The Clerk would organise the distribution of papers from the Task and Finish Group's meetings.

5.5 The Chair thanked Dr Mills for presenting the group's interim report and looked forward to the group's final report.

Item 6: Minutes of Meeting on 17 May

Paper: HSS-10-00(min)

6.1 The minutes would be tabled at the next meeting.

Annex A

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