

Health and Social Services Committee

HSS-19-02(min)

MINUTES

Date: Wednesday, 6 November 2002

Time: 9.00am to 12.10pm

Venue: Committee Room 2, National Assembly for Wales

Attendance: **Members of Health & Social Services Committee**

Kirsty Williams (Chair)	Brecon and Radnorshire
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Geraint Davies	Rhondda
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Brian Gibbons	Aberavon
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Jane Hutt (Minister)	Vale of Glamorgan
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Ann Jones	Vale of Clwyd
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Dai Lloyd	South Wales West
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David Melding	South Wales Central
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Lynne Neagle	Torfaen
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In Attendance

Jeremy Savage	Chair, Welsh Pharmaceutical Committee
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Officials In Attendance

Ceri Breeze	Public Health Strategy Division
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Julie Grant	Social Care Policy Division
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Dr Ruth Hall	Chief Medical Officer
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Paul Langmaid	Chief Dental Officer
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Ann Lloyd	Director, NHS in Wales
Trevor Neatherway	Primary & Community Health Division
Mike Shanahan	Social Care Policy Division
Howard Teague	Social Services Inspectorate for Wales
Carwen Wynne-Howells	Chief Pharmaceutical Officer
Secretariat:	
Jane Westlake	Committee Clerk
Claire Morris	Deputy Committee Clerk
Peter Jones	Counsel to the Committees (Item 4)

Item 1: Apologies and Substitutions

1.1 An Apology was received from Jocelyn Davies.

1.2 Members were reminded of the requirement, under Standing Order 4.5, to declare any interests before taking part in proceedings. No declarations were made.

Item 2: Well Being in Wales (9.05 - 10.10am)

Paper: HSS-18-02(p.1)

2.1 Brian Gibbons, the Deputy Minister, introduced the paper, which outlined the measures being put in place to address health inequalities and the determinants of ill health. *Well Being in Wales* was the follow up to *Better Health Better Wales* and offered an integrated approach to policies and programmes, which cut across all of the Assembly's policy areas. The document attempted to address not just the health of individuals but collective health in trying to build strong communities.

The document was linked to a number of other health strategies, particularly *Improving Health in Wales*, and would provide a national backdrop for the local Health and Wellbeing Strategies. It also complemented strategies outside the health sphere, as poor health and well being could have a negative

impact on people and their families and on the Welsh economy, and could prevent individuals from taking advantage of opportunities and have a negative effect on the productivity and competitiveness of businesses.

2.2 Members made the following points:

- Well being extended beyond lack of illness, and could be dependent on issues such as engagement in the community, feelings of confidence and self-esteem, and health and safety.
- Health statistics for Wales were poor because of the levels of poverty and deprivation and well being was linked to the success of the economy.
- Measurable objectives and timescales for their achievement were needed.
- The document did not deal adequately with services for people with disabilities, or stress in the workforce and its effect on mental health.
- Greater emphasis was needed on promoting adolescent sexual health.
- When building new hospitals, consideration should be given to siting them in areas of high unemployment, given that the NHS was a major employer in Wales. Procurement strategies should also be reviewed so that more local products were purchased, which would also have a positive impact on employment.
- Young people needed to be encouraged to take more exercise and the cost of going to a leisure centre was a barrier.
- Greater emphasis was needed on educating young people about the dangers of alcohol or drug abuse.
- There were problems in rural communities in accessing health services and sports facilities. There were few opportunities to interact with the community, particularly in the poorer families who did not have access to a car, and these feelings of isolation could lead to mental health problems.
- By increasing the limit of cigarettes and tobacco that could be brought into the UK, Customs and Excise were undermining the Assembly's work in encouraging people to give up smoking.
- Examples of good practice should be included in the document, such as food co-operatives and the work they were doing in educating people to eat more fruit and vegetables. Walking buses benefited children's health and their social interaction.

2.3 The Minister and her officials said that the process of developing *Well Being in Wales* had engaged all policy divisions in the Assembly and involved external partners from the NHS, local government, the voluntary sector and representatives of other sectors. The development process itself had led to new joint working between health and other policy areas and this reflected an ongoing process to develop more integrated policies and programmes. *Well Being in Wales* would be particularly important in implementing the dual strategy recommendations of Professor Townsend's report *Targeting Poor Health*. The consultation period was due to end on 19 November and there would be an opportunity for a full debate in Plenary during December.

Item 3: Three Health Care Strategies for Consultation (9.55 - 11.15am)

3.1 The Minister introduced the three documents: Routes to Reform: A Strategy for Primary Dental Care in Wales; Remedies for Success: A Strategy for Pharmacy in Wales; and The Future of Optometric Services in Primary Care in Wales, which would be key to the implementation of the Primary Care Strategy.

Routes to Reform: A Strategy for Primary Dental Care in Wales

3.2 Members made the following points:

- The strategy did not give local health boards (LHBs) strategic aims in terms of access. There should at least be minimum standards of access for emergency care.
- Registration for dental care was a big problem as many people did not understand that they were no longer registered with a dentist if they had not visited them in the last 15 months.

3.3 In response to Members' comments, the Minister and the Chief Dental Officer made the following points:

- The Welsh Assembly Government considered fluoridation of water to be a beneficial public health measure to improve dental health. Changes in legislation would be necessary to require water companies in Wales to add fluoride to the water supply. It was acknowledged that there were groups strongly opposed to such action and that debate would be required.
- It was suggested that the Committee might discuss fluoridation of water in the new year.
- A programme of applying dental fissure sealant to the first permanent teeth of children was being targeted at the most disadvantaged communities in Wales. Monitoring of this programme was currently taking place.
- There were difficulties in attracting dentists to poorer communities due to the business nature of dentistry. The Welsh Assembly Government had maintained grant schemes for areas that had demonstrated low levels of access with high levels of disease.
- Around 55 dentists were trained every year in Wales and this figure had not changed in the last 10 years. The strategy announced a plan to commission a feasibility study into expanding the number of dental undergraduates in training in Wales. This study would also consider further development of undergraduate training initiatives within primary care settings across Wales presenting an opportunity to target training places in areas that were experiencing difficulties in attracting dentists.
- There was a view that for many patients the interval between check ups could be increased. This could free up time and resources for dentists to undertake different sorts of treatment and perhaps

more preventative work. A referral to NICE for an appraisal of the guidance had been made.

- In West Wales provision of access for people with dental emergencies was now co-ordinated by NHS Direct. The strategy envisaged that this would be rolled out through the rest of Wales.
- The introduction of regulations designed to improve standards, quality, safety and the way in which children were treated had cost implications in terms of time and the building adaptations required.
- The need to reform the General Dental Service (GDS) was recognised and the British Dental Association supported the need to work towards a fairer, more flexible system that met the demands upon it.
- The performance frameworks for local health boards (LHBs) would include strategic aims in terms of delivery of dental services.
- The Minister thanked the members of the Dental Workforce Development Group, chaired by Professor Elizabeth Treasure, for their work on the report annexed to the dental strategy.

Remedies for Success: A Strategy for Pharmacy in Wales

3.4 In response to Members' comments, the Minister and the Chief Pharmaceutical Officer made the following points:

- The strategy was committed to maintaining the network of pharmacists. Community pharmacists had the potential to be a focal point in communities in delivering both health care services and health promotion.
- A review would be undertaken to see how the role of community pharmacists could be extended and how best use could be made of the available resources.
- 80% of prescriptions were for repeat medication and supplementary prescribing was essential to managing this process. It was intended that supplementary prescribing for nurses and pharmacists would be implemented in tandem.
- A scoping exercise was looking at electronic prescribing and transmission of prescriptions. The report should be available by mid November.
- In respect of training, there were capacity issues in supporting clinical placements for postgraduate students.
- The strategy aimed to provide services that were tailored to local needs. Urgent prescriptions were being analysed to establish the requirements for out of hours services.
- A demonstration of automated dispensing would be held in the Assembly on 4 December.
- Guidance had been issued to the Service to facilitate the implementation of original pack dispensing; a pre-requisite for automated dispensing.
- An action plan would be drawn up following consideration of the response to consultation.
- Action was being taken on a UK basis to enable pharmacists to have access to at least part of the patient record.
- Under the current contract there was no incentive not to dispense and discussions were taking place with colleagues in England to look at more imaginative ways to remunerate pharmacists.
- The strategy highlighted the need for pharmacies to be designed appropriately, with an area set aside for people to receive confidential advice.

- It was hoped that there would be a high level of feedback from the public so that services could be designed to reflect what patients actually wanted rather than what professionals thought they wanted.

3.5 The Minister thanked Jeremy Savage, Chair of the Welsh Pharmaceutical Committee, for his role in helping to prepare the strategy.

The Future of Optometric Services in Primary Care in Wales

3.6 In response to Members' comments, the Minister and her officials made the following points:

- There was a role for optometrists in referring patients directly to secondary care services but it was important that GPs were kept informed during this process.
- Optometrists were included on the list of potential supplementary and independent prescribers, particularly for minor conditions.
- Funding for the eye care initiative had been confirmed for the next 12 months.
- The Minister would be writing to David Melding regarding diabetic retinopathy and the NICE guidelines. A copy of the letter would be circulated to Members.

3.7 The Chair said that the Committee would want to satisfy itself that any scheme being developed offered the highest standards for patients across Wales and would be rigorously tested. She asked that officials look at the NICE guidelines on diabetic retinopathy and provide further information to the Committee.

Action

- Copy of Minister's letter to David Melding on diabetic retinopathy to be circulated.
- Further information to be provided on the status of the NICE guidelines on diabetic retinopathy.

Item 4: Guidance to Local Authorities on Charging for Domiciliary Care (11.30 - 12.05pm)

4.1 The Minister introduced the guidance, which had been issued to local authorities in July and included a section on benefits advice reinforced by the Committee's discussion in May.

4.2 Members made the following points:

- Disappointment was expressed that the work on disregards for disability benefits would not be completed for implementation by April 2003.
- The system penalised people who did not have an earned income. This was exacerbated if their income came from savings.
- The presumption against flat rate charges was welcomed, although there were acceptable exemptions. It would be helpful if the services that could be charged for on a flat rate basis were listed in the guidance.
- If capital was to be taken into account in assessing a user's resources income from it should be assessed at the Bank of England rate, and a reasonable level of capital should be totally disregarded.
- Paragraph 52 should be reworded to read, "This will mean that parents and other members of an adult user's family cannot be charged....." rather than "cannot be required to pay charges."

4.3 In response to Members' comments on the guidance, the Minister and her officials made the following points:

- The recommendation of the working group to disregard a standard percentage of disability benefits would enable an annual review and update of the standard rate rather than having to assess each case individually.
- A review of capital limits was being undertaken.
- The guidance aimed to secure a better deal for the poorest people balanced against charges to those better able to pay. As the correspondence with the Chair had explained, it was a deliberate policy choice to exempt earned income to line up with other policies on incentives to work.
- Some further examples of services that could be charged for on a flat rate basis could be included in the guidance but it was important not to give the impression of being prescriptive.
- The guidance related to the exercise of local authorities' discretion to charge under the Health and Social Services and Social Security Adjudications Act 1983, which covered charging for adult services. Services for children provided by local authorities would normally be free of charge.
- Parents and other family members of adult service users could not be required to pay charges which were properly for the service user to pay.
- Consideration could be given to whether more needed to be done to provide benefits advice to people who were seeking services.
- The paper did not say that charges would rise by 15%, but that income from charging had been rising at about that rate.

4.4 The Chair said she was disappointed that the full guidance would not be implemented before the Assembly elections in May 2003 and sought an undertaking that this work would continue as a priority and that the Committee would be kept informed of the work of the Working Group. The Minister confirmed that the Welsh Assembly Government was committed to the work.

Item 5: Minutes of 23 October 2002 *(12.05 - 12.10pm)*

Paper: HSS-18-02(min)

5.1 The minutes of 23 October were agreed. There were no matters arising.