

THE NATIONAL ASSEMBLY FOR WALES: AUDIT COMMITTEE

REPORT 06-01 – Presented to the National Assembly For Wales on 29th November 2001 in accordance with section 102(1) of the Government of Wales Act 1998

MAXIMISING INCOME FROM PRESCRIPTION CHARGES

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INTRODUCTION

1. The Assembly estimates that pharmacists in Wales dispense some 40 million items a year and that during 2000-01 gross expenditure in Wales on prescribed drugs and appliances amounted to more than £380 million, a figure equivalent to 13 per cent of the total estimated expenditure on the National Health Service in Wales. The prescribing of medicines in Wales is a subject that has generated considerable interest among Assembly Members. This is best illustrated by the work of, and the response to, the Assembly's Task and Finish Group in Wales and also by the recent changes made by the Assembly to arrangements in Wales for exemption from prescription charges.
2. This is the first of a series of reports which the Audit Committee expects to issue on the subject of prescribing. We focus in this report on the amount of revenue generated by prescription charges for the National Health Service in Wales. Our examination of prescription charges was prompted by a report on this subject prepared by the Auditor General for Wales.¹ His report assessed the extent to which individuals who claimed exemption from paying prescription charges were in fact entitled to free prescriptions. On the basis of an analysis undertaken by the National Audit Office Wales, the report found that around £15 million a year may be lost to the health service in Wales as a result of allowing exemption from prescription charges to individuals who do not meet the relevant criteria for exemption. To put this figure in context, the Assembly estimates that during 2000-01 the income received from prescription charges amounted to £23 million.
3. Because of the significance of the Auditor General's findings, we held two evidence sessions on this topic. At the first we took evidence from George Craig. Mr Craig is the senior director of social policy and local government affairs for the National Assembly and at the time was also the acting Accounting Officer for the National Health Service in Wales.²
4. In addition, we took evidence from the pharmacy profession. This was because of the pivotal role pharmacists now play in checking eligibility for free prescriptions.

¹ Report by the Auditor General for Wales *Maximising Income from Prescription Charges* presented to the National Assembly on 30 November 2000.

In April 1999, Point of Dispensing checks were introduced in Wales. These require individuals to produce evidence to confirm to the pharmacist their eligibility for exemption from prescription charges.³ Accordingly, at our second meeting to consider the Auditor General's report we heard from Erica Barrie, Secretary of the Royal Pharmaceutical Society of Great Britain, Welsh Executive; Ann Lewis, Secretary and Registrar of the Royal Pharmaceutical Society of Great Britain; Phil Parry, Chairman of the Welsh Central Pharmaceutical Committee; and Chris Martin, Vice-Chairman of the Welsh Central Pharmaceutical Committee.⁴

5. The Royal Pharmaceutical Society is the regulatory and professional body for pharmacists in Great Britain. Its role embraces issues such as professional standards, conduct and disciplinary matters. The Welsh Central Pharmaceutical Committee represents community pharmacy contractors in Wales. It is responsible for negotiations with the National Health Service in Wales on contractual issues for pharmacists and pharmacy in Wales, including for example terms of service and remuneration arrangements.⁵
6. We welcomed the positive and constructive attitude which all the witnesses took in responding to our questions. We would like to put on record our thanks to the representatives from the Royal Pharmaceutical Society of Great Britain and from the Welsh Central Pharmaceutical Committee for giving evidence to the Audit Committee and our appreciation of the help which they gave us.
7. The remainder of this report sets out the background to our enquiries and then considers the issues raised by the role played by pharmacists in confirming eligibility for exemption from prescription charges. The report then looks at the systems in place for monitoring and managing arrangements for prescription charges in Wales before turning to some wider issues raised by our enquiries.
8. The report sets out our findings and conclusions together with a number of recommendations. Our main conclusions and recommendations are shown in bold and are summarised at the end of the report. We hope that our recommendations

² Q1

³ AGW Report *Maximising Income From Prescription Charges* paragraphs 5 and 6.

⁴ Q122

⁵ Q156

will help the Assembly improve its management of the system of exemption from prescription charges in Wales. This is particularly relevant in light of the recent extension of eligibility to exemption from prescription charges to people under the age of twenty five and also against the background of the planned changes in the structure of the health service in Wales.

Background

9. Pharmacists in Wales dispense some 40 million items a year. The Assembly estimates that during 2000-01 gross expenditure on prescribed drugs and appliances amounted to more than £380 million, a figure equivalent to 13 percent of the total estimated expenditure on the National Health Service in Wales. Individuals currently have to pay £6 for each item that a doctor prescribes for them and the Assembly estimates that income generated by prescription charges in Wales amounted to some £23 million during 2000-01.⁶
10. A significant number of people are exempt from prescription charges because of their age or their medical condition or because they are in receipt of a social security benefit which in turn allows them to have their prescriptions free of charge. Indeed, the reverse side of the prescription form lists fourteen different categories of entitlement to free prescriptions.⁷ The increasing complexity of the different criteria for entitlement to free prescriptions led to concerns about the scale of fraudulent and incorrect claims for exemption among health service patients in England and Wales. And following the publication of the report “Prescription Fraud, An Efficiency Scrutiny”, this led to the introduction in 1999 of new checks at the point of dispensing as a means of reducing the element of loss of income.⁸
11. These Point of Dispensing checks are carried out by pharmacists prior to issuing the items which have been prescribed for an individual. The checks require individuals to produce evidence for the pharmacist to confirm their entitlement to

⁶ AGW Report *Maximising Income From Prescription Charges* paragraphs 3 and 4

⁷ AGW Report *Maximising Income From Prescription Charges* Figure 1

⁸ AGW Report *Maximising Income From Prescription Charges* paragraphs 5 and 6

exemption from prescription charges. The aim of the checks is to ensure that only those entitled to have prescriptions dispensed free of charge actually receive this benefit.⁹

12. The Auditor General's report sets out the results of the work undertaken by the National Audit Office Wales to test Point of Dispensing checks together with the overall control framework for determining exemption from paying prescription charges. On the basis of a detailed analysis of just under 2,000 prescriptions, the Auditor General reported that in nine per cent of those cases where an individual claimed exemption from prescription charges there was, *prima facie*, no entitlement to exemption. This was because, for example, contrary to their signed confirmation on the reverse of the prescription form, at the time their prescriptions were dispensed, these individuals were not in receipt of a qualifying social security benefit or did not have a relevant Health Authority Exemption Certificate. On the basis of these results, the National Audit Office Wales estimated that the potential income foregone as a result of allowing exemption from prescription charges to individuals who did not meet the relevant criteria was in the order of £15 million a year.¹⁰ In the Committee's view, a loss of income on this potential scale to the Health Service in Wales is unacceptable.
13. Given this, we asked what consideration had been given to other possible arrangements such as asking General Practitioners to play a bigger role in confirming entitlement to free prescriptions. We were told that in the negotiations to set up the present system the conclusion reached was that the point at which the questions on exemption should be asked should be the point at which payment is made. In consequence, the decision was that the right place at which to decide whether individuals should pay for a prescription should be at the pharmacy. Nevertheless, the Accounting Officer acknowledged the need to talk to the medical profession about the willingness on their part to play a bigger role in this process.¹¹

⁹ AGW Report *Maximising Income From Prescription Charges* paragraph 10

¹⁰ AGW Report *Maximising Income From Prescription Charges* paragraphs 15 to 21

¹¹ Q34

14. Officials also emphasised the two other important considerations underlying the introduction of Point of Dispensing checks in their current form.¹² The first was that the arrangements were intended to offer reassurance that people were being asked to justify exemptions in a way that did not put unacceptable stress on their relationship with the pharmacist. At the same time the Point of Dispensing checks were intended to be sufficiently robust to at least confront people who were inappropriately claiming exemption with the need for them to justify that claim. This linked with the second important consideration which was the need to tackle the problem of fraud in this area, which the earlier efficiency scrutiny had revealed. The aim was to make more robust the system of confirming entitlement to exemption from prescription charges.
15. Fraud in the health service in Wales reduces the money available to take care of the sick and is totally unacceptable. We expect the Assembly to ensure there are effective controls in place to combat the risk of fraud, that there are robust mechanisms to detect fraud and that, where fraud is uncovered, the individuals concerned are pursued and subject to the full force of the law.
16. We note that the analysis undertaken by the Auditor General indicated that error as well as deliberate fraud played a part in the failure to maximise income from prescription charges. For example, his report cites the cases of three men who claimed exemption from prescription charges apparently because they were pregnant and held a maternity exemption certificate. Subsequently, checks by the relevant Health Authorities confirmed that the three men were eligible for free prescriptions under another category of exemption.¹³
17. Put in the context of the Auditor General's other findings, this all serves to raise two important issues. First, it is evident that apparently simple errors of this kind are not being picked up at the point of dispensing. This seems to us to call into question the effectiveness with which pharmacists carry out Point of Dispensing checks and how well equipped they are to deal with other more difficult questions which the complicated criteria for exemption from prescription charges must inevitably raise. Secondly, there does not appear to us to be anything else in current arrangements to mitigate against or detect shortcomings in the conduct of

¹² Q6

Point of Dispensing checks. We believe there are weaknesses in both of these areas that the Assembly needs to address and we turn first to the role of pharmacists.

The Role of Pharmacists

18. In his report¹⁴ the Auditor General commented that the results of the examination undertaken by the National Audit Office Wales indicated that some pharmacists may not be carrying out the Point of Dispensing checks as carefully or as consistently as required by their terms of service. He suggested that at least two factors contributed to this. The first was the understandable unwillingness of pharmacists to apply these checks in a way that might damage or be detrimental to relationships with their patients. The second was likely to be the complicated sets of different criteria that secure exemption from prescription charges. The work undertaken by the National Audit Office Wales certainly indicated a degree of uncertainty and a lack of knowledge among claimants about the different categories of exemption. It is likely that some pharmacists may also share this uncertainty, for example in relation to medical exemption certificates.¹⁵
19. In their evidence to us the Royal Pharmaceutical Society of Great Britain and the Welsh Central Pharmaceutical Committee both emphasised the significance of the relationship between pharmacists and patients. The Royal Pharmaceutical Society commented that the prime role of the pharmacist is to ensure that patients get the best from their medicine-taking and this involves prescription medicines as well as the provision of advice on and selling over the counter medicines to help patients.¹⁶
20. The Welsh Central Pharmaceutical Committee enlarged on this in their evidence.¹⁷ They commented that pharmacists' first duty is to patients - to ensure that they provide care and support for patients and accuracy in the dispensing process and in the advice that they give. They went on to say that everything else that a pharmacist does is, in a sense, secondary to this and that some of the

¹³ AGW Report *Maximising Income From Prescription Charges* Paragraph 28

¹⁴ AGW Report *Maximising Income From Prescription Charges* paragraph 56

¹⁵ Q233

¹⁶ Q123

¹⁷ Q126

difficulties and problems identified by the Auditor General stem from this. They made the point that a busy pharmacy is a difficult environment in which to carry out Point of Dispensing checks particularly where a patient is not prepared to co-operate with the pharmacist.

21. We accept the argument which the Royal Pharmaceutical Society and the Welsh Central Pharmaceutical Committee put to us. We fully agree that the steps which the Assembly takes to deal with the problems identified by the Auditor General should not jeopardise the relationship between pharmacist and patient. Nevertheless, pharmacists do play the key role in ensuring that only individuals properly entitled to exemption from prescription charges receive that benefit. It is part of their terms of service with the Health Service in Wales, and ultimately the Assembly pays them for carrying out Point of Dispensing checks. In our view, the Auditor General's report demonstrated the scope for pharmacists to carry out Point of Dispensing checks more effectively and we believe that this can be secured without undermining pharmacists' relationship with their patients.
22. We have identified three key areas where action is needed. The first is an urgent need to ensure that there is adequate support for pharmacists in the way of better information and advice about the full range of criteria that entitle individuals to exemption from prescription charges. Such information and advice would help facilitate the judgements and decisions that pharmacists make. The second is the need for the Assembly to work with the profession to identify practical developments and new arrangements that would help pharmacists discharge their responsibilities more effectively. In particular, we believe that there is scope for the Assembly to assess the feasibility of developing some of the innovative ideas which the representatives of the profession outlined in their evidence to the Committee. This includes the point which they made about the scope for involving GPs in this process to make more effective use of the information held within a GP's surgery in particular in relation to age and also conditions linked to medical exemptions.¹⁸
23. The third area relates to the current contractual arrangements between the Health Service in Wales and the pharmacy profession. In particular we believe that these

¹⁸ Qs 191, 192

arrangements should incorporate a better definition of the standard of performance expected from pharmacists in assessing entitlement to exemption from prescription charges. In our view, this also needs to be linked to more effective incentives for pharmacists to discharge this responsibility properly coupled with tougher sanctions targeted at those pharmacists who consistently fail to meet the standard of performance expected of them. The following paragraphs of our report enlarge on each of these areas.

24. On the information and advice targeted at pharmacists, some £1.85 million was allocated to pharmacists' remuneration across England and Wales for 1998-99 to cover training costs for pharmacists and their staff.¹⁹ We were told that the training and advice provided took two forms.²⁰ The first was literature about the Point of Dispensing checks and a requirement that pharmacists and their counter staff familiarise themselves with it. The second was the provision of a helpline which was still operational. The view taken at the time was that this was adequate to meet the needs of the profession though the Assembly had recognised the need to consider whether this approach continued to represent an appropriate and adequate way of providing the information and advice that professionals such as pharmacists and their staff needed.²¹
25. The representatives of the pharmacy profession indicated that ideally they would have liked something more to supplement the training packs with which they were issued.²² They also said that this could now be done in a more structured manner to improve training for pharmacists and their staff and could be linked with a wider effort to raise awareness among members of the public about the need to provide evidence of exemption.²³
26. Given the key role which pharmacists play in securing a considerable amount of income for the Health Service in Wales and the evident scope for increasing that amount, we believe that more must be done to ensure that pharmacists are properly equipped to discharge this function particularly in terms of their knowledge of a complicated system. We recommend that the Assembly work

¹⁹ AGW Report *Maximising Income From Prescription Charges* paragraph 6

²⁰ Q22

²¹ Q23

²² Q153

²³ Qs 205,206

with the pharmacy profession to define more explicitly the training needs of pharmacists and their staff in this area, to develop a strategy for meeting that need more effectively and to put measures in place that would allow the evaluation of the impact of the approach used to meet that need. Such steps should be self financed from savings generated by reductions in lost prescription income.

27. In the course of the evidence which the representatives of the pharmacy profession gave us, we were struck by the range of measures which they suggested for helping pharmacists to ensure that only individuals entitled to free prescriptions received this benefit. The measures they suggested embraced, for example, using some form of discreet document or card to prove entitlement to exemption from prescription charges, making better use of information technology and exploring the scope for the involvement of more pharmacists in issuing prepayment certificates.²⁴
28. We agree that the practicality of these different ideas needs to be carefully explored. We believe that there is merit in the various suggestions put to us by the Royal Pharmaceutical Society and the Welsh Central Pharmaceutical Committee to improve the operation of the current arrangements. We recommend that the Assembly consider the suggestions to improve the checking of eligibility (including the possibility of a bigger role for GPs in this process) put to the Committee by the Royal Pharmaceutical Society and the Welsh Central Pharmaceutical Committee with representatives of the profession to identify those that offer the better potential operational benefits and whose practical implementation could be assessed.
29. On contractual arrangements between the Health Service in Wales and pharmacists, we were surprised to learn that there is nothing in that contract setting out specifically what pharmacists are required to do and the actual work they should do to check exemption. We were told that the idea was that pharmacists should be looking to do as good a job as possible without making it overburdensome.²⁵ We were also told that when it comes to the performance of

²⁴ Q208

²⁵ Q135

this work pharmacists receive in the region of four pence per prescription and the point was made to us that this is not a lot of money.²⁶

30. However, as the Auditor General's report shows, a substantially greater amount of money is lost to the Health Service in Wales each year because the criteria for securing exemption from paying prescription charges are not being enforced as rigorously as they should be. We recommend that the Assembly look again at the contractual arrangements with the pharmacy profession in Wales to see whether it is possible to specify obligations more clearly and develop better incentives to encourage pharmacists to carry out Point of Dispensing checks more effectively.
31. We also recommend that in looking at ways of improving incentives for pharmacists the Assembly consider the feasibility of putting in place sanctions or penalties that could be invoked in those cases where pharmacists are consistently found not to be undertaking Point of Dispensation checks to the standard specified in their terms of services. In this context, we were surprised to note that pharmacists' performance on confirming entitlement to free prescriptions was monitored in such a perfunctory way.²⁷ However we recognise that this is part of a wider systemic problem in arrangements for assessing entitlement to free prescriptions. The Auditor General pointed this out in his report²⁸ and we deal with this in the next part of our report.

Monitoring and management arrangements

32. Given the findings of the Auditor General, we agree with the Accounting Officer that, whatever its shortcomings, the current system of ensuring that only those individuals entitled to exemption from prescription charges receive this has a robust simplicity and that it ought to be working better than it currently is. We welcomed his assurance that he was taking action to address the weaknesses identified by the Auditor General. We endorse his approach of tightening up procedures by tackling immediately the more straightforward weaknesses and

²⁶ Q151

²⁷ Qs 174, 175, 176

²⁸ AGW Report *Maximising Income From Prescription Charges* paragraph 59

identifying what needs to be done in the longer term to strengthen systems and ensure that they are working more effectively²⁹.

33. One area that we believe the Assembly should address immediately is the issue of age-related exemptions. This has become even more significant since the Auditor General's report as a result of the decision to extend this category of exemption in Wales to people under 25. The Auditor General's report commented that the incidence of invalid claims in relation to age exemptions is low. However because of the volume of cases involved the potential lost income is significant. The Auditor General suggested a figure in the order of £3 million.³⁰
34. The obvious way of addressing this is to require GPs to include the patient's date of birth or age on each prescription form they complete. Like the Accounting Officer, we are baffled why so many prescription forms do not include the patient's date of birth or age.³¹ This is even more surprising given the statistic that something like 95 per cent of doctors' surgeries are computerised. Given this we agree that it is not unreasonable to expect GPs to include a patient's age or date of birth on a prescription form even though at the moment this is not part of GPs' terms and conditions of service. We recommend that the Assembly addresses as a matter of urgency the weaknesses identified by the Auditor General in relation to age related exemption and move to a position where a patient's age or date of birth is automatically recorded on a prescription form.
35. A second area where we believe there is scope for prompt action relates to the problems which the Auditor General reported that Health Solutions Wales was experiencing and the backlog of work that had built up as a result.³² These problems were particularly significant given the key role that Health Solutions Wales plays in the administration of the prescription process in Wales.³³ We were told about the steps that were being taken to address these problems.³⁴ We look to Assembly officials to maintain the pressure for improvement in the performance

²⁹ Q2

³⁰ AGW Report *Maximising Income From Prescription Charges* paragraph 25

³¹ Q31

³² AGW report *Maximising Income From Prescription Charges* paragraphs 60 to 64

³³ AGW report *Maximising Income From Prescription Charges* paragraph 9, Figure 2

³⁴ Qs 87 to 90

of Health Solutions Wales and we wait with interest to learn about the progress that has been made.

36. It seems to us that a key weakness in the current arrangements for confirming an individual's entitlement to exemption from prescription charges is the almost complete absence of other controls to supplement the Point of Dispensing checks.³⁵ In turn this is compounded by the lack of arrangements for systematic monitoring and checking of the operation of this system.
37. We agree with the Accounting Officer's comment that the lesson to be drawn from the Auditor General's report is the need, at the very minimum, to have some means of checking more comprehensively in Wales how the system for ensuring that only individuals properly entitled to free prescriptions receive that benefit. This should be capable of identifying shortcomings in individual cases. It should also allow lessons to be drawn for the system as a whole.³⁶ The volume of transactions in Wales - some 40 million dispensed items and more than 20 million prescription scripts³⁷ - give an indication of the scale of the challenge this poses. Nevertheless it is something that the Assembly needs to tackle as a matter of urgency.
38. We recommend that the Assembly formulate an action plan to respond to the challenge of developing better checking and monitoring arrangements. We believe that it will be important for the Assembly's work in this area to be guided by a quantified target for decreasing year on year the number of exemptions from prescription charges given to individuals who are not entitled to this benefit either because of error or fraud. We also look to the Assembly to build on the approach developed by the National Audit Office Wales in the course of its examination and put in place arrangements with other organisations such as the Benefits Agency to facilitate other controls that supplement the Point of Dispensing checks and confirm that those checks were accurately conducted.
39. We welcome the Assembly's initiative to combat fraud in the Health Service in Wales through the introduction of the Counter Fraud Operational Services in

³⁵ AGW report *Maximising Income From Prescription Charges* paragraphs 59

³⁶ Q17

³⁷ Q13

Wales.³⁸ We trust that the Assembly will take appropriate steps to ensure that this service is fully operational as quickly as possible. We noted that prescription fraud will be among the Service's area of interest.³⁹ We also noted in this context the introduction of penalty charges for individuals who improperly claim exemption from prescription charges.⁴⁰ We recommend that individuals who improperly or fraudulently claim entitlement to exemption to prescription charges be pursued vigorously and for any penalties imposed on them to receive as much publicity as possible with the objective of deterring others.

40. Finally, we endorse the Auditor General's comment that all those involved in the administration of prescriptions and those taking forward the anti-fraud initiative in Wales should have clear guidance on their respective responsibilities.⁴¹ Our concern on this has been reinforced by the planned changes in the structure of the Health Service in Wales. We recommend that the Assembly produce clear guidance on respective roles and responsibilities for monitoring and checking systems intended to ensure that only individuals properly entitled to free prescriptions receive that benefit and also on responsibilities for protecting the system against fraud and for combating fraud when it is detected.

General Developments on Prescribing in Wales

41. In the course of considering the Auditor General's report, we were told about the wide range of developments in prescribing in Wales from those that are currently being experimented with such as e-prescribing to suggestions about better medicine management. We look to the Auditor General to monitor these developments and to report to the Committee on them as he sees appropriate.

Conclusion and recommendations

42. In the Committee's view it is unacceptable that the Health Service in Wales is being deprived of potential income of up to £15 million a year from individuals who are receiving prescriptions free of charge while not being entitled to that benefit. We expect the Assembly to work with everyone involved in the

³⁸ AGW report *Maximising Income From Prescription Charges* paragraph 68; Q56

³⁹ Q56

⁴⁰ AGW report *Maximising Income From Prescription Charges* paragraph 59; Q115

⁴¹ AGW report *Maximising Income From Prescription Charges* paragraph 71

administration of these arrangements to ensure that robust action is taken quickly to address the weaknesses identified by the Auditor General and those discussed in this report.

43. We believe that the Assembly needs to work closely with the representatives of pharmacies in Wales to ensure that pharmacists are properly equipped and supported to discharge their responsibilities and that they operate within contractual arrangements that ensure effective administration of prescription charges. We also expect the Assembly to take immediate action to address the broader systemic weaknesses that we have discussed in the monitoring and management of the system for prescription exemption charges. We recognise that dealing with these weaknesses may add to the burdens already placed on pharmacists. However, given that the intention is to ensure that pharmacists carry out the point of dispensing checks for which they are already paid more effectively and more consistently, we do not believe that any extra demands would be excessive or unduly onerous. Overall, in the light of the concerns raised by the Auditor General and the firm commitments to tackling these that we were given, we expect to see a rapid year on year decrease in the number of exemptions from prescription charges that are given to individuals who are not entitled to this benefit.

44. To this end we hope that the ten recommendations which this report contains will be helpful. Those recommendations were as follows.

- (i) We recommend that the Assembly work with the pharmacy profession to define more explicitly the training needs of pharmacists and their staff in this area, to develop a strategy for meeting that need more effectively and to put measures in place that would allow the evaluation of the impact of the approach used to meet that need.
- (ii) We recommend that the Assembly consider the suggestions to improve the checking of eligibility (including the possibility of a bigger role for GPs in this process) put to the Committee by the Royal Pharmaceutical Society and the Welsh Central Pharmaceutical Committee with representatives of the profession to identify those that offer the better potential operational benefits and whose practical implementation could be assessed.

- (iii) We recommend that the Assembly look again at the contractual arrangements with the pharmacy profession in Wales to see whether it is possible to specify obligations more clearly and develop better incentives to encourage pharmacists to carry out Point of Dispensing checks more effectively.
- (iv) We also recommend that in looking at ways of improving incentives for pharmacists the Assembly consider the feasibility of putting in place sanctions or penalties that could be invoked in those cases where pharmacists are consistently found not to be undertaking Point of Dispensation checks to the standard specified in their terms of services.
- (v) We recommend that the Assembly addresses as a matter of urgency the weaknesses identified by the Auditor General in relation to age related exemption and move to a position where a patient's age or date of birth is automatically recorded on a prescription form.
- (vi) We look to Assembly officials to maintain the pressure for improvement in the performance of Health Solutions Wales and we wait with interest to learn about the progress that has been made.
- (vii) We recommend that the Assembly formulate an action plan to respond to the challenge of developing better checking and monitoring arrangements. We believe that it will be important for the Assembly's work in this area to be guided by a quantified target for decreasing year on year the number of exemptions from prescription charges given to individuals who are not entitled to this benefit either because of error or fraud.
- (viii) We look to the Assembly to build on the approach developed by the National Audit Office Wales in the course of its examination and put in place arrangements with other organisations such as the Benefits Agency to facilitate other controls that supplement the Point of Dispensing checks and confirm that those checks were accurately conducted.
- (ix) We recommend that individuals who improperly or fraudulently claim entitlement to exemption to prescription charges be pursued vigorously and for any penalties imposed on them to receive as much publicity as possible with the objective of deterring others.

- (x) We recommend that the Assembly produce clear guidance on respective roles and responsibilities for monitoring and checking systems intended to ensure that only individuals properly entitled to free prescriptions receive that benefit and also on responsibilities for protecting the system against fraud and for combating fraud when it is detected.



**Cynulliad Cenedlaethol Cymru
Pwyllgor Archwilio**

**The National Assembly for Wales
Audit Committee**

**Mwyhau'r Incwm Mwyaf oddi wrth Daliadau
Presgripsiynau
Maximising Income from Prescription Charges**

**Cwestiynau (1-121)
Questions (1-121)**

**Dydd Iau 7 Rhagfyr 2000
Thursday 7 December 2000**

Aelodau o'r Cynulliad yn bresennol: Janet Davies (Cadeirydd), Alun Cairns, Christine Chapman, Janice Gregory, Alison Halford, Peter Law, Owen John Thomas, Dafydd Wigley.

Swyddogion yn bresennol: Syr John Bourn, Archwilydd Cyffredinol Cymru; Frank Grogan, Swyddfa Archwilio Genedlaethol Cymru; Dave Powell, Swyddog Cydymffurfio Cynulliad Cenedlaethol Cymru.

Tystion: Sarah Beaver, Pennaeth Is-adran Cyllid yr NHS, Cynulliad Cenedlaethol Cymru; George Craig, Uwch-Gyfarwyddydd, Polisi Cymdeithasol a Materion Llywodraeth Leol, Cynulliad Cenedlaethol Cymru a Swyddog Cyfrifo NHS Cymru; Barrie Wilcox, Pennaeth Is-adran Iechyd Sylfaenol a Chymunedol, Cynulliad Cenedlaethol Cymru.

Assembly Members present: Janet Davies (Chair), Alun Cairns, Christine Chapman, Janice Gregory, Alison Halford, Peter Law, Owen John Thomas, Dafydd Wigley.

Officials present: Sir John Bourn, Auditor General for Wales; Frank Grogan, National Audit Office Wales; Dave Powell, Assembly Compliance Officer of the National Assembly for Wales.

Witnesses: Sarah Beaver, Head of NHS Finance Division, National Assembly for Wales; George Craig, Senior Director, Social Policy and Local Government Affairs, National Assembly for Wales and Accounting Officer, NHS Wales; Barrie Wilcox, Head of Primary and Community Health Division, National Assembly for Wales.

Dechreuodd y cyfarfod am 2 p.m.

The meeting began at 2 p.m.

[1] **Janet Davies:** Good afternoon. Today, [1] **Janet Davies:** PrynAWN da. Heddiw,

the Committee will take evidence in connection with the report by the National Audit Office on behalf of the Auditor General for Wales on 'Maximising Income from Prescription Charges', which was published on 30 November 2000.

bydd y Pwyllgor yn cymryd tystiolaeth mewn cysylltiad â'r adroddiad gan y Swyddfa Archwilio Genedlaethol ar ran Archwilydd Cyffredinol Cymru ar 'Mwyhau'r Incwm Mwyaf oddi wrth Daliadau Presgripsiynau', a gyhoeddwyd ar 30 Tachwedd 2000.

First, I will explain why several Committee members are unable to be present. Kirsty Williams, Jocelyn Davies, Lynne Neagle and Ann Jones were excluded from this meeting because they are, or have been, members of the Health and Social Services Committee. Christine Chapman, Janice Gregory and Owen John Thomas are substituting, but Kirsty Williams was unable to find a substitute.

Yn gyntaf, egluraf pam y mae sawl aelod o'r Pwyllgor yn methu â bod yn bresennol. Yr oedd Kirsty Williams, Jocelyn Davies, Lynne Neagle ac Ann Jones wedi eu cau allan o'r cyfarfod hwn am eu bod, neu am y buont, yn aelodau o'r Pwyllgor Iechyd a Gwasanaethau Cymdeithasol. Mae Christine Chapman, Janice Gregory ac Owen John Thomas yn dirprwyo, ond ni allai Kirsty Williams ddod o hyd i ddirprwywr.

I particularly welcome to the meeting Dave Powell, who is the new Assembly Compliance Officer. He has been trying to meet me for a long time but has not managed to do so yet. I hope that we will be able to have a meeting soon, perhaps at the end of today.

Croesawaf yn arbennig i'r cyfarfod hwn Dave Powell, sef Swyddog Cydymffurfio newydd y Cynulliad. Mae wedi bod yn ceisio cyfarfod â mi ers amser hir ond ni lwyddodd i wneud hynny eto. Gobeithiaf y byddwn yn gallu cael cyfarfod cyn hir, efallai ar ddiwedd y dydd heddiw.

This Committee meeting can be held in Welsh or English. If you wish to use the translation facilities, headphones are provided. If you have problems hearing people speaking in English, you may find that you can hear more easily if you wear the headphones.

Gellir cynnal y cyfarfod Pwyllgor hwn yn y Gymraeg neu'r Saesneg. Os dymunwch ddefnyddio'r cyfleusterau cyfeithu, darperir clustffonau. Os cewch drafferth wrth glywed pobl yn siarad yn y Saesneg, efallai y cewch eich bod yn gallu clywed yn rhwyddach os defnyddiwr y clustffonau.

Three witnesses will give evidence today.
Will you introduce yourselves?

Bydd tri thyst yn rhoi tystiolaeth heddiw. A
wnewch eich cyflwyno eich hunain?

Mr Craig: My name is George Craig. I am the senior director of social policy and local government affairs for the National Assembly. Pending the arrival of the new director of the national health service, I am acting accounting officer for the NHS, since the new director will be part of my command in the office. With me are Sarah Beaver, who is director of finance for the NHS in the NHS Directorate, and Barrie Wilcox, who is in charge of the Primary and Community Health division in the NHS Directorate.

Mr Craig: Fy enw yw George Craig. Myfi yw'r uwch-gyfarwyddydd polisi cymdeithasol a materion llywodraeth leol i'r Cynulliad Cenedlaethol. Hyd ddyfodiad cyfarwyddwr newydd y gwasanaeth iechyd gwladol, myfi yw'r swyddog cyfrifo gweithredol i'r NHS, gan y bydd y cyfarwyddwr newydd yn rhan o'm rheolaeth i yn y swyddfa. Gyda mi y mae Sarah Beaver, sydd yn gyfarwyddwr cyllid i'r NHS yng Nghyfarwyddiaeth yr NHS, a Barrie Wilcox, sydd yn gyfrifol am yr is-adran Iechyd Sylfaenol a Chymunedol yng Nghyfarwyddiaeth yr NHS.

[2] **Janet Davies:** We usually have a coffee break in the middle of our meetings but, because this report is not so long as those that we usually consider, we may work straight through. It appears that it may be possible to do so.

[2] **Janet Davies:** Fel arfer byddwn yn cael egwyl goffi ar ganol ein cyarfodydd ond, am nad yw'r adroddiad hwn gyn hwyed â'r rhai yr ydym yn eu hystyried fel arfer, efallai y byddwn yn gweithio'n syth drwedd. Ymddengys y gallai fod yn bosibl gwneud hynny.

We have all read with great interest the report on 'Maximising Income from Prescription Charges'. We fully take on board the comments near the beginning of the report that state that this is not about bashing members of the public; it is about trying to

Yr ydym oll wedi darllen gyda diddordeb mawr yr adroddiad ar 'Mwyhau'r Incwm Mwyaf oddi wrth Daliadau Presgripsiynau'. Yr ydym yn llwyr dderbyn y sylwadau tua dechrau'r adroddiad sydd yn datgan nad oes a wnelo hyn â tharo aelodau o'r cyhoedd;

get the procedures right. I hope that we will bear that in mind.

mae'n ymwneud â cheisio cael y gweithdrefnau'n iawn. Gobeithiaf y byddwn yn cadw hynny mewn cof.

I will start by asking the first question on the beginning of the report. The Auditor General's report sets out the arrangements in Wales for ensuring that people who are entitled to exemption from prescription charges receive the medicines that they are prescribed free of charge. Central to those arrangements are the point of dispensing checks introduced in April 1999. Paragraph 7 of the report suggests that these checks have resulted in a marginal increase in revenue. However, the report also estimates that the NHS in Wales may lose in the order of £15 million a year because these arrangements are not working efficiently or effectively. How can the Assembly justify this situation?

Dechreuaf drwy ofyn y cwestiwn cyntaf ar ddechrau'r adroddiad. Mae adroddiad yr Archwilydd Cyffredinol yn nodi'r trefniadau yng Nghymru ar gyfer sicrhau bod y rhai sydd â hawl i gael eu heithrio rhag taliadau presgripsiynau yn derbyn y meddyginaethau a ragnodwyd ar eu cyfer yn rhad ac am ddim. Yn ganolog i'r trefniadau hynny y mae'r gwiriadau wrth ddosbarthu a gyflwynwyd yn Ebrill 1999. Mae paragraff 7 yr adroddiad yn awgrymu bod y gwiriadau hyn wedi arwain at gynnydd ffiniol mewn refeniw. Fodd bynnag, mae'r adroddiad yn amcangyfrif hefyd y gallai'r NHS yng Nghymru golli tua £15 miliwn y flwyddyn am nad yw'r trefniadau hyn yn gweithio'n effeithlon neu'n effeithiol. Sut y gall y Cynulliad gyfiawnhau'r sefyllfa hon?

Mr Craig: The simple answer to that is that it cannot. I would not dream of trying to justify it—we cannot. Fifteen million pounds—whatever the sum is—if it is of that order is too much. The issue that has been concerning me since I first caught sight of this report, shortly after taking on my current responsibilities about a month ago, was twofold. First, what can we do immediately that will begin to attack what seems to be, at first glance, a fairly straightforward issue,

Mr Craig: Yr ateb syml i hynny yw na all. Ni freuddwydiwn am geisio ei chyflawnhau—ni allwn. Mae pymtheg miliwn o bunnoedd—beth bynnag ydyw'r swm—os yw'n gymaint â hynny yn ormod. Mae'r mater sydd yn peri pryer i mi ers imi gael cip ar yr adroddiad hwn gyntaf, yn fuan ar ôl ymgymryd â'm cyfrifoldebau presennol tua mis yn ôl, yn un deublyg. Yn gyntaf, beth y gallwn ei wneud ar unwaith a fydd yn dechrau mynd i'r afael â'r hyn sydd yn

and what can be done in the longer term and what is the longer term; how do you measure long term in this sort of context. It seems to me that there are a number of immediate issues that need addressing, and I have been out to see how the thing works on the ground since I received the report. I have been talking to one or two people in health authorities—I have visited two health authorities. I have also been speaking to representatives of the pharmaceutical profession about what immediate action we can take to start making this system, as it is, work. The next step is to talk to those people, as well as people from health authorities and Health Solutions Wales—and I hope, ultimately, that the National Audit Office will also be happy to join us in that—about how we can tighten up procedures right through the system. It seems to me, as it clearly seems to the NAO and to this Committee, that a system that, whatever its shortcomings, has a certain robust simplicity about it, ought to be working better than this.

[3] **Janet Davies:** So, you are still considering any actions that you can take?

Mr Craig: Yes, I am.

ymddangos, ar yr olwg gyntaf, yn fater eithaf syml, a beth y gellir ei wneud yn y tymor hwy a beth ydyw'r tymor hwy; sut yr ydych yn mesur y tymor hir mewn cyd-destun o'r math hwn. Ymddengys i mi fod nifer o faterion brys y mae angen rhoi sylw iddynt, a bûm allan i weld sut y mae'r peth yn gweithio yn y maes ers imi dderbyn yr adroddiad. Siaredais ag un neu ddau o bobl mewn awdurdodau iechyd—ymwelais â dau awdurdod iechyd. Siaredais hefyd â chynrychiolwyr y fferyllwyr am y camau y gallwn eu cymryd ar unwaith i ddechrau peri i'r system hon, fel y mae, weithio. Y cam nesaf fydd siarad â'r bobl hynny, yn ogystal â rhai yn yr awdurdodau iechyd a Health Solutions Wales—a gofeithiaf, yn y pen draw, y bydd y Swyddfa Archwilio Genedlaethol hefyd yn fodlon ymuno â ni ar hynny—ynghylch y modd y gallwn dynhau'r gweithdrefnau yn y system drwyddi draw. Ymddengys i mi, fel yr ymddengys, mae'n amlwg, i'r Swyddfa Archwilio Genedlaethol ac i'r Pwyllgor hwn, y dylai system o'r fath sydd, beth bynnag fo'i diffygion, yn meddu ar ryw symlrwydd cadarn, fod yn gweithio'n well na hyn.

[3] **Janet Davies:** Felly, yr ydych yn dal i ystyried unrhyw gamau y gallwch eu cymryd?

Mr Craig: Ydwyt.

[4] **Janet Davies:** I accept that it is fairly early days for you.

[4] **Janet Davies:** Derbyniaf fod y rhain yn ddyddiau cynnar i chi.

Mr Craig: Of course. I wanted to hear what the Committee had to say. I wanted to have this hearing, as it were, first to be quite clear about what I want to do. We have meetings set up with a number of people, including representatives of the health authorities and others over the next few weeks in which we will consider the way in which the stages in this process are gone through. One of the first things that I will be doing after this meeting is talking again to people representing the pharmaceutical profession, whom I met on Tuesday of this week. They want to feed in reinforcing messages to the profession through a series of roadshows that they will be carrying out with their members over the coming months. Those are largely to do with other issues, but they want to feed this in, because, frankly, they are embarrassed by this. They do not like the idea that their profession is apparently not, as far as one can see, complying with the processes properly, and they want to get it tightened up as much as anyone else.

Mr Craig: Wrth gwrs. Yr oeddwn am glywed yr hyn a oedd gan y Pwyllgor i'w ddweud. Yr oeddwn am gael y gwrandawiad hwn, fel petai, yn gyntaf er mwyn bod yn gwbl glir ynghylch yr hyn y dymunwn ei wneud. Mae cyfarfodydd wedi eu trefnu gennym gyda nifer o bobl, yn cynnwys cynrychiolwyr o'r awdurdodau iechyd ac eraill dros yr wythnosau nesaf hyn lle y byddwn yn ystyried y modd yr eir drwy gamau'r broses hon. Un o'r pethau cyntaf a wnaf ar ôl y cyfarfod hwn fydd siarad eto â rhai sydd yn cynrychioli'r fferyllwyr, y cyfarfum â hwy ddydd Mawrth yr wythnos yma. Dymunant borthi negeseuon cadarnhaol i'r proffesiwn drwy gyfres o sioeau teithiol a gyflawnant gyda'u haelodau dros y misoedd nesaf. Mae'r rheini'n ymwneud i raddau helaeth â materion eraill, ond dymunant gynnwys hyn oherwydd, a dweud y gwir, mae hyn yn codi cywilydd arnynt. Nid ydynt yn hoff o'r syniad nad yw eu proffesiwn, hyd y gellir gweld, yn cydymffurfio'n iawn â'r prosesau, a dymunant weld tynhau hyn yn gymaint â neb arall.

[5] **Janet Davies:** Thank you. Members of the Committee want to take up some of these subjects in more detail. Janice Gregory would like to pursue this particular point to start with.

[5] **Janet Davies:** Diolch. Mae aelodau'r Pwyllgor yn dymuno dilyn rhai o'r pynciau hyn yn fanylach. Hoffai Janice Gregory ddilyn y pwynt penodol hwn i ddechrau.

[6] **Janice Gregory:** Thank you, Chair. Looking through the report, which as the Chair has already said, is very interesting, I would like to ask you some questions about the point of dispensing checks. They were introduced in April 1999. Can you tell us what impact they were intended to have?

[6] **Janice Gregory:** Diolch, Gadeirydd. Gan edrych drwy'r adroddiad sydd, fel y dywedodd y Cadeirydd eisoes, yn ddiddorol iawn, hoffwn ofyn rhai cwestiynau i chi ynghylch y gwiriadau wrth ddosbarthu. Fe'u cyflwynwyd yn Ebrill 1999. A allwch ddweud wrthym am yr effaith y bwriadwyd iddynt ei chael?

Mr Craig: The first thing, I think, that they were intended to do was to offer us reassurance—which does not sound very material, but it is important in this circumstance—that people were being asked to justify exemptions in a way that did not put an unacceptable stress on the relationship with the pharmacist. It is, after all, a clinical relationship. Also, they were intended to be sufficiently robust to at least confront people who were inappropriately claiming exemption with the need for them to justify claiming exemption. So the first thing to do was to actually make that work a bit better. Secondly, it was because we had clear evidence that there was fraud, and this was part of the process of attacking what an efficiency study had revealed as being a substantial area in which there was fraud. Fraud in the NHS is actually quite a disagreeable business, because the money that you use for one thing cannot be used for other things. Money that you are paying over in prescription charges—whatever one may think of prescription charges—is money that

Mr Craig: Y peth cyntaf y bwriadwyd iddynt ei wneud, fe gredaf, oedd rhoi sierwydd i ni—nad yw'n swnio'n berthnasol iawn, ond mae'n bwysig o dan yr amgylchiad hwn—fod pobl yn cael eu holi i gyflawnhau eithriadau mewn modd nad oedd yn rhoi pwysau annerbyniol ar y berthynas â'r fferyllydd. Perthynas glinigol ydyw, wedi'r cyfan. Hefyd, yr oedd bwriad iddynt fod yn ddigon cadarn i o leiaf wynebu pobl a oedd yn hawlio eithriad yn amhriodol â'r angen iddynt gyflawnhau hawlio eithriad. Felly, y peth cyntaf i'w wneud oedd peri i hynny weithio ychydig yn well, mewn gwirionedd. Yn ail, yr oedd oherwydd bod gennym dystiolaeth bendant bod twyll, ac yr oedd hyn yn rhan o'r broses o fynd i'r afael â'r hyn a ddatgelwyd gan astudiaeth effeithlondeb fel maes pwysig lle'r oedd twyll. Mae twyll yn yr NHS yn fusnes eithaf annymunol mewn gwirionedd, oherwydd ni ellir defnyddio'r arian a ddefnyddiwch ar gyfer un peth ar gyfer pethau eraill. Mae arian a dalwch mewn taliadau presgripsiynau—beth bynnag y meddylia rhywun am daliadau

is being denied to other sharp-end services looking after sick people. So, it was to cut down on fraud and also to make the system under which the exemptions were granted more robust. There are other more complicated things than that, but those are the simple ones.

presgripsiynau—yn arian a naceir i wasanaethau eraill yn y pen blaen sydd yn gofalu am bobl sâl. Felly, eu bwriad oedd lleihau twyll a hefyd cryfhau'r system y rhododd yr eithriadau oddi tan. Mae pethau eraill mwy cymhleth na hynny, ond y rheini yw'r rhai syml.

[7] **Janice Gregory:** You have been very frank and I thank you for that. I have looked through the report. I have to say that as a substitute I received the papers late, but it is my fault that I did not stay up until 4 a.m. reading them. However, I cannot find anywhere in the report an estimate of the additional revenue that these very important, robust checks that were introduced brought in. What was that estimated at? What did you think the figure would be? Was there a figure put on it?

[7] **Janice Gregory:** Buoch yn agored iawn a diolchaf ichi am hynny. Edrychais drwy'r adroddiad. Rhaid imi ddweud fy mod fel dirprwywr wedi derbyn y papurau'n hwyr, ond arnaf fi y mae'r bai nad arhosais ar fy nhraed tan 4 a.m. yn eu darllen. Fodd bynnag, ni allaf ganfod yn unman yn yr adroddiad amcangyfrif o'r refeniw ychwanegol a gafwyd oddi wrth y gwiriadau cadarn, pwysig iawn hyn a gyflwynwyd. Beth oedd yr amcangyfrif o hynny? Beth oeddech chi'n ei gredu fyddai'r ffigur? A oedd ffigur wedi ei roi arno?

Mr Craig: No. I do not think that we put a target on it at the outset of these checks. I am fairly sure that we did not. Indeed, although we are now confident that revenue has risen, I would have some difficulty in trying to trace the extra revenue in a linear way back to the checks, because it is quite difficult to disentangle what is going on. However, revenue has risen by an amount that cannot be explained by the ordinary way in which expenditure goes up, since we introduced point of dispensing checks.

Mr Craig: Nac oedd. Ni chredaf ein bod wedi gosod targed ar hynny ar ddechrau'r gwiriadau hyn. Yr wyf yn eithaf sicr na wnaethom. Yn wir, er ein bod bellach yn sicr bod y refeniw wedi cynyddu, byddwn yn ei chael yn eithaf anodd ceisio olrhain y refeniw ychwanegol mewn modd unionlin yn ôl i'r gwiriadau, oherwydd mae'n anodd iawn datrys yr hyn sydd yn mynd ymlaen. Fodd bynnag, mae'r refeniw wedi codi o swm na ellir ei egluro drwy'r modd arferol y mae gwariant yn cynyddu, ers inni gyflwyno

gwiriadau wrth ddosbarthu.

[8] **Janice Gregory:** I have several further questions, which centre on the shortcomings in the system. Do you want me to carry on with those, Chair?

[8] **Janice Gregory:** Mae gennyf sawl cwestiwn pellach, sydd yn canolbwytio ar y diffygion yn y system. A ydych yn dymuno imi fynd ymlaen â'r rheini, Gadeirydd?

[9] **Janet Davies:** Yes.

[9] **Janet Davies:** Ydwyt.

[10] **Janice Gregory:** Paragraph 6 of the report states that in 1999-2000, the remuneration package for pharmacists in Wales increased by £800,000 to pay for carrying out these robust—as you called them—checks. What exactly are pharmacists required to do in order to earn this money?

[10] **Janice Gregory:** Noda paragraff 6 yr adroddiad fod y pecyn tâl i fferyllwyr yng Nghymru wedi cynyddu o £800,000 yn 1999-2000 i dalu am gyflawni'r gwiriadau cadarn—fel y galwoch hwy—hyn. Beth yn union y mae'n ofynnol i fferyllwyr ei wneud er mwyn ennill yr arian hwn?

Mr Craig: When someone presents a script and claims exemption, they are required to ask that person on what grounds he or she is claiming exemption and to seek evidence of those grounds. So, if someone comes and says ‘I am exempt’, they ask ‘On what grounds are you exempt?’ The person might say that he or she is exempt on grounds of age, for medical reasons or for benefit-related reasons. Those are the three main grounds. The pharmacist is then required to ask ‘What evidence have you to support that?’ If the person produces evidence, the form is signed and off it goes. If the person does not produce evidence, but stoutly maintains that he or she

Mr Craig: Pan yw rhywun yn cyflwyno presgripsiwn ac yn hawlio eithriad, mae'n ofynnol iddynt holi'r person hwnnw ar ba sail y mae ef neu hi'n hawlio eithriad a gofyn am dystiolaeth o'r sail honno. Felly, os daw rhywun a dweud ‘Yr wyf wedi fy eithrio’, gofynnant ‘Ar ba sail yr ydych wedi'ch eithrio?’ Gallai'r person ddweud ei fod ef neu hi wedi ei eithrio ar sail oedran, am resymau meddygol neu am resymau sydd yn ymwneud â budd-dal. Dyna'r tair prif sail. Wedyn mae'n ofynnol i'r fferyllwydd holi ‘Pa dystiolaeth sydd gennych i ategu hynny?’ Os bydd y person yn dangos dystiolaeth, llofnodir y ffurflen ac i ffwrdd â hi. Os na

is exempt, the category under which that person is claiming exemption should be marked and the pharmacist should tick the box marked ‘evidence not seen’ and send it off.

fydd y person yn dangos tystiolaeth, ond yn haeru'n bendant ei fod ef neu hi wedi ei eithrio, dylid nodi'r categori y mae'r person hwnnw'n hawlio eithriad odano a dylai'r fferyllydd dicio'r blwch a nodir 'heb weld tystiolaeth' a'i hanfon i ffwrdd.

[11] **Janice Gregory:** That is clearly not happening is it?

[11] **Janice Gregory:** Mae'n amlwg nad yw hynny'n digwydd, onid yw?

Mr Craig: It is not happening everywhere. I do not think I could be confident that it is happening anywhere all the time. However, I think that it is happening more in some places than in others, from the evidence I have been given.

Mr Craig: Nid yw'n digwydd ym mhob man. Ni chredaf y gallwn fod yn sicr ei fod yn digwydd yn unman drwy'r amser. Fodd bynnag, credaf ei fod yn digwydd yn amlach mewn rhai lleoedd nag mewn eraill, a barnu o'r dystiolaeth a roddwyd i mi.

[12] **Janice Gregory:** I think that if you stand in a queue to collect a prescription, it is quite evident that it is not happening. That could, perhaps, be down to—and I am not criticising staff in pharmacies at all—staff training. I know that people should produce evidence. The general populace should understand that if they cannot produce evidence or will not produce it then they must live with the consequences.

[12] **Janice Gregory:** Credaf, os sefwch mewn ciw i gasglu presgripsiwn, ei bod yn gwbl amlwg nad yw'n digwydd. Gallai hynny, efallai, fod oherwydd—ac nid wyf yn beirniadu staff mewn fferyllfeydd o gwbl—hyfforddiant staff. Gwn y dylai pobl ddangos tystiolaeth. Dylai'r cyhoedd ddeall, os na allant ddangos tystiolaeth neu os na fynnant ei dangos, fod yn rhaid iddynt fyw gyda'r canlyniadau.

This is my final question to you, Mr Craig, you will be pleased to hear. The finding of the Auditor General about the shortfall in revenue from prescription charges clearly

Hwn yw fy nghwestiwn olaf i chi, Mr Craig, byddwch yn falch o glywed. Mae canfyddiad yr Archwilydd Cyffredinol ynghylch y diffyg mewn refeniwr oddi wrth daliadau

leads to the conclusion in paragraph 56 of the report that some pharmacists are not carrying out the point of dispensing checks as consistently and as carefully as they should. We have just touched on that subject. Given this, and given the fact that the Assembly pays the pharmacist to carry out these checks, what assurance can you give the Committee that these arrangements represent value for money? I think, perhaps, that in some respects you have answered that already.

presgripsiynau'n arwain yn amlwg at y casgliad ym mharagraff 56 yr adroddiad nad yw rhai fferyllwyr yn cyflawni'r gwiriadau wrth ddosbarthu mor gyson ac mor ofalus ag y dylent. Yr ydym newydd gyffwrdd â'r pwnc hwnnw. Yng ngolwg hynny, ac yng ngolwg y ffaith bod y Cynulliad yn talu'r fferyllydd i gyflawni'r gwiriadau hyn, pa sicrwydd y gallwch ei roi i'r Pwyllgor bod y trefniadau hyn yn dangos gwerth am arian? Credaf, efallai, eich bod wedi ateb hynny eisoes i ryw raddau.

Mr Craig: As I said, so far the increase in revenue is on a scale which suggests, whether it is by coincidence or causal relationship, that it has increased by more than the amount that we paid out. I would not like to go far beyond that yet, because I do not have the data to support it. However, the prima facie evidence is that since we introduced these payments and introduced this system there has been an increase in revenue, which would appear to justify that expenditure.

Mr Craig: Fel y dywedais, hyd yn hyn mae'r cynnydd mewn refeniw o faint sydd yn awgrymu, pa un a ydyw drwy gyddigwyddiad neu berthynas achosol, ei fod wedi cynyddu o fwy na'r swm a dalasom. Ni hoffwn fynd lawer ymhellach na hynny eto, oherwydd nid oes gennyf ddata i'w ategu. Fodd bynnag, y dystiolaeth olwg gyntaf yw bod cynnydd mewn refeniw ers inni gyflwyno'r taliadau hyn a chyflwyno'r system hon, yr ymddengys ei fod yn cyflwynhau'r gwariant hwnnw.

[13] **Janice Gregory:** Is there a monitoring system in place? What are we talking about in terms of monitoring?

[13] **Janice Gregory:** A oes system fonitro ar waith? Am beth yr ydym yn sôn o ran monitro?

Mr Craig: That is a very good point. It is one of the things that I would very much like to see us do, if we can

Mr Craig: Mae hynny'n bwynt da iawn. Mae'n un o'r pethau y byddai'n dda iawn gennyf ein gweld yn ei

do it, because it is quite complex. We are dealing with 40 million dispensed items and 20 plus million scripts, which makes any monitoring system a bit overwhelming in terms of the volume it generates. One of my ambitions, which emerged from our conversations with the professional bodies and health authorities and Health Solutions Wales, would be that we find some means of, to quote the National Audit Office, systematically checking this up. I doubt whether we can do it across all of Wales all the time, but some kind of focused sampling would be good. For example, I know that at least one health authority does that. It moves around pharmacy by pharmacy and does focused work on a particular pharmacy for a particular month. I would like to introduce a system of that sort. At the moment we do not have such a system. I have not had an opportunity to think through quite how it would work.

wneud, oherwydd mae'n eithaf cymhleth. Yr ydym yn delio â 40 miliwn o eitemau dosbarthedig a mwy na 20 miliwn o bresgripsiynau, sydd yn peri bod unrhyw system fonitro braidd yn llethol o ran y symiau y mae'n ei greu. Un uchelgais sydd gennyf, a gododd o'n sgyrsiau â'r cyrff proffesiynol a'r awdurdodau iechyd a Health Solutions Wales, yw y byddwn yn dod o hyd i ryw ddull, a dyfynnu'r Swyddfa Archwilio Genedlaethol, o wirio hyn yn systematig. Amheuaf a allwn wneud hynny ledled Cymru drwy'r amser, ond byddai rhyw fath o samplu cyfyng yn beth da. Er enghraifft, gwn fod o leiaf un awdurdod iechyd yn gwneud hynny. Mae'n mynd o gwmpas fesul fferyllfa ac yn gwneud gwaith canolbwytol ar fferyllfa benodol am fis penodol. Hoffwn gyflwyno system o'r math hwnnw. Ar hyn o bryd nid oes gennym system o'r fath. Ni chefais gyfle i ystyried yn fanwl sut yn union y byddai'n gweithio.

[14] **Janice Gregory:** I appreciate that.

[14] **Janice Gregory:** Sylweddolaf hynny.

Mr Craig: The trouble is that it is the sort of thing, which the first time that you read this report, one's instant reaction is that we must get a system in place so that we can monitor what is happening, where this is going wrong and how we can put it right as soon as it happens rather than waiting until some later stage when, say, the NAO or others, go in and tell us that things have been going wrong for a while.

Mr Craig: Y drafferth yw mai dyma'r math o beth, y tro cyntaf y darllenwch yr adroddiad hwn, lle y bydd rhywun yn ymateb yn syth drwy ddweud bod yn rhaid inni sefydlu system fel y gallwn fonitro'r hyn sydd yn digwydd, lle y mae hyn yn mynd o'i le a sut y gallwn ei gywiro gynted ag y bydd yn digwydd yn hytrach nag aros hyd ryw adeg ddiweddarach pan fydd y Swyddfa Archwilio Genedlaethol, dyweder, neu eraill, yn mynd i mewn ac yn dweud wrthym fod pethau'n mynd o'i le ers tro.

[15] **Janice Gregory:** I think that perhaps the headlines were a little unfortunate when this came to light because it looked as if it was all fraud. We all know that perhaps there were errors of judgment. However, I think that once people realise that there is an agreement with the pharmacies and they are paid 'x' amount, they are going to start asking whether there is scope for drawing back some of this money. I think that

[15] **Janice Gregory:** Credaf fod y penawdau braidd yn anffodus efallai pan ddaeth hyn i'r amlwg oherwydd ymddangosai fel petai'r cyfan yn dwyll. Gwyddom oll fod camfarnau efallai. Fodd bynnag, credaf y bydd pobl, ar ôl sylweddoli bod cytundeb â'r fferyllfeydd a bod y swm 'x' yn cael ei dalu iddynt, yn dechrau gofyn a oes cyfle i dynnu'n ôl rywfaint o'r arian hwn. Credaf fod hynny'n fater arall. Ni wn a ydych

that is another issue. I do not know whether you have thought about that or whether you intend to give this great thought.

However, I really think that once our people out there understand that this is going on, they will want to know what can be done to have at least part of the money clawed back from even just part of this.

Mr Craig: That is a point that I would certainly want to take on board. It is also fair to say that there are elements in this system, which if the system is not worked properly, end up penalising the pharmacist, because during pricing, Health Solutions Wales do an activity of which I was unaware until a fortnight ago known as ‘bundle switching’. If an imperfect form is found in the ‘kindly give me £6 for this’ pile, then an opportunity is taken to remove it and they do not get their £6 if it is imperfectly filled in. That is £6 gone for the pharmacists. Therefore, there is an incentive at that level to fill in the forms and do the thing properly. However, I have great sympathy

wedi meddwl am hynny neu a fwriadwch roi llawer o feddwl i hynny. Fodd bynnag, credaf mewn difrif, ar ôl i'n pobl y tu allan ddeall bod hyn yn mynd ymlaen, y byddant am wybod beth y gellir ei wneud i fachu o leiaf ran o'r arian yn ôl o hyd yn oed ychydig o hyn.

Mr Craig: Mae hynny'n bwynt y byddwn yn sicr yn dymuno ei ystyried. Mae hefyd yn deg dweud bod elfennau yn y system hon sydd, os na weithredir y system yn iawn, yn arwain at gosbi'r fferyllydd, oherwydd yn ystod prisio, mae Health Solutions Wales yn ymgymryd â gweithgaredd nad oeddwn yn ymwybodol ohono tan bythefnos yn ôl a elwir yn ‘gyfnewid sypiau’. Os ceir ffurflen amherffaith yn y pentwr ‘byddwch gystal â rhoi £6 i mi am hyn’, achubir ar y cyfle i'w dileu ac nid ydynt yn derbyn eu £6 os nad yw wedi ei llenwi'n berffaith. Dyna'r fferyllwyr wedi colli £6. Felly, mae anogaeth ar y lefel

with what you have just said.

honna i lenwi'r ffurflenni a gwneud y peth yn iawn. Fodd bynnag, cydymdeimlaf yn fawr â'r hyn yr ydych newydd ei ddweud.

[16] **Janet Davies:** Peter, you wanted to ask a supplementary question.

[16] **Janet Davies:** Peter, yr oeddech am ofyn cwestiwn atodol.

[17] **Peter Law:** I want to come back to some of these things. My colleague, Janice, asked you about a monitoring system and your ambition would be to have one. I would have thought that it is being wise after the event to suggest an ambition to have one. Bearing in mind the amount of money that was involved here, would it not be reasonable to expect that there should have been some monitoring system put in place to check on what you have described as a robust system of checking, which is not a robust system of checking, unfortunately, as we have seen from this report?

[17] **Peter Law:** Dymunaf ddod yn ôl at rai o'r pethau hyn. Holodd fy nghyd-Aelod, Janice, chi ynghyllch system fonitro a'ch uchelgais chi fyddai cael un. Tybiwn mai bod yn ddoeth drannoeth y drin yw awgrymu uchelgais i gael un. O gofio'r swm o arian a oedd dan sylw yma, oni fyddai'n rhesymol disgwyd y dylai rhyw system fonitro fod wedi ei rhoi ar waith i wirio'r hyn a ddisgrifiasoch yn system wirio gadarn, nad ydyw'n system wirio gadarn, gwaetha'r modd, fel y gwelsom oddi wrth yr adroddiad hwn?

Mr Craig: Hindsight, I am afraid is all I

Mr Craig: Mae arnaf ofn mai ôl-

am allowed and in a position to exercise this afternoon and that is basically what I am sharing with you. I think that how this was going to work was not clear until we saw it actually happen. All that I can do now is to try to learn those lessons and make the system more robust. I think that I described the system as having a certain robust simplicity. Its overall robustness, I think, needs to be looked at a little more closely in the light of the results. However, certainly from where I am now, it seems to me that the lesson from this report is that we need to have some means of, at the very minimum, more comprehensively checking on how it is working and talking about how when we identify shortcomings, we can both deal with individual cases and the lessons those individual cases give us for the system as a whole.

ddoethineb yw'r cwbl sydd ar gael i mi a'r unig beth yr wyf mewn sefyllfa i'w arfer y prynhawn yma a dyna'r hyn yr wyf yn ei rannu â chi, yn y bôn. Credaf nad oedd yn amlwg sut y byddai hyn yn gweithio hyd nes inni ei weld yn digwydd ar y pryd. Y cwbl y gallaf ei wneud yn awr yw ceisio dysgu'r gwersi hynny a chryfhau'r system. Credaf imi ddisgrifio'r system fel un sydd yn meddu ar ryw symlrwydd cadarn. Credaf fod angen edrych ychydig yn fanylach ar ei chadernid cyffredinol yng ngoleuni'r canlyniadau. Fodd bynnag, yn sicr o'm safbwyt i yn awr, ymddengys i mi mai'r wers o'r adroddiad hwn yw bod yn rhaid inni wrth ryw ddull, o leiaf, o wirio'n fwy cynhwysfawr y modd y mae'n gweithio ac o sôn, pan ganfyddwn ddiffygion, sut y gallwn ddelio ag achosion unigol a'r gwersi sydd gan yr achosion unigol hynny i ni ar gyfer y system yn ei chyfanrwydd.

[18] **Peter Law:** So simplistic in its robustness that it could have lost us up to £15 million as far as the

[18] **Peter Law:** Mor or-syml yn ei chadernid fel y gallai fod wedi colli hyd at £15 miliwn i ni mewn

public revenue is concerned? That is what people outside will be concerned about when they read about this. Is it not reasonable to expect that the professional expertise that you have in the department should have led you to have brought into being some type of monitoring system to follow this up and not to have left it to the good offices of the pharmacists, whom we will talk to in the future? They are the other half of this, and I appreciate that it is difficult to get the whole picture today, because they are key players in this, at the coalface as it were. We handed out £800,000 and said, ‘you get on with it, and hopefully it will be alright’. One does not expect that from a professional body like the civil service. Is it not reasonable to expect that there should have been something else?

refeniw cyhoeddus? Dyna’r hyn y bydd pobl y tu allan yn pryderu yn ei gylch pan ddarllenant am hyn. Onid yw’n rhesymol disgwyly dylai’r arbenigedd proffesiynol sydd gennych yn yr adran fod wedi’ch arwain i greu rhyw fath o system fonitro i ddilyn hyn ac i beidio â’i gadael i gymwynasgarwch y fferyllwyr y byddwn yn siarad â hwy yn y dyfodol? Hwy yw hanner arall hyn, a sylwedolaf ei bod yn anodd cael y darlun cyfan heddiw, oherwydd maent yn chwaraewyr allweddol yn hyn, wrth y ffaf lo fel petai. Rhoesom £800,000 a dweud, ‘ewch chi ymlaen â hyn, a gobeithio y bydd yn iawn’. Nid yw rhywun yn disgwyly hynny gan gorff proffesiynol fel y gwasanaeth sifil. Onid yw’n rhesymol disgwyly y byddai rhywbeth arall?

Mr Craig: I will take that, if I may, in two parts. First, we did place a certain amount of confidence in the ability of the profession to deliver this. The delivery of this was negotiated with them at some length. However, at the same time, it formed part of a broader pattern of an attack on fraud. In

Mr Craig: Cymeraf hynny, os caf, mewn dwy ran. Yn gyntaf, ymddiriedasom i ryw raddau yng ngallu’r proffesiwn i gyflawni hyn. Negodwyd â hwy ynghylch cyflawni hyn dros gyfnod eithaf hir. Fodd bynnag, ar yr un pryd, yr oedd yn rhan o batrwm ehangach o ymosod ar dwyll. Ochr yn ochr â

parallel with the system being introduced, there have been broader developments in terms of our seeking to establish ourselves as part of the new Counter Fraud Operational Services, which is designed to introduce an altogether more comprehensive approach to identifying and combating fraud, in terms of introducing better systems, better training and more people whose task it is to look for where opportunities may exist for fraud and to try to counter it. Did all this happen simultaneously? No, and it would have been good if it had, but the original efficiency scrutiny in 1997 gave rise to that much more comprehensive approach to fraud, which we are now seeing going ahead. I hasten to add—as I think Janice Gregory pointed out—by no means are all these losses fraudulent. Some of them are as a result of plain confusion, and I would not like to brand everybody in this as a fraudster. That would be unfair. However, the system itself, as you say, is nonetheless losing a great deal of money and it is our task to try to find a way of reducing that as far as we can. I simply have to plead guilty that we did not put in checks at the time. My task is to get such checks as are appropriate and effective in now.

[19] **Peter Law:** I am pleased to hear that you will be following this up and meeting with health authorities, which is crucial. There may be a need for us to talk to health authorities, particularly the one that runs

chyflwyno'r system, bu datblygiadau ehangach o ran ceisio ein sefydlu ein hunain yn rhan o'r Gwasanaethau Gweithredol Gwrth Dwyll newydd, sydd â'r bwriad o gyflwyno dull mwy cynhwysfawr o lawer o ganfod ac ymladd twyll, o ran cyflwyno gwell systemau, gwell hyfforddiant a mwy o bobl sydd â'r gwaith o chwilio am y cyfleoedd posibl i dwyll a cheisio ei ymladd. A ddigwyddodd hyn oll yr un pryd? Naddo, a buasai'n dda pe bai, ond arweiniodd yr archwiliad effeithlonrwydd gwreiddiol yn 1997 at y dull llawer mwy cynhwysfawr hwnnw o ymdrin â thwyll, yr ydym bellach yn ei weld yn mynd rhagddo. Brysiaf i ychwanegu—fel y credaf y nododd Janice Gregory—nad yw'r cwbl o'r colledion hyn yn ganlyniad i dwyll o bell ffordd. Mae rhai ohonynt yn ganlyniad i ddrysych syml, ac ni hoffwn alw pawb yn y mater hwn yn dwyllwr. Byddai hynny'n annheg. Fodd bynnag, mae'r system ei hun, fel y dywedasoch, yn colli llawer iawn o arian, er hynny, a'n gwaith ni yw ceisio canfod dull o leihau hynny hyd y gallwn. Ni allaf ond pledio'n euog na sefydlasom wiriadau ar y pryd. Fy ngwaith i yw sefydlu'r gwiriadau hynny sydd yn briodol ac yn effeithiol yn awr.

[19] **Peter Law:** Yr wyf yn falch o glywed y byddwch yn dilyn hyn ac yn cyfarfod ag awdurdodau iechyd, sydd yn holl bwysig. Efallai y bydd angen inni siarad ag awdurdodau iechyd, yn enwedig yr un sydd

Health Solutions Wales. I am interested in the £800,000 that was allocated to pharmacists to undertake this work. You made the point that there were occasions when they could actually lose by this. I have to say that they are responsible, professional people and they should devise a system that they understand, because they are being paid by the National Assembly to operate this system. To some extent, some of us might say that we are not really getting value for money from the pharmacists' associations or the pharmacists, bearing in mind that they were being paid an agreed sum for undertaking these checks. Can you tell me how this money is allocated, because I cannot find how it is done? Is it divided per pharmacist, or is it put into some formula? It seems to be out there in the ether somewhere. Can you give us some more information on this?

yn rhedeg Health Solutions Wales. Ymddiddoraf yn y £800,000 a ddyrannwyd i'r fferyllwyr i gyflawni'r gwaith hwn. Gwnaethoch y pwynt bod adegau pan allent golli drwy hynny. Rhaid imi ddweud eu bod yn bobl gyfrifol, broffesiynol ac y dylent ddyfeisio system a ddeallant, oherwydd fe'u telir gan y Cynulliad Cenedlaethol i weithredu'r system hon. I ryw raddau, gallai rhai ohonom ddweud nad ydym yn cael gwerth am arian mewn gwirionedd gan gymdeithasau'r fferyllwyr neu'r fferyllwyr, o gofio eu bod yn derbyn swm cytunedig am gyflawni'r gwiriadau hyn. A allwch ddweud wrthyf sut y dyrennir yr arian hwn, oherwydd ni allaf ddarganfod sut y gwneir hyn? A gaiff ei rannu fesul fferylllydd, ynteu a roddir ef drwy fformwla o ryw fath? Ymddengys ei fod allan yn yr awyr yn rhywle. A allwch roi mwy o wybodaeth i ni ar hyn?

Mr Craig: It is per pharmacist, is it not, Mr Wilcox?

Mr Craig: Mae fesul fferylllydd, onid yw, Mr Wilcox?

Mr Wilcox: It is part of the global sum, which is then used to determine a pharmacist's remuneration. It is not an individual thing.

Mr Wilcox: Mae'n rhan o'r swm cyfan, a ddefnyddir wedyn i bennu tâl y fferylllydd. Nid yw'n beth unigol.

Mr Craig: I wanted to check that with Mr Wilcox. The arrangements with the pharmacists are that there is an annual negotiation on a global sum, which goes to

Mr Craig: Yr oeddwn am wirio hynny gyda Mr Wilcox. Y trefniadau â'r fferyllwyr yw bod negodiad blynnyddol ar swm cyfan, a aiff at y fferyllwyr. I'r diben hwn, cynhwyswyd y

the pharmaceutical profession. For the purposes of this, that £0.8 million was incorporated in the global sum. It was included as an additional component of the remuneration system during that year. In addition to the income that they would normally receive, that level was enhanced by £0.8 million. It was not therefore given out in a packet, as it were, to each of the 2,000 or so pharmacists that we have, 1,300 of which are in the community.

[20] **Peter Law:** Can I clarify this, because I never understood it? There is a block amount of money that goes to the pharmacists for certain purposes?

Mr Craig: Yes.

[21] **Peter Law:** Then £800,000 was added to that on an all-Wales basis. I assume that is divided between each practice?

Mr Craig: It is distributed largely in proportion to the level of activity. It is not, as it were, an income for each pharmacy. It is based on a kind of target income for pharmacists, which relates, to some extent, to how busy they are. In consequence, the money is distributed pro rata to the level of activity. These are deep waters for me, and I

£0.8 miliwn hwnnw yn y swm cyfan. Fe'i cynhwyswyd fel elfen ychwanegol o'r system dalu yn ystod y flwyddyn honno. Ar ben yr incwm a dderbynient fel rheol, codwyd y lefel honno o £0.8 miliwn. Felly ni ddosbarthwyd ef mewn pecyn, fel petai, i bob un o'r 2,000, fwy neu lai, o fferyllwyr sydd gennym, y mae 1,300 ohonynt yn y gymuned.

[20] **Peter Law:** A allaf gael eglurhad ar hyn, oherwydd nid wyf erioed wedi ei ddeall? Mae bloc o arian a aiff at y fferyllwyr at rai dibenion?

Mr Craig: Oes.

[21] **Peter Law:** Wedyn ychwanegwyd £800,000 at hynny ar sail Cymru gyfan. Cymeraf ei fod yn cael ei rannu rhwng yr holl fferyllfeydd?

Mr Craig: Fe'i dosbarthir mewn cyfrannedd â lefel y gweithgaredd gan mwyaf. Nid ydyw'n incwm, fel petai, i bob fferyllfa. Mae'n seiliedig ar fath o incwm targed ar gyfer fferyllwyr, sydd yn ymwneud, i ryw raddau, â'u prysurdeb. O ganlyniad, dosbarthir yr arian yn ôl yr un gyfradd â lefel y gweithgaredd. Mae'r rhain yn ddyfroedd

do not want to get too far into them. If you would really like a detailed account of it, I can arrange to let you have one.

dyfnion i mi, ac ni ddymunaf fynd iddynt yn rhy bell. Os ydych o ddifrif am gael disgrifiad manwl o hyn, gallaf drefnu ichi gael un.

[22] **Peter Law:** That is the whole purpose of this meeting today, is it not, to be able to get to the bottom of these things? If they are deep waters for you, they are extremely deep for us. We are talking to you as the professionals, as the experts in this, and one would have expected you to have this information at your fingertips. It actually stares at you from the report that £800,000 of public money has been paid for a checking system that has collapsed, that does not work generally in a number of cases. We may only just be scratching the surface here, so we need to know that we are getting value for money. You have told us that we do not have a monitoring system. I would have thought that you could have told us in a little bit more depth about where this £800,000 went other than to a block. I do not quite understand where the incentive is there. I understand that staff training is involved, and that an agreement has been reached with the pharmacists—we will have to check all of this when they come before us—but I was trying to get a perspective from this side.

[22] **Peter Law:** Dyna holl bwrpas y cyfarfod hwn heddiw, onide, i allu mynd at wraidd y pethau hyn? Os ydynt yn ddyfroedd dyfnion i chi, maent yn ddwfn dros ben i ni. Yr ydym yn siarad â chi fel y rhai proffesiynol, fel yr arbenigwyr yn hyn o beth, a byddai rhywun yn disgwyl i'r wybodaeth hon fod gennych ar flaenau'ch bysedd. Mae'n holol amlwg o'r adroddiad bod £800,000 o arian cyhoeddus wedi ei dalu am system wirio sydd wedi methu, nad yw'n gweithio'n gyffredinol mewn nifer o achosion. Efallai nad ydym ond yn crafu'r wyneb yma, felly mae angen inni wybod ein bod yn cael gwerth am arian. Dywedasoch wrthym nad oes gennym system fonitro. Tybiaswn y byddech wedi gallu dweud ychydig yn fwy manwl wrthym i ble'r aeth y £800,000 hwn heblaw ei fod wedi mynd i floc. Nid wyf yn llwyr ddeall ym mhle y mae'r anogaeth yn hynny. Deallaf fod hyfforddiant staff yn gysylltiedig, ac y daethpwyd i gytundeb â'r fferyllwyr—bydd yn rhaid inni wirio'r cwbl o hynny pan ddeuant ger ein bron—ond yr oeddwn yn ceisio cael perspectif o'r ochr hon.

Mr Craig: The pharmacists' remuneration is built into the process under which they are

Mr Craig: Mae tâl y fferyllwyr yn rhan o'r broses a ddefnyddir i dalu ffioedd iddynt pan

paid fees when they dispense. They are paid for the cost of the drugs and they are paid a remunerative element on top of that to provide them with the income, as it were. That element is negotiated annually. It is then built into the pricing system, so that when they send in scripts, they will receive a payment based both on the cost of the drugs and on an appropriate contribution to their income, which will be part of the global sum negotiated. For this purpose, the global sum was increased by an identified sum of £800,000. That component was recognised by the pharmaceutical profession as representing an additional element of income for pharmacists, which, as I said earlier, was then distributed in proportion—as indeed is the rest of their income—to the number of scripts that they dispense.

Training, which you mentioned, took two forms. First, we sent them literature, which had been discussed and negotiated with their professional organisation, with a requirement that they themselves become familiar with it, and that they also familiarise their counter staff with it. That included folders, of which, I think, the Committee has copies, and laminated sheets, which were there for handy reference. So that component was built in. In addition, a helpline was opened, so that if there were additional issues, they could always ring that helpline. It is still active. We tried to contact it earlier this week, and it is still going and is very busy. They were the

fyddant yn dosbarthu. Fe'u telir am gost y cyffuriau a thelir elfen o dâl iddynt ar ben hynny i roi'r incwm iddynt, fel petai. Negodir yr elfen honno'n flynyddol. Fe'i cynhwysir wedyn yn y system brisio, fel y byddant yn derbyn tâl, pan anfonant bresgripsiynau i mewn, sydd yn seiliedig ar gost y cyffuriau ac ar gyfraniad priodol at eu hincwm, a fydd yn rhan o'r swm cyfan a negodir. I'r diben hwn, cynyddwyd y swm cyfan o swm dynodedig o £800,000. Cydnabu'r proffesiwn fferyllol y cyfansoddyn hwnnw fel un a oedd yn cynrychioli elfen incwm ychwanegol i fferyllwyr a ddosbarthwyd wedyn, fel y dywedais yn gynharach, mewn cyfrannedd â nifer y presgripsiynau a ddosbarthant—fel, yn wir, y gwneir â gweddill eu hincwm.

Yr oedd yr hyfforddiant, y soniasoch amdano, ar ddwy ffurf. Yn gyntaf, anfonasom ddeunydd darllen atynt, a oedd wedi ei drafod a'i negodi â'u corff proffesiynol, gyda gofyniad iddynt ymgynhyrwyddo ag ef eu hunain, ac iddynt hefyd beri bod eu staff cownter yn gyfarwydd ag ef. Yr oedd hynny'n cynnwys ffolderi, y mae gan y Pwyllgor gopiâu ohonynt, yr wyf yn credu, a dalennau laminatedig, ar gyfer cyfeirio'n rhwydd. Felly yr oedd yr elfen honno'n annatod. Yn ogystal â hynny, sefydlwyd llinell gymorth, fel y gallent ffonio'r llinell gymorth honno bob amser os oedd materion ychwanegol. Mae ar waith o

two components of the training and the support that was established thereafter. The distribution of the money and the simple mechanism for how it is distributed is relatively straightforward. The deep waters of which I spoke were to do with the negotiating process by which the global sum is established for pharmacists, because that is, it must be said, quite a complicated issue.

hyd. Ceisiasom gysylltu â hi'n gynharach yr wythnos hon, ac mae'n dal i fynd ac yn brysur iawn. Dyna ddwy elfen yr hyfforddiant a'r cymorth a sefydlwyd wedi hynny. Mae dosbarthu'r arian a'r mecanwaith syml ar gyfer ei ddosbarthu'n gymharol ddigymhlethdod. Yr oedd y dyfroedd dynion y cyfeiriais atynt yn ymwneud â'r broses negodi ar gyfer sefydlu'r swm cyfan i fferyllwyr, oherwydd mae hynny, rhaid dweud, yn fater eithaf cymhleth.

[23] **Peter Law:** Are you satisfied that sending them some literature through the post—which we all receive every day on all sorts of things, and which, I expect, you also receive a lot of—and opening up a helpline, constitutes sufficient and appropriate training for a scheme to avoid fraud that has cost £800,000? That comes back to the monitoring. Do you think that that really constitutes suitable training?

[23] **Peter Law:** A ydych yn fodlon bod anfon deunydd darllen atynt drwy'r post—y byddwn oll yn ei dderbyn bob dydd ar bob math o bethau, ac y derbyniwch chithau lawer ohono, yr wyf yn disgwyl—a sefydlu llinell gymorth, yn hyfforddiant digonol a phriodol ar gyfer cynllun i ochel rhag twyll a gostiodd £800,000? Daw hynny'n ôl at y monitro. A gredwch fod hynny'n golygu hyfforddiant addas mewn gwirionedd?

Mr Craig: It was certainly our conclusion at the time, and that of the profession, that it constituted adequate training. In the light of experience, if we were doing a similar thing again—and, as the report points out, we are—we will wish to consider that and see whether it represents an appropriate and adequate way of doing it in those instances.

Mr Craig: Yn sicr, y casgliad y daethom ni, a'r proffesiwn, iddo ar y pryd oedd ei fod yn hyfforddiant digonol. Yng ngoleuni profiad, os gwnawn beth tebyg eto—ac, fel y noda'r adroddiad, yr ydym yn gwneud—byddwn yn dymuno ystyried hynny a gweld a yw'n ddull priodol a digonol o'i wneud yn yr achosion hynny.

[24] **Alun Cairns:** I do not mean to be

[24] **Alun Cairns:** Ni fwriadaf fod yn

impertinent in any way, Mr Craig, but I am concerned about some of the replies that you gave to Janice Gregory's questions about the monitoring and so on. Was this report a surprise to you?

ddigywilydd mewn unrhyw fodd, Mr Craig, ond pryderaf ynghylch rhai o'r atebion a roesoch i gwestiynau Janice Gregory ynghylch y monitro ac yn y blaen. A oedd yr adroddiad hwn yn peri syndod i chi?

Mr Craig: That is a difficult question. The answer is 'yes and no'. It was a surprise to me in the sense that, frankly, I found some of the components of the loss identified a little surprising. For example, those on date of birth. I found that surprising. I thought that the level of failure to provide dates of birth on these forms was surprisingly high. I was less surprised at the loss on benefit, because of the confusion to which the report refers, on the part of benefit recipients, pharmacists and others, as to which benefits entitle you to which exemptions and which benefits, indeed, in some cases, people are receiving. It is clear that some people are by no means clear as to what benefits they are receiving.

Mr Craig: Mae hynny'n gwestiwn anodd. Yr ateb yw 'oedd a nac oedd'. Yr oedd yn peri syndod i mi yn yr ystyr fy mod yn synnu braidd, a dweud y gwir, at rai o'r elfennau o'r golled a ddynodwyd. Er enghraifft, y rhai ar ddyddiad geni. Synnais at hynny. Credais fod lefel y methiant i ddarparu dyddiadau geni ar y ffurflenni hyn yn rhyfeddol o uchel. Synnais lai at y golled ar fudd-dal, oherwydd y dryswch y cyfeiria'r adroddiad ato, ar ran derbynwyr budd-daliadau, fferyllwyr ac eraill, ynghylch pa fudd-daliadau sydd yn rhoi hawl ichi dderbyn pa eithriadau a pha fudd-daliadau, yn wir, mewn rhai achosion, y mae pobl yn eu derbyn. Mae'n amlwg bod rhai pobl ymhell o ddeall yn iawn ba fudd-daliadau y maent yn eu derbyn.

[25] **Alun Cairns:** If I can stop you there, because no doubt we will go into the detail of those issues later on, what about the scale of the fraud, which is estimated at £15 or £16 million, but which could well be as high as £30 million? Was that a surprise to you?

[25] **Alun Cairns:** Os caf eich stopio yn y fan honno, oherwydd mae'n sicr y byddwn yn mynd i fanylion y materion hynny'n ddiweddarach, beth am faint y twyll, a amcangyfrifir yn £15 neu £16 miliwn, ond a allai'n hawdd fod cyn uched â £30 miliwn? A barodd hynny syndod i chi?

Mr Craig: I am diffident about the word

Mr Craig: Petrusaf ynghylch y gair

‘surprise’. I do not like it. It is higher than I would have wished and it is higher than I think that I would probably have estimated. Although, set against the situation in 1997 when the first efficiency scrutiny was done, it is not grossly out of line with the levels that were identified there. So in that sense, the surprise element would have arisen then rather than now.

[26] **Alun Cairns:** Bearing in mind human nature, do you think that you have been naïve in any way?

Mr Craig: I do not think ‘naïve’ is quite the word for it. I think that at the time, on the basis of what we knew then and on the basis of a clear commitment—and I think that is to be attributed to it—on the part of the pharmaceutical profession to make this work, I do not think that the decision taken was a naïve one. I think in the light of what we now know, it was one which represented rather more optimism about the ability to make these systems work than experience justifies. So I think that we have to learn from that and that we will not be quite as ready to assume that what looks straightforward is going to be straightforward in the future.

[27] **Janet Davies:** I certainly think that this whole issue of age is quite a large one. Over recent months, I have personally visited six

‘syndod’. Nis hoffaf. Mae’n uwch nag y dymunaswn ac mae’n uwch nag y byddwn wedi amcangyfrif, yr wyf yn credu. Er hynny, o’i gymharu â’r sefyllfa yn 1997 pan gyflawnwyd yr archwiliad effeithlonrwydd cyntaf, nid yw’n ofnadwy o anghyson â’r lefelau a ddynodwyd bryd hynny. Felly yn yr ystyr honno, byddai’r elfen o syndod wedi codi bryd hynny yn hytrach nag yn awr.

[26] **Alun Cairns:** O ystyried y natur ddynol, a gredwch ichi fod yn naïf mewn unrhyw fodd?

Mr Craig: Ni chredaf mai ‘naïf’ yw’r union air amdano. Credaf, ar y pryd, ar sail yr hyn a wyddem bryd hynny ac ar sail ymrwymiad pendant—a chredaf fod hynny i’w briodoli iddo—ar ran y fferyllwyr i beri i hyn weithio, ni chredaf fod y penderfyniad a wnaethpwyd yn un naïf. Credaf, yng ngoleuni’r hyn a wyddom yn awr, ei fod yn un a oedd yn dangos ychydig yn fwy o optimistiaeth ynghylch y gallu i beri i’r systemau hyn weithio nag a gyfiawnheir gan brofiad. Felly credaf fod yn rhaid inni ddysgu oddi wrth hynny ac na fyddwn mor barod i gymryd bod yr hyn sydd yn ymddangos yn syml yn mynd i fod yn syml yn y dyfodol.

[27] **Janet Davies:** Yr wyf yn sicr yn credu bod yr holl fater o oed yn un eithaf mawr. Dros y misoedd diwethaf, ymwelais fy hun â

different pharmacies as a patient's representative and never once been asked for proof on grounds of age. That included local and supermarket pharmacies.

chwe gwahanol fferyllfa fel cynrychiolydd claf ac ni ofynnwyd imi unwaith am brawf ar sail oedran. Yr oedd hynny'n cynnwys fferyllfeydd lleol a rhai mewn archfarchnadoedd.

I think that Christine has some questions that she would like to pursue.

Credaf fod gan Christine rai cwestiynau y carai eu dilyn.

[28] **Christine Chapman:** I think that some of my questions have been answered. Basically, I have a comment really—Peter Law expressed this very well—that there is a sense of urgency for us to make the monitoring arrangements crystal clear. We need to do that because, obviously, we are losing a lot of money. I will not go into any of the detail of that, because you have answered those questions. However, I would be interested if you could perhaps summarise the feeling of urgency that the Assembly has on how we are going to achieve that. Are we just going to put into place a system that might fail again? Should we be looking at whether, for example, the pharmaceutical associations are not particularly signed up to this idea? There is a loss of income, if they do not get it right. Should we be attacking, perhaps, the culture? Perhaps they feel a bit disconnected from the process. That might be a more innovative way of getting this right. Have you got any comments on that, Mr Craig?

[28] **Christine Chapman:** Credaf fod rhai o'm cwestiynau wedi eu hateb. Sylw sydd gennyf, yn y bôn, mewn gwirionedd—mynegodd Peter Law hyn yn dda iawn—fod ymdeimlad o frys inni wneud y trefniadau monitro'n gwbl eglur. Mae angen inni wneud hynny oherwydd, yn amlwg, yr ydym yn colli llawer o arian. Nid af i fanylion hynny o gwbl, oherwydd atebasoch y cwestiynau hynny. Fodd bynnag, byddai o ddiddordeb i mi pe gallech efallai grynhoi'r ymdeimlad o frys sydd gan y Cynulliad ynghylch sut y byddwn yn cyflawni hynny. Ai'r cwbl a wnawn yw sefydlu system a allai fethu eto? A ddylem ystyried, er enghraifft, a yw'r cymdeithasau fferyllol heb gymryd at y syniad hwn yn arbennig? Ceir colled incwm, os na fyddant yn ei gael yn iawn. A ddylem ymosod ar y diwylliant, efallai? Efallai eu bod yn teimlo ychydig o ddiffyg cysylltiad â'r broses. Gallai hynny fod yn ddull mwy arloesol o gael hyn yn iawn. A oes gennych unrhyw sylwadau ar hynny, Mr Craig?

Mr Craig: I do think that the word ‘culture’, which you have raised, is a very important one here. It is something that the Counter Fraud Operational Services in the, I think, seven main objectives that it has set itself on fraud as a whole, is anxious to change. It wants a real awareness of the extent to which fraud and related matters occur and that that costs money and simply will not do. It is also going to be backed up, we seriously hope, by the introduction, for example, of the penalties arrangement, which is more robust than the present system. At present, if you pursue individuals, you can pursue them for the cost of the prescription that they have failed to pay. Once you can actually charge them a substantial amount more than that and can pursue by law a substantial sum more than that, it becomes an altogether more practicable proposition and word will get around. So, first of all, I am sure that you are right that the culture needs to be changed.

What are we going to do urgently? The first most urgent thing that I want to do is to raise the profile of this with health authorities. There is information available in Health Solutions Wales and if we, and the health authorities, can find a cost-effective way of bringing that information to bear on all this by getting information back to the health authorities, which would then be in the position to pursue it in individual cases, through pharmacists or in other ways, I would like to get that up and running as soon

Mr Craig: Credaf fod y gair ‘diwylliant’, a godwyd gennych, yn un pwysig iawn yma. Mae’n rhywbeth y mae’r Gwasanaethau Gweithredol Gwrth Dwyll, yn y saith, yr wyf yn credu, o brif amcanion a osododd iddo’i hun ar dwyll yn gyffredinol, yn awyddus i’w newid. Mae am gael ymwybyddiaeth wirioneddol o’r graddau y mae twyll a materion cysylltiedig yn digwydd a bod hynny’n costio arian ac na wnaiff hyn mo’r tro o gwbl. Ategir hynny, yr ydym yn gwir obeithio, drwy gyflwyno, er enghraift, y trefniant cosbau, sydd yn gryfach na’r system bresennol. Ar hyn o bryd, os ewch ar ôl unigolion, cewch eu dilyn i gael cost y presgripsiwn y methasant dalu amdano. Pan allwch godi swm sylweddol arnynt ar ben hynny a cheisio swm mwy o lawer na hynny drwy’r gyfraith, daw’n fenter fwy ymarferol o lawer ac aiff y gair ar led. Felly, yn gyntaf oll, yr wyf yn sicr eich bod yn iawn bod angen newid y diwylliant.

Beth a wnawn ar frws? Yr hyn yr wyf am ei wneud ar y mwyaf o frws yw tynnu mwy o sylw at hyn gyda’r awdurdodau iechyd. Mae gwybodaeth ar gael yn Health Solutions Wales ac os gallwn ni, a’r awdurdodau iechyd, ddod o hyd i ddull cost-effeithiol o gymhwysor’ wybodaeth honno at hyn drwy roi gwybodaeth yn ôl i’r awdurdodau iechyd, a fyddai wedyn mewn sefyllfa i allu dilyn hyn mewn achosion unigol, drwy fferyllwyr neu mewn dulliau eraill, hoffwn roi hynny ar waith mor fuan ag y bo modd. Trefnwyd

as is practicable. A meeting has been arranged for, I hope, the first part of January. There are a couple of dates that are proving to be slightly problematic. I hope that the directors of finance will attend along with the Counter Fraud Operational Services. I also hope to invite representatives from the National Audit Office. Representatives of Health Solutions Wales will attend. We can then simply shut the door and say that £15 million is far too much and that we should be able to make substantial in-roads into that and do so quickly. If we cannot do so, I need very good reasons as to why, not least because sometime in early December I had a conversation with the Audit Committee in the Assembly, which will want to know why and I am not going back to it to say that we have done nothing about this. So, the immediate action I have in mind is to talk to them.

Mrs Beaver is also arranging to have further conversations with people who run contractor services in health authorities because all fraud tends to take place under their aegis. At the moment, if there is a priority, it tends to be contractor fraud, not least because that comes in bigger chunks and is more cost-effective to pursue. So, we will talk to them to see how they can tackle that.

cyfarfod ar gyfer dechrau Ionawr, yr wyf yn gobeithio. Mae un neu ddu o ddyddiadau sydd braidd yn ansicr. Gobeithiaf y bydd y cyfarwyddwyr cyllid yn bresennol ynghyd â'r Gwasanaethau Gweithredol Gwrth Dwyll. Gobeithiaf hefyd wahodd cynrychiolwyr o'r Swyddfa Archwilio Genedlaethol. Bydd cynrychiolwyr o Health Solutions Wales yn bresennol. Wedyn, yn syml, gallwn gau'r drws a dweud bod £15 miliwn yn ormod o lawer ac y dylem allu cwtogi'n helaeth ar hynny a hynny'n fuan. Os na allwn wneud hynny, bydd arnaf angen rhesymau da iawn am hynny, nid lleiaf am imi gael sgwrs rywdro ddechrau Rhagfyr â'r Pwyllgor Archwilio yn y Cynulliad, a fydd am wybod pam ac am na fyddaf yn mynd yn ôl ato a dweud na wnaethom ddim ynghylch hyn. Felly, y camau cyntaf sydd gennyf mewn golwg yw siarad â hwy.

Mae Mrs Beaver hefyd yn trefnu cael sgyrsiau pellach â rhai sydd yn rhedeg gwasanaethau contractwyr mewn awdurdodau iechyd oherwydd mae'r holl dwyll yn dueddol o ddigwydd o dan eu nawdd hwy. Ar hyn o bryd, os oes blaenoriaeth, twyll ymysg contractwyr yw hynny gan mwyaf, nid lleiaf am fod hynny'n digwydd ar ffurf tameidiau mwy ac mae'n fwy cost-effeithiol i'w ddilyn. Felly, byddwn yn siarad â hwy i weld sut y gallant fynd i'r afael â hynny.

I have already begun a dialogue with the pharmaceutical profession because I met the chair and vice chair of the local Welsh branch of the national professional negotiating body. It would be fair to say—and I do not overstate this—that they are profoundly embarrassed by this because they, on behalf of their profession, believed that they had signed up to a system that was workable and appropriate. It would be fair to say, without misrepresenting them, that they both regard the system as working well in their own pharmacies. However, it is clearly not reaching the rest of the pharmaceutical profession and they are anxious to get clear messages from this meeting and from me, which they will then push hard with the profession because they are anxious for this to be sorted out. So, we need to sort out the health authority end and we need to get the profession's ideas as to how we can best take this forward. We need to do all that in a way that enables us to have confidence and to give you—among others—confidence that there is a reasonable expectation that these numbers will start to go down rapidly.

Yr wyf eisoes wedi cychwyn deialog â'r fferyllwyr oherwydd cyfarfûm â chadeirydd ac is-gadeirydd cangen leol Cymru o'r corff negodi proffesiynol cenedlaethol. Teg fyddai dweud—ac nid wyf yn gor-ddweud—eu bod yn teimlo'n annifyr iawn ynghylch hyn oherwydd credent, ar ran eu proffesiwn, eu bod wedi derbyn system a oedd yn ymarferol ac yn briodol. Teg fyddai dweud, heb gamliwio eu barn, eu bod ill dau'n ystyried bod y system yn gweithio'n dda yn eu fferyllfeydd eu hunain. Fodd bynnag, mae'n amlwg nad yw'n cyrraedd gweddill y fferyllwyr ac maent yn awyddus i gyfleo negeseuon clir o'r cyfarfod hwn a chennyf fi, y byddant wedyn yn rhoi pwys mawr arnynt gyda'r proffesiwn oherwydd maent yn awyddus i ddatrys hyn. Felly, mae angen inni ddatrys maes yr awdurdodau iechyd ac mae angen inni gael syniadau'r proffesiwn ynghylch y modd y gallwn fwrw ymlaen â hyn orau. Mae angen inni wneud y cwbl o hynny mewn modd sydd yn ein galluogi i fod yn sicr ac i roi sicrwydd i chi—ymysg eraill—bod disgwyliad rhesymol y bydd y niferoedd hyn yn dechrau disgyn yn gyflym.

[29] **Janice Gregory:** May I take you back to the evidence not seen, because the more I consider that, the more concerned I become? You would have thought that something so simple as 'evidence not seen' being ticked or marked on a prescription would immediately lead someone somewhere to think that, hang on, the evidence has not been proved on this,

[29] **Janice Gregory:** A gaf fynd â chi'n ôl at y dystiolaeth nas gwelwyd, oherwydd po fwyaf yr ystyriaf hynny, mwyaf y pryderaf? Byddech wedi meddwl y byddai rhywbeth mor syml â thicio neu farcio 'heb weld dystiolaeth' ar bresgripsiwn wedi arwain rhywun yn rhywle ar unwaith i feddwl, arhoswch funud, ni phrofwyd y dystiolaeth ar

should it not be checked up? Surely, there are bundles from all pharmacies that should be marked as ‘evidence not seen’? Are those prescriptions clearly marked as ‘evidence not seen’ or, as has always been the case, are they sent in and then get into—for want of a better term—a rut where the pharmacy, which is getting money to do the job, does not worry because it knows that up until now there has been no comeback for not identifying these prescriptions? It is difficult to come to terms with the fact that a more stringent check was not even made on these forms, even if there were not random checks on other matters.

Mr Craig: I have fought shy of the word ‘surprised’ but I am not ashamed of the word ‘baffled’ because it strikes me as extraordinary that that box returns not ticked on a substantial number of forms, which are identified and can be followed up. I have not been around all the health authorities, but when the one that I visited yesterday pursues a particular pharmacy, that is one thing that it will look at. It is also fair to say that, if pharmacists do not fill in a form correctly, they do not get the money. That is another very good reason why they should be concerned to fill it in.

I simply cannot begin to explain why that tick should not be there. The only excuse that is

hyn, oni ddylid ei gwirio? Tybed nad oes sypiau o bob fferyllfa y dylid eu marcio fel ‘heb weld tystiolaeth’? A yw’r presgripsiynau hynny wedi eu marcio’n eglur fel ‘heb weld tystiolaeth’ neu, fel y digwyddodd erioed, a anfonir hwy i mewn gan fynd wedyn—yn niffyg gair gwell—i rigol lle nad yw’r fferyllfa, sydd yn cael arian i wneud y gwaith, yn poeni am y gwyr na ddigwyddodd dim o ganlyniad hyd hynny ar ôl peidio â dynodi’r presgripsiynau hyn? Mae’n anodd dygymod â’r ffaith na fu gwirio mwy trylwyr ar y ffurflenni hyn hyd yn oed, hyd yn oed os na fu gwiriadau ar hap ar faterion eraill.

Mr Craig: Ceisiais gadw oddi wrth y gair ‘wedi synnu’ ond nid oes gennyf gywilydd o’r gair ‘mewn penbleth’ oherwydd mae’n fy nharo fel peth rhyfeddol bod y blwch hwnnw’n dod yn ôl heb ei dici o nifer fawr o ffurflenni, a ddynodwyd ac y gellir eu dilyn. Nid wyf wedi ymweld â’r holl awdurdodau iechyd, ond pan yw’r un yr ymwelais ag ef ddoe yn mynd ar ôl fferyllfa benodol, mae hynny’n un peth y bydd yn edrych arno. Teg yw dweud hefyd, os nad yw’r fferyllwyr yn llenwi ffurflen yn gywir, nid ydynt yn derbyn yr arian. Dyna reswm da iawn arall pam y dylai fod yn bwysig ganddynt ei llenwi.

Yn sym, ni allaf ddechrau egluro pam nad yw’r tic hwnnw yno. Yr unig esgus a roddir

offered without some degree of embarrassment as to why, occasionally, the backs of these forms are not filled in, is when batches come in from homes. Occasionally, when there are large numbers coming from, for example, a nursing home, it may be that that will be identified as a reason why they were not all filled in properly. However, I do not regard that as an excuse. I think that it is an explanation, but it is not an excuse for it. Therefore, one thing that the pharmaceutical profession and the pharmacists to whom I spoke earlier this week were most determined about was that we do not any longer have whatever the percentage is—I think that the NAO found that it was 15 per cent of the forms—where the back is more or less blank. That just does not seem acceptable at all to me. I cannot understand it. It is the biggest box on the form, so they should be able to tick it.

[30] **Janice Gregory:** Yes, they should. I will ask you a direct question, which I hope you can answer. Can you tell us, without a shadow of a doubt, that if these are submitted, that is picked up and the pharmacy is not paid? Or has it been the case, in the past, that the pharmacy would be paid whether this was done or not, which has then led them into bad practice?

Mr Craig: It is picked up with a very high

heb rywfaint o gywilydd ynghylch pam, ar brydiau, na lenwir cefnau'r ffurflen ni hyn, yw pan ddaw sypiau i mewn oddi wrth gartrefi. O bryd i'w gilydd, pan ddaw niferoedd mawr o gartref nyrsio, er enghraifft, mae'n bosibl y nodir hynny fel rheswm pam nad oeddent wedi eu llenwi'n gywir. Fodd bynnag, ni ystyriaf hynny'n esgus. Credaf fod hynny'n eglurhad, ond nid yw'n esgus drosto. Felly, un o'r pethau yr oedd y proffesiwn fferyllol a'r fferyllwyr y siaredais â hwy'n gynharach yr wythnos yma'n fwyaf pendant yn ei gylch oedd na fyddwn o hyn ymlaen yn cael beth bynnag yw'r ganran—credaf fod y Swyddfa Archwilio Genedlaethol wedi canfod ei bod yn 15 y cant o'r ffurflen—lle y mae'r cefn yn wag fwy neu lai. Nid yw hynny'n ymddangos yn dderbyniol o gwbl i mi. Ni allaf ei ddeall. Hwnnw yw'r blwch mwyaf ar y ffurflen, felly dylent allu ei dicio.

[30] **Janice Gregory:** Dylent. Gofynnaf gwestiwn uniongyrchol i chi, y gobeithiaf y byddwch yn gallu ei ateb. A allwch ddweud wrthym, heb rithyn o amheuaeth, os cyflwynir y rhain, ac os canfyddir hynny, na thelir i'r fferyllfa? Ynteu ai'r hyn a ddigwyddodd, yn y gorffennol, oedd y byddid yn talu i'r fferyllfa pa un a wnaethpwyd hyn ai peidio, a bod hyn wedi eu harwain i arfer drwg?

degree of accuracy. If I recall, we are talking about less than—in fact, something like—0.3 per cent accuracy with which they are picked up. They are collected. The only circumstances in which a pharmacy would receive payment for a thing like this is if there were an acceptable explanation. After the week that I have spent brooding over this report, I must say that I am in the business of redefining what an acceptable explanation is. I cannot see that this is reasonable.

cofiaf yn iawn, yr ydym yn sôn am fanwl gywirdeb o lai na—mewn gwirionedd, rhywbeth fel—0.3 y cant wrth eu darganfod. Fe'u cesglir. Yr unig amgylchiadau lle y byddai fferyllfa'n derbyn tâl am beth fel hyn yw os oedd eglurhad derbyniol. Ar ôl yr wythnos a dreuliais yn myfyrio ar yr adroddiad hwn, rhaid imi ddweud fy mod ar ganol ailddiffinio'r hyn yw eglurhad derbyniol. Ni allaf weld bod hyn yn rhesymol.

[31] **Owen John Thomas:** Prif gyfrifoldeb fferyllydd, hyd y gwelaf, yw paratoi moddion neu dabledi neu beth bynnag sydd ar y presgripsiwn. Mae'n bwysig eu bod yn gwneud hynny'n gywir. Dylent ganolbwytio ar hynny, nid meddwl pa fath o drafferth a gânt o ran gofyn i gwsmeriaid a ydynt yn derbyn budd-daliadau ai peidio.

[31] **Owen John Thomas:** A pharmacist's main responsibility, as far as I see, is to prepare medicine or tablets or whatever is on the prescription. It is important that they do that correctly. They should concentrate on that, not on thinking what kind of trouble they will have in terms of asking customers whether or not they receive benefits.

Gwelaf fod 91 y cant o'r eithriadau yn ddilys. Mae hynny'n eithaf da. Ond y meddyg, ar y llaw arall, sydd yn paratoi'r presgripsiwn yn y lle cyntaf. Mae'r meddyg hefyd yn debyg iawn o adnabod y cleifion yn llawer gwell nag y gwna'r fferyllydd. Mae ef neu hi'n paratoi presgripsiwn, gan amlaf, drwy ddefnyddio cyfrifiadur. Ni welaf pam na all nodi ar y presgripsiwn ffeithiau megis oedran neu gyflwr iechyd sydd yn golygu na all rhywun weithio. Mae'n debyg iawn y bydd y meddyg yn gwybod os oes rhywun allan o waith am ryw reswm iechyd.

I see that 91 per cent of the exemptions were valid. That is quite good. However, it is the doctor, on the other hand, who prepares the prescription in the first place. It is also very likely that the doctor will know the patients far better than the pharmacist does. He or she will usually use a computer to prepare a prescription. I do not see why he or she cannot note on the prescription facts such as age or a health condition that means that someone cannot work. It is very likely that the doctor will know if someone is out of work for some health reason.

Felly, pam na symudir y cyfrifoldeb oddi wrth y fferyllydd i'r meddyg? Byddai'r presgripsiwn wedyn yn cael ei gwblhau cyn gadael y feddygfa. Yna byddai'r fferyllydd yn rhydd i ganolbwytio ar y prif swydd o baratoi moddion yn gywir, fel nad yw'n lladd y cleifion. Ni welaf pam fod pobl yn mynnu rhoi cymaint o bwyslais ar y fferyllydd yn y mater hwn. Credaf y byddai'n llawer haws symud yr holl gyfrifoldeb i'r meddyg, sydd yn paratoi'r presgripsiwn yn y lle cyntaf ac sydd yn adnabod y cleifion yn well. Beth a feddyliwch o'r syniad hwnnw?

Therefore, why is the responsibility not transferred from the pharmacist to the doctor? The prescription would then be completed before leaving the surgery. Then the pharmacist would be free to concentrate on the main duty of preparing medicine correctly, so that he or she does not kill the patients. I do not see why people insist on putting so much emphasis on the pharmacist in this matter. I believe that it would be much easier to transfer the whole responsibility to the doctor, who prepares the prescription initially and who knows the patients better. What do you think of that idea?

Mr Craig: I would admit, at danger of enraging the medical profession, that I have some sympathy with that. However, I think that there are limits as to what you can expect of doctors, given, in particular, that, although the pharmacist has a delicate clinical relationship with the people that turn up at the counter, the doctor has a much more intimate one. We are certainly concerned that we should get full coverage on age, for example. When doctors see a patient, the documentation that they have in front of them has the age and the date of birth of the patient on the front page. That should not be too difficult to do.

A depressing number of scripts that come from doctors do not even have the age on

Mr Craig: Cyfaddefaf, gan fentro cynddeiriogi'r meddygon, fy mod yn cydymdeimlo â hynny i ryw raddau. Fodd bynnag, credaf fod pen draw i'r hyn y gallwch ei ddisgwyl gan feddygon, o ystyried, yn arbennig, er y berthynas glinigol sensitif sydd rhwng y fferyllydd a'r rhai a ddaw at y cownter, fod un y meddyg yn agosach o lawer. Mae'n sicr yn bwysig gennym gynnwys oedran yn llawn, er enghraifft. Pan yw meddygon yn gweld claf, mae'r ddogfennaeth sydd ganddynt o'u blaenau yn nodi oedran a dyddiad geni'r claf ar y tudalen blaen. Ni ddylai fod yn rhy anodd gwneud hynny.

Mae'r nifer o bresgripsiynau a ddaw oddi wrth feddygon heb hyd yn oed yr oedran

them. Again, I find that slightly baffling to tell you the truth. I do not understand why that cannot be done. Over the next couple of years we are beginning the roll-out of a system of uniform computerised systems in doctors' surgeries. Currently, something like 95 per cent of doctors' surgeries are computerised, but they all have their own systems. In consequence, we cannot be sure that they are all comprehensive. We would like to see them do that. It is not as yet in their terms and conditions of service. It is not a terms of service condition that they write the age on the script, but it does not strike me as unreasonable to expect them to do so.

[32] **Owen John Thomas:** Not at all.

Mr Craig: On the medical exemptions, certainly the diagnoses of some of the conditions—and there is quite an interesting list of medical conditions that are exempt—is certainly down to the general practitioner, who will know what the diagnosis is in terms of those diseases that are covered. That is not a particular problem. Involvement of third parties is where it becomes complicated. One thing that we hope to see attacked with the Counter Fraud Operational Services is a more structured relationship with the Benefits Agency. As it currently stands, there are all sorts of things to do, for example, with basic human rights about privacy and such matters,

arnynt yn peri digalondid. Unwaith eto, mae hynny'n peri penbleth i mi braidd, a dweud y gwir. Ni ddeallaf pam na ellir gwneud hynny. Dros y blynnyddoedd nesaf hyn yr ydym yn dechrau ymestyn system o systemau cyfrifiadurol unffurf yn y meddygfeydd. Ar hyn o bryd, mae tua 95 y cant o feddygfeydd wedi eu cyfrifiaduro, ond mae ganddynt oll eu systemau eu hunain. O ganlyniad, ni allwn fod yn sicr eu bod oll yn gynhwysfawr. Hoffem eu gweld yn gwneud hynny. Nid yw yn eu telerau ac amodau gwasanaeth eto. Nid yw'n amod yn eu telerau gwasanaeth eu bod yn ysgrifennu'r oedran ar y presgripsiwn, ond nid yw'n fy nharo fel peth afresymol disgwyl iddynt wneud hynny.

[32] **Owen John Thomas:** Dim o gwbl.

Mr Craig: Ynghylch yr eithriadau meddygol, mae diagnostio rhai o'r cyflyrau—ac mae rhestr eithaf diddorol o'r cyflyrau meddygol sydd wedi eu heithrio—yn sicr yn gyfrifoldeb i'r meddyg teulu, a fydd yn gwybod beth yw'r diagnosis yn nhermau'r clefydau sydd wedi eu cynnwys. Nid yw hynny'n peri problem benodol. Daw'n gymhleth pan fydd rhan i drydydd parti. Un peth y gobeithiwn fynd i'r afael ag ef gyda'r Gwasanaethau Gweithredol Gwrth Dwyll yw perthynas fwy trefnus â'r Asiantaeth Budd-daliadau. Fel y mae ar hyn o bryd, mae pob math o bethau sydd yn ymwneud, er enghraifft, â hawliau dynol sylfaenol

which make free access to the information kept by the Benefits Agency a complex issue that needs to be negotiated very carefully. I think that there is a delicacy in there that needs to be respected to some extent, although that particular area, as I recall it, is costing us the best part of £10 million a year. If we could clarify that, and there are signs that we will have protocols of understanding that would enable us to attack it, then I think that that will be important. Whether the GPs themselves, however, would be happy to include all this stuff in their terms of service, I think is something that we will have to raise with them. So far, they have shown themselves reluctant to, what they see as, undermine their clinical relationship with their patients, by going too far into matters outside their clinical needs.

ynghylch preifatrwydd a materion o'r fath, sydd yn peri bod mynediad di-rwystr i wybodaeth a gedwir gan yr Asiantaeth Budd-daliadau'n fater cymhleth y mae angen ymdrin yn ofalus iawn ag ef. Credaf fod sensitifrwydd yn y fan honno y mae angen ei barchu i ryw raddau, er bod y maes penodol hwnnw'n costio bron £10 miliwn y flwyddyn i ni, os cofiaf yn iawn. Pe gallem gael gwedd eglurach ar hynny, ac mae arwyddion y bydd gennym brotocolau o gyd-ddealltwriaeth a'n galluogai i fynd i'r afael â hynny, yna credaf y bydd hynny'n bwysig. Fodd bynnag, mae'r cwestiwn ynghylch a fyddai'r meddygon teulu eu hunain yn fodlon cynnwys yr holl bethau hyn yn eu telerau gwasanaeth yn rhywbeth y bydd yn rhaid inni ei godi gyda hwy, yr wyf yn credu. Hyd yma, cafwyd eu bod yn amharod, fel y gwelant hwy, i danseilio eu perthynas glinigol â'u cleifion, drwy fynd yn rhy bell i faterion sydd y tu hwnt i'w hanghenion clinigol.

[33] **Owen John Thomas:** A gaf i fynd ar ôl hyn? Mae'n bosibl i gleifion fynd at unrhyw fferyllydd, neu i unrhyw fferyllfa, i gael eu presgripsiynau, fel y gwnânt yn aml. Fodd bynnag, dim ond un meddyg, neu un practis o leiaf, sydd ganddynt, ac mae'r cofnodion ar gyfrifiadur pob meddyg yn y practis hwnnw. Felly, mae'n llawer haws, ac yn llawer mwy rhesymegol i'r meddyg gadw'r cofnodion hyn. A ydych yn fwy ofnus—nid chi yn bersonol, ond fel corff—o Gymdeithas Feddygol Prydain nag ydych o sefydliadau

[33] **Owen John Thomas:** May I pursue this? It is possible for patients to go to any pharmacist, or to any pharmacy, to get their prescriptions, as they often do. However, they only have one doctor, or one practice at least, and the records are on each doctor's computer in that practice. Therefore, it is far easier, and far more logical for the doctor to keep these records. Are you more afraid—not you personally, but as a body—of the British Medical Association than you are of pharmacists' associations? We are not

fferyllwyr? Nid ydym yn gwasgu meddygon i wneud y gwaith hwn, a fyddai'n llawer haws iddynt hwy ei wneud. Maent yn adnabod y cleifion, lle nad yw'r fferyllydd.

pressurising doctors to do this work, which would be much easier for them to do. They know the patients, where the pharmacist does not.

Mr Craig: As I said at the outset, and you detected a certain note of caution, I have a great deal of sympathy with that. I think that we need to feed into our discussions with the medical profession whether and how this could be tidied up. We have a commitment to assist them in improving and standardising the computerisation of the profession. It will take a couple of years to roll-out, because we are dealing with an awful lot of small businesses, and it is a fairly complex process to undertake. I doubt, though, whether we will get very far beyond the age and medical issues, because the benefits system is a much more delicate area in terms of linkages. My worry is how we actually break into that—

Mr Craig: Fel y dywedais ar y dechrau, a chanfuasoch ryw dinc o rybudd, cydymdeimlaf yn fawr â hynny. Credaf fod angen inni gyflwyno ystyriaeth i'n trafodaethau â'r proffesiwn meddygol ynghylch a ddylid a sut y gellid tacluso hyn. Yr ydym wedi ymrwymo i'w helpu wrth wella a safoni cyfrifiaduro'r proffesiwn. Cymer rai misoedd i'w ymestyn, oherwydd yr ydym yn ymdrin â nifer fawr iawn o fusnesau bach, ac mae'n broses eithaf cymhleth i'w chyflawni. Er hynny, yr wyf yn amau a fyddwn yn mynd lawer pellach na mater oedran a materion meddygol, oherwydd mae'r system fudd-daliadau'n faes llawer mwy tringar o ran cysylltiadau. Pryderaf ynghylch sut yn union y byddwn yn torri i mewn i hynny—

[34] **Owen John Thomas:** If a chemist can ask somebody whether they are in or out of work, or whether or not they are receiving payments, what is the difference between that and a doctor, who has signed the Hippocratic oath, and who will not pass the information on to other people, doing it? I cannot see that what is right for the chemist is wrong for the doctor.

[34] **Owen John Thomas:** Os gall fferyllydd ofyn i rywun a yw mewn gwaith neu'n ddi-waith, neu a yw'n derbyn taliadau ai peidio, beth yw'r gwahaniaeth rhwng hynny ac i feddyg, sydd wedi arwyddo'r llw Hipocratig, ac na fydd yn trosglwyddo'r wybodaeth i eraill, wneud hynny? Ni allaf weld bod yr hyn sydd yn iawn i'r fferyllydd yn anghywir i'r meddyg.

Mr Craig: Forgive me, I was committing the cardinal crime there of answering a quite different question from the one that you asked. Let me go back to the beginning. I think that we need to talk to the medical profession about whether we can produce a willingness on their part to play a bigger role in this. In the meantime, however, the conclusion reached in the negotiations that we have had in setting up this system, was that the point at which the question should be asked should be the point at which the payment was made. In consequence, the decision was that the right place at which to decide whether you should be paying for your prescription or not was the point at which you went to pay for it, that is to say, at the pharmacy. That is why it ended up there. The pharmacists themselves were broadly happy with that.

[35] **Owen John Thomas:** The doctor could stamp the script on the back to note that this is a free one, that is not. It is simple job.

[36] **Dafydd Wigley:** A gaf ofyn cwestiwn byr atodol ar yr un trywydd ag yr oedd Owen John Thomas yn ei ddilyn, Gadeirydd? A fyddai'n bosibl i Mr Craig ddod â nodyn yn ôl i'r Pwyllgor hwn ar ôl codi'r mater â'r ochr feddygol i

Mr Craig: Maddeuwch i mi, yr oeddwn yn cyflawni'r trosedd sylfaenol o ateb cwestiwn cwbl wahanol i'r un a ofynasoch. Gadewch imi fynd yn ôl i'r dechrau. Credaf fod angen inni siarad â'r proffesiwn meddygol ynghylch a allwn greu parodrwydd ar eu rhan hwy i chwarae mwy o ran yn hyn. Yn y cyfamser, fodd bynnag, y casgliad y daethpwyd iddo yn y negodiadau a gawsom wrth sefydlu'r system hon, oedd mai'r pwynt lle y dylid gofyn y cwestiwn oedd y pwynt lle y rhoddid y tâl. O ganlyniad, y penderfyniad oedd mai'r lle iawn ichi benderfynu a ddylech dalu am eich presgripsiwn ai peidio oedd y pwynt yr aethoch iddo i dalu amdano, sef y fferyllfa. Dyna pam y daeth i'r fan honno yn y diwedd. Yr oedd y fferyllwyr eu hunain yn fodlon ar hynny at ei gilydd.

[35] **Owen John Thomas:** Gallai'r meddyg stampio cefn y presgripsiwn i nodi a yw am ddim ai peidio. Mae'n waith syml.

[36] **Dafydd Wigley:** May I ask a brief supplementary question along the same lines as Owen John Thomas was pursuing, Chair? Would it be possible for Mr Craig to bring a note back to this Committee after raising the matter with the

ni wybod yn union lle yr ydym yn sefyll? Mae'n werth edrych i mewn i hyn, o leiaf o safbwynt oedran a chyflwr meddygol. Mae hynny yn rhywbedd gwbl rhesymol ac awtomatig, hyd yn oed os nad ydyw yn bosibl iddynt wneud mwy na hynny. Byddai'r wybodaeth honno yn werthfawr i'r Pwyllgor.

medical side for us to know exactly where we stand? It is worth examining this, at least in terms of age and medical condition. That is something completely reasonable and automatic, even if it is not possible for them to do more than that. That information would be valuable to the Committee.

[37] **Alun Cairns:** Madam Cadeirydd, onid mater o bolisi yw hyn ac nid mater o archwilio'r adroddiad hwn?

[37] **Alun Cairns:** Madam Chair, is this not a matter of policy and not a matter of examining this report?

[38] **Janet Davies:** I think that if Mr Craig is prepared to take a question, he is able to judge whether it is a matter of policy or not. If Members wish to ask those questions, I am quite sure that Mr Craig is capable of saying that it is not within his ambit, if necessary.

[38] **Janet Davies:** Credaf, os yw Mr Craig yn barod i dderbyn cwestiwn, ei fod yn gallu barnu a yw'n fater o bolisi ai peidio. Os dymuna'r Aelodau ofyn y cwestiynau hynny, yr wyf yn gwbl sicr bod Mr Craig yn gallu dweud nad yw o fewn ei gwmpas, os oes angen.

Mr Craig: I am at risk of appearing to flatter the Chair. If the Chair thinks that it is a reasonable question, there must be a

Mr Craig: Yr wyf mewn perygl o ymddangos fel pe bawn yn gwenieithio'r Cadeirydd. Os cred y Cadeirydd ei fod yn gwestiwn

reasonable answer. I will take that away and come back to you one way or another.

rhesymol, rhaid bod ateb rhesymol. Af â hynny oddi yma a dof yn ôl atoch naill ffordd neu'r llall.

[39] **Janet Davies:** Alison, do you wish to pursue a topic?

[39] **Janet Davies:** Alison, a ydych yn dymuno codi mater?

[40] **Alison Halford:** Mr Craig, you have two colleagues sitting beside you. Who is actually responsible for the area that we have been discussing with you up to now?

[40] **Alison Halford:** Mr Craig, mae dau gydweithiwr yn eistedd wrth eich ochr. Pwy yn union sydd yn gyfrifol am y maes y buom yn ei drafod â chi hyd yn hyn?

Mr Craig: In what sense? The policy responsibility lies with Mr Wilcox.

Mr Craig: Ym mha ystyr? Mae'r cyfrifoldeb polisi gan Mr Wilcox.

[41] **Alison Halford:** We have Mr Wilcox who has one title, you have another and Mrs Beaver has another. You have been asked about monitoring and remuneration for pharmacists and so forth. Who actually is the senior manager with hands-on responsibility for managing what we have been discussing?

[41] **Alison Halford:** Mae gennym Mr Wilcox sydd ag un teitl, mae gennych chi un arall ac mae un arall gan Mrs Beaver. Fe'ch holwyd ynghylch monitro â thâl i fferyllwyr ac yn y blaen. Pwy yn union yw'r uwch reolwr sydd yn uniongyrchol gyfrifol am reoli'r hyn y buom yn ei drafod?

Mr Craig: Mr Wilcox.

[42] **Alison Halford:** Right. So you could be forgiven then for not knowing, despite the fact that you have been appointed to a senior post, very much about monitoring or how pharmacists are remunerated.

Mr Craig: I am not sure that that is a question to which I am capable of offering an answer really. What I said earlier about the way in which pharmacists are remunerated, was that the detailed negotiating process underlying it and the fine print of the contractual or other arrangements, were something that I would not wish to venture upon unassisted by Mr Wilcox, who is involved in it. On the monitoring arrangements, I feel that, in so far as they exist, I understand them. My concern this afternoon has been to talk as openly and frankly as possible about the shortcomings.

Mr Craig: Mr Wilcox.

[42] **Alison Halford:** Iawn. Felly gellid maddau ichi, er gwaethaf y ffaith eich bod wedi'ch penodi i swydd uwch, am beidio â gwybod llawer iawn am fonitro neu'r dull o dalu i fferyllwyr.

Mr Craig: Nid wyf yn sicr a yw hynny'n gwestiwn y gallaf gynnig ateb iddo, mewn gwirionedd. Yr hyn a ddywedais yn gynharach am y dull o dalu i fferyllwyr oedd na ddymunwn fentro sôn am y broses negodi fanwl sydd yn sylfaen iddo a phrint mân y trefniadau contractiol neu drefniadau eraill heb gymorth Mr Wilcox, sydd yn gysylltiedig â hynny. Ynghylch y trefniadau monitro, teimlaf fy mod yn eu deall, i'r graddau y maent yn bodoli. Yr hyn oedd yn bwysig gennyf y prynhawn yma oedd siarad mor agored a gonest ag y bo modd yngylch y diffygion.

[43] **Alison Halford:** I think the point that I am rather clumsily making—forgive me for making it so clumsily—is that you have been promoted to an auditing position; that is a promotion.

[43] **Alison Halford:** Credaf mai'r pwynt yr wyf yn wneud mewn modd braidd yn drws gl—maddeuwch i mi am ei wneud mor drws gl—yw eich bod wedi'ch dyrchafu i swydd archwilio; dyrchafiad yw hynny.

Mr Craig: No. I have taken it on until the new director arrives.

Mr Craig: Nace. Ymgymerais â hi hyd nes y daw'r cyfarwyddwr newydd.

[44] **Alison Halford:** However, we are being fair to you by actually asking you these questions?

[44] **Alison Halford:** Er hynny, a ydym yn deg â chi wrth ofyn y cwestiynau hyn i chi?

Mr Craig: Of course you are.

Mr Craig: Ydych, wrth gwrs.

[45] **Alison Halford:** So it is your area of responsibility?

[45] **Alison Halford:** Felly eich cylch cyfrifoldeb chi ydyw?

Mr Craig: Yes.

Mr Craig: Ie.

[46] **Alison Halford:** Going back to Peter

[46] **Alison Halford:** Gan fynd yn ôl at

Law's point, should we not feel uneasy that you did not have thoughts about how systems should be monitored and you really did not know how pharmacists were remunerated? Should we not be uneasy about that lack of knowledge on your part? Or am I being unfair?

bwynt Peter Law, oni ddylem deimlo'n bryderus nad oedd gennych unrhyw syniadau ynghylch sut y dylid monitro'r systemau ac nad oeddech yn gwybod, mewn gwirionedd, sut y telir fferyllwyr? Oni ddylem fod yn bryderus ynghylch y diffyg gwybodaeth hwnnw ar eich rhan chi? Ynteu a wyf yn annheg â chi?

Mr Craig: I do not think that it is for me to answer the last question.

Mr Craig: Ni chredaf mai fy lle i yw ateb y cwestiwn diwethaf.

[47] **Alison Halford:** Why not?

[47] **Alison Halford:** Pam hynny?

Mr Craig: Because it is not for me to judge the actions of the Committee. It is free to take any view that it wishes to take and I must respond to that view as positively as I can. My concern about monitoring was that having been presented with this report, within a week or so of taking on the accounting officer responsibility for the national health service, virtually the first set of questions that I asked were

Mr Craig: Oherwydd nid fy lle i yw barnu gweithredoedd y Pwyllgor. Mae'n rhydd i ymgymryd ag unrhyw farn a ddymuno a rhaid imi ymateb i'r farn honno mor gadarnhaol ag y gallaf. Fy mhryder ynghylch monitro wedi imi dderbyn yr adroddiad hwn, o fewn rhyw wythnos ar ôl ymgymryd â chyfrifoldeb y swyddog cyfrifo dros y gwasanaeth iechyd gwladol, oedd bod y set gyntaf bron o

about the monitoring procedures, because those are the first question that you ask about matters of this kind. The conclusion that I reached was that they seemed to me, and I never like to rush to judgment on these matters, to raise quite important questions. The NAO itself identified some questions and it certainly raised some issues with me as to why there appeared to be deficiencies in the system of a sort that the NAO had identified, and which we might not otherwise have found out about without doing a similar exercise ourselves. That suggested to me, as the accounting officer, and in consequence rather vulnerable on these matters, that it was not enough.

gwestiynau a ofynnais yn ymwneud â'r gweithdrefnau monitro, oherwydd dyna'r cwestiynau cyntaf a ofynnwch am faterion o'r math hwn. Y casgliad y deuthum iddo oedd ei bod yn ymddangos i mi, ac ni fyddaf byth yn hoffi rhuthro i farnu ar y materion hyn, eu bod yn codi cwestiynau eithaf pwysig. Nododd y Swyddfa Archwilio Genedlaethol rai cwestiynau ei hun ac, yn sicr, cododd rai materion gyda mi ynghylch pam ei bod yn ymddangos bod diffygion yn y system o'r math a ganfuwyd gan y Swyddfa Archwilio Genedlaethol, ac na fyddem efallai wedi cael gwybod amdanynt fel arall heb gyflawni ymarfer tebyg ein hunain. Yr oedd hynny'n awgrymu i mi, fel y swyddog cyfrifo, ac fel un sydd oherwydd hynny braidd yn glwyfadwy ar y materion hyn, nad oedd yn ddigonol.

[48] **Alison Halford:** Forgive me, but it has been known since 1999 that there were problems. We all had to begin to sign our prescriptions at that time. Is that a fair

[48] **Alison Halford:** Maddeuwch i mi, ond mae'n hysbys ers 1999 bod problemau. Yr oedd yn rhaid i bob un ohonom ddechrau arwyddo ein presgripsiynau bryd

assessment?

hynny. A yw hynny'n asesiad teg?

Mr Craig: It has been known. The processes that are going on now are designed—and things move slowly in these areas, I am afraid—to try to reflect that.

Mr Craig: Mae'n hysbys. Bwriad y prosesau sydd yn mynd ymlaen yn awr—ac mae pethau'n symud yn araf yn y meysydd hyn, mae arnaf ofn—yw ceisio adlewyrchu hynny.

[49] **Alison Halford:** But whose fault is it that they move slowly?

[49] **Alison Halford:** Ond bai pwys ydyw eu bod yn symud yn araf?

Mr Craig: Hmm.

Mr Craig: Hm.

[50] **Peter Law:** Chair, may I say that it is absolutely right for us in this Committee—How do you hold to account—

[50] **Peter Law:** Gadeirydd, a gaf ddweud ei bod yn gwbl briodol i ni yn y Pwyllgor hwn—Sut yr ydych yn galw i gyfrif—

[51] **Janet Davies:** Alison is going to pursue this, Peter.

[51] **Janet Davies:** Bydd Alison yn dilyn hyn, Peter.

[52] **Peter Law:** I am supporting her because if this Committee is to work, we must hold people to account, and you cannot hold to account people who have not been responsible. I would have thought that the former director of the NHS in Wales would have been here today. I have a lot of respect for Mr Craig, I know him as a very good, professional person. He has made the decision to hold the line here today, so he has to take this. However, the fact is that we

[52] **Peter Law:** Yr wyf yn ei chefnogi oherwydd os ydyw'r Pwyllgor hwn i lwyddo, rhaid inni alw pobl i gyfrif, ac ni allwch alw i gyfrif bobl na fuont yn gyfrifol. Byddwn wedi tybio y byddai cyn gyfarwyddwr yr NHS yng Nghymru yma heddiw. Yr wyf yn fawr fy mharch i Mr Craig, yr wyf yn ei adnabod fel rhywun proffesiynol, da iawn. Penderfynodd ddal y lein yma heddiw, felly rhaid iddo gymryd hyn. Fodd bynnag, y ffaith yw na allwn fynd at wraidd pethau'n iawn,

cannot get to the bottom of things fully, as Alison Halford says, because he does not have the full experience and knowledge of what has happened, no matter what he is prepared to answer today. We cannot ask the people who know. That is this Committee's difficulty.

fel y dywed Alison Halford, am nad oes ganddo mo'r profiad a'r wybodaeth lawn o'r hyn a ddigwyddodd, ni waeth beth y mae'n barod i'w ateb heddiw. Ni allwn ofyn i'r bobl sydd yn gwybod. Dyna anhawster y Pwyllgor hwn.

[53] **Janet Davies:** My understanding has always been that a new director 'inherits', perhaps I can put that in quotation marks, the responsibility of the previous one because—

[53] **Janet Davies:** Fy nealltwriaeth i erioed yw bod cyfarwyddwr newydd yn 'etifeddu', efallai y caf roi hynny rhwng dyfynodau, gyfrifoldeb yr un blaenorol oherwydd—

[54] **Peter Law:** Well, that person is not here.

[54] **Peter Law:** Wel, nid yw'r person hwnnw yma.

[55] **Janet Davies:** No, but we have no power to summon him either.

[55] **Janet Davies:** Nac ydyw, ond nid oes gennym bwer i'w wysio ychwaith.

Mr Craig: On the day I took on the post, I took on his responsibilities and it is absolutely right that we are here to be held accountable for this. The only point that I would make is that the process that led to the introduction of this system was not a uniquely Welsh one. It was part of an England and Wales system, and we thought that we were advancing together towards introducing a new system in both countries. I think that each of us has learnt from that process, and I am certain that my colleagues in England will look at this report very

Mr Craig: Ar y diwrnod yr ymgymerais â'r swydd, ymgymerais â'i gyfrifoldebau ef ac mae'n gwbl briodol ein bod yma i'n galw i gyfrif am hyn. Yr unig bwynt y dymunwn ei wneud yw nad oedd y broses a arweiniodd at gyflwyno'r system hon yn un unigryw i Gymru. Yr oedd yn rhan o system i Gymru a Lloegr, a chredasom ein bod yn mynd rhagom gyda'n gilydd tuag at gyflwyno system newydd yn y ddwy wlad. Credaf fod pob un ohonom wedi dysgu oddi wrth y broses honno, ac yr wyf yn sicr y bydd fy nghydweithwyr yn Lloegr yn edrych yn

carefully because there are lessons there for everybody concerned with this system. The decisions that were made, the conclusions that were reached, and the system that was introduced were the result of the knowledge and understanding that were then available concerning what the problem was, and what potential solutions to that problem might be, being brought to bear. We believe that there has been an effect, but it is not as big an effect as everyone at the time had hoped. We and England together—because I think in matters of this sort it is important that we work together—are in the process of introducing a new system. It will be a new, more rigorous approach to detecting, deterring and penalising fraud, which will, in addition to dealing with direct fraud, also address the problem of the inappropriate granting of exemptions and the losses that occur as a result of that.

So it is a process, and it is not a process for which I am proposing to offer you any defence that I do not think would be appropriate to offer. I am just saying that, as things stand, I do not feel happy that the monitoring systems are as they should be. I want to get better ones. The monitoring systems that were established were deemed to be appropriate at the time, and experience suggests that they are not. So we want new and better ones.

ofalus iawn ar yr adroddiad hwn oherwydd mae gwensi yno i bawb sydd yn ymwneud â'r system hon. Yr oedd y penderfyniadau a wnaethpwyd, y casgliadau y daethpwyd iddynt, a'r system a gyflwynwyd yn ganlyniad i gymhwysor'r wybodaeth a'r ddealltwriaeth a oedd ar gael bryd hynny ynghylch beth oedd y broblem, a beth oedd yr atebion posibl i'r broblem honno. Credwn fod effaith wedi bod, ond nid yw'n effaith mor fawr ag y gobeithiai pawb ar y pryd. Yr ydym ni a Lloegr gyda'n gilydd—oherwydd mewn materion o'r math hwn mae'n bwysig inni gydweithio—yn y broses o gyflwyno system newydd. Bydd yn ddull newydd, mwy trwyadl o ganfod, atal a chosbi twyll, a fydd, yn ogystal â delio â thwyll uniongyrchol, yn ymdrin hefyd â phroblem rhoi eithriadau yn amhriodol a'r colledion sydd yn digwydd o ganlyniad i hynny.

Proses ydyw felly, ac nid yw'n broses y bwriadaf gynnig unrhyw amddiffyniad ohoni i chi nad wyf yn credu y byddai'n briodol ei gynnig. Y cwbl a ddywedaf yw, fel y mae pethau, nid wyf yn teimlo'n fodlon bod y systemau monitro fel y dylent fod. Yr wyf am gael rhai gwell. Yr oedd y systemau monitro a sefydlwyd yn cael eu hystyried yn rhai priodol ar y pryd, ac mae profiad yn awgrymu nad ydynt. Felly dymunwn gael rhai newydd a gwell.

[56] **Alison Halford:** I am grateful for that. Obviously it is not fair that you should take the full brunt of my frustration, but for many months now we have spent a great deal of time and money, when you collate it, asking questions of civil servants who clearly have not done the job that the public would expect them to do. That is very frustrating, and that is why we have an Audit Committee. However, it is important that we flag up that civil servants are there to do a job, and we have been fairly badly let down on many occasions, and that worries me. I will now move on to the questions that I have been scheduled to ask, which hopefully will be a little less aggressive than the previous one.

[56] **Alison Halford:** Yr wyf yn ddiolchgar am hynny. Mae'n amlwg nad yw'n deg ichi ddwyn holl faich fy rhwystredigaeth, ond ers misoedd lawer bellach treuliasom lawer iawn o amser ac arian, pan rowch y rheini at ei gilydd, yn gofyn cwestiynau i weision sifil y mae'n amlwg nad ydynt wedi cyflawni'r gwaith y byddai'r cyhoedd yn disgwyl iddynt ei wneud. Mae hynny'n peri rhwystredigaeth, a dyna pam y mae gennym Bwyllgor Archwilio. Fodd bynnag, mae'n bwysig inni ddatgan bod gweision sifil yno i gyflawni gwaith, ac yr ydym wedi'n siomi'n eithaf gwael ar lawer achlysur, ac mae hynny'n ofid i mi. Symudaf ymlaen yn awr at y cwestiynau y trefnwyd imi eu gofyn, a fydd, gobeithio, ychydig yn llai ymosodol na'r un blaenorol.

Paragraph 68, which talks about the new Counter Fraud Operations Services, states that it has an important role in maximising income from prescriptions, in addition to the other bodies involved, that is, the Assembly, Health Solutions Wales, and the five health authorities. Do you know what their respective responsibilities are? What arrangements are in place to ensure practical collaboration between these bodies? Clearly we do not want to waste time and effort duplicating responsibility.

Mae paragraff 68, sydd yn sôn am y Gwasanaethau Gweithredol Gwrth Dwyll newydd, yn nodi bod iddo rôl bwysig wrth fwyhau'r incwm oddi wrth bresgripsiynau, yn ogystal â'r cyrff eraill sydd yn gysylltiedig, sef y Cynulliad, Health Solutions Wales, a'r pum awdurdod iechyd. A wyddoch beth yw eu priod gyfrifoldebau? Pa drefniadau a sefydlwyd i sicrhau cydweithio ymarferol rhwng y cyrff hyn? Mae'n amlwg na ddymunwn wastraffu amser ac ymdrech yn dyblygu cyfrifoldeb.

Mr Craig: Yes, I could not agree more with that. One of the things that the development that led to the establishment of this service

Mr Craig: Cytunaf yn llwyr â hynny. Un o'r pethau y mae'r datblygu a arweiniodd at sefydlu'r gwasanaeth hwn wedi ei ddysgu i

has taught us is that, as in so many other areas, fraud is a highly specialised field where scarce skills need to be focused and where a specialised kind of training is necessary. The idea of having this service is that, in addition to doing direct work itself in detecting, pursuing and deterring fraud, it will also offer substantive training for a new group of people who will be situated around the NHS in all health authorities—it is also our aim to get people into trusts—who are trained to develop systems, will have support in developing those systems, and will be well able to implement systems to look after fraud of all sorts. Prescription fraud is only one part of it. There are other areas where fraud is taking place.

I myself have no doubts about where responsibility lies in these areas for the different components, starting with the general practitioner and the pharmacist at one end; I know what their responsibilities are. Health Solutions Wales has information that the health service, as the people who ultimately pay the contractors, has the opportunity and the responsibility to follow up. At present, it is not being followed up. To refer back to earlier questions, one thing that I want to form a significant component of my conversations with health authority directors of finance and others is why that is so and how soon following up on this substantial area of lost revenue can be a significant part

ni, fel mewn cynifer o feysydd eraill, yw bod twyll yn faes arbenigol iawn lle y mae angen canolbwyntio medrau a lle y mae angen math arbenigol o hyfforddiant. Y bwriad o gael y gwasanaeth hwn yw y bydd, yn ogystal â gwneud gwaith uniongyrchol ei hun wrth ganfod, dilyn ac atal twyll, yn cynnig hyfforddiant sylweddol hefyd i grwp newydd o bobl a leolir ar hyd a lled yr NHS ym mhob awdurdod iechyd—mae hefyd yn nod gennym gael pobl mewn ymddiriedolaethau—sydd wedi eu hyfforddi i ddatblygu systemau, a gaiff gymorth wrth ddatblygu'r systemau hynny, ac a fydd yn abl iawn i roi systemau ar waith i ofalu am dwyll o bob math. Nid yw twyll presgripsiynau ond yn un rhan ohono. Mae meysydd eraill lle y mae twyll yn digwydd.

Nid oes gennyf fi unrhyw amheuon ynghylch lle y mae'r cyfrifoldeb yn y meysydd hyn dros y gwahanol rannau, gan ddechrau â'r meddyg teulu a'r fferyllydd yn un pen; gwn beth yw eu cyfrifoldebau. Mae Health Solutions Wales yn meddu ar wybodaeth y mae gan y gwasanaeth iechyd, fel y bobl sydd yn talu i'r contractwyr yn y pen draw, gyfle a chyfrifoldeb i'w dilyn. Ar hyn o bryd, nis dilynir. Gan gyfeirio'n ôl at gwestiynau cynharach, un peth yr wyf am iddo fod yn elfen bwysig yn fy sgyrsiau â chyfarwyddwyr cyllid awdurdodau iechyd ac eraill yw pam ei bod felly a pha mor fuan y gall dilyn y maes sylweddol hwn o refeniw coll ddod yn rhan bwysig o'r hyn a wnânt.

of what they do.

On the introduction of these experts outside, there is no doubt about what their role is. I do not think that there is any lack of clarity about it. It will be a role that is clearer when they are more numerous on the ground. At the moment, we have a unit that is going to be set up. We have not yet started it. The adverts went out today—I saw them in *The Western Mail* this morning—to set up a unit of five people. It will serve Wales by giving on-the-ground support, in the way that I have just described. We hope that these people will serve as shock troops, as it were, against the broad issue of fraud in the NHS.

Ynghylch cyflwyno'r arbenigwyr hyn y tu allan, nid oes amheuaeth am eu rôl. Ni chredaf fod unrhyw ddiffyg eglurdeb yn ei chylch. Mae'n rôl a fydd yn eglurach pan geir mwy ohonynt yn y maes. Ar hyn o bryd, mae gennym uned sydd i'w sefydlu. Nid ydym wedi ei chychwyn eto. Aeth yr hysbysebion allan heddiw—fe'u gwelais yn *The Western Mail* y bore yma—i sefydlu uned o bump o bobl. Bydd yn gwasanaethu Cymru drwy ddarparu cymorth yn y maes, yn y modd yr wyf newydd ei ddisgrifio. Gobeithiwn y bydd y bobl hyn yn gwasanaethu fel cyrchfilwyr, fel petai, yn erbyn mater cyffredinol twyll yn yr NHS.

[57] **Alison Halford:** We did not know about this unit. Could you quickly tell us again what its function is?

[57] **Alison Halford:** Ni wyddem am yr uned hon. A allwch ddweud wrthym yn gyflym eto beth yw ei swyddogaeth?

Mr Craig: It has aims and functions. Its function is to develop protocols on the basis of which fraud can be identified and dealt with. Among those protocols will be things such as how do we have an appropriate functioning relationship with the Benefits Agency for checks—one of the delicate areas on which we touched earlier. It will be doing that. It is also concerned with raising public awareness of fraud. The idea that it is a somehow harmless pursuit to take money out

Mr Craig: Mae ganddi nodau a swyddogaethau. Ei swyddogaeth yw datblygu protocolau i fod yn sail i allu dynodi twyll ac ymdrin ag ef. Ymysg y protocolau hyn fydd pethau fel sut y byddwn yn cael perthynas weithredol briodol â'r Asiantaeth Budd-daliadau ar gyfer gwiriadau—un o'r meysydd sensitif y cyfeiriasom ato'n gynharach. Bydd yn gwneud hynny. Mae'n ymwneud hefyd â hybu ymwybyddiaeth o dwyll ymysg y cyhoedd. Bydd am ymladd yn galed iawn yn

of the NHS in this way is one that it wants to fight very hard. The idea that we would get these professionals doing that is very important. So it wants to raise awareness. It also wants to introduce an anti-fraud culture. It wants people in the NHS to be more aware of fraud. I think that, until recent years, there was a reluctance to accept that, in an organisation that was so patently focused on public service as the NHS, there could be such a thing as fraud. That is not so. There is such a thing, and people need to be aware of it and to be constantly vigilant about it because of the ill effects that it can have. So those are its three main aims. Its functions will be, in addition to doing individual work, in terms of investigating particular issues, to develop training materials, support materials and to offer material help to people on the ground in the health service who are working to combat and reduce fraud.

[58] **Alison Halford:** So it is the Assembly's unit to link with all the other organisations?

Mr Craig: It is ours but it is a joint enterprise. The First Minister announced earlier this year, with Mr Milburn, that this was to be a joint enterprise. I think that that is right. Fraud does not know any boundaries and this system must work across boundaries.

erbyn y syniad bod cymryd arian oddi wrth yr NHS fel hyn yn weithgaredd diniwed rywsut. Mae'r syniad y byddem yn cael y gweithwyr proffesiynol hyn i wneud hynny yn bwysig iawn. Felly mae am hybu ymwybyddiaeth. Mae hefyd yn dymuno cyflwyno diwylliant gwrth-dwyll. Mae am i bobl yn yr NHS fod yn fwy ymwybodol o dwyll. Credaf fod amharodrwydd, tan y blynnyddoedd diwethaf hyn, i dderbyn y gellid cael y fath beth â thwyll mewn corff a oedd yn canolbwytio mor eglur ar wasanaeth cyhoeddus fel yr NHS. Nid yw hynny'n wir. Mae'r fath beth yn bod, ac mae angen i bobl fod yn ymwybodol ohono a bod yn gyson wyliadwrus yn ei gylch oherwydd ei ddrwg effeithiau posibl. Felly dyna'i thair prif nod. Ei swyddogaethau, yn ogystal â chyflawni gwaith unigol, o ran ymchwilio i faterion penodol, fydd datblygu deunyddiau hyfforddi, deunydd cynorthwyol a chynnig cymorth sylweddol i bobl yn y maes yn y gwasanaeth iechyd sydd yn gweithio i ymladd a lleihau twyll.

[58] **Alison Halford:** Felly hon yw uned y Cynulliad i gysylltu â'r holl gyrrff eraill?

Mr Craig: Ni biau hi ond mae'n fenter ar y cyd. Cyhoeddodd Prif Weinidog Cymru'n gynharach eleni, gyda Mr Milburn, y byddai'n fenter ar y cyd. Credaf fod hynny'n iawn. Nid yw twyll yn cadw o fewn ffiniau a rhaid i'r system hon weithio ar draws ffiniau.

We will have our own unit in Wales, based in Gwent, but it will be part of an England and Wales service.

Bydd gennym ein huned ein hunain yng Nghymru, â'i chanolfan yng Ngwent, ond bydd yn rhan o wasanaeth i Gymru a Lloegr.

[59] **Alison Halford:** Is this the one to which the First Minister signed up in April or something like that?

[59] **Alison Halford:** Ai hon yw'r un y cytunodd Prif Weinidog Cymru arni yn Ebrill neu rywbryd felly?

Mr Craig: It was in the spring, yes.

Mr Craig: Yr oedd yn y gwanwyn, oedd.

[60] **Alison Halford:** The report says that it was in April.

[60] **Alison Halford:** Dywed yr adroddiad mai yn Ebrill yr ydoedd.

Mr Craig: I will take your word for that.

Mr Craig: Cymeraf eich gair am hynny.

[61] **Alison Halford:** I know that you will take my word for it. I am not trying to be difficult, but is this unit doing the job that, quite frankly, you people should have done before? I do not want you to take that in an uncharitable way, but I would like an answer.

[61] **Alison Halford:** Gwn y byddwch yn derbyn fy ngair am hynny. Nid wyf yn ceisio bod yn anodd, ond a yw'r uned hon yn gwneud y gwaith y dylech chi, mewn gwirionedd, fod wedi ei wneud o'r blaen? Nid wyf am ichi gymryd hynny'n angharedig, ond hoffwn gael ateb.

Mr Craig: I think that, like so many other things, this is about doing better, and doing in a way that reflects current circumstances, a job that has been around and needed to be done for a long time and which was done in different ways and at different levels in the past. It is not the only area where we are discovering that, as the world moves on, we

Mr Craig: Credaf fod hyn, fel cynifer o bethau eraill, yn ymwneud â chyflawni'n well, a chyflawni mewn modd sydd yn adlewyrchu'r amgylchiadau sydd ohoni, swydd sydd yn bod ac y mae angen ei gwneud ers talwm ac a wneid drwy ddulliau gwahanol ac ar lefelau gwahanol yn y gorffennol. Nid hwn yw'r unig faes lle'r

need to do things in a more professional and focused way. Everything these days seems to need particular professional skills, and this is another area where it is becoming increasingly clear that if the professionals do not do it, it will not be done right. Our objective is to get a professional level of skill and a professional approach to doing this in a way. In the past it has simply been seen as part of the corporate responsibility of the organisation discharged through the contracts section of the finance directorate.

ydym yn darganfod, wrth i'r byd symud yn ei flaen, fod angen inni wneud pethau mewn modd mwy proffesiynol a phenodol. Ymddengys bod angen medrau proffesiynol penodol ar gyfer popeth y dyddiau hyn, a dyma faes arall lle y mae'n fwyfwy amlwg, os na wnaiff y rhai proffesiynol mohono, na chaiff ei wneud yn iawn. Ein nod yw cael lefel fedruswydd broffesiynol a dull proffesiynol o wneud hyn. Yn y gorffennol nis gwelwyd ond fel rhan o gyfrifoldeb corfforaethol y corff a gyflawnid drwy is-adran y gyfarwyddiaeth gyllid.

[62] **Alison Halford:** Yes or no?

[62] **Alison Halford:** Ie neu na?

Mr Craig: It is a 'possibly'.

Mr Craig: 'O bosibl' ydyw.

[63] **Alison Halford:** It is a definite maybe is it?

[63] **Alison Halford:** Efallai pendant yw hynny, aie?

I have a couple more questions. Sir John is giving me black looks—[Laughter.] I must be careful. I get nervous.

Mae gennyl un neu ddau o gwestiynau ychwanegol. Mae Syr John yn edrych yn ddu arnaf—[Chwerthin.] Rhaid imi gymryd pwyll. Byddaf yn mynd yn nerfus.

Paragraph 11 of the report refers to point of dispensing checks. It states that the aim is that point of dispensing checks for age-related reasons should be covered by computer systems once they are up and running in general practices, bearing in mind

Mae paragraff 11 yr adroddiad yn cyfeirio at wiriadau wrth ddosbarthu. Dywed mai'r nod yw gofalu am wiriadau wrth ddosbarthu am resymau sydd yn ymwneud ag oed drwy systemau cyfrifiadur pan fyddant ar waith mewn meddygfeidd teulu, gan gadw mewn

that these are the main reasons for which exemptions are made. What target are you setting for these computers to come on line and to achieve this particular check?

cof mai'r rhain yw'r prif resymau dros eithriadau. Pa darged yr ydych yn ei osod ar gyfer rhoi'r cyfrifiaduron hyn ar waith a chyflawni'r gwiriad penodol hwn?

Mr Craig: There are two targets. The first is that when this system is fully operational, then anything significantly less than 100 per cent would be difficult to justify, because all the systems will therefore have it in them to automatically print the date of birth on the form. They will all have it and it will be there. As to the target for when it will come in, our current best guess is that it will take two or three years for it to get everywhere, because you can actually hit the most populous and most accessible areas very quickly with this. I am already in discussion with some colleagues in health authorities on how fast it can be rolled out so that we hit as many people as we can, as soon as we can. However, as I said earlier, getting this out into the surgeries of all of the independent contractors who provide general practice in Wales is quite a complex issue. So my guess is that the system will be fully effective in about three years' time.

Mr Craig: Mae dau darged. Y cyntaf yw, pan fydd y system hon yn llwyr weithredol, y bydd dim sydd yn is o lawer na 100 y cant yn anodd ei gyfiawnhau, oherwydd bydd y gallu gan yr holl systemau i argraffu'r dyddiad geni ar y ffurflen yn awtomatig. Bydd hyn gan bob un ohonynt a bydd yno. O ran y targed ar gyfer ei gyflwyno, yr amcan gorau sydd gennym ar hyn o bryd yw y bydd yn cymryd dwy neu dair blynedd i gyrraedd pob man, oherwydd ni allwch gyrraedd yr ardaloedd mwyaf poblog a hygrych yn gyflym iawn â hyn. Yr wylf eisoes yn trafod gyda rhai o'm cydweithwyr mewn awdurdodau iechyd pa mor gyflym y gellir ei ymestyn fel ein bod yn cyrraedd cynifer o bobl ag y bo modd, cyn gynted ag y gallwn. Fodd bynnag, fel y dywedais yn gynharach, mae mynd â hyn i feddygfeydd yr holl gontactwyr annibynnol sydd yn darparu meddygaeth deulu yng Nghymru'n fater eithaf cymhleth. Felly dyfalaf y bydd y system yn llwyr weithredol ymheng tua thair blynedd.

[64] **Alison Halford:** Paragraph 26 refers to details of age or date of birth already included on some prescription forms. Thus a simple check by pharmacists could generate

[64] **Alison Halford:** Cyfeiria paragraff 26 at fanylion oed neu ddyddiad geni sydd eisoes wedi eu cynnwys ar rai ffurflenni presgripsiwn. Felly gallai gwiriad syml gan

£1.2 million a year if they simply checked on the details of age and date of birth already provided for them. We have discussed the monitoring system, but, again, I must ask what you plan to do to ensure that these simple checks bring in the sum of money that is due to the service?

fferyllwyr greu £1.2 miliwn y flwyddyn pe baent ond yn gwirio'r manylion oed a dyddiad geni a ddarperir iddynt eisoes. Trafodasom y system fonitro, ond, unwaith eto, rhaid imi ofyn i chi beth y bwriadwch ei wneud i sicrhau bod y gwiriadau syml hyn yn dod â'r swm o arian sydd yn ddyledus i'r gwasanaeth?

Mr Craig: I have to see that as the easiest—if that is the word I am looking for—but certainly the most obvious and immediate target for us to ensure that that is checked. That is certainly going to be at the top of my list of priorities when I talk to the professions about this, because—as I think I have said on a number of occasions this afternoon—it does seem to me that there is much less excuse for not adequately completing the simple straightforward questions. It is a simple, straightforward issue to check whether a person is that age or not.

Mr Craig: Rhaid imi weld gwirio hynny fel y targed hawsaf—os hwnnw yw'r gair yr wyf yn chwilio amdano—ond yn sicr yr un cyntaf ac amlycaf. Bydd hynny'n sicr o fod ar ben fy rhestr o flaenoriaethau pan siaradaf â'r proffesiynau am hyn, oherwydd—fel y dywedais sawl gwaith y prynhawn yma, yr wyf yn meddwl—ymddengys i mi fod llai o esgus o lawer dros beidio â chwblhau'r cwestiynau syml yn ddigonol. Mater syml yw gwirio oedran rhywun.

[65] **Alison Halford:** My last question relates to paragraph 53, which mentions the failures of Health Solutions Wales. Its failures have failed to recover £740,000 from payments to pharmacists. Do you have a plan in future to stop this sort of thing from happening and to ensure that this money is not lost?

[65] **Alison Halford:** Mae fy nghwestiwn olaf yn ymwneud â pharagraff 53, sydd yn sôn am fethiannau Health Solutions Wales. Drwy ei fethiannau, methwyd ag adfer £740,000 o daliadau i fferyllwyr. A oes gennych gynllun i atal pethau fel hyn rhag digwydd yn y dyfodol a sicrhau na chollir yr arian hwn?

Mr Craig: I have discussed that with Health

Mr Craig: Yr wyf wedi trafod hynny â

Solutions Wales and we are looking very closely at it. I have been in dialogue with the health authority that is the host for Health Solutions Wales—

Health Solutions Wales ac yr ydym yn edrych yn fanwl iawn arno. Bûm mewn deialog â'r awdurdod iechyd sydd yn gartref i Health Solutions Wales—

[66] **Alison Halford:** If Mr Wilcox wants to answer the question, I have no objection at all. It will take some of the pressure off you. You are smiling at the moment, Mr Craig. We do not want that to stop.

[66] **Alison Halford:** Os dymuna Mr Wilcox ateb y cwestiwn, nid oes gennyl wrthwynebiad o gwbl. Bydd yn dwyn rhai o'r pwysau oddi arnoch chi. Yr ydych yn gwenu ar hyn o bryd, Mr Craig. Nid ydym am weld diwedd ar hynny.

Mr Craig: It is a smile of despair and not of anything else. [Laughter.]

Mr Craig: Gwên o anobaith ydyw a dim arall. [Chwerthin.]

We did talk to the health authority about it, because it seems to me to be another soft area—if ‘soft’ is quite the word I am looking for. I want to talk to a couple of health authorities and Health Solutions Wales together to see whether we cannot just shut that one down. The first thing that I want to get is an altogether more accurate—and this is not meant to be in any way offensive to the NAO—and clearer picture from it of exactly what the composition of that is and how it works and then see how we can get into the issue. However, that again seems somewhere near the top of the list as one that we should be able to get at fairly early and fairly readily.

Siaradasom â'r awdurdod iechyd yn ei gylch, oherwydd ymddengys i mi ei fod yn faes meddal arall—os ‘meddal’ yw'r union air yr wyf yn chwilio amdano. Dymunaf siarad ag ychydig o awdurdodau iechyd a Health Solutions Wales gyda'i gilydd i weld a allwn roi terfyn ar hynny. Y peth cyntaf y dymunaf ei gael yw darlun cywirach—ac nid oes bwriad i hyn dramgwyddo'r Swyddfa Archwilio Genedlaethol o gwbl—a chliriach o lawer o union gyfansoddiad hynny a sut y mae'n gweithio a gweld wedyn sut y gallwn ymdrin â'r mater. Fodd bynnag, mae hynny hefyd yn ymddangos ei fod rywle'n agos i ben y rhestr fel rhywbeth y dylem allu ei gyflawni yn weddol gynnar ac yn weddol rwydd.

[67] **Alison Halford:** Does Mr Wilcox agree with you?

Mr Wilcox: I do.

[67] **Alison Halford:** A yw Mr Wilcox yn cytuno â chi?

Mr Wilcox: Ydwyt.

[68] **Janet Davies:** We will now take a look at the impact of all this on patients and pharmacists. Owen John, you have some questions on this?

[68] **Janet Davies:** Edrychwn yn awr ar effaith hyn oll ar y cleifion a'r fferyllwyr. Owen John, mae gennych gwestiynau ar hyn, onid oes?

[69] **Owen John Thomas:** Mae paragraffau 28 a 44 yn adroddiad yr Archwilydd Cyffredinol yn awgrymu bod cryn ansicrwydd ymhlih cleifion, a fferyllwyr hefyd o bosibl, ynglyn â'r meinu prawf sydd yn sicrhau eithriad rhag taliadau presgripsiwn. Ymddengys bod hyn yn ei dro yn adlewyrchu pa mor gymhleth yw'r meinu prawf hynny. A oes modd symleiddio'r trefniadau hyn er mwyn sicrhau eu bod yn fwy hwylus i'r defnyddwyr?

[69] **Owen John Thomas:** Paragraphs 28 and 44 of the Auditor General's report suggest that there is considerable uncertainty among patients, and possibly pharmacists also, about the criteria which secure exemption from prescription payments. It appears that this in turn reflects the complexity of those criteria. Is there any way of simplifying these arrangements to ensure that they are more convenient for the consumers?

Mr Craig: I hope that there is. It is particularly problematic in some of the clinical areas where, I think it is fair to say, both doctors and patients occasionally worry that there are anomalies in the system. It is not for me to attack or justify the system, because the system is the system. The system has developed over years as a result of the policy of successive governments. Simplifying and clarifying and, above all,

Mr Craig: Gobeithiaf fod. Mae'n arbennig o broblematig mewn rhai o'r meysydd clinigol lle, credaf mai teg yw dweud, y mae'r meddygon a'r cleifion yn pryderu weithiau fod anghysonderau yn y system. Nid fy lle i yw ymosod ar y system neu ei chyflawnhau, oherwydd y system yw'r system. Datblygodd y system dros y blynnyddoedd o ganlyniad i bolisi'r naill lywodraeth ar ôl y llall. Mae symleiddio ac egluro ac, yn fwy na dim,

enabling people to have more direct and speedy access to explanations as to whether they are recipients of particular benefits and whether those benefits are such as to entitle them to exemption, and being quite clear as to what diseases people have, is an issue. For example, there are two kinds of diabetes, one of which is exempt and one of which is not. Clarification of that sort of thing so that people know where they stand seems to me to be very important. In a sense it is an extension of our earlier conversation. I would very much like to have a conversation with the medical profession about how we can in some way get much more clarity on its part, frankly, as well as on the part of patients, about what the exemption system is in relation to the list of diseases and in keeping people up to date with what the benefit system is.

[70] **Owen John Thomas:** Pa bosibiliadau sydd ar gyfer gwella safon yr wybodaeth sydd ar gael i bobl Cymru ynglyn â'r mein prawf ar gyfer eithriad rhag taliadau presgripsiwn?

Mr Craig: I am hoping that one of the things that we might find is that the advice that we get from the Counter Fraud Operational Services will help us with that. All the pharmacies that I have visited over the last couple of weeks have had notices displayed telling people about the system and had

galluogi pobl i gael mynediad cyflymach a mwy uniongyrchol i esboniadau ynghylch a ydynt yn derbyn budd-daliadau penodol ac a yw'r budd-daliadau hynny'n gyfryw fel eu bod yn rhoi hawl i eithriad iddynt, a bod yn gwbl glir ynghylch pa glefydau sydd gan bobl, yn destun trafod. Er enghraifft, mae dau fath o glefyd siwgwr, un sydd wedi ei eithrio ac un nad yw. Ymddengys i mi fod egluro peth felly, fel y gwyr pobl lle y maent yn sefyll, yn bwysig iawn. Ar un ystyr mae'n estyniad o'n sgwrs gynharach. Byddai'n dda iawn gennyf gael sgwrs â'r proffesiwn meddygol ynghylch sut y gallwn gael llawer mwy o eglurder ar ei ran ef rywfodd, a dweud y gwir, yn ogystal ag ar ran y cleifion, ynghylch beth yw'r system eithrio mewn perthynas â'r rhestr o glefydau ac wrth roi'r wybodaeth ddiweddaraf i bobl am beth yw'r system fudd-daliadau.

[70] **Owen John Thomas:** What possibilities exist for improving the standard of information available to the people of Wales concerning these criteria for exemptions from prescription charges?

Mr Craig: Gobeithiaf mai un o'r pethau y byddwn efallai yn ei ddarganfod yw y bydd y cyngor a gawn gan y Gwasanaethau Gweithredol Gwrth Dwyll yn ein helpu â hynny. Yr oedd pob un o'r fferyllfeydd yr ymwelais â hwy dros yr wythnosau diwethaf hyn yn arddangos rhybuddion yn dweud wrth

literature available explaining it. Indeed, many doctor's surgeries have that as well. The problem is that, particularly in the health field, publicity is quite a complex issue. You will know yourselves—many of you spend more time in doctor's surgeries than I do for other reasons than your health, for the interests of your constituents—how much stuff there is and how difficult it is to get people to take an interest in it. So some way of registering and, in fact, building up the kind of cultural climate to which I referred earlier, that makes people aware both of the dangers and also of their position in the system, is one of the nuts that I would quite like to see cracked because conventional publicity has got us only so far and I think that there is more to be done to clarify the system. It is a complicated system; there is no denying that.

[71] **Owen John Thomas:** Pa wybodaeth a chyngor pellach y mae'r Cynulliad yn ystyried eu rhoi i fferyllwyr er mwyn eu helpu i gyflawni'r gwiriadau wrth ddosbarthu yn fwy cywir ac effeithiol?

Mr Craig: That is one of the things that I want to talk to pharmacists about. I will say to them, this is what we have done to date, this is what you, the pharmacists, and we thought would be adequate when we started

bobl am y system ac yr oedd deunydd darllen ar gael ganddynt yn ei hegluro. Yn wir, ceir hynny mewn llawer o feddygfeydd hefyd. Y broblem yw bod cyhoeddusrwydd yn fater eithaf cymhleth, yn enwedig ym maes iechyd. Gwyddoch eich hunain—mae llawer ohonoch yn treulio mwy o amser mewn meddygfeydd nag a wnaf fi am resymau heblaw am eich iechyd, er budd eich etholwyr—faint o ddeunydd sydd yno a pha mor anodd yw gwneud i bobl ymddiddori ynddo. Felly un o'r pethau y byddwn yn eithaf hoff o weld eu cyflawni yw cael rhyw ddull o gofrestru ac, mewn gwirionedd, datblygu'r math o hinsawdd ddiwylliannol y cyfeiriaid ati'n gynharach, sydd yn peri bod pobl yn ymwybodol o'r peryglon a hefyd o'u lle yn y system oherwydd nid yw cyhoeddusrwydd confensiynol ond wedi mynd â ni ran o'r ffordd a chredaf fod mwy i'w wneud i roi gwedd eglurach ar y system. Mae'n system gymhleth; ni ellir gwadu hynny.

[71] **Owen John Thomas:** What information and further advice is the Assembly considering giving to pharmacists to help them to carry out dispensing checks more accurately and effectively?

Mr Craig: Dyna un o'r pethau y dymunaf siarad â'r fferyllwyr yn ei gylch. Byddaf yn dweud wrthynt, dyma'r hyn a wnaethom hyd yn hyn, dyma'r hyn yr oeddech chi'r fferyllwyr a ninnau'n meddwl ei fod yn

this system. This is the result. What more can we do and what more is likely to be effective? As I said, the pharmacists themselves are anxious to make a concerted attack on the consciousness of their profession. However, whether there is more that we can do is one of the questions that I will certainly want to ask them because we are thinking about that, as I said. I would like to think that those pharmacists who are rigorously and effectively implementing this system—and there are some—would have lessons to teach those who may not be. We may be able to learn from them why and how it works for them and does not seem necessarily to work as well for others.

ddigonol pan gychwynasom y system hon. Dyma'r canlyniad. Beth y gallwn ei wneud ar ben hyn a beth ar ben hyn sydd yn debygol o fod yn effeithiol? Fel y dywedais, mae'r fferyllwyr eu hunain yn awyddus i gydymosod ar ymwybyddiaeth eu proffesiwn. Fodd bynnag, un o'r cwestiynau y byddaf yn sicr o'u gofyn iddynt yw a oes rhagor y gallwn ei wneud oherwydd yr ydym yn meddwl am hynny, fel y dywedais. Charwn feddwl bod gwersi gan y fferyllwyr hynny sydd yn gweithredu'r system hon yn drwyndl ac yn effeithiol—ac mae rhai—i'w dysgu i'r rhai nad ydynt o bosibl yn gwneud hynny. Efallai y byddwn yn gallu dysgu oddi wrthyt pam a sut y mae'n gweithio iddynt hwy a pham y mae'n ymddangos nad yw o reidrwydd yn gweithio cystal i eraill.

[72] **Janet Davies:** I wondered—Alun Cairns will speak in a minute—but, first, could you give me any idea of the timetable for when you think that we might begin to see some results of action? Is it at all possible to estimate that?

[72] **Janet Davies:** Tybed—bydd Alun Cairns yn siarad ymhen munud—ond, yn gyntaf, a allech roi rhyw syniad i mi o'r amserlen o bryd y credwch y gallem ddechrau gweld rhai o ganlyniadau'r camau gweithredu? A oes modd amcangyfrif hynny o gwbl?

Mr Craig: Let me tell you about the parts where I think we can, because with things like the GP computer system, we are talking two or three years. In terms of more rigorous advice and a general encouragement—if that is the word I am looking for—to the profession to do this more rigorously, I

Mr Craig: Gadewch imi ddweud wrthych am y rhannau lle y credaf y gallwn, oherwydd yn achos pethau fel system gyfrifiadur y meddygon teulu, yr ydym yn sôn am ddwy neu dair blynedd. O ran cyngor mwy trwyndl ac anogaeth gyffredinol—os hwnnw yw'r gair yr wyf yn chwilio

would hope that we can get on with that within the next couple of months. Certainly, the professional representatives whom I talked to this week will talk to their members within the next few weeks. I would hope that any impact that might have would take place immediately.

amdano—i'r proffesiwn i wneud hyn yn fwy trwyadl, gobeithiaf y gallwn fynd ymlaen â hynny o fewn yr ychydig fisoedd nesaf. Yn sicr, bydd cynrychiolwyr y proffesiwn y siaredais â hwy yr wythnos hon, yn siarad â'u haelodau o fewn yr wythnosau nesaf hyn. Gobeithiaf y bydd unrhyw effaith bosibl yn digwydd ar unwaith.

Our conversations with the health authorities will take place, as I said, in January. The first one will be with the directors of finance, and I would certainly expect, and will be looking to them to come back very early after that discussion with firm, practical proposals showing how—in terms of what business sense it made—they propose to take this forward. It is my aim, if there are new processes for the health authorities, a new system and a more systematic approach to this whole thing for the health authorities, to get that into action by the middle of next year. That involves a number of things. There are things going on that we must change and we might need to look again at the accounting officer's directions from us and the system whereby we monitor and set targets for authorities. We need to look at that as well. There are areas other than the direct one here through which we can monitor whether they are doing the right thing in all kinds of areas, of which this is one. I would hope to see some results early next year, more results in terms of a change of system by the middle of next year and the outcome

Bydd ein sgyrsiau â'r awdurdodau iechyd yn digwydd, fel y dywedais, yn Ionawr. Bydd yr un gyntaf â'r cyfarwyddwyr cyllid, a byddwn yn sicr yn disgwyl ac yn edrych ymlaen at eu gweld yn dychwelyd yn fuan iawn ar ôl y drafodaeth honno gyda chynigion pendant, ymarferol fydd yn dangos sut—yn nhermau'r synnwyr busnes a wnai—y bwriadant fwrw ymlaen â hyn. Fy nod i, os oes prosesau newydd ar gyfer yr awdurdodau iechyd, system newydd a dull mwy systematig o ymdrin â'r holl beth ar gyfer yr awdurdodau iechyd, yw rhoi hynny ar waith erbyn canol y flwyddyn nesaf. Mae hynny'n cynnwys nifer o bethau. Mae pethau'n mynd ymlaen y mae'n rhaid inni eu newid ac efallai y bydd angen inni edrych eto ar gyfarwyddiadau'r swyddog cyfrifo oddi wrthym ni a'r system a ddefnyddiwn i fonitro a gosod targedau i'r awdurdodau. Mae angen inni edrych ar hynny hefyd. Mae meysydd heblaw am yr un uniongyrchol sydd yma y gallwn eu defnyddio i fonitro a ydynt yn gwneud y peth iawn ym mhob math o feysydd, y mae hwn yn un ohonynt. Gobeithiaf weld rhai canlyniadau'n gynnar y flwyddyn nesaf, mwy

in terms of reducing these numbers beginning to flow from that.

o ganlyniadau o ran newid yn y system erbyn canol y flwyddyn nesaf a'r canlyniad o ran lleihau'r niferoedd hyn yn dechrau dod o hynny.

[73] **Janet Davies:** Have you any idea of what kind of impact you might have on the amount of revenue generated in Wales by prescription charges? I realise that that is a difficult question to answer.

[73] **Janet Davies:** A oes gennych unrhyw syniad am y math o effaith a gaech ar swm y refeniw a greir yng Nghymru drwy daliadau presgripsiwn? Sylweddolaf fod hynny'n gwestiwn anodd ei ateb.

Mr Craig: We have a number. The number—whatever it is; the number in this report is £15 million—is too high and we must get it down. I would not like to say at this moment that I will have reduced that by 30 per cent in a year's time. I do not think that it would be reasonable for me to commit anybody to that. However, we have had a number of discussions this afternoon about monitoring systems, and one of the things that one needs to do is to get a systematic and quantified input to the process. Let us agree on the levels of monitoring and the level of detail monitoring systems should work at. From that, we can seek to develop some clearer idea of—at least indicatively—what the outcomes of that should be. If we are unsure of the outcomes, we cannot make a sensible decision about what inputs to make.

Mr Craig: Mae gennym ffigur. Mae'r ffigur—beth bynnag ydyw; y ffigur yn yr adroddiad hwn yw £15 miliwn—yn rhy uchel a rhaid inni ei leihau. Ni hoffwn ddweud ar hyn o bryd y byddaf wedi lleihau hynny o 30 y cant ymhen blwyddyn. Ni chredaf y byddai'n rhesymol imi rwymo neb i hynny. Fodd bynnag, cawsom nifer o drafodaethau'r prynhawn yma ynghylch systemau monitro, ac un o'r pethau y mae angen i rywun ei wneud yw cael mewnbwn systematig a mesuredig i'r broses. Gadewch inni gytuno ar y lefelau monitro ac ar ba lefel manylder y dylai'r systemau monitro weithio. Wedi hynny, gallwn geisio datblygu syniad eglurach—awgrym o hynny o leiaf—o ba ganlyniadau a ddylai ddeillio o hynny. Os ydym yn ansicr o'r canlyniadau, ni allwn wneud penderfyniad synhwyrol ynghylch y mewnbynnau i'w rhoi.

[74] **Janet Davies:** Alun, I am not sure where

[74] **Janet Davies:** Alun, nid wyf yn sicr

your question fits in, but I will bring you in here, since I forgot about you about 10 minutes ago.

ymhle y mae'ch cwestiwn yn ffitio, ond dof â chi i mewn yma, gan imi anghofio amdanoch tua 10 munud yn ôl.

[75] **Alun Cairns:** I want to return to something that was touched on previously. This report is based on sharing of information between agencies—the Benefits Agency and the War Pensions Agency and so on. What powers do you have to use the information that other Government departments hold?

[75] **Alun Cairns:** Dymunaf ddychwelyd at rywbed y cyfeiriwyd ato yn gynharach. Mae'r adroddiad hwn yn seiliedig ar rannu gwybodaeth rhwng asiantaethau—yr Asiantaeth Budd-daliadau a'r Asiantaeth Pensiynau Rhyfel ac yn y blaen. Pa bwerau sydd gennych i ddefnyddio'r wybodaeth a ddelir gan adrannau Llywodraeth eraill?

Mr Craig: As things stand, we have no powers to use that. Sharing information between Government departments is a delicate matter for all kinds of reasons involving people's human rights and so on. We are trying to establish a means whereby we can introduce protocols that enable us to have access to appropriate information in appropriate circumstances. When somebody has claimed a benefit it is by no means unreasonable to check whether that claim is accurate. Blanket information about who receives benefit is a more delicate matter. One of the things that the Counter Fraud Operational Services will be doing, as I think that I said earlier, will be negotiating protocols with the Benefits Agency, the War Pensions Agency and others about how we can effectively, economically and in a way that does not bring them grinding to a halt—because, like everybody else, they are fairly

Mr Craig: Fel y mae pethau, nid oes gennym bwerau i ddefnyddio honno. Mae rhannu gwybodaeth rhwng adrannau Llywodraeth yn fater sensitif am bob math o resymau sydd yn ymwneud â hawliau dynol ac yn y blaen. Yr ydym yn ceisio sefydlu dull o gyflwyno protocolau a fydd yn ein galluogi i gael mynediad i wybodaeth briodol o dan amgylchiadau priodol. Pan yw rhywun wedi hawlio budd-dal nid yw'n afresymol o gwbl gwirio a yw'r hawliad hwnnw'n gywir. Mae gwybodaeth gyffredinol ynghylch pwy sydd yn derbyn budd-daliadau'n fater mwy sensitif. Un o'r pethau y bydd y Gwasanaethau Gweithredol Gwrth Dwyll yn ei wneud, fel y dywedais yn gynharach yr wyf yn credu, yw negodi protocolau â'r Asiantaeth Budd-daliadau, yr Asiantaeth Pensiynau Rhyfel ac eraill ynghylch sut y gallwn gael mynediad i wybodaeth, mewn modd effeithiol, darbodus nad yw'n peri

hard-pressed—have access to information that enables us to carry out appropriate checks in order to deal with this issue. It is about establishing protocols whereby we can, by agreement, have access to information to which we have a right. The information to which we have a right is that which the individual has, more or less, given us permission to have access to by claiming an exemption. Even as I said that, it sounded horribly complicated, but I hope that it made some sense.

iddynt arafu a sefyll yn eu hunfan—oherwydd, fel pawb arall, mae pwysau eithaf mawr arnynt—sydd yn ein galluogi i gyflawni gwiriadau priodol er mwyn delio â'r mater hwn. Mae'n ymwneud â sefydlu protocolau a fydd yn ein galluogi i gael mynediad i wybodaeth, drwy gytundeb, y mae gennym hawl i'w gweld. Yr wybodaeth y mae gennym hawl i'w gweld yw honno y mae'r unigolyn wedi rhoi'r caniatâd inni ei gweld, fwy neu lai, drwy hawlio eithriad. Hyd yn oed wrth imi ddweud hynny, yr oedd yn swnio'n ofnadwy o gymhleth, ond gobeithiaf ei fod yn gwneud rhywfaint o synnwyr.

[76] **Alun Cairns:** In the private sector, there are different credit reference agencies that share information between different organisations that are wholly unrelated. Would it be reasonable for you to gain the information from government agencies, possibly the Inland Revenue or the National Insurance Contributions Office, which I think is in Newcastle, to help you prevent fraud—

[76] **Alun Cairns:** Yn y sector preifat, mae gwahanol asiantaethau cyfeirio credyd sydd yn rhannu gwybodaeth rhwng gwahanol gyrff sydd yn gwbl anghysylltiedig. A fyddai'n rhesymol ichi gael yr wybodaeth oddi wrth asiantaethau'r llywodraeth, Cyllid y Wlad o bosibl neu'r Swyddfa Cyfraniadau Yswiriant Gwladol, sydd yn Newcastle yr wyf yn credu, i'ch helpu i atal twyll—

Mr Craig: The answer to that question is 'yes'. That is a much better answer altogether, and that is what we will be doing.

Mr Craig: Yr ateb i'r cwestiwn hwnnw yw 'byddai'. Mae hynny'n well ateb o lawer, a dyna'r hyn y byddwn yn ei wneud.

[77] **Janet Davies:** I suggest that, before we go on to look at the impacts of the new developments that are proposed, we have a

[77] **Janet Davies:** Awgrymaf, cyn inni fynd ymlaen i ystyried effeithiau'r datblygiadau newydd a gynigir, ein bod yn cael egwyl

coffee break. Witnesses and Committee members will be served separately, for obvious reasons.

goffi. Gweinir ar y tystion ac aelodau'r Pwyllgor ar wahân, am resymau amlwg.

[*Cynhaliwyd egwyl goffi rhwng 3.22 a 3.42 p.m.*]

[*A coffee break was held between 3.22 and 3.42 p.m.*]

[78] **Janet Davies:** I would like to go on to look at the impact of new developments. Paragraph 69 of the report refers to the introduction in Wales, early next year, of point of treatment exemption checks for dental services and point of service exemption checks for optical services. How much will these new checks cost the Assembly and how much extra revenue will they generate?

[78] **Janet Davies:** Hoffwn fynd ymlaen i ystyried effaith y datblygiadau newydd. Mae paragraff 69 yr adroddiad yn cyfeirio at gyflwyno yng Nghymru, yn gynnar y flwyddyn nesaf, gwiriadau eithrio wrth roi triniaeth ar gyfer gwasanaethau deintyddol a gwiriadau eithrio wrth gyflwyno gwasanaeth ar gyfer gwasanaethau optegol. Beth fydd cost y gwiriadau newydd hyn i'r Cynulliad a faint o refeniw ychwanegol y byddant yn ei greu?

Mr Craig: We are talking in each case about start-up costs, in terms of sending around initial publicity, and then ongoing costs. In both cases, the cost is substantially less than £100,000 per year. If you bear with me, I will try to find the number. For the general dental service, the full year costs will be £46,000, and the start-up costs £91,000, which relates to providing training for practice staff. In the case of the ophthalmic service, the figure is £52,000 for the checks and the start-up costs are £45,000 for staff training. In both cases, those costs are supplemented by the initial literature that we are putting out along with

Mr Craig: Yr ydym yn sôn yn y ddu achos am gostau cychwyn, yn nhermau dosbarthu cyhoeddusrwydd dechreuol, ac wedyn costau cyfredol. Yn y ddu achos, mae'r gost yn is o lawer na £100,000 y flwyddyn. Os byddwch yn amyneddgari â mi, ceisiaf ddod o hyd i'r ffigur. Ar gyfer y gwasanaeth deintyddol cyffredinol, costau'r flwyddyn gyfan fydd £46,000, a'r costau cychwyn fydd £91,000, sydd yn ymwneud â darparu hyfforddiant i staff practisiau. Yn achos y gwasanaeth ophthalmig, y ffigur yw £52,000 am y gwiriadau a'r costau cychwyn yw £45,000 ar gyfer hyfforddi staff. Yn y ddu achos,

posters and so on, which, certainly in the case of dental checks, is around £21,000.

ychwanegir at y costau hynny gan y deunydd darllen dechreuol yr ydym yn ei ddosbarthu ynghyd â phosteri ac yn y blaen, sydd, yn sicr yn achos gwiriadau deintyddol, tua £21,000.

[79] **Janet Davies:** Have you any idea of how much extra revenue that that might generate or how much you hope that it will generate?

[79] **Janet Davies:** A oes gennych unrhyw syniad ynghylch pa faint o refeniw ychwanegol y gallai hynny ei greu neu faint yr ydych yn gobeithio y bydd yn ei greu?

Mr Craig: Again, I do not have a target for that because I am not sure that we understand sufficiently the dynamics of the relationship between the checks. We are confident that these checks will generate significantly more than they are costing. I also think that they will be more effective for a couple of very obvious reasons. First, the volume of people going through these systems is much smaller. Secondly, most encounters between patients and dentists or opticians involve more than one event, so the opportunities for people to be told about the system and to be required to produce the evidence without inconvenience to themselves will be greater. So, I have high hopes that these checks will be effective, but I do not have in mind a particular target for them. Although, to be perfectly frank, one of the things that I have learnt this afternoon is that it would be a very good idea to talk to those concerned before these checks are introduced to see whether there is scope for setting a particular target. In the light of this report and this afternoon's meeting, I will

Mr Craig: Unwaith eto, nid oes gennfy darged ar gyfer hynny oherwydd nid wyf yn sicr a oes gennym ddigon o ddealltwriaeth o ddynameg y berthynas rhwng y gwiriadau. Yr ydym yn ffyddio y bydd y gwiriadau hyn yn creu llawer mwy na'u cost. Credaf hefyd y byddant yn fwy effeithiol am un neu ddu o resymau amlwg iawn. Yn gyntaf, mae nifer y bobl sydd yn mynd drwy'r systemau hyn yn llai o lawer. Yn ail, mae'r rhan fwyaf o gysylltiadau rhwng cleifion a deintyddion neu optegwyr yn cynnwys mwy nag un digwyddiad, felly bydd mwy o gyfle i ddweud wrth bobl am y system a mynnu eu bod yn dangos y dystiolaeth heb beri anhwylustod iddynt. Felly, yr wyf yn obeithiol iawn y bydd y gwiriadau hyn yn effeithiol, ond nid oes gennyl darged penodol ar eu cyfer mewn golwg. Er hynny, a bod yn gwbl onest, un o'r pethau a ddysgais y prynhawn yma yw y byddai'n syniad da iawn siarad â'r rhai sydd yn gysylltiedig cyn cyflwyno'r gwiriadau hyn i weld a oes cyfle i bennu targed penodol. Yng ngoleuni'r

also talk to those concerned about whether the checks and follow-up processes—which are different for each of these as the relationship involves the health authority in one case and a central organisation for England and Wales in the other—could be made more rigorous in order not to put us in the same position that we are in with these checks in pharmacies that we are discussing this afternoon.

[80] **Janet Davies:** So you are looking at the weaknesses that have been identified in the point of dispensing checks and you will take those on board. Will you be putting any additional checks or controls in place to supplement those?

Mr Craig: That is the aim of the conversations, particularly with the health authorities, which have a particular role with opticians. At present, we have what seems to us, and certainly to the NAO, an incomplete loop in the generation of the charge or the dispensing of the prescription, and the checking subsequently of whether an exemption was appropriately given. There does not seem to be a sufficiently strong link between the information that might give rise to a check and that check actually being made. My concern here is that the loop be closed on dental and optical charges in such a

adroddiad hwn a'r cyfarfod hwn y prynhawn yma, byddaf hefyd yn siarad â'r rhai sydd yn gysylltiedig ynghylch a ellid gwneud y gwiriadau a'r prosesau dilynol—sydd yn wahanol ar gyfer y ddau beth hyn gan fod y berthynas yn cynnwys yr awdurdod iechyd mewn un achos a chorff canolog i Gymru a Lloegr yn y llall—yn fwy trwyndl er mwyn peidio â'n rhoi yn yr un sefyllfa ag yr ydym yn ei wynebu gyda'r gwiriadau mewn fferyllfeydd yr ydym yn eu trafod y prynhawn yma.

[80] **Janet Davies:** Felly yr ydych yn edrych ar y gwendidau a ganfuwyd yn y gwiriadau wrth ddosbarthu a byddwch yn eu hystyried. A fyddwch yn rhoi unrhyw wiriadau neu reolaethau ychwanegol ar waith i ategu'r rheini?

Mr Craig: Dyna nod y sgyrsiau, yn enwedig y rhai â'r awdurdodau iechyd, sydd â'r rôl benodol â'r optegwyr. Ar hyn o bryd, mae gennym yr hyn sydd yn ymddangos i ni, ac yn sicr i'r Swyddfa Archwilio Genedlaethol, yn gylch anghyflawn wrth gynhyrchu'r tâl neu ddosbarthu'r presgripsiwn, a gwirio wedyn a oedd yr eithriad wedi ei roi'n briodol. Nid ymddengys fod cyswllt digon cryf rhwng yr wybodaeth a allai arwain at wiriad a chyflawni'r gwiriad hwnnw. Yr hyn sydd yn bwysig i mi yma yw cwblhau'r cylch ar daliadau deintyddol ac optegol yn y fath fod fel bod y gwiriadau yn y pen blaen yn

way that the checks made at the sharp end are themselves more rigorous and, where information suggests that there is a question to be asked, that there is a systematic way of asking that question so that the right people are approached. For example, we will certainly bring the staff of the Counter Fraud Operational Services, which I mentioned earlier, into that. These two charges—optical and dental—will be part of the agenda for my meeting in January.

[81] **Janet Davies:** I am personally very relieved about this counter fraud agency, because it came up in April when we looked at the aggregated accounts, and I was very concerned at that point that nothing seemed to be happening in Wales on it. I will move on to the issue of the operational problems that Health Solutions Wales has been experiencing. Paragraphs 60 to 65 of the report describe where it stands at the moment. Why was the situation allowed to deteriorate to the point where it was not possible to price fully the prescriptions issued in Wales, and what has been done to address that?

Mr Craig: The initial cause was the lack of availability of certain common generic drugs. The pricing process is done by highly skilled people who take the best part of six months to train, and a lot longer to become fully operational. They get through a phenomenal

fwy trwyndl a, lle y mae gwybodaeth yn awgrymu bod cwestiwn i'w ofyn, bod dull systematig o ofyn y cwestiwn hwnnw fel yr eir at y bobl iawn. Er enghraifft, byddwn yn sier yn cynnwys staff y Gwasanaethau Gweithredol Gwrth Dwyll, a grybwylais yn gynharach, yn hynny. Bydd y ddau dâl hyn—yr un optegol a'r un deintyddol—yn rhan o'r agenda ar gyfer fy nghyfarfod yn Ionawr.

[81] **Janet Davies:** Teimlaf ryddhad mawr fy hun ynghylch yr asiantaeth wrth-dwyll hon, oherwydd cododd yn Ebrill pan ystyriasm y cyfrifon cyfansymiol, a phryderwn yn fawr bryd hynny ei bod yn ymddangos nad oedd dim yn digwydd yng Nghymru yn ei chylch. Symudaf ymlaen at fater y problemau gweithredol y mae Health Solutions Wales wedi eu profi. Mae paragraffau 60 i 65 yr adroddiad yn disgrifio ei sefyllfa ar hyn o bryd. Pam y gadawyd i'r sefyllfa ddirywio nes ei bod yn amhosibl prisio'n llawn y presgripsiynau a roddir yng Nghymru, a beth a wnaethpwyd i roi sylw i hynny?

Mr Craig: Yr achos dechreul oedd diffyg argaeledd rhai cyffuriau generig cyffredin. Cyflawnir y broses brisio gan bobl fedrus iawn y mae'n cymryd bron chwe mis i'w hyfforddi, a llawer hwy iddynt ddod yn llwyr weithredol. Trafodant nifer ryfeddol o

number of scripts in a day, but they do it at top speed on the basis of having a lot of information in their heads. When the more common drugs ceased to be available, they were denied the opportunity to use the codes in their heads and had to move to others, which required them to refer to other reference works that they keep by their work-stations. That simply slowed them down. It happened here and it happened in England, which has an identical problem.

bresgripsiynau mewn diwrnod, ond gwnânt hynny mor gyflym â phosibl am fod ganddynt lawer o wybodaeth ar eu cof. Pan beidiodd y cyffuriau mwy cyffredin â bod ar gael, nid oedd ganddynt mo'r cyfle i ddefnyddio'r codau a oedd ar eu cof ac yr oedd yn rhaid iddynt droi at rai eraill, a olygai eu bod yn gorfod cyfeirio at gyfeiriaduron eraill y maent yn eu cadw wrth eu gweithfannau. Yr oedd hynny'n eu harafu. Digwyddodd yma a digwyddodd yn Lloegr, sydd â phroblem o'r un fath yn union.

As that process happened, so a backlog just built up—they could not push the things through. As soon as we became aware of it, we were in touch with Health Solutions Wales. We discussed the nature of the problem with it. That was at the back end of last year. We also discussed and agreed that it would be right to put more resources into this, and so we have made extra resources available to Health Solutions Wales to hire extra staff. It has been taking this staff on. We are talking about some 30 staff, which represents a substantial proportion of the people at the sharp end pricing, where you are talking about maybe 60 to 70 people in total. It is slightly complicated to actually tell you how many they come to in full-time equivalents, because there are several part-timers and there is a high turnover of staff, it has to be said. It took on staff as fast as its training system could cope, and those staff are beginning to come on stream. They are

Wrth i'r broses honno ddigwydd, yr oedd ôl-groniad yn datblygu—ni allent wthio'r pethau drwodd. Cyn gynted ag y cawsom wybod am hyn, cysylltasom â Health Solutions Wales. Trafodasom natur y broblem ag ef. Yr oedd hynny ddiweddy flwyddyn ddiwethaf. Trafodasom a chytunasom hefyd mai priodol fyddai rhoi mwy o adnoddau ar gyfer hyn, ac felly darparasom adnoddau ychwanegol i Health Solutions Wales i gyflogi staff ychwanegol. Mae wedi bod yn cymryd y staff ymlaen. Yr ydym yn sôn am tua 30 o staff, sydd yn gyfran sylweddol o'r rhai sydd yn prisio yn y pen blaen, lle'r ydych yn sôn am 60 i 70 o bobl at ei gilydd efallai. Braidd yn gymhleth yw dweud wrthych faint yn union sydd ohonynt o ran y nifer sydd yn cyfateb i weithwyr llawn amser, oherwydd mae sawl gweithiwr rhan amser a throsiant staff uchel, rhaid dweud. Cymerodd staff ymlaen mor gyflym ag y gallai'r system hyfforddi

being used, first of all, to do more simple tasks, such as completing basic entry of information. Eventually, early in the new year, all these 30-odd new staff, we hope, will be fully effective and can then begin to eat into the backlog.

ymdopi, ac mae'r staff hynny'n dechrau dod yn weithredol. Fe'u defnyddir, yn gyntaf oll, i gyflawni tasgau symlach, fel cofnodi sylfaenol o wybodaeth. Yn y pen draw, yn gynnar yn y flwyddyn newydd, gobeithiwn y bydd pob un o'r 30, fwy neu lai, o staff newydd yn llwyr weithredol ac y gallwn wedyn ddechrau lleihau'r ôl-groniad.

Arrangements have now been made that have dealt with the processing problems that have arisen, and the staff output is on its way back to what could be considered to be normal levels at which they can begin to eat into the backlog. Health Solutions Wales has a plan to do this, which we have approved. I need hardly tell you, on the basis of this report, that we have been in discussion with it about this plan and are having it fairly rigorously appraised at the moment, to be quite sure what is in it and whether its components are robust.

Gwnaethpwyd trefniadau bellach sydd wedi delio â'r problemau prosesu a gododd, ac mae cynyrch y staff yn dechrau cyrraedd lefelau y gellid eu hystyried yn rhai arferol lle y gallant ddechrau turio i mewn i'r ôl-groniad. Mae gan Health Solutions Wales gynllun i wneud hyn, a gymeradwywyd gennym. Prin bod angen imi ddweud wrthych, ar sail yr adroddiad hwn, ein bod wedi trafod y cynllun hwn ag ef ac yn perio iddo gael ei werthuso'n eithaf trwyndl ar hyn o bryd, i fod yn gwbl sicr o'r hyn sydd ynddo ac a yw ei elfennau'n gadarn.

[82] **Janet Davies:** Do you feel fairly confident that it will be up-to-date by around about the middle of next year?

[82] **Janet Davies:** A ydych yn teimlo'n eithaf ffyddio y bydd wedi cael gwared â'r ôl-groniad erbyn tua chanol y flwyddyn nesaf?

Mr Craig: I certainly hope so. As I say, I have only been looking at this closely for the last two or three weeks. I will wait and see what everybody says about it. What I do know is that the plan that everyone concerned

Mr Craig: Gobeithiaf hynny'n wir. Fel y dywedais, nid wyf ond yn edrych yn fanwl ar hyn ers dwy neu dair wythnos. Arhosaf i weld beth y bydd pawb yn ei ddweud amdano. Yr hyn a wn yw bod y cynllun yr

accepted was robust, points to that. Until I have seen the evidence of it, I would rather not offer a view on it. However, I certainly have high hopes that the plan is a robust one.

oedd pawb sydd yn gysylltiedig wedi derbyn ei fod yn gadarn, yn awgrymu hynny. Hyd nes y gwelaf dystiolaeth o hynny, byddai'n well gennyf beidio â chynnig barn arno. Fodd bynnag, yr wyf yn sicr yn obeithiol iawn bod y cynllun yn un cadarn.

[83] **Janet Davies:** Paragraph 63 sets out the interim arrangements for the payments to pharmacists arising out of the problems that have been experienced. What risks do you see that those arrangements may contain for the Assembly?

[83] **Janet Davies:** Mae paragraff 63 yn nodi'r trefniadau dros dro ar gyfer y taliadau i fferyllwyr sydd yn codi o'r problemau a brofwyd. Pa beryglon a allai fod yn y trefniadau hynny i'r Cynulliad, yn eich barn chi?

Mr Craig: Our hope and belief, on the basis of the extensive work that we have done on it, is that the arrangements should not contain a risk and that we should actually know what the balance of cost is between the various approaches. We were very reluctant to rush into this. We wanted to be quite clear about it. So, we have gone for what, on balance, seems to us to be a fair deal for the Assembly. I think that it is fair to say that Mr Wilcox did much of the work on this. It is a deal that does not carry with it any real risk of loss to the Assembly. The anxiety we have is to be fair to the pharmacists, but also to be vigilant about public money and to get this thing sorted out because of its knock-on effects.

Mr Craig: Ein gobaith a'n cred, ar sail y gwaith helaeth a wnaethom arno, yw na ddylai'r trefniadau gynnwys perygl ac y dylem wybod yn union beth yw cydbwysedd y costau rhwng y gwahanol ddulliau gweithredu. Yr oeddem yn amharod iawn i ruthro i hyn. Yr oeddem am fod yn gwbl glir yn ei gylch. Felly dewisasm yr hyn sydd yn ymddangos i ni, rhwng pob dim, yn fargen deg i'r Cynulliad. Credaf mai teg yw dweud mai Mr Wilcox a wnaeth lawer o'r gwaith ar hyn. Mae'n fargen nad yw'n cynnwys unrhyw berygl gwirioneddol o golled i'r Cynulliad. Yr ydym yn awyddus i fod yn deg â'r fferyllwyr, ond hefyd i fod yn wyliadwrus ynghylch arian cyhoeddus a datrys hyn oherwydd ei effeithiau cynyddol.

[84] **Janet Davies:** I think that you will understand that the Committee is probably quite worried about this because clearly there have been all sorts of problems.

[84] **Janet Davies:** Credaf y byddwch yn deall bod y Pwyllgor yn eithaf pryderus am hyn, yn ôl pob tebyg, oherwydd mae'n amlwg y bu pob math o problemau.

Mr Craig: Yes.

Mr Craig: Do.

[85] **Janet Davies:** If you are paying a certain amount up-front and a certain amount afterwards, it does seem to me that it is a rather risky situation. So, you do not feel that there would be substantial under or over payments?

[85] **Janet Davies:** Os ydych yn talu swm penodol ymlaen llaw a swm penodol wedyn, ymdengys i mi ei bod yn sefyllfa eithaf peryglus. Felly, nid ydych yn teimlo y byddai tandaliadau neu ordaliadau sylweddol?

Mr Craig: Not overall, no. There will be a certain amount of swings and roundabouts within it, but the calculation that concerns us is that the global

Mr Craig: Nid yn gyffredinol, nac ydwyt. Bydd rhywfaint o golli ac ennill oddi mewn iddi, ond yr ystyriaeth sydd o bwys i ni yw bod y system

system works effectively and the balance of interest between us and the pharmacists is appropriate and protects the Assembly's interests.

[86] **Janet Davies:** Peter, would you like to ask some questions on this?

[87] **Peter Law:** I was just thinking, Chair, about Health Solutions Wales, which you discussed earlier. That was very interesting to me because we had a situation where this contract was awarded for a computer system to be up and running by December 1999 to be year 2000 compliant, and it is not expected to be fully implemented until the end of January 2001. Everybody has difficulties with these things; I understand that. What have you done as far as ensuring that this has been fully investigated and all pressure has been put on the contractors to actually get this up and running?

Mr Craig: The priority we have had has been, as you say, to put as forceful a pressure as we can, through the health authorities and Health Solutions Wales, on the contractors to deliver. The main concern of everyone concerned is to get this system delivered. How we might thereafter consider the matter with the contractors, I think that we will consider when the thing is actually running. When a project of this sort is underway, there comes a point when all one can do is constantly press the contractors, which is what HSW has been doing and so have we. Bro Taf Health Authority has invited an external auditor (PricewaterhouseCoopers) in and the external auditor has accepted its invitation. The external auditor is now looking at this project with a view to sorting the thing out to see how the problem arose, how it can be dealt with and responded to afterwards.

[88] **Peter Law:** Are you satisfied that you have done everything to monitor Health Solutions Wales to get this thing moving in the way it should have been, bearing in mind that it has cost us, what is it, £740,000 in additional expenditure, and it has not actually complied with the procedure?

Mr Craig: It is difficult to see how much closer we could have got to HSW on all of this without actually getting involved at a level that is inappropriate. So, we have been very close to it and have pressed it very hard and it is difficult to see how much harder we could have pressed it, frankly.

[89] **Peter Law:** What is a level that is inappropriate?

gyfan yn gweithio'n effeithiol a bod cydbwysedd y buddiannau rhngom ni a'r fferyllwyr yn briodol ac yn amddiffyn buddiannau'r Cynulliad.

[86] **Janet Davies:** Peter, a hoffech ofyn cwestiynau ar hyn?

[87] **Peter Law:** Yr oeddwn yn meddwl, Gadeirydd, am Health Solutions Wales, yr oeddech yn ei drafod yn gynharach. Yr oedd hynny'n ddiddorol iawn i mi oherwydd yr oedd gennym sefyllfa lle y dyfarnwyd y contract hwn am system gyfrifiadur a oedd i fod yn weithredol erbyn Rhagfyr 1999 i fod yn gyson â gofynion y flwyddyn 2000, ac ni ddisgwylir iddi gael ei chwblhau'n llawn tan ddiwedd Ionawr 2001. Caiff pawb drafferthion â'r pethau hyn; deallaf hynny. Beth a wnaethoch o ran sicrhau bod ymchwiliad llawn wedi bod i hyn a bod pwysau wedi ei roi ar y contractwyr i'w rhoi ar waith?

Mr Craig: Y flaenoriaeth sydd wedi bod gennym, fel y dywedasoch, yw rhoi cymaint o bwysau ag y gallwn, drwy'r awdurdodau iechyd a Health Solutions Wales, ar y contractwyr i gyflawni'r gwaith. Yr hyn sydd yn bwysicaf gan bawb sydd yn gysylltiedig yw cwblhau'r system hon. Credaf y byddwn yn ystyried sut y gallem drafod y mater gyda'r contractwyr ar ôl hynny pan fydd y peth yn rhedeg. Pan fo prosiect o'r math hwn yn mynd rhagddo, daw adeg pan mai'r cwbl y gellir ei wneud yw pwysô'n gyson ar y contractwyr, a dyna a wnaeth Health Solutions Wales a ninnau. Mae Awdurdod Iechyd Bro Taf wedi gwahodd archwilydd allanol (PricewaterhouseCoopers) i ddod i mewn ac mae'r archwilydd allanol wedi derbyn ei wahoddiad. Mae'r archwilydd allanol yn edrych ar y prosiect hwn yn awr gyda golwg ar ddatrys pethau i weld sut y cododd y broblem, sut y gellir delio â hi ac ymateb iddi wedyn.

[88] **Peter Law:** A ydych yn fodlon eich bod wedi gwneud popeth i fonitro Health Solutions Wales i wneud i hyn symud fel y dylai, gan gofio ei fod wedi costio, beth ydyw, £740,000 mewn gwariant ychwanegol i ni, ac nad yw wedi cydymffurfio â'r weithdrefn mewn gwirionedd?

Mr Craig: Mae'n anodd gweld faint yn agosach at Health Solutions Wales y gallasem fod wedi mynd ynghylch hyn oll heb fynd yn gysylltiedig ar lefel sydd yn amhriodol. Felly, buom yn agos iawn ato ac yr ydym wedi pwysô arno'n galed iawn ac anodd yw gweld sut y gallem fod wedi pwysô'n galetach arno, a dweud y gwir.

[89] **Peter Law:** Beth yw lefel sydd yn amhriodol?

Mr Craig: A level that is inappropriate is one where we begin to interfere in—and I would not suggest for a second that we would wish to do that—its day-to-day management of its business. However, we have been in touch with it regularly on a very frequent basis, monitoring the situation, talking to HSW, keeping in touch with it, asking questions and ensuring that the plan is there and being pursued. However, we have also in mind that once we get the external auditor's report, we will also see whether there is more that we can do in the short term and, indeed, in the longer term, to get this sorted out. However, in the period between the time when this should have been delivered and now, I think that it is fair to say that we have been extremely close to it.

[90] **Peter Law:** So you are saying that you are satisfied that you could not have done more—

Mr Craig: I do not, as of now, see what more we could have done to make the computer system introduction more effective than it was. If someone can produce other actions that we can take, then we will take them. However, for the time being, I do not think that there is much more that we could have done, and we have looked at every effort that we could make to get this up and running.

[91] **Peter Law:** I see that we will be having a more in-depth report from the National Audit Office on this. Paragraph 65 of this report refers to developments on e-prescribing. I would be interested to hear what benefits you are hoping to achieve from the initiative of e-prescribing, and what progress has been made on it. If progress has been made, when do you expect to be able to decide whether it can be more widely

Mr Craig: Lefel sydd yn amhriodol yw un lle'r ydym yn dechrau ymyrryd—ac nid awgrymwn am eiliad y dymunem wneud hynny—yn ei reolaeth o'i fusnes o ddydd i ddydd. Fodd bynnag, buom mewn cysylltiad ag ef yn rheolaidd ac yn aml, gan foni tro'r sefyllfa, siarad â Health Solutions Wales, cadw mewn cysylltiad ag ef, gofyn cwestiynau a sicrhau bod y cynllun yno ac y caiff ei ddilyn. Fodd bynnag, yr ydym yn cadw mewn cof hefyd, pan gawn adroddiad yr archwilydd allanol, y byddwn yn gweld a oes mwy y gallwn ei wneud yn y tymor byr ac, yn wir, yn y tymor hwy, i ddatrys hyn. Fodd bynnag, credaf mai teg yw dweud inni fod yn agos iawn iddo rhwng yr adeg pan ddylai hyn fod wedi ei gwblhau a'r awr hon.

[90] **Peter Law:** Felly yr ydych yn dweud eich bod yn fodlon na allech fod wedi gwneud mwy—

Mr Craig: Ar hyn o bryd, ni welaf beth y gallem fod wedi ei wneud yn ychwanegol i gael cyflwyno'r system gyfrifiadur yn fwy effeithiol nag a wnaethpwyd. Os gall rhywun ddangos camau eraill y gallwn eu cymryd, yna fe'u cymerwn. Fodd bynnag, am y tro, ni chredaf fod llawer mwy y gallem fod wedi ei wneud, ac ystyriasm bob ymdrech a fyddai'n bosibl i ni i roi hwn ar waith.

[91] **Peter Law:** Gwelaf y byddwn yn cael adroddiad manylach ar hyn gan y Swyddfa Archwilio Genedlaethol. Mae paragraff 65 yr adroddiad hwn yn cyfeirio at ddatblygiadau ar ragnodi electronig. Byddai o ddiddordeb imi glywed pa fanteision yr ydych yn gobeithio eu sicrhau o'r fenter rhagnodi electronig, a pha gynnydd a gafwyd arni. Os bu cynnydd, pa bryd y disgwyliwch allu penderfynu a ellir ei weithredu'n ehangach, o

implemented, bearing in mind that it was a pilot scheme? gofio mai cynllun peilot oedd hwn?

Mr Craig: A fully effective e-prescribing system actually has most of the checks that one would want built into it. Therefore, the benefit of an e-prescribing system would be that we would take a substantial chunk of the potential for human and other error out of this system, if it could be made to work. There are parts of the world where there are systems that look like what we want, operating.

Mr Craig: Mae system rhagnodi electronig gwbl effeithiol yn cynnwys y rhan fwyaf o'r gwiriadau y byddai ar rywun eu hangen, mewn gwirionedd. Felly, mantais system rhagnodi electronig yw y byddem yn tynnu rhan helaeth o'r posibiliadau o gamgymeriadau dynol ac eraill o'r system hon, os gellid ei rhoi ar waith. Mae rhannau o'r byd lle y gweithredir systemau sydd yn ymddangos fel yr hyn y dymunwn ei gael.

What do we want e-prescribing to do? We want e-prescribing to get together all the information that one needs in order to make an appropriate assessment of such things as exemptions. It will have other effects as well; it will tighten up the linkages between pharmacies and general practice and it will give us better management information about the system and so forth. However, in terms of this inquiry this afternoon, it would certainly close an awful lot of the loopholes that we see here.

Beth y dymunwn i ragnodi electronig ei wneud? Dymunwn i ragnodi electronig gasglu'r holl wybodaeth y mae ar rywun ei hangen er mwyn gwneud asesiad priodol o bethau fel eithriadau. Caiff effeithiau eraill hefyd; bydd yn tynhau'r cysylltiadau rhwng fferyllfeydd a meddygaeth deulu a bydd yn rhoi gwell gwybodaeth reoli i ni am y system ac yn y blaen. Fodd bynnag, yn nhermau'r ymchwiliad hwn y prynhawn yma, byddai'n sicr o gau llawer iawn o'r bylchau a welwn yma.

Where things currently stand is that there are efforts being made in England—and we are looking at similar efforts here in parallel with them—to set up pilot schemes. Those pilots are being considered in consultation with potential contractors who would carry them

Y sefyllfa ar hyn o bryd yw bod ymdrechion yn Lloegr—ac yr ydym yn ystyried ymdrechion tebyg yma ochr yn ochr â hwy—i sefydlu cynlluniau peilot. Ystyrir y rhagbrofion hyn mewn ymgynghoriad â chontractwyr possibl a fyddai'n eu cyflawni.

out. Therefore, setting up pilots just to see if it can be made to work somewhere—and the report refers to pilots in paragraph 65—is the stage that we are currently at.

Felly, sefydlu rhagbrofion i weld a ellir gwneud iddynt weithio yn rhywle—ac mae'r adroddiad yn cyfeirio at ragbrofion ym mharagraff 65—yw'r cam lle'r ydym ar hyn o bryd.

Those pilots would have to be set up and given a certain amount of time to run. If they work and if it were deemed that they were effective in the way that I have just described, there would be a process of rolling them out into both general practices and pharmacies, establishing such linkages with other sources of information as one would hope could be done—and I discussed with Mr Cairns earlier the possibility of linkages to benefit systems and matters of that sort—and getting appropriate linkages back into Health Solutions Wales and/or health authorities, because health authorities have to be included in this as well. Given the complexity of that, I would be very surprised indeed if it happened in less than four or five years. I just do not think that it would be realistic for me to suggest that it could be done quicker than that. It is going to take a while to do this.

Byddai'n rhaid sefydlu'r rhagbrofion hynny a rhoi cyfnod amser penodol iddynt redeg. Os llwyddant ac os bernid eu bod yn effeithiol yn y modd a ddisgrifiais gynnau, byddai proses o'u hymestyn i feddygfeydd teulu ac i fferyllfeydd, gan sefydlu hynny o gysylltiadau â ffynonellau gwybodaeth eraill ag y byddai rhywun yn gobeithio eu bod yn bosibl—a thrafodais â Mr Cairns yn gynharach y posibiliad o gysylltiadau â systemau budd-daliadau a materion o'r math hwnnw—ac ailsefydlu cysylltiadau priodol yn Health Solutions Wales ac/neu awdurdodau iechyd, oherwydd rhaid cynnwys awdurdodau iechyd hefyd. O ystyried mor gymhleth yw hynny, synnwn yn fawr iawn pe digwyddai ymhen llai na phedair neu bum mlynedd. Ni chredaf y byddai'n realistig o gwbl imi awgrymu y gellid ei wneud yn gynt na hynny. Cymer gryn amser i wneud hyn.

[92] **Peter Law:** I am grateful for your honesty in that response. It is something for which we will have to wait a little longer. When was this pilot scheme announced?

[92] **Peter Law:** Yr wyf yn ddiolchgar am eich gonestrwydd yn yr ymateb hwnnw. Mae'n rhywbeth y byddwn yn gorfol disgwyl ychydig yn hwy amdano. Pa bryd y cyhoeddwyd y cynllun peilot hwn?

Mr Craig: I cannot remember when it was announced that we were actually going to do pilots. There was an earlier attempt at pilots earlier this year, I understand. The process towards e-prescribing has been going on for a long time. Perhaps Mr Wilcox can tell me more precisely?

Mr Craig: Ni allaf gofio pa bryd y cyhoeddwyd y byddem yn cyflawni rhagbrofion. Bu cynnig ar ragbrofion yn gynharach eleni, yr wyf yn deall. Mae'r broses o symud at ragnodi electronig yn digwydd ers amser hir. Efallai y gall Mr Wilcox ddweud wrthyf yn fwy manwl?

Mr Wilcox: It was in 1999 that we first started.

Mr Wilcox: Yn 1999 y dechreusom gyntaf.

Mr Craig: Was it in the White Paper?

Mr Craig: A oedd yn y Papur Gwyn?

Mr Wilcox: Yes.

Mr Wilcox: Oedd.

Mr Craig: There was mention of it in the White Paper last year.

Mr Craig: Yr oedd sôn amdano yn y Papur Gwyn y llynedd.

[93] **Peter Law:** It was mentioned in the White Paper, but we have not found one yet.

[93] **Peter Law:** Yr oedd sôn amdano yn y Papur Gwyn, ond ni ddaethom o hyd i un eto.

Mr Craig: We have not been able to get a viable pilot up and running since then. That may well be a measure of the complexity of it.

Mr Craig: Ni lwyddasom i roi rhagbrawf ymarferol ar waith ers hynny. Mae'n ddigon posibl bod hynny'n arwydd o'i gymhlethod.

[94] **Peter Law:** Therefore, it could be some years before we get a pilot set up?

[94] **Peter Law:** Felly, gallai fod yn rhai blynyddoedd cyn y byddwn yn sefydlu rhagbrawf?

Mr Craig: Yes.

Mr Craig: Gallai.

[95] **Peter Law:** We have already had a year or so—

[95] **Peter Law:** Cawsom flwyddyn, fwy neu lai, eisoes—

Mr Craig: We hope not, but it could be. There is no point faffing about that. It is perfectly possible that it will take a while yet to get a viable set of pilots up and running so that we can see on more than one model whether this works.

Mr Craig: Gobeithiwn nad felly y bydd, ond gallai fod. Nid oes diben anwadalu am hynny. Mae'n gwbl bosibl y cymer gryn amser eto i roi set o ragbrofion ymarferol ar waith fel y gallwn weld a yw hyn yn gweithio mewn mwy nag un model.

[96] **Peter Law:** So it is a something and nothing situation in some respects, at the present time. It would be right if we could fulfil this. It would be very important. However, at the moment, it is probably five years away, at least.

[96] **Peter Law:** Felly mae'n sefyllfa o rywbeth neu ddim i ryw raddau, ar hyn o bryd. Byddai'n iawn pe gallem gyflawni hyn. Byddai'n bwysig iawn. Fodd bynnag, ar hyn o bryd, mae'n bum mlynedd i ffwrdd o leiaf, yn ôl pob tebyg.

Mr Craig: It will be something when we get it, but it is nothing at the moment.

Mr Craig: Bydd yn rhywbeth pan gawn ef, ond nid yw'n ddim ar hyn o bryd.

[97] **Peter Law:** Can you tell us what progress has been made on the Assembly's initiative to become a partner with the Directorate of Counter Fraud Services in the Counter Fraud Operational Services? The First Minister announced that in, I think, May. When will these arrangements be fully operational in Wales, if they are to go ahead,

[97] **Peter Law:** A allwch ddweud wrthym ba gynnnydd a gafwyd ar ymgais y Cynulliad i ddod yn bartner â Chyfarwyddiaeth y Gwasanaethau Gwrth-dwyll yn y Gwasanaethau Gweithredol Gwrth Dwyll? Cyhoeddodd Prif Weinidog Cymru hynny ym Mai, yr wyf yn credu. Pa bryd y gwelwn y trefniadau hyn yn llwyr weithredol yng

and what proportion of this anti-fraud effort would be likely to be focused on prescription fraud?

Nghymru, os byddant yn mynd ymlaen, a phagyfran o'r ymdrech wrth-dwyll hon a fyddai'n debygol o ganolbwyntio ar dwyll presgripsiynau?

Mr Craig: They are already working in the sense that we have an officer in the Counter Fraud Operational Services who is devoted to Welsh interests. We already have at least one of its regional teams giving assistance to one health authority in Wales, and we are, as I said earlier, advertising today for the team of five people to be in post as soon as is practicable, so that we have our own on-site team. So, in terms of the practical implementation of it, that is where we have reached.

Mr Craig: Maent eisoes ar waith yn yr ystyr bod gennym swyddog yn y Gwasanaethau Gweithredol Gwrth Dwyl sydd wedi ei neilltuo i ofalu am fuddiannau Cymru. Mae gennym o leiaf un o'i dimau rhanbarthol eisoes yn rhoi cymorth i un awdurdod iechyd yng Nghymru, ac yr ydym, fel y dywedais yn gynharach, yn hysbysebu heddiw am dîm o bump i fod yn eu swyddi gynted ag y bo modd, fel y bydd gennym ein tîm ei hunain yn y fan a'r lle. Felly, o ran ei weithredu'n ymarferol, aethom mor bell â hynny.

[98] **Peter Law:** So we do not know yet what proportion will be—

[98] **Peter Law:** Felly ni wyddom eto beth fydd y gyfran—

Mr Craig: I am sorry, I forgot the last part of your question. No, I do not know the proportion. That is one of the things on which we will have to take its advice. What do we focus on first is a good question for us to ask those people when they arrive.

Mr Craig: Mae'n ddrwg gennyf, anghofiais ran olaf eich cwestiwn. Na, ni wn beth fydd y gyfran. Dyna un o'r pethau y bydd yn rhaid inni dderbyn ei gyngor arno. Mae mater yr hyn y dylem ganolbwyntio arno'n gyntaf yn gwestiwn da inni ei ofyn i'r bobl hynny pan gyrhaeddant.

[99] **Peter Law:** I understand that. That is fair.

[99] **Peter Law:** Deallaf hynny. Mae hynny'n deg.

[100] **Christine Chapman:** I have a short question following on from the e-prescribing issue. Have you had any resistance from GPs, for example? I understand that a number of GPs' practices are quite resistant to this idea because their computer systems are not always networked because there is a fear of patient confidentiality being breached. I wondered whether you were able to tackle this in this pilot scheme.

[100] **Christine Chapman:** Mae gennyf gwestiwn byr sydd yn dilyn mater rhagnodi electronig. A gawsoch unrhyw wrthwynebiad gan feddygon teulu, er enghraifft? Deallaf fod nifer o bractisiau meddygon teulu'n eithaf gwrthwynebus i'r syniad hwn am nad yw eu systemau cyfrifiadur bob amser ar rwydwaith am fod ofn y torrir cyfrinachedd cleifion. Yr oeddwn yn meddwl tybed a oes modd ichi fynd i'r afael â hynny yn y cynllun peilot hwn.

Mr Craig: I think 'resistance' overstates it. There is a certain caution on their part about the confidentiality and security of the system and we are talking to them closely about it. However, I think that in principle they like the idea because it will make their lives better and put them in a better position to serve their patients. So I do not think it is fair to say that they are resisting it. However, they do want to get it right.

Mr Craig: Credaf fod 'gwrthwynebu' yn gor-ddweud. Mae rhywfaint o ofal ar eu rhan hwy ynghylch cyfrinachedd a diogelwch y system ac yr ydym yn siarad â hwy'n fanwl am hynny. Fodd bynnag, credaf eu bod yn hoffi'r syniad mewn egwyddor am y bydd yn gwella eu bywydau ac yn eu rhoi mewn gwell sefyllfa i wasanaethau eu cleifion. Felly ni chredaf ei bod yn deg dweud eu bod yn ei gwrthwynebu. Fodd bynnag, maent am ei chael yn iawn.

[101] **Alun Cairns:** Staying with 'e-prescribing' as it has been described, to your best knowledge, what is the cost of developing such a system?

[101] **Alun Cairns:** Gan aros â 'rhagnodi electronig' fel y'i disgrifiwyd, hyd y gwyddoch, beth fydd cost datblygu system o'r fath?

Mr Craig: I hesitate to infuriate you, but it depends. It depends on how comprehensive it is and it depends on what basis it is done, because there are various means of

Mr Craig: Petrusaf rhag eich gwyltio, ond mae'n dibynnu. Mae'n dibynnu ar ba mor gynhwysfawr ydyw ac mae'n dibynnu ar ba sail y'i gwneir, oherwydd mae gwahanol

introducing systems of this sort in terms of partnerships with various people.

ddulliau o gyflwyno systemau o'r math hwn yn nhermau partneriaethau â gwahanol bobl.

[102] **Alun Cairns:** From what to what? Give me a range.

[102] **Alun Cairns:** Rhwng beth a beth? Rhowch amrediad i mi.

Mr Craig: Twenty million pounds, at one end.

Mr Craig: Ugain miliwn o bunnoedd yn un pen.

[103] **Alun Cairns:** Is that the bottom or the top?

[103] **Alun Cairns:** Ai'r pen isaf neu'r uchaf yw hwnnw?

Mr Craig: It is about the middle, I should think. If somebody were to ask to me what this is going to cost, and I was not going on record in the Audit Committee, then I would say £22 to £25 million would not be a million miles from it in terms of present day prices. It is an expensive thing to do.

Mr Craig: Mae tua'r canol, gredwn i. Pe bai rhywun yn gofyn imi beth fydd ei gost, ac os nad oedd fy ngeiriau'n cael eu cofnodi yn y Pwyllgor Archwilio, dywedwn na fyddai rhwng £22 a £25 miliwn ymhell iawn ohoni yn ôl prisiau heddiw. Mae'n beth drud i'w wneud.

[104] **Alun Cairns:** So it would potentially pay for itself in two years, bearing in mind the sort of figures that we have talked about?

[104] **Alun Cairns:** Felly gallai dalu amdano'i hun ymhen dwy flynedd, o gofio'r math o ffigurau yr ydym wedi sôn amdanynt?

Mr Craig: If it killed off all this stuff, yes.

Mr Craig: Pe bai'n dileu'r holl bethau hyn, gallai.

[105] **Alun Cairns:** If it were sufficiently robust?

[105] **Alun Cairns:** Pe bai'n ddigon cadarn?

Mr Craig: Yes.

Mr Craig: Ie.

[106] **Alun Cairns:** So we could save this fraud within a couple of years' time with the will and the necessary finance. You mentioned five years as a timescale for that. Given the speed with which technology is developing, I do not think that we can predict what the technology will be in five years' time, so on what basis do you make that judgment?

Mr Craig: To tell you the truth, there is only one way to make that judgment, and that is on experience. There are two issues about that. The first is that all computer systems take longer and are more difficult to implement than anyone thought that they would be. Secondly, technological advance, as you say, is moving forward by a really quite frightening multiplier. There is a serious issue that if you start designing a system too soon, by the time that it is implemented it is obsolete. So, purely on the basis of my experience and what the conversations that I have had with those in the profession tell me, I feel that it would be imprudent of me to suggest that it would take less than five years to design, test, implement and get effective a system that will be as complex as this is, because it is a very complex system. In a single organisation, it would be quite a big task. Among all these

[106] **Alun Cairns:** Felly gallem arbed y twyll hwn ymhen ychydig o flynyddoedd gyda'r ewyllys a'r cyllid angenrheidiol. Soniasoch am bum mlynedd fel amserlen ar gyfer hynny. O ystyried ar ba gyflymder y mae technoleg yn datblygu, ni chredaf y gallwn ragweld beth fydd y dechnoleg ymhen pum mlynedd, felly ar ba sail yr ydych yn dyfarnu felly?

Mr Craig: A dweud y gwir wrthych, nid oes ond un modd i wneud y dyfarniad hwnnw, sef ar sail profiad. Mae dau fater ynghylch hynny. Y cyntaf yw pob system gyfrifiadur yn cymryd mwy o amser ac yn fwy anodd i'w rhoi ar waith nag y credai neb. Yn ail, mae cynydd technolegol, fel y dywedasoch, yn symud ymlaen gan luosogi'n eithaf arswydus. Un ystyriaeth ddifrifol yw os dechreuwch ddylunio system yn rhy gynnar, erbyn ei rhoi ar waith, bydd wedi mynd o arfer. Felly, yn gyfan gwbl ar sail fy mhrofiad a'r hyn a ddywedwyd wrthyf mewn sgyrsiau â rhai yn y proffesiwn, teimlaf y byddai'n annoeth imi awgrymu y cymerai lai na phum mlynedd i ddylunio, profi, gweithredu ac effeithioli system a fydd mor gymhleth â hyn, oherwydd mae'n system gymhleth iawn. Mewn un corff, byddai'n dasg eithaf mawr. Ymysg yr holl gyrrff

diffuse organisations it will be very gwasgaredig hyn bydd yn gymhleth dros ben. complicated indeed.

[107] **Alun Cairns:** I accept that, but if we had started developing a system, say, two years or so ago, we could well be saving the actual cost of that system by now, bearing in mind that the annual fraud could be up to £30 million a year.

Mr Craig: If we had that system now and the system worked—I have to add my own ‘if’ in this—and if it did all the things that are claimed for it, then that would be true, yes.

[108] **Alun Cairns:** Do you want me to continue with my questions, Chair?

[109] **Janet Davies:** Yes.

[110] **Alun Cairns:** Unfortunately, you must stay with me for the next few questions, Mr Craig. Paragraph 69 of the report relates to the point of treatment exemption checks for dental services that were introduced recently in England. The paragraph states that the target date for the introduction of these checks in Wales is 1 January 2001. When exactly were they introduced in England?

[107] **Alun Cairns:** Derbyniaf hynny, ond pe baem wedi dechrau datblygu system ryw ddwy flynedd yn ôl, dyweder, mae’n bosibl iawn y byddem yn arbed cost wirioneddol y system honno erbyn hyn, gan gofio y gallai'r twyll fod yn gymaint â £30 miliwn y flwyddyn.

Mr Craig: Pe bai'r system honno gennym yn awr a'r system honno'n gweithio—rhaid imi ychwanegu fy 'os' fy hun yn hyn—ac os gwnâi'r holl bethau a haerid, byddai hynny'n wir.

[108] **Alun Cairns:** A ydych yn dymuno imi barhau â'm cwestiynau, Gadeirydd?

[109] **Janet Davies:** Ydwyt.

[110] **Alun Cairns:** Yn anffodus, rhaid ichi aros gyda mi am yr ychydig gwestiynau nesaf, Mr Craig. Mae paragraff 69 yr adroddiad yn ymwneud â'r gwiriadau eithrio wrth roi triniaeth ar gyfer gwasanaethau deintyddol a gyflwynwyd yn ddiweddar yn Lloegr. Noda'r paragraff mai'r dyddiad targed ar gyfer cyflwyno'r gwiriadau hyn yng Nghymru yw 1 Ionawr 2001. Pa bryd yn

union y'u cyflwynwyd yn Lloegr?

Mr Craig: I think it was November. It was November. Sorry, I wanted to check that with Mrs Beaver. They were introduced in November of this year.

Mr Craig: Credaf mai yn Nhachwedd yr oedd hynny. Tachwedd oedd hi. Mae'n ddrwg gennyf, yr oeddwn am wirio hynny gyda Mrs Beaver. Fe'u cyflwynwyd ym mis Tachwedd eleni.

[111] **Alun Cairns:** So Wales is a short number of months behind England. What were the reasons for the delay? How much will that delay potentially cost the taxpayer?

[111] **Alun Cairns:** Felly mae Cymru ychydig fisodd ar ôl Lloegr. Beth oedd y rhesymau am yr oedi? Faint y gallai'r oedi hwnnw ei gostio i'r trethdalwr?

Mr Craig: I do not know the answer to your second question. On the first question, among other things, we have different arrangements these days for doing secondary legislation. In order to get it properly scrutinised by the Assembly, we have to put it through processes that, for the time being, cause a certain time lag. As time goes on and we get ourselves more independent, we will reduce these lags.

Mr Craig: Ni wn yr ateb i'ch ail gwestiwn. Ynghylch y cwestiwn cyntaf, ymysg pethau eraill, mae gennym drefniadau gwahanol y dyddiau hyn ar gyfer gwneud deddfwriaeth eraill. Er mwyn cael ei harchwilio'n iawn gan y Cynulliad, rhaid inni ei rhoi drwy brosesau sydd, am y tro, yn achosi rhywfaint o oedi. Wrth i amser fynd heibio ac i ninnau dyfu'n fwy annibynnol, byddwn yn lleihau'r oedi hwn.

[112] **Alun Cairns:** So the legislative process actually costs the taxpayer money. Is that what you are saying?

[112] **Alun Cairns:** Felly mae'r broses ddeddfwriaethol yn costio arian i'r trethdalwr mewn gwirionedd. Ai hynny yr ydych yn ei ddweud?

Mr Craig: It has added time to this process.

Mr Craig: Mae wedi ychwanegu amser at y broses hon.

[113] **Alun Cairns:** Thank you. Remaining with point of exemption checks and also point of treatment checks, how are they being implemented by the Assembly?

[113] **Alun Cairns:** Diolch. Gan aros gyda'r gwiriadau wrth eithrio a hefyd y gwiriadau wrth roi triniaeth, sut y mae'r Cynulliad yn eu gweithredu?

Mr Craig: First of all, by issuing guidance instructions to dentists, by giving them supportive literature and by giving them materials with which they can train themselves and their staff to implement the checks. I think that I mentioned earlier that one of the things that we will be doing straight after this hearing is looking at whether those materials, which are modelled on the ones we prepared for prescription exemptions, are sufficiently robust and whether we need to think about extending and deepening the nature of what is going on here. It is also important to recognise that the professional bodies are undertaking their own professional training about this. It is one of the things that, they having negotiated it, they are themselves issuing guidance to offer support and encouragement to their members to do it. I will be taking away from this the need to look very carefully at whether what we are doing is enough in light of what we have learnt about the prescription experience.

Mr Craig: Yn gyntaf oll, drwy ddosbarthu cyfarwyddiadau arweiniad i ddeintyddion, drwy roi deunydd darllen cynorthwyol iddynt a drwy roi deunyddiau iddynt y gallant eu defnyddio i'w hyfforddi eu hunain a'u staff i weithredu'r gwiriadau. Credaf imi sôn yn gynharach mai un o'r pethau y byddwn yn ei wneud yn syth ar ôl y gwrandoawriad hwn fydd ystyried a yw'r deunyddiau hynny, sydd wedi eu patrymu ar y rhai a baratoasom ar gyfer eithriadau presgripsiwn, yn ddigon cadarn ac a oes angen inni ystyried ehangu a dyfnhau natur yr hyn sydd yn digwydd yma. Mae hefyd yn bwysig cydnabod bod y cyrff proffesiynol yn ymgymryd â'u hyfforddiant proffesiynol eu hunain yngylch hyn. Mae'n un o'r pethau, ar ôl iddynt hwy eu negodi, eu bod hwy eu hunain yn cyhoeddi arweiniad er mwyn cynnig cymorth ac anogaeth i'w haelodau i wneud hyn. Byddaf yn mynd oddi yma â'r angen i ystyried yn ofalus iawn a ydym yn gwneud digon yng ngoleuni'r hyn a ddysgasom am y profiad â phresgripsiynau.

[114] **Alun Cairns:** That relates to my next question. What guarantees can you give the Committee that, once implemented, the arrangements of these new exemption checks

[114] **Alun Cairns:** Mae hynny'n berthnasol i'm cwestiwn nesaf. Pa sierwydd y gallwch ei roi i'r Pwyllgor y bydd trefniadau'r gwiriadau eithrio newydd hyn, ar ôl eu

will operate effectively and will maximise income for the Assembly from both these sources?

gweithredu, yn gweithio'n effeithiol ac yn mwyhau incwm i'r Cynulliad o'r ddwy ffynhonnell hyn?

Mr Craig: All that I can offer in respect of that is that we will be talking to the people who will be implementing the checks in light of the experience of this report and seeking to assure ourselves, and to generate in them a desire to assure themselves, that we manage this system as tightly as possible to manage it within the restrictions that may be upon it. I think that that comes down to best endeavours, but best endeavours in the light of this experience.

Mr Craig: Y cwbl y gallaf ei gynnig mewn perthynas â hynny yw y byddwn yn siarad â'r bobl a fydd yn gweithredu'r gwiriadau yng ngoleuni profiad yr adroddiad hwn ac yn ceisio bod yn sicr, a chreu ynddynt hwy'r awydd i fod yn sicr, ein bod yn rheoli'r system hon mor dynn ag y gellir o fewn y cyfyngiadau a allai fod arni. Credaf mai gwneud ein gorau glas yw ystyr hynny yn y bôn, ond gwneud ein gorau glas yng ngoleuni'r profiad hwn.

[115] **Alun Cairns:** My penultimate question relates again to paragraph 69 of the report, which involves the introduction of penalty charges where exemption has been claimed fraudulently. Can you tell me more about the penalty charges and how they will operate in practice?

[115] **Alun Cairns:** Mae fy nghwestiwn olaf ond un yn ymwneud eto â pharagraff 69 yr adroddiad, sydd yn ymwneud â chyflwyno taliadau cosb lle yr hawliwyd eithriad drwy dwyll. A allwch ddweud rhagor wrthyf am y taliadau cosb a sut y byddant yn gweithio'n ymarferol?

Mr Craig: At the moment, authorities are only entitled to reclaim the cost of the prescription from an individual. Under the penalty charges, they will be able to reclaim the cost of the prescription plus either five times the cost of the prescription or £100, whichever is less. Therefore, we will have a more substantial sum of money, which makes it more worthwhile to pursue and, in

Mr Craig: Ar hyn o bryd, nid oes gan yr awdurdodau ond yr hawl i adfer cost y presgripsiwn oddi ar unigolyn. O dan y taliadau cosb, byddant yn gallu adfer cost y presgripsiwn ynghyd ag un ai pum gwaith cost y presgripsiwn neu £100, pa un bynnag yw'r lleiaf. Felly, bydd gennym swm mwy sylweddol o arian, sydd yn ei gwneud yn fwy buddiol mynd ar ôl hyn ac, o ganlyniad, yn

consequence, gives an additional dimension of incentive to follow up individual cases, because it will matter now. These sums are more viable for authorities, for example, to take to law than small sums such as £6. It is unlikely that they would get much of a return on that, even if it was possible to take up court time with it. The idea is that there are bigger sums of money: a bigger disincentive, on the one hand, for people to misuse the system and a bigger incentive for those administrating the system to pursue people who have apparently abused it.

rholi anogaeth â dimensiwn ychwanegol i ganlyn achosion unigol, oherwydd bydd hynny'n bwysig yn awr. Mae'n fwy ymarferol i awdurdodau, er enghraifft, fynd i gyfraith ynghylch y symiau hyn na symiau bach fel £6. Mae'n annhebygol y caent lawer o elw o hynny, hyd yn oed pe bai modd mynd ag amser y llys â hynny. Y syniad yw bod symiau mwy o arian: gwrthanogaeth fwy, ar un llaw, i bobl gamddefnyddio'r system a mwy o anogaeth i'r rhai sydd yn gweinyddu'r system i fynd ar ôl pobl y mae'n ymddangos eu bod wedi ei chamddefnyddio.

[116] **Alun Cairns:** This is my final question. The first ever meeting of the Audit Committee discussed the budget of the Office of the Auditor General for Wales, where we sought to establish what savings would come from potential investigations. Can you be quite specific as to how much we can expect to save in relation to prescription fraud as a result of this investigation?

[116] **Alun Cairns:** Hwn yw fy nghwestiwn olaf. Yng nghyfarfod cyntaf un y Pwyllgor Archwilio trafodwyd cyllideb Swyddfa Archwilydd Cyffredinol Cymru, lle y ceisiasom ganfod pa arbedion a ddeuai o archwiliadau posibl. A allwch fod yn gwbl benodol ynghylch faint y gallwn ddisgwyl ei arbed mewn perthynas â thwyll presgripsiynau o ganlyniad i'r archwiliad hwn?

Mr Craig: The simple answer to that is 'no'. I cannot be certain of the particular amount that I am going to save. I seem to recall saying in answer to an earlier question that one of the questions that I will be asking during my conversations with various people concerned with how we tighten the system up, is how do we balance anticipated savings against the resources devoted to recovering

Mr Craig: Yr ateb syml i hynny yw 'na allaf'. Ni allaf fod yn sicr o'r union swm y byddaf yn ei arbed. Yr wyf fel petawn yn cofio dweud wrth ateb cwestiwn cynharach mai un o'r cwestiynau y byddaf yn eu gofyn yn ystod fy sgyrsiau â gwahanol bobl sydd yn ymwneud â sut y byddwn yn tynhau'r system hon yw ym mha fodd y byddwn yn cydbwyso'r arbedion a ragwelir yn erbyn yr

them. As part of that, I would hope to get some sort of sight on how much we should hope to be able to recover and how soon. If we are just going into this blind, which I am reluctant to do, I do not think that we will get anywhere. We should either have some idea what our targets are, and what are we going to come out of this with, or we should have a very good reason why that is not a very sensible thing to do. For the time being, I am pretty much of the view that we ought to set ourselves some target, even an arbitrary one, which gives people something to aim for. Just saying 'do it better' is seldom as effective as saying 'here is a target; go for it'. I would much rather do that, to tell you the truth, but that is a temperamental thing.

adnoddau a neilltuir i'w hadfer. Fel rhan o hynny, gobeithiwn gael rhyw fath o olwg ar faint y dylem obeithio gallu ei adfer a pha mor fuan. Os awn i mewn i hyn yn ddall, ac yr wyf yn amharod i wneud hynny, ni chredaf y byddwn yn mynd i unman. Dylem un ai gael rhyw syniad o'n targedau, a'r hyn a fydd gennym ar y diwedd, neu dylem fod â rheswm da iawn dros gredu nad yw hyn yn beth synhwyrol iawn i'w wneud. Am y tro, yr wyf yn credu'n eithaf cryf y dylem osod rhyw darged i ni'n hunain, hyd yn oed un mympwyol, sydd yn rhoi rhywbeth y gall pobl anelu ato. Anaml y bydd dweud 'gnewch hyn yn well' mor effeithiol â dweud 'dyma darged; ewch amdani'. Byddai'n llawer gwell gennyf wneud hynny, a dweud y gwir, ond mater o anian yw hynny.

[117] **Alun Cairns:** My final comment then is that I would be concerned about an arbitrary target. We have the interests of the taxpayer at heart, and the interests of the health service in Wales. This, in my mind, is a way of increasing spending on direct medical services significantly, purely through the funds that are being used at the moment.

[117] **Alun Cairns:** Fy sylw olaf felly yw y byddwn yn bryderus ynghylch targed mympwyol. Yr ydym yn ymboeni ynghylch buddiannau'r trethdalwr, a buddiannau'r gwasanaeth iechyd yng Nghymru. Fel y gwelaf fi hyn, mae hyn yn fodd i gynyddu'n sylweddol y gwariant ar wasanaethau meddygol uniongyrchol, yn gyfan gwbl drwy'r cyllid a ddefnyddir ar hyn o bryd.

[118] **Janice Gregory:** I want to take Mr Craig back to something that he touched on in Alun's penultimate question. Perhaps the question should be directed to the Counter Fraud Operational Services team when it is in

[118] **Janice Gregory:** Dymunaf fynd â Mr Craig yn ôl at rywbeth y cyfeiriodd ato yng nghwestiwn olaf ond un Alun. Efallai y dylid gofyn y cwestiwn i dîm y Gwasanaethau Gweithredol Gwrth Dwyll pan fydd ar waith.

place. However, as it is not, and you are here, I will ask you. At the moment, it appears to me, having read the report, that it was not possible—or perhaps it was not even thought of—to identify repeat offenders. As I said to you—perhaps you remember—at the beginning, some of this was error of judgment and some of it was blatant fraud. Were repeat offenders identified? If they were, has action been taken against them? Will that be the responsibility of the counter fraud team?

Mr Craig: Let me take that backwards, as it were. I will take the last bit first. One of the things that we would look for the counter fraud organisation to advise us on is how to attack issues of that kind systematically. At the moment, there is no agreed and universal system for doing so. One of the things that health authorities do—and, as I said, the one that I visited yesterday does this—is to take batches and go through them. One of the first things it looks for is repeat offending and patterns, and whether the pattern turns out to be the same person turning up in a way that draws attention. That is one of the things that the authority will be looking for. Patterns are what lead to most of the detection. Patterns in terms of contractor fraud is again one of the things that it will follow up.

Fodd bynnag, gan nad ydyw, a chan eich bod chi yma, gofynnaf i chi. Ar hyn o bryd, ymddengys i mi, ar ôl darllen yr adroddiad, na fu modd—neu efallai na feddyliwyd amdano hyd yn oed—ddynodi ail droseddwyr. Fel y dywedais wrthych—efallai eich bod yn cofio—ar y dechrau, yr oedd rhywfaint o hyn yn gamfarn a rhywfaint yn dwyll noeth. A ddynodwyd ail droseddwyr? Os dynodwyd hwy, pa gamau a gymerwyd yn eu herbyn? A fydd hynny'n gyfrifoldeb i'r tîm gwrrth-dwyll?

Mr Craig: Gadewch imi gymryd hynny'r tu ôl ymlaen, fel petai. Cymeraf y rhan olaf yn gyntaf. Un o'r pethau y byddem yn disgwyl i'r corff gwrrth-dwyll ein cynghori yn ei gylch yw sut i fynd i'r afael â materion o'r math hwnnw'n systematig. Ar hyn o bryd, nid oes system gytunedig a chyffredinol i wneud hynny. Un o'r pethau a wnaiff awdurdodau iechyd—ac, fel y dywedais, mae'r un yr ymwelais ag ef yn gwneud hyn—yw cymryd sypiau a mynd drwyddynt. Un o'r pethau cyntaf y mae'n chwilio amdano yw aildroseddu a phatrymau, ac ai'r hyn a welir yn y patrwm yw'r un person yn dod i'r amlwg mewn modd sydd yn tynnu sylw. Dyna un o'r pethau y bydd yr awdurdod yn chwilio amdano. Patrymau yw'r hyn sydd yn arwain at y rhan fwyaf o'r canfyddiadau. Patrymau yn nhermau twyll gan gontactwyr yw un o'r pethau y bydd yn eu dilyn hefyd.

The second half of your question contains the answer to the first. I am not sure that we have an answer as to how we can cost-effectively identify and follow those up. We will look to the counter fraud service to help us to do that.

Mae ail hanner eich cwestiwn yn cynnwys yr ateb i'r cyntaf. Nid wyf yn sicr a wyddom sut y gallwn ddynodi'r rheini a'u dilyn yn gost-effeithiol. Byddwn yn disgwyl i'r gwasanaeth gwrth-dwyll ein helpu i wneud hynny.

[119] **Janice Gregory:** If we are to send out a message that this is the public purse, as Alun said, taxpayers' money—when people habitually re-offend, it may only be £6 each time, but if you add it up we already know that it is a minimum of £15 million—are we not going to go down the road of making an example of certain people? That is definitely going to happen. Does it currently happen?

[119] **Janice Gregory:** Os ydym i anfon neges allan mai'r pwrs cyhoeddus yw hwn, arian y trethdalwyr, fel y dywedodd Alun—pan yw pobl yn aildroseddu'n gyson, gallai fod ond £6 y tro, ond os adiwch hynny at ei gilydd gwyddom eisoes ei fod o leiaf £15 miliwn—oni fyddwn yn mynd i'r cyfeiriad o wneud esiampl o rai pobl? Bydd hynny'n sicr o ddigwydd. A yw'n digwydd ar hyn o bryd?

Mr Craig: It does happen, but not on a major scale.

Mr Craig: Mae'n digwydd, ond nid ar raddfa eang.

[120] **Janice Gregory:** And it will happen?

[120] **Janice Gregory:** Ac a fydd yn digwydd?

Mr Craig: One of the reasons for the penalty system is that—and this is one of the things that the Counter Fraud Operational Services speaks of as part of its creating an anti-fraud climate—people are seen to be caught and confronted.

Mr Craig: Un o'r rhesymau am y system gosb—a dyma un o'r pethau y mae'r Gwasanaethau Gweithredol Gwrth Dwyll yn sôn amdanynt fel rhywbeth sydd yn rhan o greu hinsawdd wrth-dwyll ganddo—yw y gwelir pobl yn cael eu dal a'u hwynebu.

[121] **Janet Davies:** I would like to comment on that. Of course, you clearly must have a

[121] **Janet Davies:** Hoffwn wneud sylw am hynny. Wrth gwrs, mae'n amlwg y bydd yn

balance here. While it is very important to deal with this blatant fraud, on the other hand we would not want to see some vulnerable person being pursued when he or she has made a mistake. There must be a balance there.

rhaid ichi gael cydbwysedd yn y fan hyn. Er ei bod yn bwysig iawn delio â'r twyll noeth hwn, ar y llaw arall ni ddymunem weld rhywun agored i niwed yn cael ei ddilyn pan yw ef neu hi wedi gwneud camgymeriad. Rhaid cael cydbwysedd yn y fan honno.

You will probably be pleased to know that we have come to the end of our questions to you. I would like to thank you for your full and helpful answers to the questions. A draft transcript will be sent to you so that you can check it for factual accuracy before it is published as part of the minutes. When the Committee publishes its report, the transcript will be included as an annex.

Mae'n debyg y byddwch yn falch o wybod ein bod wedi dod i ddiwedd ein cwestiynau i chi. Hoffwn ddiolch i chi am eich atebion llawn a chymwynasgar i'r cwestiynau. Anfonir trawsgrifiad drafft atoch fel y gallwch ei wirio o ran ei gywirdeb ffeithiol cyn ei gyhoeddi yn rhan o'r cofnodion. Pan fydd y Pwyllgor yn cyhoeddi ei adroddiad, cynhwysir y trawsgrifiad fel atodiad.

Daeth y sesiwn gymryd tystiolaeth i ben am 4.16 p.m.

The evidence-taking session ended at 4.16 p.m.



**Cynulliad Cenedlaethol Cymru
Pwyllgor Archwilio**

**The National Assembly for Wales
Audit Committee**

**Mwyhau'r Incwm Mwyaf oddi wrth Daliadau
Presgripsiynau
Maximising Income from Prescription Charges**

**Cwestiynau (122-247)
Questions (122-247)**

**Dydd Iau 25 Ionawr 2001
Thursday 25 January 2001**

Aelodau o'r Cynulliad yn bresennol: Janet Davies (Cadeirydd), Alun Cairns, Lorraine Barrett, Janice Gregory, Alison Halford, Peter Law, Owen John Thomas, Dafydd Wigley.

Swyddogion yn bresennol: Syr John Bourn, Archwilydd Cyffredinol Cymru; Frank Grogan, Swyddfa Archwilio Genedlaethol Cymru; Dave Powell, Swyddog Cydymffurfio Cynulliad Cenedlaethol Cymru.

Tystion: Erica Barrie, Ysgrifennydd Gweithgor Cymru Cymdeithas Fferyllol Frenhinol Prydain Fawr; Ann Lewis, Ysgrifennydd a Chofrestrydd Cymdeithas Fferyllol Frenhinol Prydain Fawr; Phil Parry, Cadeirydd Pwyllgor Fferyllol Canolog Cymru; Chris Martin, Is-gadeirydd Pwyllgor Fferyllol Canolog Cymru.

Assembly Members present: Janet Davies (Chair), Alun Cairns, Lorraine Barrett, Janice Gregory, Alison Halford, Peter Law, Owen John Thomas, Dafydd Wigley.

Officials present: Sir John Bourn, Auditor General for Wales; Frank Grogan, National Audit Office Wales; Dave Powell, Assembly Compliance Officer of the National Assembly for Wales.

Witnesses: Erica Barrie, Secretary of the Royal Pharmaceutical Society of Great Britain Welsh Executive; Ann Lewis, Secretary and Registrar of the Royal Pharmaceutical Society of Great Britain; Phil Parry, Chairman of the Welsh Central Pharmaceutical Committee; Chris Martin, Vice-Chairman of the Welsh Central Pharmaceutical Committee.

*Dechreuodd y cyfarfod am 1.40 p.m.
The meeting began at 1.40 p.m.*

[122] **Janet Davies:** Good afternoon. I welcome everybody to the Audit Committee. In the first part of the Committee meeting today, we will again be taking evidence in connection with the National Audit Office report on behalf of the Auditor General for Wales, 'Maximising Income from Prescription Charges', which was published on 30 November 2000. At its last meeting the Committee took evidence from Assembly Officials on the report. At today's meeting we will take evidence from representatives of the pharmaceutical profession.

I introduce Russell Keith, who is the new Committee Clerk. It is his first session, so we must all be nice to him. I also record our thanks to Andrew George, who was the Clerk of this

[122] **Janet Davies:** Prynawn da. Croesawaf bawb i'r Pwyllgor Archwilio. Yn rhan gyntaf cyfarfod y Pwyllgor heddiw, byddwn yn derbyn dystiolaeth eto yng nghyswilt adroddiad y Swyddfa Archwilio Genedlaethol ar ran Archwilydd Cyffredinol Cymru, 'Mwyhau'r Incwm Mwyaf oddi wrth Daliadau Presgripsiynau', a gyhoeddwyd ar 30 Tachwedd 2000. Yn ei gyfarfod diwethaf derbyniodd y Pwyllgor dystiolaeth gan Swyddogion y Cynulliad ar yr adroddiad. Yng nghyfarfod heddiw byddwn yn derbyn dystiolaeth gan gynrychiolwyr y proffesiwn fferyllol.

Cyflwynaf Russell Keith, y Clerc Pwyllgor newydd. Dyma'i sesiwn gyntaf, felly rhaid inni i gyd fod yn glên tuag ato. Cofnodaf ein diolch hefyd i Andrew George, a fu'n Glerc y Pwyllgor

Committee from the beginning of the Assembly and had all the work of getting it going. Four witnesses will give evidence today. Will you introduce yourselves?

Mrs Barrie: I am Erica Barrie. I am Secretary to the Welsh Executive of the Royal Pharmaceutical Society of Great Britain.

Miss Lewis: I am Ann Lewis. I am Secretary and Registrar of the Royal Pharmaceutical Society of Great Britain.

Mr Parry: I am Phil Parry. I am the Chairman of the Welsh Central Pharmaceutical Committee. It may be helpful for you to know that I am also a member of the Pharmaceutical Services Negotiating Committee, which is the body that negotiated the point of dispensing checks system with the Department of Health, although I was not personally involved in that negotiation.

Mr Martin: My name is Chris Martin. I am a community pharmacist from St David's in good old west Wales. I am Vice Chairman of the Welsh Central Pharmaceutical Committee.

[123] **Janet Davies:** Thank you. You may speak in Welsh or English. If you wish to use the translation facilities, headphones are provided.

I will begin by asking the first couple of questions. They are questions about the clarification of the role and responsibilities of pharmacists in checking entitlement to exemption

hwn ers cychwyn y Cynulliad ac a wnaeth yr holl waith o'i roi ar waith. Bydd pedwar tyst yn rhoi dystiolaeth heddiw. A wnewch chi gyflwyno'ch hunain?

Mrs Barrie: Erica Barrie wyf fi. Fi yw Ysgrifennydd Gweithgor Cymru Cymdeithas Fferyllol Frenhinol Prydain Fawr.

Miss Lewis: Ann Lewis wyffti. Fi yw Ysgrifennydd a Chofrestrydd Cymdeithas Fferyllol Frenhinol Prydain Fawr.

Mr Parry: Phil Parry wyfffi. Fi yw Cadeirydd Pwyllgor Fferyllol Canolog Cymru. Efallai y bydd yn fuddiol ichi wybod fy mod hefyd yn aelod o Bwyllgor Negodi'r Gwasanaethau Fferyllol, sefy corff a negododd y system wirio wrth ddosbarthu gyda'r Adran Iechyd, er na fu gennyfffi ran bersonol yn y negodi hwnnw.

Mr Martin: Chris Martin yw fy enw i. Yr wyf yn fferyllydd cymunedol o Dyddewi yn yr hen orllewin. Fi yw Is-gadeirydd Pwyllgor Fferyllol Canolog Cymru.

[123] **Janet Davies:** Diolch. Cewch siarad yn Gymraeg neu Saesneg. Os dymunwch ddefnyddio'r cyfleusterau cyfieithu, mae clustffonau ar gael.

Dechreuaf drwy ofyn y ddua gwestiwn cyntaf. Cwestiynau ydynt

from prescription charges. I will start with the Royal Pharmaceutical Society—whoever is going to answer. In paragraph 13 of the document that you provided for the Committee, you made a general comment on the prime role of a pharmacist. It would be very helpful if you could enlarge on that. What exactly are the prime responsibilities of a pharmacist?

ynghylch egluro swyddogaeth a chyfrifoldebau fferyllwyr wrth wirio hawl pobl i gael eu heithrio rhag taliadau presgripsiynau. Dechreuaf gyda'r Gymdeithas Fferyllol Frenhinol—pwy bynnag sydd yn mynd i ateb. Ym mharagraff 13 yn y ddogfen a ddarparwyd gennych i'r Pwyllgor, gwnaethoch sylw cyffredinol ar brif swyddogaeth fferyllydd. Byddai'n fuddiol iawn pe galles ymhelaethu ar hynny. Beth yn union yw prif gyfrifoldebau fferyllydd?

Mrs Barrie: The prime role of the pharmacist is to ensure that patients get the best from their medicine-taking. That involves the prescription medicines as well as providing advice on and selling, over-the-counter medicines to help patients.

[124] **Janet Davies:** So you would feel that, although checking exemptions is important, the most important thing is that patients get their medicines and that they know how to take them and how to use them?

Mrs Barrie: The point that we are making is that it is very important that the role of aiding medicine-taking for patients and any other supplementary roles are balanced appropriately so that the patient is always the focus.

[125] **Janet Davies:** Mr Parry, it would be very helpful if you could sketch out for the Committee what is covered by the terms of service of the community pharmacy contractors. In particular, what are the contractual obligations on a pharmacist in relation to checking eligibility for exemption from prescription charges?

Mr Parry: Very briefly, the terms of service for pharmacists are a set of rules based within regulation, which basically set out the way in which we operate community pharmacies in respect of the national health service. To answer the question about the way in which the point of

Mrs Barrie: Prif swyddogaeth y fferyllydd yw sicrhau bod cleifion yn cael y gorau o'r moddion a gymerant. Mae a wnelo hynny â moddion presgripsiwn yn ogystal â darparu cyngor ar, a gwerthu moddion dros-y-cownter i helpu cleifion.

[124] **Janet Davies:** Felly byddech o'r farn, er bod gwirio eithriadau yn bwysig, mai'r peth pwysicaf yw bod cleifion yn cael eu moddion a'u bod yn gwybod sut i'w cymryd a sut i'w defnyddio?

Mrs Barrie: Ein pwynt ni yw ei bod yn bwysig iawn sicrhau cydbwyseidd priodol rhwng swyddogaeth helpu cleifion i gymryd moddion ac unrhyw swyddogaethau eraill ategol fel mai ar y claf y mae'r ffocws bob amser.

[125] **Janet Davies:** Mr Parry, byddai o gymorth mawr pe galles roi braslun i'r Pwyllgor o'r hyn sydd yn gynwysedig yng nghylch gorchwyl y contractwyr fferyllol cymunedol. Yn arbennig, beth yw'r rhwymedigaethau cytundebol ar fferyllydd yng nghyswllt gwirio hawl pobl i gael eu heithrio rhag taliadau presgripsiynau?

Mr Parry: Yn fyr iawn, mae telerau gwasanaeth fferyllwyr yn set o reolau wedi'u seilio o fewn rheoliadau, sydd yn y bôn yn amlinellu'r ffordd y gweithredwn fferyllfeydd cymunedol yng nghyswllt y gwasanaeth iechyd gwladol. I ateb y cwestiwn am y modd y mae'r gwiriadau wrth

dispensing checks have been included in that, that required a change of legislation and a change in our terms of service so that we are obliged to provide the checks as part of the package of services that we provide.

[126] **Janice Gregory:** This question is to the Welsh Central Pharmaceutical Committee. Mr Parry gave quite a brief answer to the Chairman on the checks and the balances. I will ask you a brief question. Where does the balance lie between these contractual obligations and the wider responsibilities described by the Royal Pharmaceutical Society?

Mr Parry: Clearly our first duty is to patients, to ensure that we provide care and support for patients, and accuracy in the dispensing process and the advice that we give. That is clearly the main focus of our activity. Everything else, in a sense, is secondary to that. I think that to a certain extent some of the difficulties and problems that are apparent from the report come from that. That is our main focus and a busy and hectic pharmacy is often quite a difficult environment in which to perform the secondary function, particularly where there may be patient opposition to it. That is the difficult part. However, it is a secondary role and has to be such.

[127] **Janice Gregory:** That was a very honest answer, I must say. My next question is to the Royal Pharmaceutical Society. Could I have your view on the contractual obligations? Do you have a different view to the Welsh Central Pharmaceutical Committee?

Mrs Barrie: We have the same view and concept. As I said before, the prime role is to meet the needs of the patients. If we put it into the context of the at least £380 million worth of prescribed medicines that patients are receiving, clearly there is a need to get the optimum benefit from that Assembly investment. That puts it into context in terms of monetary investment. However, helping patients to understand their medicine needs is of prime importance. We agree that these other roles are undertaken, but if, as Mr Parry says, there is a difficulty with individual patients, then clearly having their medicines and being able to understand how to take their medicines, is of prime importance.

[128] **Janice Gregory:** I understand that you are putting it into the context of the £380 million. However, the money that is being lost through these prescriptions is an awful lot of money to the National Assembly. I can think of many things

ddosbarthu wedi'u cynnwys yn hynny, yr oedd hynny'n gofyn am newid deddfwriaeth a newid yn ein telerau gwasanaeth fel bod dyletswydd arnom i ddarparu'r gwiriadau yn rhan o'r pecyn o wasanaethau a ddarparwn.

[126] **Janice Gregory:** Cwestiwn i Bwyllgor Fferyllol Canolog Cymru yw hwn. Rhoddodd Mr Parry ateb eithaf cryno i'r Cadeirydd ar y mesurau gwirio a sicrhau cydbwysedd. Gofynnaf innau gwestiwn cryno i chi. Ym mhle y gorwedd y cydbwysedd rhwng y rhwymedigaethau cytundebol hyn a'r cyfrifoldebau ehangach a ddisgrifir gan y Gymdeithas Fferyllol Frenhinol?

Mr Parry: Yn amlwg, i gleifion y mae ein dyletswydd cyntaf, i sicrhau ein bod yn darparu gofal a chymorth i gleifion, a chywirdeb yn y broses fferyllol a'r cyngor a roddwn. Dyna yn amlwg yw prif ffocws ein gweithgaredd. Mae popeth arall, mewn un ystyr, yn eilradd i hynny. Credaf i ryw raddau fod rhai o'r anawsterau a'r problemau sydd yn amlwg yn yr adroddiad yn deillio o hynny. Dyna'n prif ffocws ac mae fferyllfa brysur a hectig yn aml yn amgylchedd eithaf anodd i gyflawni'r swyddogaeth eilaidd ynddo, yn enwedig lle gall fod gwrthwynebiad iddi o du'r cleifion. Dyna'r rhan anodd. Fodd bynnag, swyddogaeth eilaidd ydyw a rhaid iddi fod felly.

[127] **Janice Gregory:** Dyna ateb gonest iawn, mae'n rhaid imi ddweud. I'r Gymdeithas Fferyllol Frenhinol y mae fy nghwestiwn nesaf. A gaf fi eich sylwadau chi ar y rhwymedigaethau cytundebol? A oes gennych farn wahanol i farn Pwyllgor Fferyllol Canolog Cymru?

Mrs Barrie: Yr ydym yn rhannu'r un farn a'r un cysyniad. Fel y dywedais o'r blaen, y brif swyddogaeth yw cwrdd ag anghenion y cleifion. Os rhoddwn hyn yng nghyd-destun y gwerth £380 miliwn o leiaf o foddion presgripsiwn y mae cleifion yn eu cael, yn amlwg mae angen cael y budd mwyaf o'r buddsoddiad hwnnw gan y Cynulliad. Dyna roi'r mater yn ei gyd-destun yn nhermau buddsoddiad ariannol. Fodd bynnag, mae helpu cleifion i ddeall eu hanghenion moddion yn hollbwysig. Cytunwn fod y swyddogaethau eraill hyn yn cael eu cyflawni, ond os, fel y dywed Mr Parry, y ceir anhawster gyda chleifion unigol, yna yn amlwg mae'n hanfodol bwysig fod cleifion yn cael eu moddion ac yn gallu deall sut i gymryd eu moddion.

[128] **Janice Gregory:** Deallaf eich bod yn gosod hyn yng nghyd-destun y £380 miliwn. Fodd bynnag, mae'r arian a gollir drwy'r presgripsiynau hyn yn swm aruthrol o arian i'r Cynulliad Cenedlaethol. Gallaf feddwl am lawer o

that I could do in my constituency with the money that is actually being lost here. However, I thank you for your frankness. I think that we would all agree that patient care is of optimum importance, but obviously that has to be coupled with the ability to check an entitlement. I always wonder, when someone is reluctant for their entitlement to be checked, whether that should not cause even more of a question mark.

This next question is again to Mrs Barrie. What do you see as the implications for pharmacists' relationships with their patients in their having to discharge their responsibility to confirm entitlement to free prescriptions? That relates to my earlier supplementary question or statement, but I think that we need to dig deeper into what is going on here.

Mrs Barrie: I refer again to something that is in our written submission. It is really important that the public, the patients, understand why this is occurring. If they understand the context—that this is money raised in order to fund the provision of health services, that they need to have proof of their exemption status and that pharmacists are asked to do this simple point of dispensing check—then it makes the task undertaken by the pharmacist that much easier.

[129] **Janice Gregory:** Do you honestly feel that patients are not aware of this? Do you really believe that patients are not aware of this?

Mrs Barrie: The system, the exemption categories and so on, is fairly complex. We feel that it would assist both the pharmacist and the patient if the exemption categories were simplified and the proofs of exemption were much simpler. If there were an easy, simple, non-stigmatising proof of exemption, that would make it much easier for everyone involved.

Mr Parry: From the response that I gave you earlier, when I said that the point of dispensing checks were a secondary function,

bethau y gallwn eu gwneud yn fy etholaeth gyda'r arian sydd yn cael ei golli yma. Fodd bynnag, diolchaf ichi am eich gonestrwydd. Yr wyf yn meddwl y byddem i gyd yn cytuno bod gofal am gleifion yn holl bwysig, ond yn amlwg rhaid cyflysu hynny â'r gallu i wirio hawl rhywun. Byddaf bob amser yn meddwl, pan fydd rhywun yn anfodlon i'w hawl gael ei wirio, tybed a ddylai hynny godi mwy fyth o farc cwestiwn.

Cwestiwn i Mrs Barrie eto yw'r cwestiwn nesaf hwn. Beth yn eich golwg chi yw'r goblygiadau i berthynas fferyllwyr â'u cleifion o orfod gweithredu'u cyfrifoldeb i gadarnhau hawl y cleifion i bresgripsiwn di-dâl? Mae hynny'n ymwneud â fy nghwestiwn atodol neu ddatganiad cynharach, ond yr wyf yn meddwl bod angen inni edrych yn ddyfnach i mewn i'r hyn sydd yn digwydd yma.

Mrs Barrie: Cyfeiriaf eto at rywbed sydd yn ein cyflwyniad ysgrifenedig. Mae'n wirioneddol bwysig fod y cyhoedd, y cleifion, yn deall pam y mae hyn yn digwydd. Os deallant y cyd-destun—fod yr arian yma'n cael ei godi er mwyn ariannu darpariaeth gwasanaethau ieched, bod angen iddynt gael prawf o'u statws eithriedig ac y gofynnir i fferyllwyr wneud y gwiriad syml hwn wrth ddosbarthu—yna bydd yn peri bod y dasg yr ymgymrir â hi gan y fferyllydd gymaint â hynny yn haws.

[129] **Janice Gregory:** A ydych yn ddidwyll o'r farn nad yw cleifion yn ymwybodol o hyn? A ydych yn credu mewn gwirionedd nad yw cleifion yn ymwybodol o hyn?

Mrs Barrie: Mae'r system, y categoriâu eithrio ac yn y blaen, yn weddol gymhleth. Teimlwn y byddai'n helpu'r fferyllydd a'r claf ill dau pe cai'r categoriâu eithrio eu symleiddio a phe bai'r camau profi eithriad yn llawer symlach. Pe bai modd hawdd, syml, di-stigma o brofi eithriad, byddai hynny'n ei gwneud hi'n llawer haws i bawb.

Mr Parry: O'r ymateb a roddais ichi'n gynharach, pan ddywedais mai swyddogaeth eilaidd oedd y gwiriadau wrth ddosbarthu, ni

I do not want you to go away and think that it is unimportant. As a profession, we have undertaken to work as closely as we can with the Assembly to try to find a way of minimising whatever problem exists. Whether the losses are taking place due to patients deliberately claiming exemption when they should not, or whether it is just because of misunderstanding—and I actually think that there is an awful lot of that—we are very keen to work with the Assembly and take it seriously to try to find a way of minimising that.

We welcome the report. It actually shows a way forward on some of the issues that it raised. I think that where we might have some reservations is about some of the magnitudes of money that are being presented to us. I have to say that if it is a large sum of money, it is too much. I have to say that from the word go. What concerns us a little bit is the sample of prescriptions taken by the Audit Office to try to establish the kind of problems that are being encountered. I have reservations about the fact that 1,900 prescriptions have been taken as a sample, and from that we are trying to extrapolate the values of over 21 million forms and 40 million items. I have to say that. Looking back at the fraud scrutiny report, which is where this originally came from, the kind of figure that it mentioned in terms of confirmed problems, was somewhere in the region of £5

hoffwn ichi fynd i ffwrdd gan feddwl nad ydyw'n bwysig. Fel proffesiwn, yr ydym wedi ymrwymo i gydweithio mor agos ag y gallwn gyda'r Cynulliad i geisio canfod ffordd o leihau pa bynnag broblem sydd yn bodoli. Pa un ai yw'r colledion yn digwydd oherwydd bod cleifion yn fwriadol yn hawlio eu bod wedi'u heithrio pan na ddylent wneud hynny, ynteu ai dim ond camddealltwriaeth yw'r achos—ac yr wyffî yn meddwl bod llawer iawn o hynny—yr ydym yn awyddus iawn i weithio gyda'r Cynulliad a chymryd y mater o ddifrif er mwyn ceisio canfod ffordd o leihau hynny.

Croesawn yr adroddiad. Mae'n dangos ffordd ymlaen ar rai o'r materion a godwyd ganddo. Lle gallem goleddu rhai amheuon, yn fy nhyb i, yw parthed rhai o'r meintiau o arian a gyflwynir inni. Rhaid imi ddweud, os ydyw'n swm mawr o arian, mae'n ormod. Rhaid imi ddweud hynny o'r cychwyn cyntaf. Yr hyn sydd yn peri ychydig bach o bryder inni yw'r sampl o bresgripsiynau a gymerwyd gan y Swyddfa Archwilio i geisio sefydlu'r math o broblemau a wynebir. Mae gennys amheuon yngylch yffaith y cymerwyd 1,900 presgripsiwn fel sampl, a'n bod ar sail hynny'n ceisio canfod gwerth dros 21 miliwn o ffurflennoedd a 40 miliwn o eitemau. Rhaid imi ddweud hynny. O edrych yn ôl ar adroddiad yr ymchwiliad i dwyll, sef tarddiad gwreiddiol hyn, yr oedd y math o ffigur a grybwylwyd yno, yn nhermau problemau a gadarnhawyd, rywle oddeutu £5

million, maybe £7 million, for Wales. It is important that we put the £15 million that we are talking about in this report into a continuum of different places where this money might actually lie because, from what we have seen, it could be anything from £5 million to £34 million. It seems that the £17 million or £15 million is a rough average. It is important to view it that way because, depending on the validity of those figures, we may have been eating into our problem in quite a substantial way, or not at all, and we may just be scratching the surface. I do not think that we know the answer to that question. Having said that, we are still keen to work with you.

[130] **Janet Davies:** Owen John, if you want to come in here, you must not cut across another Member's time.

[131] **Owen John Thomas:** I was going to ask about the subject at hand.

[132] **Janet Davies:** As long as you do not cut across another Member's time.

[133] **Owen John Thomas:** I am lost now. I am sorry, but I am standing in for someone, so I am not aware of your procedures.

miliwn, efallai £7 miliwn, ar gyfer Cymru. Mae'n bwysig ein bod yn gosod y £15 miliwn y sonnir amdano yn yr adroddiad hwn i mewn i gontinwwm o wahanol bwyntiau lle gallai'r arian hwn fod mewn gwirionedd oherwydd, o'r hyn a welsom, gallai fod yn unrhyw beth o £5 miliwn i £34 miliwn. Mae'n debyg mai swm cyfartalog bras yw'r £17 miliwn neu £15 miliwn. Mae'n bwysig edrych arno fel yna oherwydd, yn dibynnu ar ddilysrwydd y ffigurau hynny, efallai ein bod wedi bwyta i mewn i'n problem mewn modd eithaf sylweddol, neu ddim o gwbl, ac efallai mai dim ond crafu'r wyneb yr ydym. Nid wyf yn meddwl ein bod yn gwybod yr ateb i'r cwestiwn hwnnw. Wedi dweud hynny, yr ydym yn dal yn awyddus i gydweithio â chi.

[130] **Janet Davies:** Owen John, os oes arnoch chi eisiau dod i mewn yma, rhaid ichi beidio â thorri ar draws amser Aelod arall.

[131] **Owen John Thomas:** Mynd i holi am y pwnc dan sylw yr oeddwn i.

[132] **Janet Davies:** Dim ond ichi beidio â thorri ar draws amser Aelod arall.

[133] **Owen John Thomas:** Yr wyf ar goll yn awr. Mae'n ddrwg gennyf, ond yr wyf yn dirprwyo ar ran rhywun, felly nid wyf yn ymwybodol o'ch gweithdrefnau.

[134] **Lorraine Barrett:** I have a couple of questions for the Welsh Central Pharmaceutical Committee. Can you tell me what mechanisms you have to ensure that pharmacists are aware of their responsibility, under their terms of service, for checking individuals' eligibility? How do you communicate with the pharmacists to ensure that they are all aware of their responsibility?

Mr Parry: The response to that is that initially the information that went out to pharmacists, went out via the national health service executive on behalf of England and Wales. Certainly, some of the information that comes out, where there are changes to the system, goes out jointly in England and Wales. I feel that we will go through an interesting time during the next couple of years, where things will start to happen slightly differently here, because there will be a need for that information to be provided for Wales rather than for England and Wales.

In terms of keeping the topic in front of our own members, there are regular newsletters that go out from the Pharmaceutical Services Negotiating Committee for the whole of England and Wales, which have been raising this issue continuously. So that is what is being done so far.

[134] **Lorraine Barrett:** Mae gennyf gwpl o gwestiynau i Bwyllgor Fferyllol Canolog Cymru. A allwch chi ddweud wrthyf pa weithdrefnau sydd gennych i sicrhau fod fferyllwyr yn ymwybodol o'u cyfrifoldeb, dan eu telerau gwasanaeth, i wirio hawliau unigolion? Sut fyddwch chi'n cyfathrebu â'r fferyllwyr i sicrhau eu bod i gyd yn ymwybodol o'u cyfrifoldeb?

Mr Parry: Yr ateb i hynny yw fod yr wybodaeth a aeth allan i'r fferyllwyr wedi mynd allan yn y lle cyntaf drwy weithgor y gwasanaeth iechyd gwladol ar ran Cymru a Lloegr. Yn sicr, mae rhywfaint o'r wybodaeth a ddaw allan, lle ceir newidiadau i'r system, yn mynd allan ar y cyd yng Nghymru a Lloegr. Credaf yr awn drwy gyfnod diddorol yn ystod y flwyddyn neu ddwy nesaf, lle bydd pethau'n dechrau digwydd ychydig yn wahanol yma, oherwydd bydd angen darparu'r wybodaeth honno ar gyfer Cymru yn hytrach nag ar gyfer Cymru a Lloegr.

O ran cadw'r pwnc o flaen llygaid ein haelodau ni'n hunain, anfonir cylchlythyrion rheolaidd gan Bwyllgor Negodi'r Gwasanaethau Fferyllol ar gyfer Cymru a Lloegr gyfan, ac mae'r rheini'n codi'r mater hwn byth a beunydd. Felly dyna beth sy'n cael ei wneud hyd yma.

[135] **Lorraine Barrett:** If I can move that on a little bit, are there any defined standards of service that pharmacists are expected to meet under their terms of service, both generally, and specifically with regard to the eligibility for exemption from prescription charges?

[135] **Lorraine Barrett:** Os gallaf symud hynny yn ei flaen fymryn, a oes unrhyw safonau gwasanaeth diffiniedig y disgwyli'r i fferyllwyr eu cyrraedd dan eu telerau gwasanaeth, yn gyffredinol ac yn benodol yng nghyswllt yr hawl i eithrio rhag taliadau presgripsiynau?

Mr Parry: Generally, I think that there are some standards that pharmacists are expected to meet in relation to the dispensing function, the provision of advice and things of that sort. There are certain things that are required of us as part of our contract. In terms of the point of dispensing checks, I think that it is fair to say that there is nothing specific in terms of what we are required to do and prove in terms of the actual work that we do to check exemption. However, just to be clear, on the terms of service and the way that the negotiation was undertaken, it seemed to me that what was required of us was to provide a method of raising public awareness of patients' own personal need to complete the form properly and to provide evidence. As far as our part in that is concerned, we are expected, obviously, to provide the check. However, in the negotiation with the NHS executive, it was quite clear that what it was talking about in terms of our terms of service and, therefore, disciplinary procedures that were to be taken against the pharmacist, was that it was looking for, if you like, a gross and almost wilful decision not to take part, as opposed to

Mr Parry: Yn gyffredinol, yr wyf yn meddwl bod rhai safonau y disgwyli'r i fferyllwyr eu cyrraedd yng nghyswllt y swyddogaeth fferyllol, darparu cyngor a phethau felly. Y mae rhai pethau sydd yn ofynnol arnom fel rhan o'n contract. O ran y gwiriadau wrth ddosbarthu, yr wyf yn meddwl ei bod yn deg dweud nad oes dim penodol yn nhermau'r hyn y mae'n ofynnol inni ei wneud a'i brofi yn nhermau'r gwaith a wnawn i wirio eithriadau. Fodd bynnag, er mwyn bod yn glir, ar y telerau gwasanaeth a'r modd yr ymgymeryd â'r negodi, yr oedd yn ymddangos i mi mai'r hyn a ofynnid gennym oedd ar inni ddarparu dull o godi ymwybyddiaeth y cyhoedd o angen personol y cleifion eu hunain i lanw'r ffurflen yn gywir ac i ddarparu tystiolaeth. O ran ein rhan ni yn hynny, disgwyli'r i ni, yn amlwg, ddarparu'r gwiriad. Fodd bynnag, wrth negodi gyda gweithrediaeth yr NHS, yr oedd yn gwbl glir mai'r hyn yr oedd yn sôn amdano yn nhermau'n telerau gwasanaeth ac, felly, y modd y gweithredid camau disgyblu yn erbyn y fferyllydd, oedd ei fod yn edrych am, os mynnwch, benderfyniad mawr a bwriadol i bob pwrrpas i beidio â chymryd

people who may have missed the occasional form for whatever reason. Therefore, the idea was that we should be looking to do as good a job as we could without making it over-burdensome.

rhan, yn hytrach na phobl a fethodd gwblhau am bell i ffurflen am ba bynnag reswm. Felly, y syniad oedd y dylem ni fod yn anelu at wneud cystal gwaith ag y gallem ar hyn heb adael iddo fynd yn ormod o faich.

[136] **Lorraine Barrett:** *I have one brief point on a general note. What responsibility do you have as a committee for ensuring that pharmacists in Wales are providing the standard of service that the Assembly now expects of them under their terms of service?*

[136] **Lorraine Barrett:** *Mae gennylun pwynt byr ar nodyn cyffredinol. Pa gyfrifoldeb sydd gennych fel pwylgor dros sicrhau fod fferyllwyr yng Nghymru'n darparu'r safon o wasanaeth y mae'r Cynulliad yn ei ddisgwyd ganddynt erbyn hyn dan eu telerau gwasanaeth?*

Mr Parry: *The Welsh Central Pharmaceutical Committee is a negotiating committee and is the Welsh arm of the England and Wales negotiating body. We do not actually have a disciplinary role.*

Mr Parry: *Pwylgor negodi a braich Gymreig corff negodi Cymru a Lloegr yw Pwylgor Fferyllol Canolog Cymru. Nid oes gennym swyddogaeth ddisgyblu fel y cyfryw.*

[137] **Lorraine Barrett:** *What about maintaining or ensuring a certain standard—policing, if you like, although it is an unfortunate word?*

[137] **Lorraine Barrett:** *Beth am gynnal neu sicrhau safon arbennig—plismona, os mynnwch chi, er bod hwnnw'n air anffodus?*

Mr Parry: *The onus for policing the situation lies with the health authorities. That is why the terms of service were changed; to allow health authorities to intervene where the pharmacist was clearly not doing his part of the work properly. Again, I emphasise that we are talking about gross dereliction of*

Mr Parry: *Ar yr awdurdodau iechyd mae'r cyfrifoldeb am blismona'r sefyllfa. Dyna pam y newidiwyd y telerau gwasanaeth; i ganiatáu i awdurdodau iechyd gamu i mewn lle bo'n amlwg nad yw'r fferyllydd yn gwneud ei ran ef o'r gwaith yn iawn. Eto, pwysleisiaf mai sôn am esgeulustod dybryd*

duty, rather than form by form. The health authorities are the bodies that are supposed to be providing the backup for that.

yr ydym yma, yn hytrach na fesul ffurflen unigol. Yr awdurdodau iechyd yw'r cyrff sydd i fod i ddarparu'r gefnogaeth ar gyfer hynny.

[138] **Janet Davies:** Dafydd, do you want to come in on this?

[138] **Janet Davies:** Dafydd, a ydych am ddod i mewn ar hyn?

[139] **Dafydd Wigley:** Yes. Can I just reinforce the point that Lorraine Barrett was making and make sure that I have it clear in my own mind? Are you telling us that there is a grey area here where pharmacists are not quite sure what their responsibilities are and, therefore, there will not be questions of sanction, discipline or that sort of thing because of that grey area? If a grey area exists in something that is fairly central to the economics of the situation, should it not be tied and closed fairly firmly to ensure that there is a proper contractual relationship and that everybody knows where they stand?

[139] **Dafydd Wigley:** Ydwyt. A gaffi ategu'r pwynt yr oedd Lorraine Barrett yn ei wneud a gwneud yn siŵr fod hyn yn glir yn fy meddwl i? A ydych chi'n dweud wrthym fod man llwyd yma lle nad yw fferyllwyr yn hollol siŵr beth yw eu cyfrifoldebau ac, felly, na fydd cwestiwn o gosbi, disgryblu na dim felly oherwydd y man llwyd hwnnw? Os oes man llwyd yn bodoli mewn rhywbeth sydd yn eithaf canolog i economeg y sefyllfa, oni ddylid ei glymu a'i gau'n weddol dynn er mwyn sicrhau bod perthynas contract priodol a bod pawb yn gwybod ymhle y mae'n sefyll?

Mr Parry: There is a contractual relationship, and that is borne out by the terms of service. I think that it is being left to the health authorities to decide whether what is being done by us is reasonable or not. If it is not, they are in position to proceed to disciplinary measures. That is certainly the situation as it stands.

Mr Parry: Y mae perthynas gontact, a chadarnheir hynny gan y telerau gwasanaeth. Yr wyf yn meddwl mai'r awdurdodau iechyd sydd yn cael penderfynu a yw'r hyn a wneir gennym ni yn rhesymol ai peidio. Os nad ydyw, maent mewn sefyllfa i droi at gamau disgryblu. Dyna'n sicr yw'r sefyllfa fel y mae'n sefyll.

[140] **Janet Davies:** Is that satisfactory,

[140] **Janet Davies:** A ydyw hynny'n

Dafydd?

foddhaol, Dafydd?

[141] **Dafydd Wigley:** Yes and no.

[141] **Dafydd Wigley:** Ydyw a nac ydyw.

[142] **Janet Davies:** Whatever you mean, do you want to ask anything else?

[142] **Janet Davies:** Beth bynnag yr ydych yn ei feddwl, a ydych am ofyn unrhywbeth arall?

[143] **Dafydd Wigley:** No.

[143] **Dafydd Wigley:** Nac oes.

[144] **Janet Davies:** Mr Martin, you wanted to come in on that.

[144] **Janet Davies:** Mr Martin, yr oeddech chi'n awyddus i ddod i mewn ar y pwynt hwnnw.

Mr Martin: I take the point that has been made, and we find ourselves in a difficult situation because the circumstance is that it is a new system. It has not been running for that long and a pilot scheme was not introduced to begin with. However, what it has done, and the audit report has been very helpful in this, is that it has flagged up a lot of problems. I think that, as the Welsh Central, as indeed our professional body is doing—and I feel that this is going away from us—what we are saying is that we are taking this extremely seriously and we want to address it, as the Welsh Central Pharmaceutical Committee, with the Assembly. We have had a number of meetings already in order to grasp this by the neck and say: ‘Look, there is money out

Mr Martin: Derbyniad y pwynt sydd wedi'i wneud, ac yr ydym yn canfod ein hunain mewn sefyllfa anodd oherwydd yr amgylchiad mai trefn newydd ydyw. Nid yw ar waith ers cyhyd â hynny ac ni chyflwynwyd cynllun peilot i gychwyn. Fodd bynnag, yr hyn y mae wedi ei wneud, a bu adroddiad yr archwiliad yn gymorth mawr yn hyn o beth, yw ei fod wedi amlygu llawer o broblemau. Credaf mai'r hyn yr ydym yn ei ddweud, fel Pwyllgor Canolog, ac yn wir, fel y mae ein corff profesiynol yn ei wneud—ac yr wyf yn teimlo bod hyn yn mynd oddi wrthym—yw ein bod yn trin y mater hwn fel un difrifol iawn ac mae arnom eisiau mynd i'r afael ag ef, fel Pwyllgor Fferyllol Canolog Cymru, gyda'r Cynulliad. Yr ydym wedi cynnal nifer o gyfarfodydd yn barod er

there that should be in the public purse that could be used for other things'. There is an opportunity, I believe, through working with the health authorities, with the governing bodies and, indeed, with the Assembly officials, to make sure that we can deliver on this.

I do not want you to think that we are defending our profession endlessly here and think: 'Oh my goodness me, they are coming here and telling us that everything is fine in the garden'. It is not like that. We understand that there is a problem. We are taking it seriously, and we want to take it seriously with you, to get a resolution to this so that we can take it forward.

However, we need everybody batting on the same side and so the health authorities need to be on board with this. With hindsight, it would have been wonderful to have pulled everything on board at the same time, that is, to have had the monitoring, the point of dispensing checks and the fraud scrutiny in place, so that we all had a shift and a push at the same time in order to bring this together. That did not happen. We can maybe point the finger at whomever in terms of why that did not happen. However, we are here today to tell you that we are going to get this right and we will go forward with it. Make no mistake.

*mwyn mynd i'r afael â hyn a dweud:
'Edrychwch, mae arian allan acw a ddylai fod yn y pwrs cyhoeddus y gellid ei ddefnyddio ar gyfer pethau eraill'. Mae cyfle, mi gredaf, drwy gydweithio â'r awdurdodau iechyd, â'r cyrff llywodraethol ac, yn wir, â swyddogion y Cynulliad, i wneud yn siŵr y gallwn fwrw'r maen i'r wal ar hyn.*

Nid wyf am ichi feddwl ein bod yn amddiffyn ein proffesiwn yn ddiddiwedd yma a meddwl: 'O bobol bach, maent yn dod yma ac yn dweud wrthym fod popeth yn braf yn yr ardd'. Nid felly y mae. Yr ydym yn deall bod problem. Yr ydym yn ei chymryd o ddifrif, ac yn awyddus i'w chymryd o ddifrif gyda chi, er mwyn cael penderfyniad ar hyn fel y gallwn symud ymlaen ag ef.

Fodd bynnag, mae angen cael pawb i fatio ar yr un ochr ac felly mae angen i'r awdurdodau iechyd fod gyda ni ar hyn. O edrych yn ôl, buasai'n fendigedig petasai popeth wedi'i ddwyn ynghyd ar yr un pryd, hynny yw, cael y monitro, y gwiriadau wrth ddosbarthu a'r archwiliad i dwyll yn eu lle, fel bod pawb ohonom yn gwthio ar yr un pryd er mwyn dod â hyn at ei gilydd. Ni ddigwyddodd hynny. Gallwn efallai bwyntio bys at bwy bynnag o ran pam na ddigwyddodd hynny. Fodd bynnag, yr ydym yma heddiw i ddweud wrthych ein bod am wneud hyn yn iawn ac yr awn ymlaen ag ef. Deallwch hynny.

[145] **Janice Gregory:** *With the greatest respect to your profession, you are not doing this out of the goodness of your heart. In 2000-01, you were paid £800,000, which is an awful lot of money, even in the context of £380 million. You are not doing this for free. Although I am encouraged by what you are saying, I am surprised that now, nearly two years into the National Assembly for Wales, this problem is suddenly rearing its head. I am very disappointed that this has not been pointed out before.*

[145] **Janice Gregory:** *Gyda'r parch mwyaf tuag at eich proffesiwn, nid ydych yn gwneud hyn o ddaioni'ch calon. Yn 2000-01, cawsoch dâl o £800,000, sydd yn swm aruthrol o arian, hyd yn oed yng nghyd-destun £380 miliwn. Nid ydych yn gwneud hyn am ddim. Er bod yr hyn yr ydych yn ei ddweud yn galondid imi, yr wyf yn synnu mai yn awr, bron ddwy flynedd i mewn i Gynulliad Cenedlaethol Cymru, y mae'r broblem hon yn codi'i phen yn sydyn. Yr wyf yn siomedig iawn nad yw hyn wedi'i nodi o'r blaen.*

[146] **Janet Davies:** *Perhaps that is as much our fault—*

[146] **Janet Davies:** *Efallai fod hynny'n gymaint ein bai ni—*

[147] **Janice Gregory:** *It may well be. Perhaps there are questions that need to be asked of a lot people. However, at the end of the day, there is still a £800,000 payment.*

[147] **Janice Gregory:** *Efallai wir. Efallai bod llawer o gwestiynau sydd angen eu gofyn i lawer o bobl. Fodd bynnag, ar ddiwedd y dydd, mae'r tâl o £800,000 yn sefyll.*

Mr Martin: *I think, Chair, in good faith, that most of my colleagues out there are doing a damn good job. When I read the report, I came out with the classic, 'If it had been my school report then it was 7/10 but could do better'. The situation is that most of my colleagues out there are doing the best that they can in a difficult situation. I have lots of examples here if you will give me the time at some stage to explain why it is so*

Mr Martin: *Yr wyffi o'r farn, Gadeirydd, yn onest, fod y rhan fwyaf o'm cydweithwyr allan fan acw yn gwneud cythraul o waith da. Pan ddarllenais yr adroddiad, daeth y llinell glasurol imi, 'Pe bai'n adroddiad ysgol imi, byddai'n 7/10 ond gallai wneud yn well'. Y sefyllfa yw bod y rhan fwyaf o'm cydweithwyr yn y maes yn gwneud y gorau a allant mewn sefyllfa anodd. Mae gennyf lu o enghreifftiau yma os rhowch amser imi ryw*

complicated, and so difficult, within a busy environment, to get all the information that is required. Because of the complications, because of the misunderstandings, because of the difficulties, it is not working as it should. I think that our colleagues here have alluded to having public education and getting the jigsaw pieces in place so that we can improve on this.

[148] **Janet Davies:** *Later in the hearing, you will get an opportunity to explain those points. Peter, you have a question. Is it related to this point?*

[149] **Peter Law:** *This is the whole nub of the point, Chair. Dafydd started the run towards it. The fact is that the Welsh Central Pharmaceutical Committee negotiated a service for £800,000, which the Assembly is funding. As my colleague, Janice Gregory, has said, you have not delivered to the extent that we hoped that you would have done, although I accept the sincerity of the contributions that have been made by everybody this afternoon about wanting to ensure it improves in the future. However, when one negotiates £800,000 worth of business—and we are talking about self-employed, astute people, not people who are green in any way—one would have thought that they would have been able to get the system running properly from the start.*

ben i egluro pam ei bod mor gymhleth, ac mor anodd, o fewn amgylchedd prysur, cael yr holl wybodaeth sydd yn ofynnol.

Oherwydd y cymhlethdodau, oherwydd y camddealltwriaethau, oherwydd yr anawsterau, nid yw'n gweithio fel y dylai. Credaf fod ein cydweithwyr yma wedi cyfeirio at addysgu'r cyhoedd a rhoi darnau'r jig-so yn eu lle er mwyn gwella ar hyn.

[148] **Janet Davies:** *Yn ddiweddarach yn y gwrandoed, mi gewch gyfle i egluro'r pwyntiau hynny. Peter, mae gennych chi gwestiwn. A yw'n berthnasol i'r pwynt hwn?*

[149] **Peter Law:** *Dyma holl graidd y pwynt, Gadeirydd. Dechreuodd Dafydd gyfeirio ato. Yffaaith yw bod Pwyllgor Fferyllol Canolog Cymru wedi negodi gwasanaeth am £800,000, a delir gan y Cynulliad. Fel y dywedodd fy nghyd-aelod, Janice Gregory, nid ydych wedi cyflawni i'r graddau yr oeddem wedi gofeithio, er y derbyniaf ddiwylledd y cyfraniadau a wnaethpwyd gan bawb y prynhawn yma ynghylch bod eisiau sicrhau y bydd yn gwella yn y dyfodol. Fodd bynnag, wedi negodi gwerth £800,000 o fusnes—ac yr ydym yn sôn am bobl hunan-gyflodgedig, craff, nid pobl sydd yn ddiniwed mewn unrhyw ffordd—gallesid tybio y byddent wedi gallu sicrhau fod y system yn gweithio'n iawn o'r cychwyn. Yn amlwg, yr ydych wedi edrych ar hyn yn ofalus, ac wedi*

Obviously, you looked at this carefully, you came to a conclusion that it would be £800,000 and that money was paid. It would be interesting to know what training was undertaken, because we heard from Assembly officials at the previous hearing that you had a mail shot and a 'phone a friend' arrangement. Frankly, I expected you to be asking for more training than that, in forums and so on. So I would be interested to know what your input was on the training that you wanted for your pharmacist members.

Mr Parry: *This is just a correction—it may be immaterial—but the actual negotiation was done between the Pharmaceutical Services Negotiating Committee and the NHS executive. The Welsh Central Pharmaceutical Committee was not involved at that stage in negotiations directly with the Assembly, because some of this happened before the Assembly came into being.*

[150] **Peter Law:** *Will you clarify what PSNC stands for?*

Mr Parry: *The Pharmaceutical Services Negotiating Committee, which is the England and Wales negotiating body for pharmacy.*

[151] **Peter Law:** *Sorry, I had not hitherto*

dod i gasgliad mai £800,000 fyddai'r tâl i'w dalu, a thalwyd yr arian hwnnw. Byddai'n ddiddorol gwybod pa hyfforddiant a wnaethpwyd, oherwydd clywsom gan swyddogion y Cynulliad yn y gwrandawiad blaenorol fod gennych drefniant post-dasliad a 'ffonio cyfaill'. A siarad yn blaen, disgwyliais ichi fod yn gofyn am fwy o hyfforddiant na hynny, mewn fforymau ac ati. Felly byddai gennyf ddiddordeb gwybod beth oedd eich mewnbwn ar yr hyfforddiant yr oeddech eisiau ei gael i'ch aelodau yn y fferyllseydd.

Mr Parry: *Dim ond cywiriad yw hwn—fe all fod yn amherthnasol—ond gwnaethpwyd y negodi go iawn rhwng Pwyllgor Negodi'r Gwasanaethau Fferyllol a gweithrediaeth yr NHS. Nid oedd a wnelo Pwyllgor Fferyllol Canolog Cymru bryd hynny â negodi'n uniongyrchol â'r Cynulliad, oherwydd digwyddodd rhyw gymaint o hyn cyn i'r Cynulliad ddod i fodolaeth.*

[150] **Peter Law:** *A wnewch chi egluro beth mae PSNC yn sefyll amdano?*

Mr Parry: *Pwyllgor Negodi'r Gwasanaethau Fferyllol, sefy corff negodi dros fferyllwyr yng Nghymru a Lloegr.*

[151] **Peter Law:** *Mae'n ddrwg gennyf, nid*

come across that.

Mr Parry: That is not to try to duck the issue. I think that we have to look at this in context. I agree that £800,000 is an awful lot of money. However, when it comes to the performance of the work, it works out to be somewhere in the region of 4p per prescription, which is not an awful lot of money.

[152] **Janice Gregory:** Collectively it is.

Mr Parry: Collectively it is, but on an individual basis it is not. If you take a pharmacy that may deal with about 2,500 scripts a month, we are talking about a payment of anything between £60 and £80. In those financial terms, the smaller the scale at which you look at it, the less it appears to be. I hope that you will agree. I think that the question revolves around whether you are getting value for money. I think that it is fair to say that it is probably one of the few areas where money is being spent in looking at fraud where there is an actual return on your investment. At the moment, for a sum of £800,000, you have recovered £2 million that you would not have otherwise had. To my mind, that is what I would consider to be value for money. I think that it depends on what you are measuring it against.

oeddwn wedi dod ar draws hynny o'r blaen.

Mr Parry: Nid ceisio osgoi'r cwestiwn yw hynny. Credaffod yn rhaid inni edrych ar hyn yn ei gyd-destun. Cytunaffod £800,000 yn swm mawr iawn o arian. Fodd bynnag, pan edrychwn ar gyflawniad y gwaith, mae'n gweithio allan rywle o gwmpas 4c am bob presgripsiwn, sydd ddim yn llawer iawn o arian.

[152] **Janice Gregory:** Y mae, o'i gymryd gyda'i gilydd.

Mr Parry: Y mae, o'i gymryd gyda'i gilydd, ond ar sail unigol nid ydyw. Os cymerwch fferyllfa sydd yn delio â thua 2,500 o sgriftiau y mis, yr ydym yn sôn am daliad o unrhyw beth rhwng £60 ac £80. Yn y termau ariannol hynny, po leiafy raddfa yr edrychwch arni, lleiafy mae'n ymddangos. Gobeithiaf y cytunwch chi. Credaf fod y cwestiwn yn troi o amgylch a ydych chi'n cael gwerth yr arian. Credaf ei bod yn deg dweud mai dyma, mae'n debyg, yw un o'r ychydig fannau lle caiff arian ei wario ar chwilio am dwyll lle ceir arian yn ôl ar eich buddsoddiad. Ar hyn o bryd, am swm o £800,000, yr ydych wedi adennill £2 filiwn na fuasai gennych fel arall. I'm meddwl i, dyna y byddwn i'n ei ystyried yn werth am arian. Credaf ei bod yn dibynnu yn erbyn beth yr ydych yn mesur.

The second thing that I think is important is that the system came into place on 1 April 1999, and we know that it did not start in England until June. We believe that there may have also been a couple of weeks' delay in Wales. When you measure September, you are actually measuring one of the earliest months of the scheme. At that point, there was an awful lot of give and take, if you like, taking place within the pharmacy setting. Patients were unsure what was expected of them. We were not necessarily sure what was expected of us. We had received the training packs, admittedly, because that is why you have crosses on some of the forms. However, it was an extremely early point to be measuring the effect of this.

I return to what I was saying about the way in which the sample was taken and the amount of prescriptions this is being extrapolated over. If the improperly collected prescription charges actually amounted to somewhere in the region of £7 million, then by having cleared £2 million of it for you, we have eaten into about 30 to 40 per cent of the problem. I think that that is good value for money.

[153] **Peter Law:** That is good enough for starters, but bearing in mind that this was only negotiated less than two years ago and

Yr ail beth sydd yn bwysig i'm tyb i yw y daeth y system i'w lle ar 1 Ebrill 1999, a gwyddom na ddechreuodd yn Lloegr tan Fehefin. Credwn efallai y bu wythnos neu ddwy o oedi yng Nghymru hefyd. Wrth fesur mis Medi, yr ydych mewn gwirionedd yn mesur un o fisoedd cynharaf y cynllun. Ar y pwynt hwnnw, yr oedd llawer iawn o gyfaddawdu, os hoffwch chi, yn digwydd o fewn sefyllfa'r fferyllfa. Yr oedd cleifion yn ansicr beth a ddisgwylid ganddynt. Nid oeddem o reidrwydd yn siŵr beth a ddisgwylid gennym ni. Mae'n wir nad oeddem wedi derbyn y pecynnau hyfforddi, oherwydd dyna pam y mae gennych groesau ar rai o'r ffurflenni. Fodd bynnag, yr oedd yn adeg eithriadol o gynnar i fod yn mesur effaith hyn.

Dychwelaf at yr hyn yr oeddwn yn ei ddweud ynghylch y ffordd y cymerwyd y sampl a'r nifer o bresgripsiynau a ddefnyddir i ddod i'w gasgliadau. Os oedd gwir swm y taliadau presgripsiynau nad oedd wedi'u casglu'n iawn rhywle o gwmpas £7 miliwn, yna wrth glirio £2 filiwn ohono ichi, yr ydym wedi bwyta i mewn i ryw 30 i 40 y cant o'r broblem. Credaffod hynny'n werth da am arian.

[153] **Peter Law:** Mae hynny'n ddigon da fel man cychwyn, ond o gofio mai dim ond lai na dwy flynedd yn ôl y negodwyd hyn a bod

that there is the potential, with a 9 per cent failure rate, for up to £15 million to be lost, we do not want to be too blasé about it. The fact is that something is radically wrong in such a new agreement.

I was interested in the training. Did you not ask for any training?

Mr Parry: *It was quite difficult to find out from where we would get training. Training packs were sent out to us, which meant training in the pharmacy. We were told, in effect, that the training for pharmaceutical training would not cover this because it was related to the professional work that we do. So it was quite difficult to identify a place from where we would get the funds to do it.*

[154] **Peter Law:** *So the National Assembly did not offer funds for training?*

Mr Parry: *No.*

[155] **Peter Law:** *It only offered the package of the phone line and mail-out?*

Mr Parry: *That is right.*

posibilrwydd, gyda chyfradd fethu o 9 y cant, i hyd at £15 miliwn gael ei golli, nid oes arnom eisiau bod yn rhy ddidaro ynglŷn â'r peth. Yffaith yw bod rhywbeth yn sylfaenol o'i le mewn cytundeb newydd o'r fath.

Yr oedd gennyd ddiddordeb yn yr hyfforddiant. Oni ofynasoch chi am unrhyw hyfforddiant?

Mr Parry: *Yr oedd yn eithaf anodd canfod o ble y caem hyfforddiant. Anfonwyd pecynnau hyfforddi allan atom, a olygai hyfforddi yn y fferyllfa. Dywedwyd wrthym, mewn effaith, na fyddai'r hyfforddiant ar gyfer gwaith fferyllol yn ymdrin â hyn gan ei fod yn ymwneud â'r gwaith proffesiynol a wnaawn. Felly yr oedd yn eithaf anodd canfod lle a fyddai'n darparu'r arian inni wneud hyn.*

[154] **Peter Law:** *Felly ni chynigiodd y Cynulliad Cenedlaethol arian ar gyfer hyfforddiant?*

Mr Parry: *Naddo.*

[155] **Peter Law:** *Dim ond cynnig pecyn y llinell ffôn a'r post-daflriad a wnaeth?*

Mr Parry: *Mae hynny'n gywir.*

[156] **Alison Halford:** We find ourselves in a difficult position. We are briefed by the Auditor General for Wales and we must go with the briefings which, up to now, have always been immaculate and correct in every way. This is just to try to clarify the situation, although my colleagues have done their best to help me. We have been told—please bear with me—that the Royal Pharmaceutical Society is the regulatory and professional body for pharmacists in Great Britain. Its role embraces issues such as professional standards, conduct and disciplinary matters. Is that right, so far? It is. Right. The Welsh Central Pharmaceutical Committee represents community pharmacy contractors in Wales, it is responsible for negotiations with the NHS in Wales on contractual issues for pharmacists and pharmacy in Wales, and then the description goes on to mention remuneration arrangements, terms of service, et cetera. Is that right?

Mr Parry: That is right.

[157] **Alison Halford:** However, you have told us that it is the health authority that has the disciplinary role. I do not understand that, I must say. Miss Lewis, you are indicating that you wish to respond to that.

[156] **Alison Halford:** Yr ydym yn ein cael ein hunain mewn sefyllfa anodd. Derbyniwn gyfarwyddyd gan Archwiliwr Cyffredinol Cymru ac mae'n rhaid inni fynd gyda'r cyfarwyddyd hwnnw a fu, hyd yma, bob amser yn ddifai ac yn gywir ym mhob ffordd. Dim ond ceisio egluro'r sefyllfa yr wyf yn awr, er bod fy nghyd-aelodau wedi gwneud eu gorau i'm cynorthwyo. Dywedwyd wrthym—byddwch yn amyneddgar â mi—mai'r Gymdeithas Fferyllol Frenhinol yw'r corff rheoleiddiol a phroffesiynol i fferyllwyr ym Mhrydain Fawr. Mae ei swyddogaeth yn cwmpasu materion megis safonau proffesiynol, ymddygiad a materion disgyblu. A yw hynny'n gywir, hyd yn hyn? Y mae. Iawn. Mae Pwyllgor Fferyllol Canolog Cymru'n cynrychioli contractwyr fferyllfeydd cymunedol yng Nghymru, mae'n gyfrifol am negodi gyda'r NHS yng Nghymru ar faterion contract i fferyllwyr a fferylliaeth yng Nghymru, ac yna â'r disgrifiad ymlaen i sôn am drefniadau tâl, telerau gwasanaeth, ac yn y blaen. A ydyw hynny'n gywir?

Mr Parry: Mae hynny'n gywir.

[157] **Alison Halford:** Fodd bynnag, yr ydych wedi dweud wrthym mai eiddo'r awdurdod iechyd yw'r swyddogaeth ddisgyblu. Nid wyf yn deall hynny, mae'n rhaid imi ddweud. Miss Lewis, yr ydych chi'n

rholi arwydd yr hoffech ymateb i hynny.

Miss Lewis: I think that we have to distinguish between the professional responsibilities and the contractual responsibilities. The Royal Pharmaceutical Society is the disciplinary body as far as the profession is concerned, and as far as standards of practice are concerned, and we also administer the regulations for the supply of medicines under the Medicines Act 1968. On the monitoring and standards relating to the terms of service, the terms of service are a contract with the health authority and the health authority monitors those.

Miss Lewis: Credaffod yn rhaid inni wahaniaethu rhwng y cyfrifoldebau proffesiynol a'r rhwymedigaethau cytundebol. Y Gymdeithas Fferyllol Frenhinol yw'r corff disgyblu cyn belled ag y mae'r proffesiwn yn y cwestiwn, a chyn belled ag y mae safonau ymarfer yn y cwestiwn, a ni hefyd sydd yn gweinyddu'r rheoliadau ar gyfer cyflenwi moddion dan Ddeddf Meddyginaethau 1968. Ar y monitro a'r safonau parthed y telerau gwasanaeth, contract gyda'r awdurdod iechyd yw'r telerau gwasanaeth, a'r awdurdod iechyd fydd yn monitro'r rheini.

[158] **Alison Halford:** So, to be absolutely clear, when we talk about disciplinary activities, it would be in terms of a pharmacist popping pills or selling something on the side, or something like that, as opposed to undertaking the contractual work.

Miss Lewis: Yes. If a pharmacist committed some form of professional misconduct, that is the sort of matter on which we would take disciplinary action.

[159] **Alison Halford:** And you do not see any connection with professional misconduct and not doing a job carefully enough, which

[158] **Alison Halford:** Felly, i fod yn gwbl glir, pan soniwn am weithgareddau disgyblu, byddai hynny yn nhermau fferyllydd yn popio pils neu'n gwerthu rhywbeth dan y cownter, neu rywbeth felly, yn hytrach nag ymgymryd â'r gwaith contract.

Miss Lewis: Byddai. Petai fferyllydd wedi camymddwyn yn broffesiynol mewn rhyw fod, dyna'r math o fater y byddem ni'n gweithredu disgyblaeth ar ei gownt.

[159] **Alison Halford:** Ac ni welwch chi unrhyw gysylltiad rhwng camymddwyn proffesiynol a pheidio â gwneud gwaith yn

then leads to fraud and loss of money?

ddigon gofalus, sydd yn arwain wedyn at dwyll a cholli arian?

Miss Lewis: Certainly, if fraud is reported to us, we would take action. We work—as I think that we have indicated in our submission—with health authorities on occasions when we are asked to do so. We have certainly worked with the NHS counter fraud unit headed by Jim Gee where fraud is committed, but we are talking here about a contractual responsibility. I think that all of us would really like to concentrate on how we might improve the system. That is what we have tried to indicate, because this is a fairly new system and was monitored over a fairly short period. It has highlighted many problems for pharmacists, for patients and, indeed, for health authorities. We would like to work together to put them right.

Miss Lewis: Yn sicr, pe hysbysid ni am dwyll, byddem yn gweithredu. Yr ydym yn gweithio—fel yr ydym wedi nodi yn ein cyflwyniad, mi gredaf—gyda'r awdurdodau iechyd ar achlysuron pan ofynnir inni wneud hynny. Yr ydym yn sicr wedi gweithio gydag uned gwrth-dwyll yr NHS o dan arweiniad Jim Gee lle digwyddodd twyll, ond sôn yr ydym yma am gyfrifoldeb dan gontact. Yr wyf yn meddwl y byddai pob un ohonom yn hoffi canolbwytio ar sut y gallem wella'r system. Dyna beth yr ydym wedi ceisio'i ddangos, oherwydd mae hyn yn system gymharol newydd a chafodd ei monitro dros gyfnod gweddol fyr. Mae wedi amlygu nifer o broblemau i fferyllwyr, i gleifion ac, yn wir, i awdurdodau iechyd. Hoffem weithio gyda'n gilydd i gywiro'r rheini.

[160] **Alison Halford:** I am going off my brief here, for which I apologise, but how on earth is the health authority going to find out if something is going wrong if you people, who control the pharmacists, do not seem to have any obligation to check the standard of their work?

[160] **Alison Halford:** Yr wyf yn mynd y tu hwnt i'm briff yn y fan yma, ac ymddiheuraf am hynny, ond sut ar wyneb y ddaear y mae'r awdurdod iechyd yn mynd i gael gwybod a oes unrhyw beth o'i le os nad yw'n ymddangos fod gennych chi bobl, sydd yn rheoli'r fferyllwyr, unrhyw ddyletswydd i wirio safon eu gwaith?

Miss Lewis: We check the professional standard of their work, but we do not check

Miss Lewis: Yr ydym yn gwirio safon broffesiynol eu gwaith, ond nid a ydynt yn

compliance with the terms of service.

cydymffurfio â'r telerau gwasanaeth.

[161] **Alison Halford:** *I will leave that there because other colleagues will move onto that. Given that the Assembly ultimately funds the service provided by pharmacists in Wales, and bearing in mind that we have already discussed the fee, should we as an Assembly withhold any part of the pharmacist's fee in cases where a pharmacist consistently fails to discharge his or her responsibilities in relation to checking the entitlement to free prescriptions as carefully as we would expect?*

[161] **Alison Halford:** *Gadawaf hynny yn y fan honno oherwydd bydd cyd-aelodau eraill yn dod at hynny. Gan mai'r Cynulliad yn y pen draw sydd yn ariannu'r gwasanaeth a ddarperir gan fferyllwyr yng Nghymru, a chan gofio ein bod eisoes wedi trafod y ffi, a ddylem ni fel Cynulliad ddal unrhyw ran o ffi'r fferyllydd yn ôl mewn achosion lle bydd fferyllydd yn methu'n gyson â chyflawni'i gyfrifoldebau neu ei chyfrifoldebau mewn perthynas â gwirio'r hawl i bresgripsiwn di-dâl mor ofalus ag a ddisgwyliem?*

Mr Parry: *We would expect that if a pharmacist consistently fails to perform the work expected of him, that he would be taken through the disciplinary mechanism and that that would involve a fine and withholding money.*

Mr Parry: *Byddem yn disgwyl petai fferyllydd yn methu'n gyson â chyflawni'r gwaith a ddisgwylir ganddo, yr eid ag ef drwy'r weithdrefn disgyblu ac y byddai hynny'n arwain at ddirwy a dal arian yn ôl.*

[162] **Alison Halford:** *Has that ever happened?*

[162] **Alison Halford:** *A ddigwyddodd hynny erioed?*

Mr Parry: *No.*

Mr Parry: *Na.*

[163] **Alison Halford:** *Right.*

[163] **Alison Halford:** *Iawn.*

Mr Parry: *I have to say that I think that there is a case in the system at the moment, or*

Mr Parry: *Mae'n rhaid imi ddweud fy mod yn meddwl bod achos yn y system ar hyn o*

maybe a couple of cases.

[164] **Alison Halford:** This is a question to the Royal Pharmaceutical Society. Does the failure of a pharmacist to comply with the terms of service raise any ethical or disciplinary issues for the Royal Pharmaceutical Society? You might have touched on this, but I think that we would be grateful to have your response again.

Miss Lewis: I think that it would normally be a matter for the health authority. If it was a serious and flagrant disregard and was reported to us, then we would take action and investigate.

[165] **Alison Halford:** It is a very complicated line, is it not? Pharmacists are paid money to ensure that the proper drugs are given to the proper individuals and yet you say that you governing bodies have nothing to do with that and it is the responsibility of the health authority.

Miss Lewis: There is a joint responsibility. The health authority is responsible for monitoring the contract and the terms of service. The Royal Pharmaceutical Society of Great Britain is responsible for standards of practice and for compliance with the

bryd, neu efallai fwy nag un achos.

[164] **Alison Halford:** Cwestiwn i'r Gymdeithas Fferyllol Frenhinol yw hwn. A yw methiant fferyllydd i gydymffurfio â'r telerau gwasanaeth yn codi unrhyw gwestiynau moesegol neu ddisgyblu i'r Gymdeithas Fferyllol Frenhinol? Efallai eich bod wedi crybwyllyn, ond yr wyf yn meddwl y byddem yn ddiolchgar o gael eich ymateb eto.

Miss Lewis: Credaf mai mater i'r awdurdod iechyd fyddai hynny fel arfer. Petai'n fethiant difrifol a bwriadol, a ninnau'n cael ein hysbysu amdano, yna byddem yn gweithredu ac yn ymchwilio.

[165] **Alison Halford:** Mae'n llinell gymhleth dros ben, onid ydyw? Telir arian i fferyllwyr am sicrhau y rhoddir y cyffuriau priodol i'r unigolion priodol ac eto dywedwch chi nad oes a wnelo chi'r cyrff llywodraethol ddim oll â hynny ac mai cyfrifoldeb yr awdurdod iechyd ydyw.

Miss Lewis: Mae yna gyfrifoldeb ar y cyd. Mae'r awdurdod iechyd yn gyfrifol am fonitro'r contract a'r telerau gwasanaeth. Mae Cymdeithas Fferyllol Frenhinol Prydain Fawr yn gyfrifol am safonau ymarfer ac am gydymffurfio â'r ddeddfwriaeth.

legislation.

[166] **Alison Halford:** Asking the same question again, are you aware that the royal pharmaceutical society has taken any disciplinary measures against any of your colleagues for failing to fulfil their contractual obligations, because it then becomes an ethical or disciplinary issue?

[166] **Alison Halford:** A gofyn yr un cwestiwn eto, a ydych yn ymwybodol fod y gymdeithas fferyllol frenhinol wedi cymryd unrhyw gamau disgynblu yn erbyn unrhyw un o'ch cydweithwyr am fethu cyflawni eu rhwymedigaethau cytundebol, oherwydd wedyn fe ddaw'n fater moesegol neu fater disgynblu?

Miss Lewis: I am not aware of it at this moment.

Miss Lewis: Nid wyf yn ymwybodol o hynny ar hyn o bryd.

[167] **Peter Law:** Does that apply to health authorities as well? If Alison would ask that question, Chair.

[167] **Peter Law:** A yw hynny'n wir am awdurdodau iechyd hefyd? Petai Alison yn gofyn y cwestiwn hwnnw, Gadeirydd.

[168] **Alison Halford:** So discipline is something that is never ever invoked?

[168] **Alison Halford:** Felly mae disgynblaeth yn rhywbeth na weithredir byth?

Miss Lewis: Discipline is frequently invoked as far as professional practice is concerned. Disciplinary action has been taken by health authorities in these matters.ⁱ

Miss Lewis: Gweithredir disgynblaeth yn aml cyn belled ag y mae ymarfer proffesiynol yn y cwestiwn. Mae awdurdodau iechyd wedi gweithredu camau disgynblu yn y materion hyn.¹

[169] **Janet Davies:** Alison, would you allow Janice to ask a question before you continue?

[169] **Janet Davies:** Alison, a fydddech chi'n caniatáu i Janice ofyn cwestiwn cyn ichi fynd yn eich blaen?

[170] **Alison Halford:** Yes, of course.

[170] **Alison Halford:** Byddwn, wrth gwrs.

[171] **Janice Gregory:** Just very briefly taking Alison's point a step further—you may not be able to answer—is it possible to identify either one pharmacy or a group of pharmacies in a particular area, perhaps, that are habitual offenders, for want of a better term? I do not mean that in a derogatory way. If that happens, what sanctions do you place on them? At the end of the day, if we are talking here about the health authority being the overarching monitoring authority, has the Audit Committee any plans to speak to representatives of the health authority?

[171] **Janice Gregory:** Yn fyr iawn, â chymryd pwynt Alison gam ymhellach—efallai na fyddwch yn gallu ateb—a ydyw'n bosibl enwi un fferyllfa neu grŵp o fferyllfeydd mewn ardal arbennig, efallai, sydd yn dramgyddwyr cyson, yn niffyg term gwell? Nid wyf yn meddwl hynny mewn ffordd ddilornus. Os digwydd hynny, pa gosbau a roddwch iddynt? Ar ddiweddu y dydd, os ydym yn sôn yma am yr awdurdod iechyd fel yr awdurdod monitro dros bawb, a oes gan y Comisiwn Archwilio unrhyw gynlluniau i siarad â chynrychiolwyr yr awdurdod iechyd?

[172] **Janet Davies:** I am afraid that we do not have any such hearings scheduled for that.

[172] **Janet Davies:** Mae arnaf ofn nad oes gennym unrhyw wrandawiadau o'r fath wedi'u trefnu ar gyfer hynny.

[173] **Janice Gregory:** Can we not set any time aside?

[173] **Janice Gregory:** Oni allwn neilltuo amser?

[174] **Peter Law:** That was a very good question.

[174] **Peter Law:** Yr oedd hynny'n gwestiwn da iawn.

Mr Parry: I would like to respond. It certainly is possible to identify pharmacies, or even groups of pharmacies, which are not

Mr Parry: Hoffwn ymateb. Yn sicr mae modd enwi fferyllfeydd, hyd yn oed grwpiau o fferyllfeydd, nad ydynt yn cyflawni'u

performing their function properly. That was very clearly laid out, in the change of legislation and in the change in the terms of service, as the health authority's responsibility. I think that it is fair to say that that just has not been happening. Ms Halford asked the question about the disciplinary aspects of it and where we are involved, but, actually, it requires the health authority to start the ball rolling and that has not been happening.

[175] **Janice Gregory:** *So the health authority would identify the problem?*

Mr Parry: *The health authority is the body that would identify the problem.*

[176] **Janice Gregory:** *So are you saying, Mr Parry, that it may be identifying the problem but not actually taking any action to combat it?*

Mr Parry: *Well, it may be, but we are not seeing any evidence of that whatsoever. There is one health authority that I know of that has taken some action on this, but the record is pretty patchy.*

[177] **Peter Law:** *That would confirm what Miss Lewis said to us. She said she was not*

swyddogaeth yn briodol. Nodwyd hynny'n glir yn y newid deddfwriaeth ac yn y newid yn y telerau gwasanaeth, fel cyfrifoldeb yr awdurdod iechyd. Yr wyf yn meddwl ei bod yn deg dweud nad yw hynny wedi bod yn digwydd. Gofynnodd Ms Halford gwestiwn ynglŷn â'r agweddau disgynblu a beth yw'n rhan ni, ond mewn gwirionedd, mae angen i'r awdurdod iechyd roi cychwyn ar bethau ac nid yw hynny wedi bod yn digwydd.

[175] **Janice Gregory:** *Felly yr awdurdod iechyd fyddai'n nodi bod problem?*

Mr Parry: *Yr awdurdod iechyd yw'r corff fyddai'n nodi bod problem.*

[176] **Janice Gregory:** *Felly ydych chi'n dweud, Mr Parry, ei fod efallai'n nodi'r problem ond nad yw'n gwneud dim yn ei chylch?*

Mr Parry: *Wel, efallai ei fod, ond nid ydym ni'n gweld unrhyw dystiolaeth o hynny o fath yn y byd. Gwn am un awdurdod iechyd sydd wedi gweithredu ar hyn, ond pur glytiog yw'r record.*

[177] **Peter Law:** *Byddai hynny'n cadarnhau'r hyn a ddywedodd Miss Lewis wrthym. Dywedodd hi nad oedd yn*

aware of it.

ymwybodol ohono.

[178] **Janet Davies:** *For the sake of the Members and the witnesses, I need to point out that this report goes to the Cabinet. The Minister for Health and Social Services will need to look at it and take on board any recommendations that come out of this, particularly from these last points, but obviously from the whole hearing.*

[178] **Janet Davies:** *Er mwyn yr Aelodau a'r tystion, rhaid imi nodi fod yr adroddiad hwn yn mynd i'r Cabinet. Bydd angen i'r Gweinidog dros Iechyd a Gwasanaethau Cymdeithasol edrych arno a derbyn unrhyw argymhellion a ddeillia o hyn, yn enwedig o'r pwyntiau olaf hyn, ond yn amlwg o'r gwrandawriad cyfan.*

[179] **Alison Halford:** *You have almost weathered the storm of this particular batch of questions, so hang on. How does the geographical location of a pharmacy affect the effectiveness of a pharmacist's work in checking entitlement to exemption from prescription charges? I am asking, for example, if a practice in a deprived inner city location poses problems not found elsewhere. That is obviously tied in with any knowledge of aggression from patients during the delivery of the scripts.*

[179] **Alison Halford:** *Yr ydych bron wedi dod drwy'r gwaethaf yn y pentwr cwestiynau arbennig hwn, felly daliwch eich gfael. Sut mae lleoliad daearyddol fferyllfa'n effeithio ar effeithiolrwydd gwaith fferyllydd wrth wirio hawl pobl i gael eu heithrio rhag taliadau presgripsiynau? Yr wyf yn gofyn, er enghraifft, a yw practis mewn lleoliad difreintiedig mewn dinas yn codi problemau na welir yn unman arall. Mae hynny'n amlwg ynghlwm wrth unrhyw wybodaeth am ymddygiad bygythiol gan gleifion pan gyflwynir y sgriftiau.*

Mr Martin: *I will answer that, if I may. I have my own business in St David's. I can relate this to situations there and then I am happy to take it further as far as inner city problems are concerned. I live in a rural area and there are instances when patients come into the pharmacy and have forgotten the evidence for exemption. It is difficult to*

Mr Martin: *Atebaffi'r cwestiwn yma, os caf. Mae gennys ffy musnes fy hun yn Nhyddewi. Gallaf gysylltu hyn â sefyllfa oedd yn y fan honno ac wedyn yr wyf yn hapus i fynd ag ef ymhellach cyn belled ag y mae problemau canol dinasoedd yn y cwestiwn. Yr wyf yn byw mewn ardal wledig a cheir enghreifftiau pan ddaw cleifion i mewn i'r fferyllfa a*

say to them, when they are not feeling very well, 'Will you go back 15 miles to get your exemption and then come back in?' So there is a little bit of give and take in rural areas. We are also faced with another difficult situation—in rural areas and, indeed, in inner city areas—where patients' representatives come in for the prescription and say 'Well, they didn't say I had to pay. I think that they are exempt, I don't know why.' As we have already said, our prime function is very much involved in giving the medication and my clinical responsibility comes before my point of dispensing checks. That is my personal view, and I sit very comfortably with it.

In terms of other situations, there are people who are poorly sighted. That is a problem in itself. Within different areas such as the inner cities, if the socio-economic mix is such that there are more people coming into the pharmacy who are entitled to exemption, that also has its problems in that you see more people with a situation that you have to deal with. I did a straw poll last week and spoke to a number of colleagues, knowing that I was coming here. They said that within ethnic minority areas, that is also a problem. The patients rely on their children to communicate on behalf of their parents. That has its own problems. It is a very complex

hwythau wedi anghofio'r dystiolaeth dros eithrio. Mae'n anodd dweud wrthynt, a hwythau heb fod yn teimlo'n dda, 'A ewch chi yn ôl 15 milltir i ymofyn eich eithriad ac wedyn ddod yn ôl i mewn?' Felly ceir rhywfaint o gyfaddawdu mewn ardaloedd gwledig. Wynebwn sefyllfa anodd arall hefyd—mewn ardaloedd gwledig ac, yn wir, mewn canol dinasoedd—lle daw cynrychiolwyr cleifion i mewn am y presgripsiwn a dweud 'Wel, ddywedon nhw ddim fod rhaid imi dalu. Yr wyf yn meddwl eu bod wedi'u heithrio, wn i ddim pam.' Fel y dywedwyd gennym eisoes, ein prif swyddogaeth yn bendant yw rhoi'r feddyginaeth a daw fy nghyfrifoldeb clinigol o flaen fy ngwiriadau wrth ddosbarthu. Dyna fy marn bersonol i, ac yr wyf yn gyfforddus iawn â hi.

Yn nhermau sefyllfaoedd eraill, ceir pobl sydd yn wan eu golwg. Mae hynny'n broblem yn ddo'i hun. O fewn gwahanol ardaloedd fel canol dinasoedd, os yw'r cymysgedd economaidd-gymdeithasol yn golygu bod mwy o bobl yn dod i mewn i'r fferyllfa a chanddynt hawl i'w heithrio, mae i hynny hefyd ei broblemau yn yr ystyr eich bod yn gweld mwy o bobl gyda sefyllfa y mae'n rhaid ichi ddelio â hi. Gwneuthum arolwg anffurfiol yr wythnos diwethaf a holi nifer o gydweithwyr, gan wybod y byddwn yn dod yma. Dywedasant bod problem hefyd o fewn ardaloedd lle ceir lleiafrifoedd ethnig. Bydd y cleifion yn dibynnau ar eu plant i gyfathrebu

issue. You can all see how complicated the two areas are. The situation is very complicated. If there is one message that will come out of today, it is that we want a simple system that will deliver for all of us.

In terms of people's reactions in the pharmacy, we have had varying reactions. We have had people who have welcomed the opportunity to provide the information. A lot of people are happy to talk to us about their piles, but they do not want to talk to us about their financial situation. That brings its own problems. If their neighbours are over in the corner, listening to what is going on, they do not like that either. There is a sensitivity around that. A lot of my colleagues will try to ensure that they are in position to handle these situations sensitively. Our biggest problem area is benefit claims. It is the biggest area as far as money is concerned and it is the biggest headache for us because of the complications.

The guidance that I have here in front of me was sent out and was an excellent way forward. It needs to be updated, but it certainly identifies when you should and when you should not tick a box. That has been most helpful. However, the patient's reaction can be, 'Who the hell do you think you are? This is an infringement on my

ar ran eu rhieni. Mae i hynny ei broblemau ei hun. Mae'n fater cymhleth iawn. Gallwch i gyd weld pa mor gymhleth yw'r ddwy ardal. Mae'r sefyllfa'n gymhleth dros ben. Os oes un neges a ddaw allan o heddiw, y neges yw bod arnom eisiau system syml a aiff â'r maen i'r wal dros bawb ohonom.

Yn nhermau adwaith pobl yn y fferyllfa, cawsom adwaith amrywiol. Cawsom bobl a groesawodd y cyfle i ddarparu'r wybodaeth. Mae llawer o bobl yn hapus i siarad â ni am eu peils, ond nid oes arnynt eisiau siarad â ni am eu sefyllfa ariannol. Daw hynny â'i broblemau ei hun. Os yw eu cymdogion draw yn y gornel, yn gwrando ar yr hyn sydd yn mynd ymlaen, nid ydynt yn hoffi hynny chwaith. Mae yna sensitifrwydd ynghylch hynny. Bydd llawer o'm cydweithwyr yn ceisio sicrhau eu bod mewn sefyllfa i ddelio â'r sefyllfaoedd hyn yn deimladwy. Hawliadau budd-dâl yw'r broblem fwyaf i ni. Dyma'r maes mwyaf lle mae arian yn y cwestiwn a dyma'r cur pen mwyaf i ni oherwydd y cymhlethdodau.

Cafodd y canllawiau sydd gennys yma o'm blaen eu hanfon allan ac roeddent yn ffordd ardderchog ymlaen. Mae angen eu diweddu, ond maent yn sicr yn pennu pa bryd y dylech a pha bryd na ddylech dicio blwch. Bu hynny'n ddefnyddiol dros ben. Fodd bynnag, gall y claf ymateb drwy ddweud, 'Pwy ddiawl ydych chi'n meddwl

human rights'. That kind of situation arises. None of us like confrontation and so it is very difficult. That is the real nub end of it. I am here to tell you what it is like at the sharp end. I am an emotional boy. I put it down to the fact that my great-grandfather wrote Calon Lân, but that is another story—he told me not to say that. [Laughter.] However, you can see what we are faced with day in day out.

The clinical decisions that we must make are also very difficult. There are people who are just above the benefit level and who have three items on their prescriptions. They must pay £16 for it. Sorry, I have just been corrected. It is £18—we must give a discount in our pharmacy. They then ask us, ‘Well, which one do you think would be best for me?’ You are then faced with that situation. It is impossible as far as your clinical decision is concerned. You can see why, the next time that they have another three prescriptions and they need the three of them, there is a temptation for them to maybe sign the back of the form rather than have to pay. Those are very difficult situations with which we are all faced.

[180] **Alison Halford:** *I think that we have got the gist. Please do not think that this is said in any derogatory way. You have given*

ydych chi? Mae hyn yn amharu ar fy hawliau dynol’. Bydd y math yna o sefyllfa’n codi. Nid oes neb ohonom yn hoffi gwrthdrawiad ac felly mae’n anodd iawn. Dyna graidd y mater. Yr wyffî yma i ddweud wrthych sut y mae hi ar flaen y gad. Bachgen emosiynol ydwyffî. Byddaf yn priodoli hynny i’r ffaith mai fy hen dad-cu a ysgrifennodd Calon Lân, ond stori arall yw honno—fe’m siarsiodd i beidio â dweud hynny. [Chwerthin.] Fodd bynnag, gallwch weld beth sydd yn ein hwynebu ddydd ar ôl dydd.

Mae’r penderfyniadau clinigol y mae’n rhaid inni eu gwneud yn anodd iawn hefyd. Fe geir pobl sydd fymryn uwchben lefel budd-dâl ac sydd â thair eitem ar eu presgripsiwn. Rhaid iddynt dalu £16 amdano. Mae’n ddrwg gennys, yr wyf newydd gael fy nghywiro. Mae’n £18—rhaid ein bod yn rhoi disgownt yn ein fferyllfa ni. Wedyn byddant yn gofyn inni, ‘Wel, pa un ydych chi’n meddwl fyddai orau imi?’ Wedyn mae’r sefyllfa honno’n eich wynebu. Mae’n amhosibl o ran eich penderfyniad clinigol. Gallwch weld pam, y tro nesaf y bydd ganddynt dri phresgripsiwn arall ac angen y tri arnynt, fod temtasiwn iddynt efallai lofnodi cefn y ffurflen yn hytrach na gorfod talu. Dyna sefyllfaoedd anodd iawn sydd yn ein hwynebu ni i gyd.

[180] **Alison Halford:** *Credaf ein bod wedi cael swm a sylwedd y ddadl. Peidiwch da chi â meddwl y dywedir hyn mewn unrhyw ffordd*

us a clear insight into the problems of being a pharmacist. However, it is our job to scrutinise and to ensure that public money is well spent. Would you say that your priority is patient care rather than trying to check possible fraud?

ddifriol. Yr ydych wedi rhoi mewnwelediad clir inni i broblemau bod yn fferyllydd. Fodd bynnag, ein gwaith ni yw archwilio a sicrhau y caiff arian cyhoeddus ei wario'n deilwng. A ddywedech chi mai gofal am gleifion yw'ch blaenorriaeth chi yn hytrach na cheisio gwirio am dwyll possibl?

Mr Martin: *That is definitely our priority.*

Mr Martin: *Dyna'n blaenorriaeth ni yn bendant.*

[181] **Alun Cairns:** *In your last but one answer, you cited a theoretical example where in a deprived area someone just above the benefit level needs three or four prescriptions in relation to a particular condition and they ask 'Which one is best for me?' In your answer, were you implying that some pharmacists might suggest or imply that the patient should tick the exemption box on the back?*

[181] **Alun Cairns:** *Yn eich ateb olaf ond un, rhoesoch enghrafft ddamcaniaethol lle mae rhywun mewn ardal ddifreintiedig, a hwythau fymryn dros y lefel budd-dâl, angen tri neu bedwar presgripsiwn ar gyfer cyflwr arbennig a'u bod yn gofyn 'Pa un sydd orau imi?' Yn eich ateb, oeddech chi'n ensynio y gallai rhai fferyllwyr awgrymu neu gyfleu y dylai'r claf roi tic yn y blwch eithrio ar y cefn?*

Mr Martin: *Definitely not. We are faced with a decision where they suggest—*

Mr Martin: *Nac oeddwn yn bendant. Yr ydym yn wynebu sefyllfa lle maent hwy'n awgrymu—*

[182] **Alun Cairns:** *You said that it was an impossible situation, so I want to know how it is resolved.*

[182] **Alun Cairns:** *Dywelasoch chi ei bod yn sefyllfa amhosibl, felly hoffwn wybod sut y caiff ei datrys.*

Mr Martin: *Clinically, it is an impossible situation, but we are faced with it daily and*

Mr Martin: *Yn glinigol, mae'n sefyllfa amhosibl, ond mae'n ein hwynebu bob dydd*

we sometimes have to make that decision. To cover my back, I then phone the doctor and tell him exactly what I have done because I was faced with that decision. It is very much a matter of trying to get the best out of what is a very difficult situation for that person. Sometimes they say 'I can't afford this today, I'll come back tomorrow' or 'I'll have the other two or three items three or four days down the track'. What I am trying to do is to tell you what we are actually faced with at the sharp end in terms of the difficulties that surround some of the decision-making.

[183] **Alun Cairns:** Thank you for that.

*[184] **Janice Gregory:** So, essentially, if that comes to you, you must make a decision to prescribe? Am I missing the point here? You look at the three items on the script and the patient says 'I cannot afford the three, which one will do the best job for the problem that I have?' You must then make that decision.*

Mr Martin: Yes.

[185] **Janice Gregory:** Okay. Thank you very

ac weithiau mae'n rhaid inni wneud y penderfyniad hwnnw. I glirio fy hun, byddaf wedyn yn ffonio'r meddyg i ddweud wrtho yn union beth yr wyf wedi'i wneud oherwydd imi gael fy wynebu a'r penderfyniad hwnnw. Mae i raddau helaeth iawn yn fater o geisio cael y gorau allan o sefyllfa sydd yn un anodd iawn i'r person hwnnw. Weithiau dywedant 'Ni allafforddio hwn heddiw, dof yn ôl yfory' neu 'Fe gymeraf y ddwy neu dair eitem arall ymhen tri neu bedwar diwrnod'. Yr hyn yr wyf yn ceisio'i wneud yw dweud wrthych chi beth yr ydym yn ei wynebu mewn gwirionedd ar flaen y gad yn nhermau'r anawsterau sydd ynghylch rhai o'r penderfyniadau y mae'n rhaid eu gwneud.

[183] **Alun Cairns:** Diolch i chi am hynny.

*[184] **Janice Gregory:** Felly, yn y bôn, os daw hynny atoch chi, mae'n rhaid i chi wneud penderfyniad presgripsiwn? A ydwyf yn colli'r pwynt yn y fan yma? Yr ydych chi'n edrych ar y tair eitem ar y sgrift ac mae'r claf yn dweud 'Ni allafforddio'r tair, pa un fydd orau ar gyfer y broblem sydd gennyf?' Wedyn mae'n rhaid i chi wneud y penderfyniad hwnnw.*

Mr Martin: Ie.

[185] **Janice Gregory:** Iawn. Diolch yn fawr.

much.

[186] **Alison Halford:** *We are acting like an agent provocateur here. We had better be a bit careful.*

[186] **Alison Halford:** *Rydym yn gweithredu fel agent provocateur yma. Byddai'n well inni droedio 'n ofalus.*

[187] **Janice Gregory:** *I am only substituting for another Member; I am leaving at 3.30 p.m.*

[187] **Janice Gregory:** *Dim ond yma yn lle Aelod arall yr wyffit; byddaf yn gadael am 3.30 p.m.*

[188] **Owen John Thomas:** *I want to come in on this, as I was not allocated questions earlier on.*

[188] **Owen John Thomas:** *Hoffwn ddod i mewn ar hyn, gan na ddyrannwyd cwestiynau imi yn gynharach.*

[189] **Janet Davies:** *You were allocated questions, Owen.*

[189] **Janet Davies:** *Fe ddyrannwyd cwestiynau ichi, Owen.*

[190] **Owen John Thomas:** *Well, I did not know. I am substituting for another Member. When you get the prescription form, there are about 13 boxes on the back, something of that nature?*

[190] **Owen John Thomas:** *Wel, nid oeddwn yn gwybod. Yr wyffinnau yma yn lle Aelod arall. Pan gewch y ffurflen bresgripsiwn, mae rhyw 13 o flychau ar y cefn, rhywbeth fel yna?*

Mr Martin: *Boxes A to N, yes.*

Mr Martin: *Blychau A i N, ie.*

[191] **Owen John Thomas:** *As many as 15, then. The doctor can fill in some of those, presumably, before the patient leaves the surgery. How many could he address?*

[191] **Owen John Thomas:** *Cymaint â 15, felly. Gall y meddyg lenwi rhai o'r rheini, mae'n debyg, cyn i'r clafadael y feddygfa. Sawl blwch y gallai ef eu llenwi?*

Mr Martin: Certainly this is part of our solution, if you like. There is certain information that is sitting very comfortably with the GPs. I have seen the tape of the last Audit Committee meeting. You made an interesting point in terms of GPs' responsibility and what they could do to help the situation. I think that it needs to be a team effort. We believe that there is an opportunity here to try to get us linked up to the Cymru web, so that we have information technology links between GPs and community pharmacists to access information. Details of age are available within a GP's surgery; for maternity exemption, GPs certainly know when a patient is pregnant; and, obviously, as far as medical exemptions are concerned, GPs have information because they have identified that condition. They should be filling in the forms for those exemptions. Therefore, there is an opportunity for joint working here in terms of sharing that information between primary care contractors.

[192] **Owen John Thomas:** Do you feel that that would make a big difference to cut down the proportion of fraud cases, if I can use that strong word?

Mr Martin: It would certainly be a step in the right direction, even to the point where

Mr Martin: Yn sicr dyma ran o'n hateb, os hoffwch chi. Mae rhywfaint o wybodaeth sydd yn eistedd yn gyfforddus iawn gyda'r meddygon teulu. Gwelais dâp o gyfarfod diwethaf y Pwyllgor Archwilio. Gwnaethoch bwynt didorol ynghylch cyfrifoldeb meddygon teulu a'r hyn y gallent hwy ei wneud i helpu'r sefyllfa. Credaf fod angen iddo fod yn gyd-ymdrehch. Credwn fod cyfle yma i geisio'n cysylltu ni â gwe Cymru, fel bod gennym gysylltiadau technoleg gwybodaeth rhwng meddygon teulu a fferyllwyr cymunedol er mwyn cael gweld gwybodaeth. Mae manylion oed ar gael yn y feddygfa; gydag eithriad mamolaeth, mae meddygon teulu yn sicr yn gwybod pan fo claf yn feichiog; ac, yn amlwg, o ran eithriadau meddygol, mae'r wybodaeth gan y meddygon gan mai hwy a nododd y cyflwr hwnnw. Dylent fod yn llenwi'r ffurflen i ar gyfer yr eithriadau hynny. Felly, mae cyfle i gydweithio yma yn nhermau rhannu'r wybodaeth honno rhwng contractwyr gofal sylfaenol.

[192] **Owen John Thomas:** A ydych chi'n teimlo y byddai hynny'n gwneud gwahaniaeth mawr i leihau'r gyfran o achosion twyll, os caf ddefnyddio'r gair cryf hwnnw?

Mr Martin: Yn ddi-os byddai'n gam i'r cyfeiriad iawn, hyd yn oed i'r pwynt lle bo

you have the problems that were highlighted before in terms of the date of birth on prescriptions. We know that that is a software problem. However, good practice would help. If everyone could put the date of birth on prescriptions, that would be a real good step in the right direction, until the software problems are solved.

gennych y problemau a danlinellwyd o'r blaen yn nhermau'r dyddiad geni ar bresgripsiwn. Gwyddwn mai problem meddalwedd yw honno. Fodd bynnag, byddai ymarfer da yn help. Pe gallai pawb roi'r dyddiad geni ar bresgripsiynau, byddai hynny'n gam da iawn i'r cyfeiriad iawn, hyd nes bydd y problemau meddalwedd wedi'u datrys.

[193] **Owen John Thomas:** *When you were describing the situation of a customer bringing a prescription to the pharmacy and not having the proof required and so forth, it reminded me of somewhat similar situations that arise when you go to a post office. What is there in the post office separating the person behind the counter from the customer? There is a large bullet-proof glass screen. You get the same situation in social security offices. The pharmacist must keep his mind—*

[193] **Owen John Thomas:** *Pan oeddech chi'n disgrifio sefyllfa cwsmer yn dod â phresgripsiwn i'r fferyllfa heb y prawf angenrheidiol ac yn y blaen, yr oedd yn f'atgoffa i o sefyllfaoedd tebyg braidd sydd yn codi pan ewch i swyddfa bost. Beth sydd yn y swyddfa bost i wahanu'r person y tu ôl i'r cownter oddi wrth y cwsmer? Mae yno sgrîn wydr fawr gwrth-fwledi. Cewch yr un sefyllfa mewn swyddfeydd nawdd cymdeithasol. Rhaid i'r fferyllydd gadw'i feddwl—*

[194] **Alison Halford:** *Or 'her'.*

[194] **Alison Halford:** *Neu 'ei meddwl'.*

[195] **Owen John Thomas:** *The pharmacist must keep his or her mind on things such as the strength, dosage, quantity and instructions of the prescription and get all of those things right. We do not want his or her mind on whether the person at the counter is going to try to clout them because he or she cannot prove exemption. I think that we need*

[195] **Owen John Thomas:** *Rhaid i'r fferyllydd gadw'i feddwl neu ei meddwl ar bethau fel cryfder, dogn, maint a chyfarwyddiadau'r presgripsiwn a chael y pethau hynny i gyd yn iawn. Nid oes arnom eisiau iddo neu iddi fod yn ymboeni yngylch a ydyw'r person wrth y cownter am geisio rhoi clusten iddo neu iddi am nad yw'n gallu*

to put these things in perspective. I say that as someone whose father was a pharmacist for 57 years. I have been in that environment and my sympathies are very much with the witnesses here today.

prof i eithriad. Credaffod angen inni roi'r pethau hyn mewn persbectif. Dywedaf hynny fel dyn y bu ei dad yn fferyllydd am 57 mlynedd. Yr wyf wedi bod yn yr amgylchedd hwnnw ac mae fy nghydymdeimlad i yn bendant gyda'r tystion sydd yma heddiw.

Mr Martin: *It is not perhaps as doom and gloom as we are saying. We have the facility within our own computer systems to keep and store information, which is a tremendous help. That is not true of every pharmacy, but when I have the form, I can put the HC2 form, for example, into the system, which is then stored with the expiry date. My computer system will then flag up when that has expired. There are similar situations with prepayment certificates. Therefore, you can help your patients to help the system by saying 'Look, do you realise that your prepayment certificate is coming up for renewal?' There is an opportunity to help them as far as that is concerned as well. So it is not all doom and gloom. We are facilitating a lot of this as well.*

Mr Martin: *Efallai nad yw mor ddigalon ag yr ydym yn ei ddweud. Mae gennym y cyfleuster o fewn ein systemau cyfrifiadurol ein hunain i gadw a storio gwybodaeth, sydd yn gymorth mawr. Nid yw hynny'n wir am bob fferyllfa, ond pan gaffi'r ffurflen, gallaf roi'r ffurflen HC2, er enghraift, i mewn i'r system, a chaiff ei storio wedyn gyda'r dyddiad dod-i-ben. Bydd fy system gyfrifiadurol wedyn yn tynnu fy sylw pan fydd wedi dod i ben. Mae sefyllfaoedd tebyg gyda thystysgrifau talu ymlaen llaw. Felly, gallwch helpu'ch cleifion i helpu'r system drwy ddweud 'Ydych chi'n sylweddoli bod eich tystysgrif talu ymlaen llaw yn nesu at ei ddyddiad adnewyddu?' Mae cyfle i'w helpu hwy yn hynny o beth hefyd. Felly nid yw'r darlun yn un o anobaith llwyr. Yr ydym yn hwyluso llawer o hyn hefyd.*

[196] **Owen John Thomas:** *But in similar situations, there is some sort of protection between the customer and the worker and in the pharmacy there is no such protection.*

[196] **Owen John Thomas:** *Ond mewn sefyllfaoedd tebyg, ceir rhyw fath o warchodaeth rhwng y cwsmer a'r gweithiwr ac yn y fferyllfa nid oes dim gwarchodaeth o'r fath.*

Mr Parry: Chair, may I come in on that? I think that one of the things that is important for the Audit Committee to understand is that we are talking about a situation of building trust between ourselves and the individual on the other side of the counter. Building trust is often a difficult and slow process. Ruining trust can take only seconds and can cause an awful lot of damage. Pharmacies exist, basically, on the basis of performing a service that is linked to each prescription. We get paid for each prescription that we dispense. That is how our service works. There is a responsibility, not just to ensure that the patient is cared for clinically and in terms of how their medicines are used, but also to our staff, ourselves and to the communities in which we live. Pharmacies are an essential part of many small business communities, for example, and can help determine the viability of a small business community.

Therefore, one of the things about which we must be very careful is maintaining that trust with the patient so that we do not, if you like, frighten them away and scare them into going to a competitor or a neighbour or a pharmacist who may be working nearby, because that has a damaging effect on our business. I think that it is important that you understand that, because to a certain extent, some of the problems that may have occurred, particularly when patients become

Mr Parry: Gadeirydd, a gaffi ddod i mewn ar hynny? Yr wyf yn meddwl mai un o'r pethau y mae'n bwysig i'r Pwyllgor Archwilio ei ddeall yw ein bod yn siarad am sefyllfa o adeiladu ymddiriedaeth rhyngom ni ein hunain a'r unigolyn ar yr ochr arall i'r cownter. Mae adeiladu ymddiriedaeth yn aml yn broses anodd ac araf. Gall gymryd eiliadau'n unig i chwalu ymddiriedaeth a gall achosi llawer iawn o niwed. Mae fferyllfeydd yn bodoli, yn y bôn, ar sail perfformio gwasanaeth cysylltiedig â phob presgripsiwn. Cawn dâl am bob presgripsiwn a gyflenwn. Dyna sut y mae'n gwasanaeth yn gweithio. Mae cyfrifoldeb, nid dim ond i sicrhau y gofelir am y claf yn glinigol ac yn nhermau sut y defnyddir eu moddion, ond hefyd i'n staff, i ni'n hunain, ac i'r cymunedau yr ydym yn byw ynddynt. Mae fferyllfeydd yn rhan hanfodol o lawer o gymunedau busnes bach, er enghraift, a gallant helpu i benderfynu hyfywdra cymuned fusnes fach.

Felly, un o'r pethau y mae'n rhaid inni fod yn ofalus iawn yn eu cylch yw cynnal yr ymddiriedaeth honno gyda'r claffel na fyddwn, os hoffwch chi, yn eu dychryn i ffwrdd ac yn eu hanfon yn eu hofn at gystadleuydd neu gymydog neu fferyllydd a all fod yn gweithio yn yr ardal, oherwydd caiff hynny effaith niweidiol ar ein busnes. Credaf ei bod yn bwysig ichi ddeall hynny, oherwydd i ryw raddau, gall rhai o'r problemau sydd wedi digwydd, yn enwedig

antagonistic, may have done so because it was a question of where we have had to very quickly try to rebuild that trust. Some of the administrative aspects of putting crosses on the backs of forms and making sure that they are fully filled out tend to fall by the wayside when you are presented with that kind of situation.

lle bo cleifion wedi mynd yn ymosodol, fod wedi digwydd oherwydd ein bod wedi gorfod mynd ati'n gyflym iawn i geisio ailadeiladu'r ymddiriedaeth honno. Mae rhai o'r agweddau gweinyddol o roi croesau ar gefn ffurflenni a sicrhau y caint eu llenwi'n llawn yn tueddu i syrthio o'r neilltu pan fo sefyllfa o'r fath yn eich wynebu.

[197] **Janet Davies:** *May I pursue this in general a bit more? We have talked about the geographical location of a pharmacy affecting the effectiveness of checking entitlement to exemption. I was also wondering whether the type of pharmacy makes a difference. In particular, I was thinking about pharmacies in supermarkets where you have a much wider range of customers in terms of where they come from. You are far less likely to know them. In many ways, if something happens at 2 a.m., in the area where I live you can go to a supermarket at that time whereas the local chemist will not be open. Do you find that there are more problems arising there at all?*

[197] **Janet Davies:** *A gaffi ddilyn hyn yn gyffredinol am ychydig eto? Yr ydym wedi siarad am leoliad daearyddol fferyllfa yn effeithio ar effeithiolrwydd gwirio hawl pobl i gael eu heithrio. Yr oeddwn hefyd yn meddwl tybed a yw'r math o fferyllfa'n gwneud gwahaniaeth. Yn enwedig, yr oeddwn yn meddwl am fferyllfeydd mewn archfarchnadodd lle mae gennych amrediad llawer ehangach o gwsmeriaid yn nhermau o ble maent yn dod. Yr ydych yn llawer llai tebygol o'u hadnabod. Mewn sawl ffordd, os digwydd rhywbeth am 2 a.m., yn yr ardal lle'r wyffi'n byw gallwch fynd i archfarchnad ar yr amser hwnnw tra bydd y siop fferyllydd leol wedi cau. Ydych chi'n gweld bod mwy o broblemau'n codi yn y fan honno o gwbl?*

Mr Parry: *I think that the answer to that is that we do not really know.*

Mr Parry: *Yr wyf yn meddwl mai'r ateb i hynny yw nad ydym yn gwybod mewn gwirionedd.*

[198] **Janet Davies:** *That is fair enough.*

[198] **Janet Davies:** *Mae hynny'n ddigon*

teg.

Mr Martin: My wife is also a pharmacist. She works in a Tesco in-store pharmacy. Our conversation last night was interesting, comparing notes as to what it is like in the pharmacy in St David's and in Haverfordwest. I think that we were happy at the end of the day—and I always agree with my wife—to say that we were in a situation where we have similar problems.

Mr Martin: Mae fy ngwraig i'n fferyllydd hefyd. Mae hi'n gweithio mewn fferyllfa yn siop Tesco. Yr oedd ein sgwrs neithiwr yn ddiddorol, wrth gymharu'r sefyllfa yn y fferyllfa yn Nhyddewi a Hwlffordd. Yr wyf yn meddwl ar ddiwedd y dydd inni fodloni—a byddaf bob amser yn cytuno â'm gwraig—ar ddweud ein bod mewn sefyllfa lle mae gennym broblemau tebyg.

[199] **Janet Davies:** I would like to move on to look at your assessment of the adequacy of current arrangements and your views on how matters could be improved. I address this question to Mr Parry and Mr Martin. We have already considered this to a large extent, but I will ask you this question, and if you feel that there is anything that you want to add to what you have already said, please do so. It is about the estimate of around £15 million in revenue that might be lost to the health service because individuals who are not entitled to exemption are having their prescriptions dispensed free of charge. The report indicates that some pharmacists are not carrying out point of dispensing checks. Given that, what would be your view on how current arrangements are working? I accept that we have already looked at this to an extent, but you may have something more to add.

[199] **Janet Davies:** Hoffwn symud ymlaen i edrych ar eich asesiad o ba mor ddigonol yw'r trefniadau presennol a'ch sylwadau ar sut y gellid gwella pethau. Cyfeiriaf y cwestiwn hwn at Mr Parry a Mr Martin. Yr ydym eisoes wedi ystyried hyn i raddau helaeth, ond gofynnaf y cwestiwn hwn ichi, ac os teimlwch yr hoffech ychwanegu unrhyw beth at yr hyn yr ydych eisoes wedi'i ddweud, gwnewch hynny ar bob cyfrif. Cwestiwn ydyw am yr amcangyfrif o ryw £15 miliwn o refeniw sydd efallai'n cael ei golli i'r gwasanaeth iechyd oherwydd bod unigolion sydd heb hawl i gael eu heithrio yn cael eu moddion presgripsiwn am ddim. Yn ôl yr adroddiad nid yw rhai fferyllwyr yn cynnal gwiriadau wrth ddosbarthu. Yn wyneb hynny, beth fyddai'ch barn chi ar y ffordd y mae'r trefniadau presennol yn gweithio? Derbyniaf ein bod eisoes wedi edrych ar hyn i raddau, ond efallai fod gennych rywbeth arall i'w ychwanegu.

Mr Parry: I think that, as the report highlights, there are clearly problems with the current arrangements. I have already dealt with my concerns over the actual sample that was taken and how that reflects in reality on the number or the volume, that is, whether the £15 million that we are talking about is actually a real figure or not. It is also interesting, as an aside, that we know that within that figure there were over 1,000 prescriptions that were to do with age-related issues, and we are not even in the position where we are supposed to be dealing with that as yet. So, I am a little bit dubious about the validity of the £15 million figure. However, as I said before—and I want to reiterate this—that does not mean that we do not have a problem and that we do not recognise that. We want to move on and work on that with you.

I think that the area at which we need to be looking is as follows. From our point of view, having been involved in the checks, and I echo what Mr Martin said earlier, in our own pharmacy there was quite a lot of enthusiasm to get involved in this. Many of my staff do not like to be in a situation where they believe that people are abusing the system. There was quite an effort on their part to put this in place properly. In fact, to a certain extent, I had to draw them back from being over zealous, where they were actually saying, ‘you cannot have it unless you bring

Mr Parry: Credaf, fel a amlygir gan yr adroddiad, fod problemau yn amlwg gyda'r trefniadau presennol. Yr wyf eisoes wedi trafod fy mhryderon yngylch y sampl a gymerwyd a sut y mae hynny'nadlewyrchu ar y nifer neu'r maint gwirioneddol, hynny yw, a yw'r ffigur o £15 miliwn y sonnir amdani yn ffigur go iawn mewn gwirionedd ai peidio. Mae'n ddiddorol hefyd, gyda llaw, ein bod yn gwybod fod dros 1,000 o bresgripsiynau o fewn y ffigur hwnnw oedd yn ymwneud â chwestiwn oed, ac nid ydym hyd yn oed yn y safle lle dylem fod yn delio â hynny eto. Felly, yr wyf ychydig yn amheus o ddilysrwydd y ffigur £15 miliwn. Fodd bynnag, fel y dywedais o'r blaen—a hoffwn ailbwysleisio hyn—nid yw hynny'n golygu nad oes gennym broblem ac nad ydym yn cydnabod hynny. Mae arnom eisiau symud ymlaen a gweithio ar hynny gyda chi.

Yr wyf yn meddwl fod angen inni edrych ar y canlynol. O'n safbwyt ni, wedi ymwneud â'r gwirio, ac yr wyf ynadleisio'r hyn a ddywedodd Mr Martin yn gynharach, yn ein fferyllfa ni yr oedd cryn dipyn o frwdfrydedd i gyfranogi i hyn. Mae llawer o'm staff yn teimlo nad ydynt yn hoffi bod mewn sefyllfa lle credant fod pobl yn camddefnyddio'r drefn. Cafwyd cryn ymdrech ar eu rhan hwy i roi hyn ar waith yn iawn. Yn wir, i ryw raddau, bu raid imi eu tynnau'n ôl rhag bod yn or-selog, lle'r oeddent yn mynd cyn belled â dweud, 'ni chewch chi mohono os na

your form in, ' and to explain the cross in that box part of the form.

So there was an enthusiasm to get involved in this and I think that one of the major problems that we may be encountering, perhaps even post this report, is that, because we have not actually seen any results of action being taken against patients who have defrauded the system deliberately, we have not seen any service committees—disciplinary committees—against pharmacies either.

I think that that has not helped to reinforce the need, if you know what I mean, to do this properly, and I think that it is important that we put mechanisms in place to provide a disciplinary response, both to patients' deliberate fraud and to pharmacists who are not doing their job properly. I think that that will send a signal to both the public at large and to the profession, that they need to take it more seriously than perhaps some of them are doing. That, I think, is what I would say is an almost immediate requirement.

[200] **Peter Law:** If we have not seen any service committees yet, what disciplinary proceedings are there? Are they pending, because Miss Lewis referred to it and I think

ddewch chi â'r ffurflen i mewn, ' ac egluro'r groes yn y rhan honno ar y ffurflen lle mae'r blychau.

Felly roedd brwdfrydedd dros gymryd rhan yn hyn ac yr wyf yn meddwl mai un o'r problemau mawr yr ydym o bosibl yn eu hwynebu, efallai hyd yn oed ar ôl yr adroddiad hwn, yw, am nad ydym wedi gweld unrhyw ganlyniadau i weithredu yn erbyn cleifion a dwyllodd y system yn fwriadol, nid ydym wedi gweld unrhyw bwylgorau gwasanaeth—pwylgorau disgyblu—yn erbyn fferyllfeydd ychwaith.

Yn fy marn i nid yw hynny wedi helpu i atgyfnerthu'r angen, os deallwch yr hyn sydd gennych, i wneud hyn yn iawn, a chredaf ei bod yn bwysig ein bod yn sefydlu gweithdrefnau i ddarparu ymateb disgyblu, i dwyll bwriadol gan gleifion a hefyd i fferyllwyr nad ydynt yn gwneud eu gwaith yn iawn. Credaf y bydd hynny'n anfon neges i'r cyhoedd yn gyffredinol ac i'r proffesiwn, ill dau, fod angen iddynt gymryd hyn yn fwy difrifol nag y mae rhai ohonynt o bosibl yn ei wneud. Dyna, yr wyf yn meddwl, yw'r hyn y dywedwn i ei fod yn hanfodol bron yn syth.

[200] **Peter Law:** Os nad ydym wedi gweld unrhyw bwylgorau gwasanaeth eto, pa weithdrefnau disgyblu sydd yna? A ydynt ar y gweill, oherwydd cyfeiriodd Miss Lewis ato

that Mr Martin or yourself—

ac yr wyf yn credu i Mr Martin neu chi—

Mr Parry: *I am somewhat vaguely aware of there being some disciplinary proceedings taking place at the moment, but I do not know any details.*

Mr Parry: *Yr wyf yn rhyw led-ymwybodol fod rhyw achos disgynblu'n digwydd ar hyn o bryd, ond ni wn unrhyw fanylion.*

[201] **Peter Law:** *Does that mean that there are proposed service committee hearings, because the mechanism is a service committee, is it not?*

[201] **Peter Law:** *A ydyw hynny'n golygu fod gwrandawiadau pwylgor gwasanaeth am gael eu cynnal, oherwydd pwylgor gwasanaeth yw'r weithdrefn, onid e?*

Mr Parry: *That is correct. That means there are proposed service committees.*

Mr Parry: *Mae hynny'n gywir. Mae hynny'n golygu bod pwylgorau gwasanaeth yn yr arfaeth.*

[202] **Peter Law:** *So they are proposed?*

[202] **Peter Law:** *Felly maent yn yr arfaeth?*

Mr Parry: *Yes.*

Mr Parry: *Ydynt.*

[203] **Janet Davies:** *Mrs Barrie, do you have anything to add on this?*

[203] **Janet Davies:** *Mrs Barrie, oes gennych chi unrhyw beth i'w ychwanegu at hyn?*

Mrs Barrie: *I think, to reiterate what has already been said but perhaps just to summarise, that the issues are: reducing the complexity of the exemption categories; the way the proof is provided; the mechanisms for applying for exemption; the back of the prescription form being simplified and*

Mrs Barrie: *Yr wyf yn meddwl, i ailadrodd yr hyn a ddywedwyd eisoes, ond efallai dim ond i grynhoi, mai dyma'r materion o bwys: lleihau cymhlethdod y categorïau eithrio; y modd y darperir prawf; y gweithdrefnau ar gyfer gwneud cais am eithriad; symleiddio cefn y ffurflen bresgripsiwn a threfnu addysg*

involving public education to support the enhanced reminder to pharmacists of the implications.

I come back to the provision of the information from different players in this. Electronic provision of information, from whatever source, could, for example, be electronically downloaded such as a date of birth, from one computer system to the centrally-held prescription information, which is then passed on electronically to the next stage. Then, a download of perhaps health authority held information on the exemption status. That information is then passed electronically on to the next stage, where the pharmacist is doing the dispensing. All that information will be integral to the record, and is then passed on for pricing, and then that becomes an information source on which the health authorities can draw in terms of an overall monitoring role.

So I think that just summarises how useful such electronic communication would be to enable everybody to partake in developing systems to solve the problem.

[204] **Janet Davies:** Thank you, that is helpful.

gyhoeddus i ategu'r nodyn atgoffa cryfach i fferyllwyr am y goblygiadau.

Dof yn ol at y modd y darperir yr wybodaeth gan wahanol chwaraewyr yn hyn o beth. Gallai darpariaeth gwybodaeth electronig, o ba ffynhonnell bynnag, er enghraift, gael ei llwytho i lawr megis dyddiad geni, o un system gyfrifiadur i'r wybodaeth ar y presgripsiwn a gedwir yn ganolog, a drosglwyddir yn electronig wedyn i'r cam nesaf. Wedyn, esfallai y gellid llwytho i lawr wybodaeth sydd yn cael ei dal gan yr awdurdod iechyd ar y statws eithriedig. Caiff yr wybodaeth honno wedyn ei throsglwyddo'n electronig i'r cam nesaf, lle mae'r fferyllfydd yn ei fferyllfa. Bydd yr holl wybodaeth yma'n rhan annatod o'r cofnod, a chaiff ei drosglwyddo ymlaen wedyn ar gyfer pennu pris, ac wedyn bydd honno'n ffynhonnell wybodaeth y gall awdurdodau iechyd ei defnyddio yn nhermau swyddogaeth fonitro gyffredinol.

Felly credaffod hynny'n crynhoi'n union pa mor ddefnyddiol y byddai cyfathrebu electronig o'r fath i alluogi pawb i gyfranogi i ddatblygu systemau i ddatrys y broblem.

[204] **Janet Davies:** Diolch, mae hynny'n ddefnyddiol.

[205] **Dafydd Wigley:** A allaffynd â hynny ymlaen a gofyn i Bwyllgor Fferyllol Canolog Cymru, i ba raddau y teimlwch fod y trefniadau presennol yn rhoi gwerth am arian i'r Cynulliad, ac i ba raddau, pe bai'r Cynulliad yn gwario ychydig mwy, y byddai hi'n bosibl creu arbedion a fyddai'n fwy na'r hyn y byddai angen ei wario?

[205] **Dafydd Wigley:** May I take that further and ask the Welsh Central Pharmaceutical Committee to what extent do you feel that the present arrangements provide the Assembly with value for money and to what degree, were the Assembly to spend a little more, would it be possible to create savings that would be greater than what would need to be spent?

Mr Martin: As far as value for money is concerned—I hate quoting figures, but if you look at a 2:1 return in terms of a £800,000 investment, to give a £2 million saving, then in basic terms, I suppose that is quite reasonable. However, I think that if a little bit more money was spent, then there could be a huge way forward here. I am thinking specifically about matters such as patient education. I have to say that, when this was first launched, there was definitely an increase of people asking about prepayment certificates, and the whole awareness of what was happening in the public arena helped people to take responsibility for what they had to do within pharmacies. So that initial education was very useful.

Mr Martin: O ran gwerth am arian—mae'n gas gennyf ddyfynnu ffigurau, ond os edrychwch ar ddychweliad o 2:1 yn nhermau buddsoddiad o £800,000, i roi arbediad o £2 filiwn, yna mewn termau sylfaenol, mae'n debyg bod hynny'n eithaf rhesymol. Fodd bynnag, pe câi ychydig bach mwy o arian ei wario, yr wyf yn meddwl y gallai fod cam mawr ymlaen yma. Meddwl yr wyf yn benodol am faterion fel addysgu cleifion. Rhaid imi ddweud, pan lansiwyd hyn gyntaf, cafwyd cynnydd yn ddi-os yn y bobl a holai am dystysgrifau talu ymlaen llaw, ac yr oedd yr holl ymwybyddiaeth o'r hyn oedd yn digwydd yn yr arena gyhoeddus yn helpu pobl i gymryd cyfrifoldeb dros yr hyn yr oedd yn rhaid iddynt ei wneud yn y fferyllfa. Felly yr oedd yr addysg gychwynnol yna'n ddefnyddiol iawn.

I also think, and I take the point here that Peter Law made in respect of educational support for pharmacists and support staff, that we need to look at that again. I think that

Credaf hefyd, ac yn y fan hon cymeraf y pwynt a wnaeth Peter Law yngylch cymorth addysgol i fferyllwyr a staff ategol, bod angen inni edrych ar hynny eto. Credaffod

we have a little bit more to learn here. We could do it maybe in a more structured manner than was done before, instead of just sending out the leaflets and expecting each pharmacist to do their own thing. Although I must say that we had a wonderful time with a social evening and everything else but other people have dealt with it in different ways. I think that there is a real opportunity here.

I also think that there must be education and an opportunity to make sure that the threat of prosecution is real. Dare I say this and get away with it? If The Western Mail reported that four people in Gwent had been prosecuted because of prescription fraud, if I can use that term, it would heighten awareness and there would be an opportunity to take things forward. It would certainly be highlighted in the Western Telegraph in Dyfed if that were to happen. There are a number of issues on which improvements could be made, with a little more investment in terms of time and money, by the Assembly.

[206] **Dafydd Wigley:** Yr wyf yn meddwl bod yr ateb hwnnw yn ddifyr a dadlennol. A yw Miss Lewis a Mrs Barrie yn cytuno bod y potensial mor sylweddol ag a awgrymwyd yn yr ateb diwethaf?

Miss Lewis: Yes, we agree. We think that

gennym ychydig mwy i'w ddysgu yn y fan hon. Gallem ei wneud efallai mewn modd mwy strwythuredig nag o'r blaen, yn lle dim ond anfon y taflenni allan a disgwyl i bob fferyll ydd weithredu drosto'i hun. Er bod yn rhaid imi ddweud y cawsom amser bendigedig gyda noson gymdeithasol a phopeth arall, ond mae pobl eraill wedi delio â'r peth mewn ffyrdd gwahanol. Credaf bod gwir gyfle yma.

Credaf hefyd fod yn rhaid wrth addysg a chyfle i sicrhau fod y bygythiad i erlyn yn un real. A feiddiaf ddweud hyn heb gosb? Petai'r Western Mail yn cario adroddiad fod pedwar o bobl yng Ngwent wedi'u herlyn oherwydd ffugio presgripsiwn, os caf ddefnyddio'r term hwnnw, byddai'n cynyddu ymwybyddiaeth a cheid cyfle i fynd â'r peth yn ei flaen. Byddai'n sicr yn cael sylw amlwg yn y Western Telegraph yn Nyfed pe digwyddai hynny. Mae nifer o faterion lle gellid gwneud gwelliannau, gydag ychydig bach mwy o fuddsoddiad yn nhermau amser ac arian gan y Cynulliad.

[206] **Dafydd Wigley:** I think that that response is interesting and revealing. Do Miss Lewis and Mrs Barrie agree that the potential is as substantial as suggested in the last response?

Miss Lewis: Ydym, yr ydym yn cytuno.

improved training for pharmacists and their staff would help—it is often the staff who deal with these matters. It is also important that there is public information and that the public is aware that it needs to provide evidence of exemption. It is also important that there is a simplified method because most of the problems were with benefit claims, which is a very complicated area. If there were a simpler way of identifying that somebody was entitled to an exemption, that would help a great deal.

[207] **Dafydd Wigley:** *Trof yn ôl at Mr Parry a Mr Martin. Beth yn eich barn chi yw'r prif ffactorau sydd yn dylanwadu ar effeithiolrwydd fferyllwyr wrth gyflawni cyfrifoldebau mewn perthynas â chadarnhau hawl person i bresgripsiwn am ddim? Yn amlwg, mae nifer o ffactorau, rhai na allwch eu rheoli a rhai y gallwch eu rheoli. Byddai cael syniad o'r blaenorriaethau yn ddefnyddiol inni weld beth yw'r goblygiadau o safbwyt polisi'r Cynulliad.*

Mr Parry: *I am not sure that that came over very well in the translation, I am afraid.*

[208] **Dafydd Wigley:** *Hoffwn wybod beth yw'r prif ffactorau sydd yn dylanwadu ar bawer effeithiol yw fferyllwyr wrth gyflawni cyfrifoldebau mewn perthynas â chadarnhau*

Credwn y byddai gwell hyfforddiant i fferyllwyr a'u staff yn helpu—y staff yn aml sydd yn delio â'r materion hyn. Mae'n bwysig hefyd rhoi gwybodaeth i'r cyhoedd a bod y cyhoedd yn ymwybodol bod angen darparu tystiolaeth o eithriad. Mae'n bwysig hefyd cael dull symlach oherwydd gyda hawliadau am fudd-dâl y cafwyd y rhan fwyaf o broblemau, sydd yn faes cymhleth iawn. Pe bai ffordd symlach o nodi bod gan rywun hawl i gael eu heithrio, byddai hynny'n gymorth mawr.

[207] **Dafydd Wigley:** *I turn back to Mr Parry and Mr Martin. What do you think are the main factors that influence how effective pharmacists are in fulfilling their responsibilities in terms of confirming a person's right to a free prescription?*
Obviously, there are a number of factors, some outside your control and some within it. An idea of the priorities would be useful for us to see what the implications are for Assembly policy.

Mr Parry: *Nid wyf yn siŵr y daeth hynny drosodd yn dda iawn yn y cyfieithiad, mae arnaf ofn.*

[208] **Dafydd Wigley:** *I would like to know what the main factors are that influence how effective pharmacists are in fulfilling their responsibilities in relation to confirming a*

*hawl person i bresgripsiwn am ddim.
Cymeraff fod nifer o ffactorau yn dylanwadu
ar hyn.*

Mr Parry: Thank you. We have all, on this side of the table, expressed a requirement for more simplicity in how the forms are made available. We would also like to see a system put in place where it was not evident that people were passing over benefit books and things of that sort. As part of that system, we were looking at some form of discreet document or card, or something of that sort, which showed the exemption that the patient was able to receive, whether that be medical exemption or maternity exemption or prepayment—the health authority side—or even exemption on the benefit side. That would be very helpful. In the discussions that we have had with officers we are thinking about—and we do not know the practicalities of this yet so I would not want to be a hostage to the future in what I will say next—something that is almost like a credit card or a membership card. We often use those in pharmacies; we accept payments by credit card and we use patient medication record cards to identify the patient on our computer systems. The handing over of a card would not alert anybody who happened to be standing nearby to the exemption status or the socio-economic group of that patient. I think that that would help to remove some of the stigma that may be associated with some of these checks.

person's right to a free prescription. I assume that many factors influence this.

Mr Parry: Diolch. Yr ydym i gyd, ar yr ochr yma i'r bwrdd, wedi mynegi dymuniad am fwy o symlrywydd yn y ffordd y mae'r ffurflen ni ar gael. Hoffem hefyd weld sefydlu system lle na fyddai'n amlwg fod pobl yn pasio llyfrau budd-dâl a phethau felly drosodd. Fel rhan o'r system honno, yr oeddem yn edrych ar ryw ffurf ar ddogfen neu gerdyn cynnil, neu rywbeth tebyg, a ddangosai'r eithriad y gallai'r claf ei dderbyn, boed hwnnw'n eithriad meddygol neu'n eithriad mamolaeth neu ragdaliad—ochr yr awdurdod iechyd—neu hyd yn oed eithriad ar yr ochr fudd-daliadau. Byddai hynny'n fuddiol iawn. Yn y trafodaethau a gawsom gyda swyddogion yr ydym yn ystyried—ac ni wyddom pa mor ymarferol yw hyn eto felly ni hoffwn glymu fy hun i'r dyfodol yn yr hyn a ddywedaf nesaf—rhywbeth sydd bron fel cerdyn credyd neu gerdyn aelodaeth. Defnyddiwn y rheini'n aml mewn fferyllfeydd; derbyniwn daliadau drwy gerdyn credyd a defnyddiwn gardiau cofnodi meddyginaeth cleifion i adnabod y claf ar ein systemau cyfrifiadurol. Ni fyddai pasio cerdyn drosodd yn tynnu sylw neb a ddigwyddai sefyll gerllaw at statws eithriedig neu grŵp economaidd-gymdeithasol y claf hwnnw. Yr wyf yn meddwl y byddai hynny'n helpu i dynnu rhywfaint o'r stigma a all fod yn gysylltiedig â rhai o'r gwiriadau hyn.

Those are two things that we would like to look at. We have talked about the future in terms of electronic links. I think that that is quite important because it would virtually automate the information that came to us from the GP, in particular. Going well into the future—and this may be pie in the sky for quite some time—the Benefits Agency might be brought into the ring so that we could see what the patient's exemption was in real time. That would be important. I know that there are many problems relating to going that fast for quite some time. However, simplification and increased use of IT to solve this problem would be helpful.

The other thing is that there may be opportunities for pharmacists to be involved in providing prepayment certificates, for example, within the pharmacy setting, which is currently done in some places but is not universal. Even where it is being done at the moment, it is a little bit cumbersome. However, that does actually help to change the situation for the person who comes in with three items on a form, for example. I also think, and I have mentioned this before, that we welcome the fact that the Assembly is looking at simplification of the rules regarding payment. The professional view, of course, is that having prescription charges gets in the way of equity in the system. As a profession, we would be very supportive of them not being in place. However, we realise

Dyna ddau beth yr hoffem edrych arnynt. Yr ydym wedi siarad am y dyfodol yn nhermau cysylltiadau electronig. Credaf ei bod yn dra phwysig oherwydd byddai fwy neu lai'n awtomeiddio'r wybodaeth a ddaw atom gan y meddyg teulu, yn enwedig. Ymhellach i'r dyfodol—ac efallai mai breuddwyd gwrach fydd hyn am y tro—gellid dod â'r Asiantaeth Fudd-daliadau i mewn i'r cylch fel y gallem weld beth yw statws eithriedig y claf mewn amser go-iawn. Byddai hynny'n bwysig. Gwn fod llawer o broblemau ynghlwm wrth fynd mor gyflym â hynny am gryn amser. Fodd bynnag, byddai'n fuddiol symleiddio a defnyddio mwy o TG i ddatrys y broblem hon.

Y peth arall yw y gallai cyfleoedd godi i fferyllwyr ymwneud â darparu tystysgrifau rhagdalu, er engraifft, o fewn y fferyllfa, sydd yn digwydd ar hyn o bryd mewn rhai mannau ond nid ym mhobman. Hyd yn oed lle mae'n digwydd ar hyn o bryd, mae braidd yn drws gl. Fodd bynnag, y mae'n helpu i newid y sefyllfa i'r person a ddaw i mewn gyda thair eitem ar ffurflen, er engraifft. Credaf hefyd, ac yr wyf wedi crybwyllyn hyn o'r blaen, ein bod yn croesawu'r ffaith fod y Cynulliad yn ystyried symleiddio'r rheolau parthed talu. Y farn broffesiynol, wrth gwrs, yw bod cael taliadau presgripsiynau yn tarfu ar degwch yn y system. Fel proffesiwn, byddem yn gryf o blaid peidio â chael taliadau o gwbl. Fodd bynnag, sylweddolwn wrth gwrs mai mater gwleidyddol yw hwnnw

that that, of course, is a political issue and something that we have to live with. We have discussed other issues that might be helpful—would you like to pick up on that, Chris?

*a rhywbeth y mae'n rhaid inni fyw gydag ef.
Yr ydym wedi trafod materion eraill a allai
fod o gymorth—a hoffech chi sôn am hynny,
Chris?*

Mr Martin: Are you happy for us to continue?

[209] **Dafydd Wigley:** Yes.

Credaf fod yr wybodaeth hon yn werthfawr iawn. Mae'n werth ei chofnodi er lles adrannau o fewn y Cynulliad.

Mr Martin: I have made a note of a couple of things in terms of talking to the Benefits Agency to try to get it to help us with the process so that when people are actually receiving benefits they are aware that when they go to a pharmacy for a prescription they have to take evidence. That is very much a matter of educational support again as far as that is concerned.

I am not sure whether we have touched on this yet, but introducing robust monitoring systems with random checks for the health authority is important. That monitoring has to be in place. I think that we have identified that it may not be happening at the moment. However, that needs to be tightened up and sharpened up.

Mr Martin: A ydych chi'n hapus inni fynd ymlaen?

[209] **Dafydd Wigley:** Ydym.

I think that this information is very valuable. It is worth recording it for the benefit of divisions within the Assembly.

Mr Martin: Yr wyf wedi gwneud nodyn o un neu ddau o bethau o ran siarad â'r Asiantaeth Fudd-daliadau i geisio'i gael i'n helpu gyda'r broses, fel y bydd pobl yn ymwybodol, os ydynt yn derbyn budd-daliadau, fod yn rhaid iddynt fynd â thystiolaeth gyda hwy pan ânt i fferyllfa i gasglu bresgripsiwn. Mae hynny i raddau helaeth iawn yn fater o gefnogaeth addysgol lle bo hynny yn y cwestiwn.

Nid wyf yn siŵr a ydym wedi cyffwrdd ar hyn eto, ond mae'n bwysig i'r awdurdod iechyd gyflwyno systemau monitro cryf yn cynnwys gwirio ar hap. Rhaid i'r monitro hwnnw ddigwydd. Credaf ein bod wedi nodi nad yw'n digwydd efallai ar hyn o bryd. Fodd bynnag, mae angen tynhau hynny a rhoi mwy o awch iddo.

We also need to ensure that the calls to the fraud line are followed up. It seems to be a little bit of a scandal, if that is not too strong a term. When people take the opportunity of calling the fraud line and those sorts of things are not followed up, then there is something wrong in the system.

Mae angen sicrhau bod y galwadau i'r llinell dwyll yn cael eu dilyn hefyd. Mae'n ymddangos yn dipyn o sgandal, os nad yw hynny'n derm rhy gryf. Pan gymer pobl y cyfle i alw'r llinell dwyll, ac na chaiff hynny ei ddilyn wedyn, yna mae rhywbeth o'i le yn y system.

[210] **Dafydd Wigley:** Yr wyf yn ddiolchgar iawn am yr atebion hynny. Mae'n ymddangos i mi fod pethau yn disgyn o dan ddau bennawd. Mae angen gwybodaeth a chymorth ar fferyllwyr. Fodd bynnag, mae angen systemau mwy effeithiol hefyd a fydd o help ichi. Nodais yn arbennig y systemau cyfrifiadurol a thechnoleg gwybodaeth y cyfeiriasoch atynt. I ba raddau yr ydych yn cynnal trafodaethau ynglŷn â hyn â'r swyddogion yr ydych yn delio â hwy yn y Cynulliad neu'r awdurdod ieichyd? Mae'n amlwg bod hwn yn gwestiwn o system.

[210] **Dafydd Wigley:** I am very grateful for those answers. It seems to me that things fall under two headings. Pharmacists need information and support. However, more effective systems that will be of help to you are also needed. I noted especially the computer systems and IT to which you referred. To what extent are you having discussions about this with the officials that you deal with in the Assembly or the health authority? It is obvious that this is a question of system.

Mr Parry: We have been engaged in discussion with the Assembly

Mr Parry: Yr ydym wedi bod yn trafod y mater hwn gyda'r Cynulliad ers

about this issue for a while. It is not just a response to this particular issue. There are a whole load of other reasons why we would want to see pharmacists more closely integrated into the IT system, which would have a more profound effect on the way in which we were able to interact with GPs, patients and to improve their care, with a consequent reduction in costs and improvement in therapy. When we are talking about us being added to the IT system, we are not simply talking about it in relation to trying to deal with this problem. It is part of a package that we are trying to negotiate with the Assembly in order to put in place a robust system that will achieve a lot of different results.

tro. Nid ymateb i'r pwnc arbennig hwn yn unig ydyw. Mae llu o resymau eraill pam yr hoffem weld fferyllwyr yn cael eu hintegreiddio'n agosach i'r system dechnoleg gwybodaeth, a fyddai'n cael effaith gryfach ar y ffordd y gallem ryngweithio â meddygon teulu a chleifion a gwella'u gofal, a fyddai, yn ei dro yn lleihau costau ac yn gwella'r therapi a roddir. Pan soniwn am gael ein hychwanegu at y system TG, nid dim ond sôn amdano mewn perthynas â delio â'r broblem hon a wnawn. Mae'n rhan o becyn yr ydym yn ceisio'i negodi gyda'r Cynulliad er mwyn sefydlu system gref a rydd llawer o wahanol ganlyniadau.

[211] **Dafydd Wigley:** Credaf y bydd aelodau eraill o'r Pwyllgor eisiau dilyn rhai agweddu ar y cwestiwn cyfrifiadurol. Felly, fe adawaf hynny. Fodd bynnag, a fyddwn yn gywir i ddweud yn gyffredinol, pe bai'r newidiadau yr ydych yn sôn amdanynt yma yn digwydd, byddai hyn hefyd yn ei

[211] **Dafydd Wigley:** I think that other Committee members will want to pursue some aspects of the IT question. Therefore, I will leave that. However, would I be correct in saying generally that if the changes that you are talking about here were to happen, that would also make it easier to ensure that

gwneud yn haws i sicrhau bod fferyllwyr yn cyflawni gofynion yr amodau gwasanaeth a bod y ddau beth, felly, yn mynd gyda'i gilydd?

pharmacists meet the requirements of the service conditions, and that the two things, therefore, go together?

Mr Parry: Yes, absolutely.

Mr Parry: Ie, yn hollo.

[212] **Dafydd Wigley:** Diolch yn fawr.
Felly, trof at Gymdeithas Fferyllol Frenhinol Prydain Fawr.
Beth yw eich barn chi ynglŷn â hyn?

[212] **Dafydd Wigley:** Thank you.
Therefore, I turn to the Royal Pharmaceutical Society of Great Britain. What is your view on this?

Mrs Barrie: I think that I would just reiterate what we said before about the IT links and the benefits. Initially, it would help with these administrative checks. However, as Mr Parry has already said, the potential for the future is that other things could add to it—

Mrs Barrie: Credaf mai'r cyfan a wnawn i fyddai ailadrodd yr hyn a ddywedasom o'r blaen am y cysylltiadau TG a'r manteision. Ar y dechrau, byddai'n helpu gyda'r gwiriadau gweinyddol hyn. Fodd bynnag, fel y dywedodd Mr Parry eisoes, y potensial ar gyfer y dyfodol yw y gallai pethau eraill ychwanegu ato—

Miss Lewis: Other clinical benefits.

Miss Lewis: Manteision clinigol eraill.

Mrs Barrie: Yes, I was just about to say

Mrs Barrie: Ie, yr oeddwn ar fin dweud

that. The potential, then, is that there would be clinical benefits for the patients because of the sharing of information. There would be access for pharmacists to the clinical information about the patient to help with that service. However, that is a benefit that could be built on to what, in the short term, could simplify these processes for the administrative checking.

hynny. Y potensial, felly, yw y byddai manteision clinigol i'r clefion oherwydd y rhannu gwybodaeth. Gallai fferyllwyr gael mynediad at yr wybodaeth glinigol am y claf i helpu gyda'r gwasanaeth hwnnw. Fodd bynnag, mantais yw honno y gellid ei hychwanegu at yr hyn a allai, yn y tymor byr, symleiddio'r prosesau hyn ar gyfer gwirio gweinyddol.

[213] **Dafydd Wigley:** *Byddwn yn iawn, felly, yn dweud nad oes ystyriaethau proffesiynol a fyddai'n milwrio yn erbyn y math o newidiadau a awgrymwyd gan eich cyfeillion yn gynharach, at ba rai yr oeddech yn cyfeirio. A fydddech chi, o safbwyt proffesiynol, yn croesawu hyn?*

[213] **Dafydd Wigley:** *I would be correct, therefore, in saying that there are no professional considerations which would militate against the type of changes that were suggested by your colleagues earlier, to which you referred. Would you, from a professional standpoint, welcome this?*

Mrs Barrie: *We would support it.*

Mrs Barrie: *Byddem yn ei gefnogi.*

[214] **Janice Gregory:** *It sounds like a good idea, but there is obviously a cost implication for small pharmacies. I have twitted on about the £800,000, but, Mr Parry, you broke it down into 4p per prescription. Where would you expect the money to come from? Would you expect the Assembly to stump up some more cash or would you encourage your own pharmacy members to invest in IT? It is a good idea, but there is more of a debt to cover. Also—very quickly, before the Chair gives me a row—Mr Parry, you mentioned a card. It sounds great. The customer can go*

*[214] **Janice Gregory:** Mae'n swnio fel syniad da, ond yn amlwg mae goblygiadau cost i fferyllfeydd bach. Yr wyff fi wedi rhynnu ymlaen am yr £800,000, ond, Mr Parry, fe wnaethoch chi ei dorri i lawr i 4c am bob presgripsiwn. O ble y disgwyliech i'r arian ddod? A ddisgwyliech i'r Cynulliad ganfod mwy o arian ynteu a fydddech yn annog eich aelodau eich hunain i fuddsoddi mewn technoleg gwybodaeth ar gyfer eu fferyllfeydd? Mae'n syniad da, ond mae mwy o ddyled i'w thalu. Hefyd—yn sydyn iawn, cyn i'r Cadeirydd ddweud y drefn wrthyf—*

into a corner and produce the card, but where will the card come from? There is a responsibility on the patient to return to the same pharmacy, is there not?

Mr Parry, soniasoch am gerdyn. Mae'n swnio'n wych. Gall y cwsmer fynd i gornel a dangos y cerdyn, ond o ble y daw'r cerdyn? Mae cyfrifoldeb ar y claf i fynd yn ôl i'r un fferyllfa, onid oes?

Mr Parry: No, not necessarily. A patient can go to any pharmacy that they choose.

Mr Parry: Na, nid o reidrwydd. Gall claf fynd i unrhyw fferyllfa o'i ddewis.

[215] **Janice Gregory:** So the card would not be issued by a particular pharmacist? You mean a card that will be issued centrally from the Benefits Agency.

[215] **Janice Gregory:** Felly ni fyddai fferyllyydd arbennig yn rhoi'r cerdyn? Yr ydych chi'n sôn am gerdyn a ddaw'n ganolog oddi wrth yr Asiantaeth Fudd-daliadau.

Mr Parry: Instead of somebody being sent a prepayment certificate from the health authority, for example, the card would be generated there. Perhaps, as part of the package that goes out with the benefit books, the card would be put in there as proof of exemption. That is the idea. I have forgotten the first part of your question.

Mr Parry: Yn lle bod rhywun yn cael tystysgrif rhagdalu oddi wrth yr awdurdod iechyd, er enghraifft, câi'r cerdyn ei gynhyrchu yno. Efallai, fel rhan o'r pecyn a anfonir allan gyda'r llyfrau budd-dâl, y câi'r cerdyn ei gynnwys yn hwnnw fel prawf o eithriad. Dyna'r syniad. Yr wyf wedi anghofio rhan gyntaf eich cwestiwn.

[216] **Janice Gregory:** It was about the cost implications.

[216] **Janice Gregory:** Yr oedd yn ymwneud â goblygiadau o ran cost.

Mr Parry: We are always willing to accept any money that you may have. [Laughter.]

Mr Parry: Yr ydym bob amser yn barod i dderbyn unrhyw arian a fo gennych. [Chwerthin.]

[217] **Janice Gregory:** I was not offering any

[217] **Janice Gregory:** Nid oeddwn yn cynnig

money. I was just asking you where you thought it was coming from.

Mr Parry: We are hoping that some of it will come from you. That is the honest answer. However, we have not really got into the depths of negotiation on that. I would not want to prejudge any of that.

[218] **Janice Gregory:** But you have costed it?

Mr Parry: No.

Mr Martin: May I just add to that? I do not want to complicate that situation, but obviously we are all aware of the problems that Health Solutions Wales has had over the last 12 months, which are continuing. It is, again, one of the other pieces of the jigsaw that will help us along this way. We are in discussions as far as trying to look at ways of simplifying the pricing of prescriptions by electronic transmission of information. That is all part of it. It has not been mentioned, but it is all part of the overall game plan that we are looking at.

Mr Parry: Chair, may I say one thing? What we are looking for and, I think that it is probably achievable in this area, is that we end up with a win-win situation that works

unrhyw arian. Yr oeddwn yn gofyn i chi o bley disgwyliech i'r arian ddod.

Mr Parry: Yr ydym yn gobeithio y daw rhywfaint ohono oddi wrthych chi. Dyna'r ateb gonest. Fodd bynnag, nid ydym mewn gwirionedd wedi negodi hynny'n fanwl. Ni hoffwn ragfarnu dim o hynny.

[218] **Janice Gregory:** Ond yr ydych wedi ei gostio?

Mr Parry: Naddo.

Mr Martin: A gaffi ychwanegu at hynny? Nid oes arnaf eisiau cymhlethu'r sefyllfa honno, ond yn amlwg yr ydym i gyd yn ymwybodol o'r problemau a gafodd Health Solutions Wales dros y 12 mis diwethaf, sydd yn parhau. Eto, dyma un arall o ddarnau'r jig-so a fydd yn ein helpu ar hyd y ffordd hon. Yr ydym wrthi'n trafod sut i symleiddio dull prisio presgripsiynau drwy drosglwyddiad gwybodaeth electronig. Mae hynny i gyd yn rhan ohono. Ni soniwyd amdano, ond mae'r cyfan yn rhan o'r cynllun cyffredinol sydd dan sylw gennym.

Mr Parry: Gadeirydd, a gaffi ddweud un peth? Yr hyn yr ydym yn edrych amdano, ac yr wyf yn meddwl y gellir ei gael yn y maes hwn yn ôl pob tebyg, yw ein bod yn cael

for both of us.

sefyllfa a fydd yn plesio pawb ar ddiwedd y dydd a fydd yn gweithio i'r ddwy ochr.

[219] **Alun Cairns:** I would like to place my questions in the context of the responses that we have already received. Many of them slightly repeat some of the questions that we have had already. However, I still want to ask them, because I am concerned about the utopia that we are envisaging with this IT system and the suggestion that it will answer all our problems. That is certainly my perception of how it is viewed. I do not mean to be light about it, but that concerns me. IT frequently does not answer all our problems, plus, in the meantime, there is a more short-term agenda, because it will be some time before that sort of system would be introduced. Even after it is introduced, it will be some time before it is sufficiently robust to meet the needs and expectations that we are talking about. In a number of the answers that we have had—I do not want to name anyone in particular—there has been a call for simplification of the system. If the proof of exemption were much simpler, it would be far easier for the chemist or pharmacist in terms of dispensing prescriptions. Therefore, turning to the detail of the Auditor General's report, what can be done to improve the situation with regard to the checks on age-related exemptions? There cannot be a simpler question than 'How old are you?' I want to tie that in to what you have already said about simplifying the process. If

[219] **Alun Cairns:** Hoffwn osod fy nghwestiynau yng nghyd-destun yr atebion a gawsom yn barod. Mae llawer ohonynt yn ailadrodd rhyw fymryn ar rai o'r cwestiynau a glywsom eisoes. Fodd bynnag, yr wyf yn dal i fod eisiau eu gofyn, oherwydd yr wyf yn bryderus ynghylch yr iwtoria ydym yn ei rhagweld gyda'r system dechnoleg gwybodaeth hon a'r awgrym y gwnaiff ateb ein holl broblemau. Dyna'n sicr yw'r ymateb yn ôl a welaffi. Nid wyf yn bwriadu bod yn ysgafn ynglŷn â hyn, ond y mae'n peri pryder imi. Yn aml, nid yw technoleg gwybodaeth yn ateb ein problemau i gyd, ac ar ben hynny, yn y cyfamser, mae gennym agenda mwy byrdymor, oherwydd ni châi system o'r math hwnnw ei chyflwyno am gryn amser. Hyd yn oed ar ôl ei chyflwyno, bydd cryn amser cyn y bydd yn ddigon cadarn i ateb yr anghenion a'r disgwyliadau yr ydym yn sôn amdanynt. Mewn amryw o'r atebion a gawsom—nid oes arnaf eisiau enwi neb yn arbennig—cafwyd galwad am symleiddio'r system. Pe bai'r modd o brofi eithriad yn llawer symlach, byddai'n haws o lawer i'r fferylliydd o ran dosbarthu presgrifysynau. Felly, gan droi at y manylion yn adroddiad yr Archwiliwr Cyffredinol, beth y gellir ei wneud i wella'r sefyllfa parthed gwirio eithriadau ar sail oedran? Ni ellir cael cwestiwn symlach na 'Beth yw eich oed?'. Hoffwn gysylltu hynny a'r hyn a ddywedasoch eisoes ynghylch

someone is over 60 years of age, they are automatically exempt. That would then underline their claim in terms of a free prescription.

symleiddio'r broses. Os yw rhywun dros 60 oed, caint eu heithrio'n syth. Byddai hynny wedyn yn tanlinellu'u hawl o ran presgrpsiwn am ddim.

Mr Parry: *It may sound easy. It is not all that difficult a question to ask; I appreciate that. However, we are not talking about what people say but what they can prove. That is a different thing. I have already said that we welcome the simplification of the age exemption at the lower end to everyone under 25 years of age. However, what are we going to accept as evidence? I think that if we start asking people to bring their passports in, we are going to be in a rather over-heavy, big brother kind of situation, which I do not think any of us want to see. We do not have a uniform kind of card that shows what patients' ages are. I think that that will be a major challenge. It is something that we are obviously keen to discuss with your officers and yourselves in trying to come up with an answer to it. However, I think that that will be a major area. For example, we know that a great many teenagers carry bogus cards to allow them to get into pubs and clubs. We may end up with a somewhat similar situation unless there is some kind of process. The easiest process would be for the GP to put the age on the script. Then we would know. We would not have a problem and it would be absolutely right.*

At the other end of the spectrum, you get

Mr Parry: *Efallai ei fod yn swnio'n hawdd. Nid yw'n gwestiwn mor anodd â hynny i'w ofyn; sylweddolaf hynny. Fodd bynnag, nid ydym yn sôn am yr hyn a ddywed pobl ond am yr hyn y gallant ei brofi. Mae hynny'n beth gwahanol. Dywedais eisoes ein bod yn croesawu symleiddio'r eithriad oedran ar y pen isaf i bawb dan 25 mlwydd oed. Fodd bynnag, beth a dderbyniwn ni fel tystiolaeth? Yr wyf yn meddwl pe bawn yn dechrau gofyn i bobl ddod â'u pasbort i mewn, y byddwn yn symud i sefyllfa or-drwm, 'brawd-mawr' ei naws, ac ni chredaf fod neb ohonom am weld hynny. Nid oes gennym gerdyn unffurf sydd yn dangos beth yw oed cleifion. Credaf y bydd hynny'n herfawr. Mae'n rhywbeth yr ydym yn amlwg yn awyddus i'w drafod gyda'ch swyddogion a chithau, er mwyn ceisio cael ateb. Fodd bynnag, credaf y bydd hwnnw'n faes eang. Er enghraifft, gwyddom fod llawer iawn o bobl yn eu harddegau'n cario cardiau ffug i gael mynediad i dafarnau a chlybiau. Gallem gyrraedd sefyllfa debyg oni cheir rhyw fath o broses. Y broses hawsaf fyddai i'r meddyg teulu roi'r oed ar y sgrift. Wedyn byddem yn gwybod. Ni fyddai gennym broblem a byddai'n holol gywir.*

Ar ben arall y sbectrwm, ceir rhai pobl sydd

some people who are actually trying to claim that they are younger than 60 years of age. I have come across a few of those. You certainly cannot try to take a guess at it. Again, there is no documentation that is readily available that establishes age. I think that that is why there has been a delay and why this has not come into effect. If you are asking me whether we can put this into effect tomorrow by us doing something, I think that the answer would have to be 'no', unless the GPs actually put the age on the script.

[220] **Alun Cairns:** *Thank you for that answer. However, in response to previous questions, you said that if the date of the birth were on the prescription, that would make it far easier in terms of assessing whether someone should be exempt or not. What is the difference between asking for someone's date of birth and it being provided? I appreciate that the prime responsibility should lie with the GP. However, this Committee's role is to analyse the current situation, not to propose policy. Under current policies, there is no arrangement for that to happen. Therefore, I am trying to explore how we, in the very short term, can make a difference in terms of saving the taxpayer money.*

Mr Parry: *I understand that. I am struggling a little bit with the difficult difference between them telling me that they are under*

yn ceisio honni eu bod yn iau na 60 mlwydd oed. Yr wyffî wedi dod ar draws ychydig o'r rheini. Yn sicr ni allwch geisio dysfalu eu hoed. Eto, nid oes dim dogfennaeth sydd ar gael yn rhwydd i gadarnhau oed. Credaf mai dyna pam y cafwyd oedi a pham nad yw hyn wedi dod i rym. Os ydych yn gofyn imi a allwn weithredu hyn yfory wrth i ni wneud rhywbeth, credaf mai 'na' fyddai'r ateb, oni bai fod y meddygon teulu'n rhoi'r oed ar y sgrift.

[220] **Alun Cairns:** *Diolch am yr ateb hwnnw. Fodd bynnag, wrth ateb cwestiynau blaenorol, dywedasoch pe bai'r dyddiad geni ar y presgripsiwn, y byddai hynny'n ei gwneud hi'n llawer haws o ran asesu a ddylai rhywun gael eu heithrio ai peidio. Beth yw'r gwahaniaeth rhwng gofyn am ddyddiad geni rhywun a'i gael ar y presgripsiwn? Sylweddolaf y dylai'r prif gyfrifoldeb fod ar y meddyg teulu. Fodd bynnag, rôl y Pwyllgor hwn yw dadansoddi'r sefyllfa gyfredol, nid cynnig polisi. Dan bolisiau cyfredol, nid oes trefniant sydd yn peri bod hynny'n ddigwydd. Felly, yr wyf yn ceisio archwilio sut y gallwn ni, yn y tymor byr iawn, wneud gwahaniaeth o ran arbed arian i'r trethdalwr.*

Mr Parry: *Yr wyf yn deall hynny. Yr wyf yn cael ychydig o drafferth gyda'r gwahaniaeth anodd rhwng eu bod hwy'n dweud wrthyf fi*

25 or over 60, and my asking them. They tell us that they are. What we need is the evidence.

eu bod dan 25 neu dros 60, a minnau'n gofyn iddynt. Maent hwy'n dweud wrthym eu bod. Mae angen dystiolaeth arnom.

[221] **Alun Cairns:** Thank you for that. This is a similar question, really. How can we improve the situation in relation to the health authority certificates, to ensure that people are genuinely exempt from prescription charges? We have already talked about the card that would be useful for the future. Again, that is a longer-term measure, as it would require the introduction of policy. Is there anything that can be done in the shorter term to help improve this?

[221] **Alun Cairns:** Diolch i chi am hynny. Mae hwn yn gwestiwn tebyg, â dweud y gwir. Sut y gallwn ni wella'r sefyllfa parthed dystysgrifau'r awdurdod iechyd, er mwyn sicrhau bod pobl wedi'u heithrio'n wirioneddol rhag taliadau presgripsiynau? Yr ydym eisoes wedi sôn am y cerdyn a fyddai'n ddefnyddiol i'r dyfodol. Eto, cam tymor hir yw hwnnw, gan y byddai angen cyflwyno polisi. Oes yna unrhyw beth y gellir ei wneud yn y tymor byr i helpu i wella hyn?

Mr Parry: I think that there are some things that could be done in the short term. First of all, we talked about simplification of the back of the prescription form. At the moment there are around 13 or 15 boxes on the back of the form. Perhaps we can take a look at whether we could just have an age exemption box, for example—which would be simpler for patients to use—rather than having one for the under 25s and another for the over 60s. We could also have a health authority certificate exemption box that would apply to maternity exemption, medical exemption and prepayment. Therefore, we would be using a more unified means of doing it. I do not know whether that is actually, in the long term, useful to you as the Assembly, because you may want a breakdown of exemptions, and

Mr Parry: Yr wyf yn meddwl bod rhai pethau y gellid eu gwneud yn y tymor byr. Yn gyntaf oll, soniasom am symleiddio cefn y ffurflen bresgripsiwn. Ar hyn o bryd mae rhyw 13 neu 15 o flychau ar gefn y ffurflen. Efallai y gallem ystyried cael dim ond blwch eithriad oedran, er enghraifft—a fyddai'n symlach i gleifion ei ddefnyddio—yn hytrach na chael un i rai dan 25 ac un arall i rai dros 60. Gallem hefyd gael blwch eithriad dystysgrif awdurdod iechyd a fyddai'n cynnwys eithriad mamolaeth, eithriad meddygol a rhagdaliad. Felly, byddem yn defnyddio dull mwy unedig o wneud hynny. Ni wn a ydyw hynny'n ddefnyddiol i chi fel Cynulliad yn y tymor hir mewn gwirionedd, oherwydd efallai y bydd arnoch chi eisiau dadansoddiad o'r eithriadau, a byddech yn colli hynny i ryw

you would lose that to a certain extent, except that it exists in the health authority anyway.

raddau, heblaw ei fod ar gael yn yr awdurdod iechyd beth bynnag.

[222] **Alun Cairns:** So, that is in relation to the health authority certificate in particular, but I assume that that answer would apply—

[222] **Alun Cairns:** Felly, mae hynny mewn perthynas â thystysgrif yr awdurdod iechyd yn arbennig, ond yr wyf yn cymryd y byddai'r ateb yn berthnasol—

Mr Parry: No, actually the answer was in relation to the prescription form. We will be redrafting that by April.

Mr Parry: Na, mewn gwirionedd yr oedd yr ateb yn ymwneud â'r ffurflen bresgripsiwn. Byddwn yn ailddrafftio honno erbyn mis Ebrill.

[223] **Alun Cairns:** It was in response to my question about certificates specifically, but I assume that the same answer would apply to benefit-related exemptions and so on.

[223] **Alun Cairns:** Yr oedd yn ateb fy nghwestiwn ar dystysgrifau'n benodol, ond yr wyf yn cymryd y byddai'r un ateb yn berthnasol i eithriadau ar sail budd-dâl ac ati.

Mr Parry: Absolutely. You asked about the health authority forms; certainly schemes have been in place where pharmacists accept a cheque from the patient, get him or her to fill the form out and it is then put in the post for the health authority. There may be a way of simplifying that system so that pharmacists can provide that form in the pharmacies, which would ease the whole process for the patient. Certainly, we are interested in looking at that and we have actually run some schemes along those lines before.

Mr Parry: Yn hollol. Holasoch am ffurflenni'r awdurdod iechyd; yn sicr mae cynlluniau wedi bod ar waith lle bo fferyllwyr yn derbyn siec gan y claf, yn ei gael ef neu hi i lenwi'r ffurflen ac wedyn ei phostio i'r awdurdod iechyd. Esallai bod modd symleiddio'r system honno fel y gall fferyllwyr ddarparu'r ffurflen honno yn y fferyllfeydd, a byddai hynny'n hwyluso'r broses gyfan i'r claf. Yn sicr, mae gennym ddiddordeb mewn ystyried hynny ac yr ydym mewn gwirionedd wedi rhedeg ambell gynllun ar hyd y llinellau hynny o'r blaen.

Looking at medical exemption, one of the problems that we are seeing in some of the figures from the report, is that the sums of money involved in relation to the medical exemption and the prepayment certificate were quite high. However, I think that that is due to confusion on the part of the patient and us when it comes to medical exemption. For example, if someone is diabetic and you know that they have been diabetic for 30 years, the assumption is that they are exempt because they should be, but they may never have had an exemption certificate. A similar consideration applies to prepayment certificates where the patient can send the prepayment certificate off and backdate the cheque so that they can start at the beginning of the month and so on. However, when they come into the pharmacy, the declaration that they make then has not actually gone through the administrative system. I think, to a certain extent, that that was taken into account when the National Audit Office did the report, but there may be elements of that that we can avoid by being able to issue these things within the pharmacy. So, instead of the medical exemption application going from the general practitioner to the health authority, in effect, it would come into the pharmacy and we would issue the certificate there and then. That way we are keeping things tighter and helping the patients.

O edrych ar eithriad meddygol, un o'r problemau a welwn yn rhai o ffigurau'r adroddiad yw bod y symiau arian dan sylw o ran eithriad meddygol a'r dystysgrif rhagdaliad yn eithaf uchel. Fodd bynnag, credaf mai dryswch ar ran y claf a ninnau ar fater eithriadau meddygol sydd wrth wraidd hynny. Er enghraifft, os yw rhywun yn dioddef o'r clefyd siwgr a chithau'n gwybod eu bod yn dioddef o'r clefyd ers 30 o flynyddoedd, tybir eu bod wedi'u heithrio oherwydd y dylent fod, ond esallai nad ydynt erioed wedi cael dystysgrif eithrio. Mae ystyriaeth arall yn berthnasol i dystysgrifau rhagdaliad lle gall y claf anfon y dystysgrif rhagdaliad i ffwrdd ac ôl-ddyddio'r siec fel y gall gychwyn ar ddechrau'r mis ac ati. Fodd bynnag, pan ddaw i mewn i'r fferyllfa, nid yw'r datganiad a wna bryd hynny wedi mynd drwy'r system weinyddol. Yr wyf yn meddwl, i ryw raddau, yr ystyriwyd hynny pan fu'r Swyddfa Archwilio Genedlaethol yn paratoi'r adroddiad, ond esallai bod elfennau o hynny y gallwn eu hosgoi drwy allu rhoi'r rhain o fewn y fferyllfa. Felly, yn lle bod y cais am eithriad meddygol yn mynd oddi wrth y meddyg teulu i'r awdurdod iechyd, mewn gwirionedd, byddai'n dod i'r fferyllfa a byddem ni'n rhoi'r dystysgrif yn y fan a'r lle. Drwy wneud hynny byddwn yn cadw pethau'n dynnach ac yn helpu'r cleifion.

generally, what additional support could be given to pharmacists from the Assembly or from the health authorities in order to help them better discharge their duties under the contractual arrangements that already exist?

Mr Parry: *I think, as we said before—and it sounds like rather a strange thing for us to be saying—to set more punishment, really.*

[225] **Alun Cairns:** *I would advocate that, but I was thinking more along the lines of support and training.*

Mr Parry: *I think that support and training is something that we could see from the health authorities in particular. In the past, we have run schemes—which are nothing to do with this at all—where the health authority and our educational support people have worked together to produce packages for training pharmacists. I see no reason why that could not be done.*

Mr Martin: *May I also add that we are going out on roadshows, the week after next, due to the pricing backlog and the problems that we have had with Health Solutions Wales. We see it as an opportunity to tell our contractors about the problems that we have*

fwy cyffredinol, pa gefnogaeth ychwanegol y gallai'r Cynulliad ei rhoi i fferyllwyr neu'r awdurdodau iechyd er mwyn eu helpu i gyflawni'u dyletswyddau'n well dan y trefniadau contract sydd yn bodoli eisoes?

Mr Parry: *Yr wyf yn meddwl, fel y dywedasom o'r blaen—ac mae'n swnio'n beth od braidd i ni fod yn ei ddweud—gosod mwy o gosb, yn y bôn.*

[225] **Alun Cairns:** *Byddwn innau'n ategu hynny, ond yr oeddwn yn meddwl mwy o ran cefnogaeth a hyfforddiant.*

Mr Parry: *Yr wyf yn meddwl bod cefnogaeth a hyfforddiant yn rhywbeth y gallem ei gael gan yr awdurdodau iechyd yn enwedig. Yn y gorffennol, yr ydym wedi cynnal cynlluniau—nad oes a wnelont ddim oll â hyn—lle gweithiodd yr awdurdod iechyd a'n pobl cymorth addysg ni gyda'i gilydd i lunio pecynnau ar gyfer hyfforddi fferyllwyr. Ni welaf unrhyw reswm pam na ellid gwneud hynny.*

Mr Martin: *A gaf i ychwanegu hefyd ein bod yn mynd â sioe ar y ffordd, yr wythnos ar ôl nesaf, oherwydd yr oedi gyda phrisio a'r problemau a gawsom gyda Health Solutions Wales. Yr ydym yn ei weld fel cyfle i ddweud wrth ein contractwyr am y problemau a*

had on this wonderful afternoon in trying to explain, in a way, what we should and should not be doing and the importance of getting this right, as far as the profession is concerned. It also strikes up something else that has not yet been considered, which is our problem of prescription switching, which is mentioned in the report and the fact that that is hitting contractors in the pocket. So, with the two side by side, we will ensure that they are aware of the problems regarding point of dispensing checks and we will ensure that they are aware that they should be filling in the backs of the forms correctly so that they are not in a situation in which they are going to lose money. So, I think that those two approaches will help us. That is something that we are going to do now, as in the week after next.

[226] **Alun Cairns:** Thank you very much. Does the Royal Pharmaceutical Society have any professional views on that? Are there any issues of professional concern in relation to that?

Mrs Barrie: We are happy with what has been said.

[227] **Janet Davies:** I now move on to wider issues that affect the value for money that the Assembly secures from the £380 million spent on prescribed medicines. However, I think

gawsom ar y prynhawn braf hwn yn ceisio egluro, mewn ffordd, beth y dylem ac na ddylem fod yn ei wneud a phwysigrwydd gwneud hyn yn iawn, cyn belled ag y bo'r proffesiwn yn y cwestiwn. Mae hyn hefyd yn codi mater arall nad ystyriwyd eto, sef ein problem o gyfnewid presgripsiynau, a grybwyllir yn yr adroddiad, a'r ffait bod hynny'n taro contractwyr yn y boced. Felly, gyda'r ddau beth ochr yn ochr, byddwn yn sicrhau eu bod yn ymwybodol o'r problemau gyda gwiriadau wrth ddosbarthu ac yn sicrhau eu bod yn ymwybodol y dylent fod yn llenwi cefnau'r ffurflenni'n gywir fel nad ydynt mewn sefyllfa lle y byddant yn colli arian. Felly, yr wyf yn meddwl y bydd y ddwy agwedd hynny o gymorth. Dyna rywbeth yr ydym yn mynd i'w wneud yn awr, hynny yw, yr wythnos ar ôl nesaf.

[226] **Alun Cairns:** Diolch yn fawr. A oes gan y Gymdeithas Fferyllol Frenhinol unrhyw sylwadau proffesiynol ar hynny? A oes unrhyw gwestiynau o bwys proffesiynol ynglyn â hynny?

Mrs Barrie: Yr ydym yn hapus gyda'r hyn a ddywedwyd.

[227] **Janet Davies:** Symudaf ymlaen yn awr at faterion mwy cyffredinol sydd yn effeithio ar y gwerth am arian a gaiff y Cynulliad am y £380 miliwn a gaiff ei wario ar foddion

that the questions that I was going to ask you have been covered already. So I do not propose to go over the same ground again. I think that Peter Law has some further questions.

[228] **Peter Law:** You are very kind, Chair. I thought that the questions that I had were turkeys.

I would like to get to the point, if I may. I have been listening to a commitment to the future, which I appreciate. I know it has been made sincerely. However, you are looking at this as a pilot scheme. What we are saying to you is that, for £800,000, it was an expensive pilot scheme and we expected better.

Hindsight is a wonderful thing. However, I would have expected a number of the points that you raised as pharmacists this afternoon to have been foreseen. When someone sat down and negotiated a contract with you and said that these were the terms of service that you were expected to administer, I would have expected you to have foreseen some of these problems. I do not say that to be deliberately provocative.

However, for £800,000, one would have thought that it would all have been in place and would have run reasonably well.

However, even on the training—and there

presgripsiwn. Fodd bynnag, yr wyf yn meddwl bod y cwestiynau yr oeddwn yn mynd i’w gofyn wedi cael eu trafod yn barod. Felly ni fwriadaffynd dros yr un tir eto. Credaffod gan Peter Law gwestiynau pellach.

[228] **Peter Law:** Yr ydych yn garedig iawn, Gadeirydd. Yr oeddwn i’n meddwl y cefais innau gwestiynau gwael.

Hoffwn ddod at y pwynt, os caf. Yr wyf wedi bod yn gwrando ar ymrwymiad i’r dyfodol, rhywbeth yr wyf yn ei werthfawrogi. Gwn iddo gael ei wneud yn ddiffuant. Fodd bynnag, yr ydych yn edrych ar hyn fel cynllun peilot. Yr hyn yr ydym ni’n ei ddweud wrthych yw mai cynllun peilot drud iawn ydoedd, am £800,000, a’n bod wedi disgwyl gwell. Peth da iawn yw synnwyr trannoeth. Fodd bynnag, buaswn wedi disgwyl y buasid wedi rhagweld nifer o’r pwyntiau a godasoch chi fel fferyllwyr y prynhawn yma. Pan eisteddodd rhywun i lawr a negodi contract gyda chi gan ddweud mai dyma’r telerau gwasanaeth y disgwyld ichi eu gweinyddu, buaswn wedi disgwyl i rywun ragweld rhai o’r problemau hyn. Nid wyf yn dweud hynny er mwyn bod yn fwriadol bryfoclyd.

Fodd bynnag, am £800,000, buasid wedi meddwl y byddai popeth yn ei le ac wedi rhedeg yn eithaf da. Fodd bynnag, hyd yn oed ar yr hyfforddiant—ac nid oedd unrhyw

was, in effect, no training—it was disappointing that the profession did not draw things up in a more cast-iron way, bearing in mind the commitment that was being made. I can see that you have total commitment for the future, but I think that a lot of people outside the Assembly would expect us today to question the £800,000 that has been spent up to now. This really was not meant to be a pilot scheme. There may be arguments on all sides. Certainly there are many questions to be asked about Health Solutions Wales. A number of us have asked those questions and will continue to do, I am sure. Health authorities will also be questioned about what they are doing in terms of what we have heard. These are all parts of the jigsaw. However, I return to the point that the profession made a commitment that has not been honoured as much as we would have liked it to be. We have heard a number of reasons why that has not happened and, hopefully, things will change in the future.

I had intended to ask about modern technology and IT, but, in fairness to Mrs Barrie, she has covered that already, and I think that you would all subscribe to what she said. I think that we would all accept that that is the answer for the future, if it can be done, and we need to pursue that in a modern society. So, I do not have much more to ask.

hyfforddiant, mewn effaith—yr oedd yn siomedig na lwyddodd y proffesiwn i lunio pethau mewn ffordd fwy cadarn, o gofio'r ymrwymiad yr oedd yn ei wneud. Gallaf weld fod gennych ymroddiad llwyr i'r dyfodol, ond yr wyfyn meddwl y byddai llawer o bobl y tu allan i'r Cynulliad yn disgwyl inni heddiw gwestiynu'r £800,000 a warwyd hyd yma. Ni fwriadwyd i hwn fod yn gynllun peilot mewn gwirionedd. Fe all fod dadleuon ar bob ochr. Yn sicr gellir gofyn llawer o gwestiynau am Health Solutions Wales. Mae nifer ohonom wedi gofyn y cwestiynau hynny a byddwn yn parhau i wneud, yr wyfyn siŵr. Holir awdurdodau iechyd hefyd ynghylch beth y maent hwy'n ei wneud yn nhermau'r hyn a glywsom. Mae'r rhain i gyd yn rhannau o'r jig-so. Fodd bynnag, dychwelaf at y pwyt fod y proffesiwn wedi gwneud ymrwymiad na chafodd ei anrhodeddu gymaint ag y buasem wedi'i ddymuno. Clywsom nifer o resymau pam na ddigwyddodd hynny, a bydd pethau'n newid yn y dyfodol, gobeithio.

Yr oeddwn wedi bwriadu gofyn ynghylch technoleg fodern a TG, ond chwarae teg i Mrs Barrie, mae hi wedi ymdrin â hynny'n barod, ac yr wyfyn meddwl y byddech i gyd yn cyd-fynd â'r hyn a ddywedodd. Yr wyfyn meddwl y byddem i gyd yn derbyn mai dyna'r ateb i'r dyfodol, os gellir ei wneud, ac mae angen inni fynd ar ôl hynny mewn cymdeithas fodern. Felly, nid oes gennyflawer mwy i'w ofyn.

The nub of it is that I would have liked the pharmaceutical profession to have been prepared for this scheme, bearing in mind that this had all been negotiated. It seems to have been negotiated on the back of a cigarette packet and everybody went along with what seemed on the surface to be not a bad deal for us—4p per prescription. However, at the end of the day, it does not seem to have been drawn up tightly enough. We will probably need to pursue that with our officials as well because there is responsibility on both sides. It seems to have been left to fortune, to an extent. We are now learning and we will be able to get it right for the future. Would you like to comment on that?

Mr Parry: This comes back to what I said earlier about what we mean by value for money in this respect. To a certain extent, this was not a piloted system, as has been said. We put in place a scheme that, to a large extent, was imposed on us by the NHS executive. Initially, there was great concern within the profession that we would not be able to make the system work because we would have to deal with what we were given. We are, after all, to a certain extent in the hands of a purchaser who is monopolistic. Therefore, to a certain extent, the difficulty surrounding the performance of these checks, and the kinds of issues that you raised about what the profession did and why it did not do more, relates to the fact that the scheme was largely given to us. We managed to make it a

Craidd y mater yw y buaswn wedi hoffi i'r proffesiwn fferyllol fod wedi paratoi ar gyfer y cynllun hwn, gan gofio fod hyn i gyd wedi'i negodi. Mae'n ymddangos fel pe bai wedi'i negodi ar gefn paced sigaréts a bod pawb wedi cyd-fynd â rhywbeth a ymddangosai ar yr wyneb yn fargen eithaf da i ni—4c y presgripsiwn. Fodd bynnag, ar ddiwedd y dydd, nid yw'n ymddangos ei fod wedi'i lunio'n ddigon tynn. Mae'n debyg y bydd angen inni fynd ar ôl hyn gyda'n swyddogion ni hefyd oherwydd mae cyfrifoldeb ar y ddwy ochr. Mae'n ymddangos ei fod wedi'i adael i ffawd, i raddau. Yr ydym yn dysgu bellach a byddwn yn gallu ei wneud yn iawn yn y dyfodol. A hoffech chi roi sylw ar hynny?

Mr Parry: Daw hyn yn ôl at yr hyn a ddywedais yn gynharach yngylch yr hyn a olygwn wrth sôn am werth am arian yn y cyddestun hwn. I ryw raddau, nid system a gafodd ei pheilot a oedd hon, fel y dywedwyd. Rhoesom gynllun ar waith a oedd wedi'i wthio arnom i raddau helaeth gan weithrediaeth yr NHS. Ar y cychwyn, yr oedd pryder mawr o fewn y proffesiwn na fyddem yn gallu gwneud i'r system weithio oherwydd y byddai'n rhaid inni ddelio â'r hyn a roddwyd inni. Yr ydym, wedi'r cyfan, i ryw raddau yn nwyo prynwr sydd yn fonopolistig. Felly, i ryw raddau, mae'r anhawster yngylch performio'r gwiriadau hyn, a'r math o gwestiynau a godasoch parthed beth wnaeth y proffesiwn a pham na wnaeth ragor, i'w priodoli i'rffaith fod y

more user-friendly system that allowed pharmacists a little bit of discretion as to whether they accepted evidence or not. The initial scheme, as it was given to us by the NHS executive, intended for us to see evidence for exemption on every occasion. There was no opportunity for us to mark the box to say that we had not seen any evidence. That would have meant that patients would have been sent away to fetch proof of exemption—which some do not have—before getting their prescription. The profession, therefore, had an awful lot of work to do to try to make this scheme as workable as possible. We thought that we had ended up with something that was reasonably workable, although admittedly it had not been piloted, and we thought that the amount of money being paid for it was also reasonable. There have been some unforeseen difficulties. I come back to the point that, to a certain extent, if health authorities had been on top of this and had been providing a feedback mechanism that made it obvious that we needed to do the job better at an earlier stage, then that would have happened, but it has not happened. I do not want to be seen to be terribly defensive, but it is not something that is of our making.

[229] **Peter Law:** *I understand the difficulties that you have had, as well as your compassionate approach to patients, which is*

cynllun ar y cyfan wedi'i roi inni. Llwyddasom i'w gwneud yn system haws i'w defnyddio a fyddai'n caniatáu mymryn o ddisgresiwn i fferyllwyr o ran derbyn tystiolaeth ai peidio. Bwriad y cynllun cyntaf, fel y'i rhoddwyd inni gan weithrediaeth yr NHS, oedd inni weld tystiolaeth dros eithrio ar bob achlysur. Nid oedd cyfle inni farcio'r blwch i ddweud nad oeddem wedi gweld unrhyw dystiolaeth. Buasai hynny wedi golygu anfon cleifion i ffwrdd i fynd i nôl prawf o'u statws eithriedig—rhywbeth nad oes gan bawb mohono—cyn y caent eu presgripsiwn. Yr oedd gan y proffesiwn, felly, beth wmbredd o waith i'w wneud i geisio gwneud y cynllun hwn mor ymarferol â phosibl. Yr oeddem yn meddwl ein bod wedi llwyddo yn y diwedd i gael rhywbeth a oedd yn weddol weithiadwy, er rhaid cyfaddef nad oedd wedi bod drwy beilot, a chredem fod y swm o arian a delid amdano'n rhesymol hefyd. Cafwyd rhai anawsterau na allesid eu rhagweld. Deuaf yn ôl at y pwynt, i ryw raddau, pe bai'r awdurdodau iechyd wedi bod ar ben hyn ac wedi darparu gweithdrefn adborth a fyddai'n amlygu'r ffaith bod angen inni wneud y gwaith yn well ac yn gynharach, yna byddai hynny wedi digwydd, ond nid yw wedi digwydd. Nid oes arnaf eisiau swnio'n ofnadwy o amddiffynnol, ond nid sefyllfa o'n gwneuthuriad ni yw hon.

[229] **Peter Law:** *Deallafyr anawsterau a gawsoch, yn ogystal â'ch agwedd gydymdeimladwy tuag at gleifion, a ddeellir*

understood and appreciated by many of us here. However, you were not dictated to by the NHS executive. If it had dictated to you, then it would not have been a negotiation. If you are dictated to, then you have not had an opportunity to state your point of view and that is not a true agreement, is it?

Mr Parry: *I have to say that this is often the way in which negotiation with the NHS executive goes.*

[230] **Peter Law:** *I am glad that this is being recorded. Mr Wilcox is particularly pleased that it is being recorded; I am sure that it will go back to the department.*

Mr Parry: *It happens in terms of the negotiation that we have over remuneration on an annual basis. Quite frequently in the last five years, we have had our remuneration package imposed on us and not negotiated to the satisfaction of both sides.*

[231] **Peter Law:** *But this was different, was it not?*

Mr Parry: *It was a part of that negotiation package.*

[232] **Peter Law:** *Because you agreed to*

ac a werthfawrogir gan lawer ohoñom yma. Fodd bynnag, ni fu gweithrediaeth yr NHS yn rhoi gorchmynion ichi. Pe bai wedi rhoi gorchmynion ichi, yna nid negodiad fuasai hynny. Os rhoddir gorchmynion ichi, yna nid ydych wedi cael cyfle i ddatgan eich barn, ac nid gwir gytundeb yw hynny, nage?

Mr Parry: *Rhaid imi ddweud mai dyma beth sydd yn digwydd yn aml wrth negodi gyda gweithrediaeth yr NHS.*

[230] **Peter Law:** *Yr wyf yn falch fod hyn yn cael ei gofnodi. Mae Mr Wilcox yn arbennig o falch ei fod yn cael ei gofnodi; yr wyf yn siŵr yr aiff hynny yn ôl i'r adran.*

Mr Parry: *Mae'n digwydd yn nhermau'r negodi a gawn dros dâl yn flynyddol. Yn weddol aml dros y pum mlynedd diwethaf, gorfodwyd y pecyn tâl arnom heb ei negodi er boddhad y ddwy ochr.*

[231] **Peter Law:** *Ond yr oedd hyn yn wahanol, onid oedd?*

Mr Parry: *Yr oedd yn rhan o'r pecyn negodi hwnnw.*

[232] **Peter Law:** *Oherwydd i chi gytuno i*

allow it to be part of that. You could have rejected it.

*ganiatáu iddo fod yn rhan o hynny.
Gallasech fod wedi'i wrthod.*

Mr Parry: *We may not have had the option. The NHS executive has the power to change our terms of service and the regulations without our agreement.*

Mr Parry: *Efallai nad oedd y dewis gennym. Mae gan weithrediaeth yr NHS hawl i newid ein telerau gwasanaeth a'r rheoliadau heb ein cytundeb ni.*

[233] **Peter Law:** *So, the NHS executive can dictate to you on all of this?*

[233] **Peter Law:** *Felly, gall gweithrediaeth yr NHS ddweud wrthyd chi beth i'w wneud yn hyn i gyd?*

Mr Parry: *It has to play a slightly give and take game because clearly at some point, it all falls down. I think that it saw the sense of what we were saying in the negotiation that we did have on this—that what it was proposing to put in place was not workable and was not in patients' interests.*

Mr Parry: *Mae'n rhaid iddo chware gêm o gyfaddawdu ryw ychydig oherwydd yn amlwg, ar ryw bwynt, mae'r cyfan yn cwympo. Yr wyf yn meddwl y gwelodd synnwyr yr hyn yr oeddym yn ei ddweud yn y negodi a gawsom ar hyn—sef nad oedd yr hyn yr oedd yn cynnig ei sefydlu yn weithiadwy nac er lles y cleifion.*

[234] **Peter Law:** *But if it could have done that, you would not be receiving £800,000 would you? Obviously, you negotiated to the extent that you had £800,000—*

[234] **Peter Law:** *Ond pe bai wedi gallu gwneud hynny, ni fydddech yn derbyn £800,000, fydddech chi? Yn amlwg, fe negodwyd i'r graddau i chi lwyddo i gael £800,000—*

Mr Parry: *Again because we thought that that was a reasonable—*

Mr Parry: *Eto oherwydd inni feddwl bod hynny'n rhesymol—*

[235] **Peter Law:** *I am not arguing with that,*

[235] **Peter Law:** *Nid wyf yn dadlau â hynny,*

but you did have a say in that, it was not imposed on you?

ond cawsoch lais yn hynny, ni chafodd ei orfodi arnoch?

Mr Parry: Yes, all right. No, sorry, actually I think that the figure, at the end of the day, was imposed.

Mr Parry: Do, iawn. Na, maddeuwch imi, mewn gwirionedd yr wyf yn meddwl mai cael ei osod arnom wnaeth y ffigur, ar ddiwedd y dydd.

[236] **Peter Law:** Was it imposed without consultation or was it consulted upon but you did not agree with it?

[236] **Peter Law:** A gafodd ei osod heb ymgynghori ynteu a ymgynghorwyd arno a chithau heb gytuno arno?

Mr Parry: We were consulted but we did not necessarily agree with it.

Mr Parry: Ymgynghorwyd â ni ond nid oeddem o reidrwydd yn cytuno ag ef.

[237] **Peter Law:** Sorry to pursue this, but what does 'not necessarily agree' mean? You must have signed up to something; you either agreed or did not agree. Did you put in a caveat under any pressure, a qualifier, saying 'We really should have had £1 million but we are having £800,000'—

[237] **Peter Law:** Mae'n ddrwg gennyf am fynd ymlaen am hyn, ond beth yw ystyr 'ddim o reidrwydd yn cytuno'? Rhaid eich bod wedi llofnodi rhywbeth; un ai yr oeddech yn cytuno neu nid oeddech yn cytuno. A roesoch gafeat i mewn dan unrhyw bwysau, cymhwysiad, yn dweud 'Dylem wir fod wedi cael £1 miliwn ond yr ydym yn cael £800,000'—

Mr Parry: I am working from memory a little bit, I am afraid. My recollection of that is that we were told how much we were going to get. We thought—

Mr Parry: Yr wyf yn gweithio o'm cof ychydig bach, mae arnaf ofn. Fy nghof i o hynny yw y dywedwyd wrthym faint y byddem yn ei gael. Yr oeddem yn meddwl—

[238] **Janet Davies:** If you are working from

[238] **Janet Davies:** Os ydych yn gweithio

memory, I think that we should perhaps leave it at that.

o'ch cof, efallai y dylem adael y mater ar hynny.

[239] **Peter Law:** *That is the beauty of these evidence hearings.*

[239] **Peter Law:** *Dyna ogoniant y gwrandawiadau tystiolaeth hyn.*

[240] **Janet Davies:** *Owen, did you have a couple of questions that you wanted to ask?*

[240] **Janet Davies:** *Owen, a oedd gennych chi gwestiwn neu ddau i 'w gofyn?*

[241] **Owen John Thomas:** *What is the Royal Pharmaceutical Society's view on encouraging greater use of generic drugs?*

[241] **Owen John Thomas:** *Beth yw barn y Gymdeithas Fferyllol Frenhinol ar annog mwy o ddefnydd ar gyffuriau cyffredinol?*

Mrs Barrie: *It is interesting that you raise that. The situation currently is that generic prescribing of drugs is part of an advice package that prescribing advisers and pharmaceutical advisers have been promoting with GPs over a number of years. As I understand it, there has been a pretty good uptake throughout Wales. Probably, the benefit from that generic prescribing is about at its optimum point. It is recommended by health authorities to GPs as a mechanism to get value for money from their prescribing, and where that is appropriate for patient care, we support it.*

Mrs Barrie: *Mae'n ddiddorol eich bod yn codi hynny. Y sefyllfa ar hyn o bryd yw bod rhagnodi cyffuriau cyffredinol yn rhan o becyn cyngor y mae cyngorwyr presgripsiwn a chyngorwyr fferyllol wedi bod yn ei hybu ymhlih meddygon teulu ers rhai blynnyddoedd. Yn ôl a ddeallaf fi, manteisiwyd yn eithaf da arnynt ledled Cymru. Mae'n debyg fod y budd o'r rhagnodi cyffredinol hwnnw oddeutu ei bwynt uchaf. Fe'i hargymhellir gan awdurdodau iechyd i feddygon teulu fel gweithdrefn i gael gwerth am arian o'u presgripsiynau, a lle bo'n briodol i ofal y claf, cefnogwn ninnau hynny.*

There are particular situations or particular medicines, where, because of the particular—I do not want to get into too much detail—but on occasion it is important that the patient

Y mae sefyllfaoedd penodol neu foddion penodol, lle oherwydd yr—nid oes arnaf eisiau mynd i ormod o fanylder—ond weithiau mae'n bwysig i'r claf gael yn union

gets exactly the same dose from a medicine, which might vary between different generic drugs. In cases like that, the doctor needs to prescribe the exact brand, and the patient needs to get the same medicine each time.

yr un dos o feddyginaeth, a all amrywio rhwng gwahanol gyffuriau cyffredinol. Mewn achosion felly, mae angen i'r meddyg ragnodi'r union enw, ac mae angen i'r claf gael yr un moddion bob tro.

[242] **Owen John Thomas:** *And you have to order that before you—*

[242] **Owen John Thomas:** *Ac mae'n rhaid ichi archebu hwnnw cyn ichi—*

Mrs Barrie: Sorry?

Mrs Barrie: *Mae'n ddrwg gennys?*

[243] **Owen John Thomas:** *And that would not be in stock, perhaps?*

[243] **Owen John Thomas:** *Ac ni fyddai hwnnw mewn stoc, efallai?*

Mrs Barrie: No, it usually is, because normally patients go to the same pharmacy. Therefore, if they are on a particular brand that needs to be prescribed by brand, the chances are that there will be a relationship between the pharmacist and the patient so that they get that. However, where generic prescribing is appropriate, we are completely supportive of it.

Mrs Barrie: Na, y mae fel arfer, oherwydd fel rheol bydd cleifion yn mynd i'r un fferyllfa. Felly, os ydynt ar fath arbennig o fodion sydd angen ei ragnodi yn ôl gwneuthuriad, y tebygolrwydd yw y bydd perthynas rhwng y fferyllydd a'r claf ac felly y caiff hynny. Fodd bynnag, lle mae'n briodol rhoi presgripsiwn cyffredinol, yr ydym yn cefnogi hynny'n llwyr.

Mr Martin: May I add something? As you possibly know, I am a member of the task and finish group on prescribing in Wales, which was set up by Jane Hutt and the National Assembly. We look forward to the recommendations that will come out of the task and finish group report, which I believe is going before the Health and Social

Mr Martin: A gaffi ychwanegu rhywbeth? Fel y gwyddoch efallai, yr wyf yn aelod o'r grŵp gorchwyl a gorffen ar bresgripsiynau yng Nghymru, a sefydlwyd gan Jane Hutt a'r Cynulliad Cenedlaethol. Edrychwn ymlaen at yr argymhellion a ddaw allan o adroddiad y grŵp gorchwyl a gorffen, a aiff ger bron y Pwyllgor Iechyd a Gwasanaethau

Services Committee in March. Certainly, generic substitution prescribing was dealt with in that remit.

[244] **Owen John Thomas:** This question is to the Royal Pharmaceutical Society again. To what extent can pharmacists influence the prescribing habits of GPs to encourage them, where appropriate, to make more use of generic drugs?

Miss Lewis: There have been many schemes, but I think that that is really a matter for policy rather than for this Committee. However, we support that.

[245] **Owen John Thomas:** Finally, what is the Welsh Central Pharmaceutical Committee's view on the issues raised by encouraging GPs to make more use of generic drugs?

Mr Parry: Do you want to handle this, Chris?

Mr Martin: I am in a difficult position, being part of the task and finish group. It would be wrong for me to pre-empt the recommendations that will come before the Health and Social Services Committee, other than to say that it was certainly discussed at

Cymdeithasol, mi gredaf, ym mis Mawrth. Yn sicr, deliwyd â phresgripsiynau cyffuriau cyffredinol yn y cylch gorchwyl hwnnw.

[244] **Owen John Thomas:** Cwestiwn i'r gymdeithas Fferyllol Frenhinol yw hwn eto. I ba raddau y gall fferyllwyr ddylanwadu ar arferion rhagnodi meddygon teulu er mwyn eu hannog, lle bo'n briodol, i wneud mwy o ddefnydd o gyffuriau cyffredinol?

Miss Lewis: Cafwyd sawl cynllun, ond yr wyf yn meddwl mai mater polisi yw hwnnw mewn gwirionedd yn hytrach na mater i'r Pwyllgor hwn. Fodd bynnag, yr ydym yn cefnogi hynny.

[245] **Owen John Thomas:** Yn olaf, beth yw barn Pwyllgor Fferyllol Canolog Cymru ar y materion a godir wrth annog meddygon teulu i wneud mwy o ddefnydd o gyffuriau cyffredinol?

Mr Parry: A hoffech chi ymdrin â hyn, Chris?

Mr Martin: Yr wyf mewn sefyllfa anodd, a minnau'n rhan o'r grŵp gorchwyl a gorffen. Ni fyddai'n iawn imi achub y blaen ar yr argymhellion a ddaw ger bron y Pwyllgor Iechyd a Gwasanaethau Cymdeithasol, ar wahân i ddweud y cafwyd trafodaeth faith ar

length. I think that I would just bear out what Erica has said. We have gone a long way in Wales in terms of getting the levels of generic prescribing up to around about 70 per cent. We believe that there is probably a limited amount that can be done from here on in, but some great work has gone on to date, where pharmacists and GPs have worked closely together to identify areas where they can co-operate on this.

[246] **Owen John Thomas:** Thank you.

[247] **Janet Davies:** I point out that that report will come to the Health and Social Services Committee at an appropriate time.

We have come to the end of the evidence-taking session. I would like to thank all the witnesses for their full and helpful answers to the questions. A draft transcript will be sent to you so that you can check it for factual accuracy before it is published as part of the minutes. When the Committee publishes its report, the transcript will be included as an annex.

y cwestiwn heb os. Yr wyf yn meddwl y byddwn yn ategu'r hyn a ddywedodd Erica. Yr ydym wedi mynd ffordd bell yng Nghymru yn nhermau codi lefelau rhagnodi cyffredinol i fyny i oddeutu 70 y cant. Credwn mai cyfyngedig yn ôl pob tebyg yw'r hyn y gallwn ei wneud o hyn ymlaen, ond mae gwaith ardderchog wedi'i gyflawni hyd yma, gyda fferyllwyr a meddygon teulu'n cydweithio'n agos i nodi mannau lle gallant gydweithredu ar hyn.

[246] **Owen John Thomas:** Diolch.

[247] **Janet Davies:** Hoffwn nodi y daw'r adroddiad hwnnw ger bron y Pwyllgor Iechyd a Gwasanaethau Cymdeithasol ar adeg briodol.

Daethom at ddiwedd y sesiwn derbyn tystiolaeth. Hoffwn ddiolch i'r tystion i gyd am eu hatebion llawn a buddiol i'r cwestiynau. Anfonir trawsgrifiad drafft atoch fel y gallwch fwrw golwg drosto i sicrhau cywirdeb ffeithiol cyn iddo gael ei gyhoeddi yn rhan o'r cofnodion. Pan fydd y Pwyllgor yn cyhoeddi'i adroddiad, caiff y trawsgrifiad ei gynnwys fel atodiad.

Daeth y sesiwn gymryd tystiolaeth i ben am 3.45 p.m.

The evidence-taking session ended at 3.45 p.m.

¹ Hoffai Cymdeithas Fferyllol Frenhinol Prydain Fawr ei gwneud yn glir bod yr ateb hwn yn cyfeirio at faterion telerau gwasanaeth yn gyffredinol, fel y crybwyllyd yn ateb Miss Lewis i gwestiwn [165], ac nid at wiriadau wrth ddosbarthu yn benodol.

The Royal Pharmaceutical Society of Great Britain would like to make clear that this answer refers to terms of service matters in general, as indicated in Miss Lewis's answer to question [165], and not to point of dispensing checks in particular.

THE AUDIT COMMITTEE

The National Assembly's Audit Committee ensures that proper and thorough scrutiny is given to the Assembly's expenditure. In broad terms, its role is to examine the reports on the accounts of the Assembly and other public bodies prepared by the Auditor General for Wales; and to consider reports by the Auditor General for Wales on examinations into the economy, efficiency and effectiveness with which the Assembly has used its resources in discharging its functions. The responsibilities of the Audit Committee are set out in detail in Standing Order 12.

The membership of the Committee as appointed on 9 November 2000 is:

Janet Davies (Plaid Cymru) - Chair
Alan Cairns (Conservative)
Jocelyn Davies (Plaid Cymru)
Alison Halford (Labour)
Ann Jones (Labour)
Peter Law (Labour)
Lynne Neagle (Labour)
Dafydd Wigley (Plaid Cymru)
