Health and Social Care Committee

Meeting Venue:
Committee Room 1 - Senedd

Meeting date:
29 November 2012

Meeting time:
09:15

Cynulliad Cenedlaethol Cymru
National Assembly for Wales

For further information please contact:

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Committee Clerk
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Agenda

1. Introductions, apologies and substitutions

2. Inquiry into the implementation of the National Service Framework for diabetes in Wales and its future direction - Oral evidence (09.15 - 12.25)

Diabetes and Endocrinology National Specialist Advisory Group (09.15 - 10.15)
(Pages 1 - 4)
HSC(4)-32-12 paper 1
Dr Phil Evans, Chair
Dr Mike Page, Chair, Welsh Endocrine and Diabetes Society
Julie Lewis, diabetes specialist nurse lead for Wales
Professor Stephen Bain, Chair, Diabetes Research Network Wales

Diabetic Retinopathy Screening Service for Wales (10.15 - 10.45) (Pages 5 - 6)
HSC(4)-32-12 paper 2
Professor Richard Roberts

Break 10.45 - 10.55

RCN Wales (10.55 - 11.35) (Pages 7 - 11)
HSC(4)-32-12 paper 3
Lisa Turnbull, Policy & Public Affairs Adviser
Nicola Davies-Job, Acute Care Adviser

Welsh Government officials (11.35 - 12.25) (Pages 12 - 18)
HSC(4)-32-12 paper 4

David Sissling, Director General, Health, Social Services and Children
Dr Chris Jones, Medical Director NHS Wales and Deputy Chief Medical Officer

3. Motion under Standing Order 17.17 to establish a sub- committee to take evidence on The Smoke-free Premises etc. (Wales) (Amendment) Regulations 2012 (12.25 - 12.30) (Pages 19 - 21)

HSC(4)-32-12 paper 5

That the committee resolves, under Standing Order 17.17 to establish a sub-committee to take evidence on The Smoke-free Premises etc. (Wales) (Amendment) Regulations 2012;
that the remit of the sub-committee is to hear evidence, concurrently with the sub-committee established by the Enterprise and Business Committee on The Smoke-free Premises etc. (Wales) (Amendment) Regulations 2012. The sub-committee will seek to agree on the content of a joint report with the sub-committee established by the Enterprise and Business Committee to inform the Assembly's consideration of the regulations. The sub-committee will cease to exist when the Regulations have been considered by the Assembly in plenary;
that the membership of the sub-committee comprises Mark Drakeford AM, Vaughan Gething AM, Elin Jones AM, Darren Millar AM, and Lynne Neagle AM, with Mark Drakeford AM elected as a Chair.

4. Papers to note (Pages 22 - 26)

Minutes of the meetings held on 15 & 21 November

GIG CYMRU NHS WALES
Grwpiau Cynghori Arbenigol
Cenedlaethol Diabetes ac Endocrinoleg
Diabetes and Endocrinology
National Specialist Advisory Group

Chair: Dr Philip Evans MD FRCP

Diabetes Centre
Royal Glamorgan Hospital
Ynysmaerdy
LLANTRISANT
CF72 8XR

12 September 2012

Health and Social Care Committee
National Assembly for Wales
Cardiff Bay
CARDIFF
CF99 1NA

Dear Sir/Madam

Diabetes is a chronic condition affecting approximately 5% of the population (9.1% aged 16 or over). Type 2 Diabetes is linked to social deprivation and its prevalence continues to increase each year (estimated 5.2% increase per annum) due to its association with obesity (Wales has the third highest childhood obesity rate in the world), and the increasing age of the population.

The Diabetes National Service Framework (NSF) was launched in 2003 to improve the standard of care for individuals with Diabetes and implementation was due to be completed by 2013. There are 12 standards – see Appendix 1. Whilst there has been some progress against these standards there is still much to be done. The following issues have impaired progress:-

Failure to Replace Central Co-ordinator for Welsh Government

We do not know the current National picture because the last Diabetes NSF National Implementation Progress Review (demonstrating inadequate progress) was undertaken by Mrs Helen Husband (Welsh Government Lead Co-ordinator for Diabetes & Vascular Disease) in August 2009 (summary copy enclosed). Mrs Husband's seconded post with Welsh Government came to an end in 2010, and to date there has been no replacement. As a consequence there has been no single person with the required knowledge whose primary responsibility is to co-ordinate all matters pertaining to Diabetes within Welsh Government. The nature of Diabetes is such that it has relevance for most, if not all Welsh Government Departments, not only in the health sphere where it is the most common cause of blindness (working age population), amputation and end stage renal disease, and is a major cause of cardiac disease and stroke, but also departments of education, planning and transport to name but a few. This role and an appreciation of the clinical condition is crucial to co-ordinate the multi-departmental work relating to Diabetes within Welsh Government. The importance of this role, and the problems caused by its absence have been highlighted by the Diabetes National Specialist Advisory Group (NSAG - previously called All Wales Diabetes Forum) before the post was terminated and several times each year since then. It was also highlighted by the Diabetes Task and Finish Group (2011) Chaired by Professors Keen and Alberti from England.

Opportunities Lost by Inadequate Information Technology

A lack of current reliable data added to a failure to collate data already submitted from Health Boards has led directly to an inability to understand the current state of implementation of the Diabetes NSF in Wales. The lack of a National integrated patient management system cannot be underestimated.

In Scotland there has been an integrated Diabetes patient management system for over 10 years. This links primary and secondary care data, facilitates efficient and effective patient management by provision of timely information in acute or community settings, reduces duplication, enables medicines management and the measurement of hard clinical outcomes. It facilitates participation in the UK National Diabetes Audit (NDA), and allows for a local and national view on the progress of the Diabetes NSF.

In England NHS Diabetes have employed an external company (INNOVE) to prepare an annual report on the progress of Diabetes Services across the country. It combines data from a self assessment tool undertaken locally by primary and secondary care, QOF, and the NDA to produce an annual local and national report. The NSAG, with Welsh Government and INNOVE agreement, developed and circulated a modified self assessment questionnaire to replace the quarterly Welsh Government Diabetes Report. The NSAG negotiated a free 12 month trial of data compilation by INNOVE to produce a live report on the Diabetes Service in Wales, similar to the material produced in England but this was not progressed by Welsh Government.

Inadequate and Patchy Structured Diabetes Education Provision

Another key requirement of high quality Diabetes care is patient empowerment, and patient education is a pre-requisite for this. A paper reviewing the provision of Structured Diabetes Education across each Health Board in Wales was submitted by the Diabetes NSAG to Welsh Government in October 2011. The position is poor with only 2.7% of the Type 1 and 1.4% of the Type 2 Diabetic population able to access Structured Diabetes Education over the 12 month period 2010-2011. This issue has been subject to NICE guidance but has yet to be prioritised by Welsh Government or delivered by Health Boards across Wales. Health Boards have recently been asked to comment on this paper by the patient group, Diabetes UK Cymru.

Retasking and Failure to Replace Existing Service

The constriction of resources at a time when the prevalence of Diabetes continues to increase is also a significant challenge to the successful implementation of the Diabetes NSF. For example the recent in-patient audit revealed that 16-17% of acute beds across Wales are currently occupied by patients with Diabetes (higher in rehabilitation settings). The ability of hospital Diabetic Teams, in particular Diabetes Specialist Nurses (DSNs), to undertake their core duties in the face of an increasing number of in-patients is a particular concern. Vacant DSN posts are being frozen and Specialist Nurses are being asked to undertake general nursing duties on the wards. This is on a background of seeking to increase community diabetes nursing expertise, within current establishment, to promote the 'Setting the Direction' agenda. None of this is conducive to delivering the standards demanded by the Diabetes NSF by 2013.

There is clearly much work to be done to fully implement the Diabetes NSF, although the exact amount remains to be quantified. The Welsh Government has recently requested that the Diabetes NSAG submit a provisional Diabetes Delivery Plan for Wales up to 2016. This has been completed and submitted (copy available if required) but a suggested "must do" is to complete the implementation of the Diabetes NSF. This is currently being considered by Welsh Government. An

integrated Diabetes Patient Management System will be key to the successful implementation of both the NSF and Diabetes Delivery Plan particularly when faced with reducing resources. This has been accepted by Welsh Government and NWIS but will also require implementation. The IT system will enable the provision of an integrated individualised care plan which when combined with participation in Structured Diabetes Education will support patient empowerment. All of this needs to be overseen and facilitated by a Diabetes Co-ordinator possessing specialist clinical knowledge of this field, with appropriate infrastructure support and dedicated weekly sessions within Welsh Government.

Yours sincerely

Philip Evans
Chair - Diabetes NSAG for Wales

Appendix 1

1 The NHS will develop, implement and monitor strategies to reduce the risk of developing Type 2 Diabetes in the population as a whole and to reduce the inequalities in the risk of developing Type 2 Diabetes.

2 The NHS will develop, implement and monitor strategies to identify people who do not know that they have Diabetes.

3 All children, young people and adults with Diabetes will receive a service, which encourages partnership in decision making, support them in managing their Diabetes and helps them to adopt and maintain a healthy lifestyle. This will be reflected in an agreed and shared care plan in an appropriate format and language. Where appropriate, parents and carers should be fully engaged in the process.

4 All adults with Diabetes will receive high quality care throughout their lifetime, including support to optimise control of their blood glucose, blood pressure and other risk factors for developing complications of diabetes.

5 All children and young people with Diabetes will receive consistently high quality care and they, with their families and others involved in their care, will be supported to optimise the control of their blood glucose and their physical, psychological, intellectual, educational and social development.

6 All young people with Diabetes will experience a smooth transition of Diabetes care from paediatric to adult Diabetes Services, whether hospital or community-based, either directly via a young people's clinic. The transition will be organised in partnership with each individual and at an age appropriate to and agreed with them.

7 The NHS will develop, implement and monitor agreed protocols for rapid and effective treatment of Diabetic emergencies by appropriately trained healthcare professionals. Protocols will include the management of acute complications and procedures to minimise the risk of recurrence.

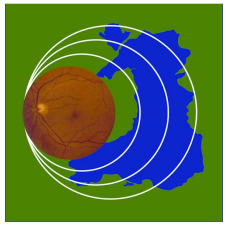
8 All children, young people and adults with Diabetes admitted to hospital, for whatever reason, will receive effective care of their Diabetes. Wherever possible, they will continue to be involved in decisions concerning the management of their Diabetes.

9 The NHS will develop, implement and monitor policies that seek to empower and support women with pre-existing Diabetes and those who develop Diabetes during pregnancy to optimise the outcomes of their pregnancy.

10 All young people and adults with Diabetes will receive regular surveillance for the long term complications of Diabetes.

11 The NHS will develop, implement and monitor agreed protocols and systems of care to ensure that all people who develop long-term complications of Diabetes receive timely, appropriate and effective investigation and treatment to reduce the risk of disability and premature death.

12 All people with Diabetes requiring multi-agency support will receive integrated health and social care.



Health and Social Care Committee

HSC(4)-32-12 paper 2

Inquiry into the implementation of the National Service Framework for Diabetes and its future direction - Diabetic Retinopathy Screening Service for Wales

.Diabetes is affecting increasing numbers of people in the UK and the burden of serious complications and their sequelae can be considerable both for the individual concerned and the health service in general. Many aspects of these complications can be limited, even prevented in some instances, with good early management of the condition.

Diabetes healthcare services are delivered by a wide range of professionals, spanning all sectors of the Health Service in diverse locations. Because the outcomes of diabetes care depend on the integrated involvement of so many distributed components of the health services, effective clinical quality performance monitoring poses particular challenges.

The priority is to see services from the patient's perspective and to making changes designed to improve patient experience.

The duty is to provide high quality care in a friendly and supportive environment that recognises respects and protects their rights and dignity and meets their needs in the best ways possible.

Diabetic Retinopathy is the most common form cause of blindness amongst the working age adults in the UK..

Many people will be asymptomatic until the disease is very advanced. After 20 years from onset of diabetes, more than 60% of people with type 2 diabetes will have diabetic retinopathy. In people with type 2 diabetes, Maculopathy is the major cause of vision loss.

The risk of visual impairment and blindness is substantially reduced by a care programme that combines methods for early detection with effective treatment of diabetic retinopathy. The key issue in screening for diabetic retinopathy is to identify those people with sight-threatening retinopathy who may require preventative treatment. Early detection of sight threatening retinopathy and treatment with laser therapy can help prevent sight loss. Currently all eligible people with diabetes aged 12 and over are offered routine, annual screening invitations, based on UK NSC guidance.

Diabetic Retinopathy Screening Service for Wales (DRSSW) was designed as a community based service to give reasonable and equitable access to all eligible

persons with diabetes in Wales. The screening methodology used is specific and sensitive for detecting and grading retinopathy, including maculopathy. The service was commissioned in July 2002 by Welsh Government as part of the Welsh Eye Care Initiative (WECI) risk reduction programme and a vital element of The Diabetes National Service Framework (NSF).Other lesions can be detected and are also referred appropriately. The service operates under the standards set by the UK National Screening Committee (NSC).

Furthermore, diabetes has a predilection for vulnerable and disadvantaged sections of society so it is essential to ensure not to inadvertently exclude those who are not accessing services satisfactorily.

Screening and treatment for diabetic retinopathy will not eliminate all cases of sight loss, but it can play an important part in minimising the numbers of patients with sight loss due to retinopathy.

Every eligible, registered person with diabetes in Wales is invited for retinal screening. The service is community based, delivering from clinics sites that are chosen to allow all patients reasonable and equitable access.

Response from Diabetic Retinopathy Screening Service for Wales

Coleg Nyrsio Brenhinol Cymru
Royal College of Nursing Wales

Response of the Royal College of Nursing in Wales to the National Assembly for Wales Health and Social Care Committee Inquiry into the implementation of the National Service Framework for Diabetes in Wales and its future direction – 21st September 2012

TOR: To examine the progress made on implementing the NSF for Diabetes in Wales across the local health boards and its adequacy and effectiveness in preventing and treating diabetes in Wales. The Committee will also consider potential future actions that are required to drive this agenda forward

ABOUT THE ROYAL COLLEGE OF NURSING (RCN)

The RCN is the world's largest professional union of nurses, representing over 400,000 nurses, midwives, health visitors and nursing students, including over 23,000 members in Wales. The majority of RCN members work in the NHS with around a quarter working in the independent sector. The RCN works locally, nationally and internationally to promote standards of care and the interests of patients and nurses, and of nursing as a profession. The RCN is a UK-wide organisation, with its own National Boards for Wales, Scotland and Northern Ireland. The RCN is a major contributor to nursing practice, standards of care, and public policy as it affects health and nursing.

The RCN represents nurses and nursing, promotes excellence in practice and shapes health policies.

Background Information

There are 160,000 people with diabetes in Wales. Approximately, 16,000 (10%) have Type 1 diabetes and 144,000 (90%) have Type 2. This equates to 5.0% of the population. 1,373 children and young people have diabetes (97% have Type 1 and 3% Type 2).

There are two main types of diabetes: Type 1 and Type 2. Type 1 diabetes is most commonly diagnosed in childhood or in young adults but can occur at any age. Without insulin the condition is usually fatal and those with diabetes must therefore self-inject insulin. Insulin must be carefully balanced to prevent the blood glucose being too high which raises the risk of life-threatening and disabling complications and to prevent the blood glucose being too low which may cause life-threatening hypoglycaemia. Those with type 1 diabetes must learn these balancing skills themselves.

Type 2 diabetes can progress slowly and with no obvious symptoms. Herein lies one of its grave dangers: at the time of diagnosis, around half of people with type 2 diabetes have unwittingly sustained tissue damage. In cases where blood glucose control is not being achieved through diet, weight control and exercise, treatment with oral medication will commence. Ultimately, people with poor control of their type 2 diabetes will progress to insulin treatment. 20% of people manage on diet and exercise alone. 80% take medication: 50% take hypoglycaemic agents and 30% take insulin.

Diabetes costs NHS Wales £500m each year. This equates to 10% of the total NHS Wales budget. At the current rate of increase in prevalence, it will cost £1bn by 2025. The vast majority of the cost is due to diabetes complications, which account for 80% of the total.

Information from Diabetes UK Cymru

Introduction

RCN Wales welcomes the opportunity to respond to the Committee on this topic. Diabetes is one of the most prevalent chronic conditions in Wales and the benefits that could be achieved from its effective management are significant. This is true whether viewed from the perspective of the release of the general population's capacity resulting from better management or from the perspective of reducing activity and spend of the NHS on responding to higher lever complex need.

We have chosen to briefly outline our view of the most significant areas that need improvement to implement the NSF effectively. We would be happy to expand on these areas in oral or further evidence if requested by the Committee.

Public Health

Prevention Strategies for diabetes need to be designed with and implemented alongside those for cardiac and stroke.

The relationship of poverty to poor public health must be acknowledged in any strategy. Individual choice and responsibility is an important factor but the limits of finance, time knowledge and access to resources (such as healthy food, leisure facilities etc) should be considered. There have been excellent projects looking at healthy families and healthy schools. The RCN has made a number of policy suggestions in this field from ensuring cooking skills are prominent in the curriculum to reducing the levels of salt and sugar in processed food. We are happy to elaborate on these if the Committee is interested. These need to be practical and change habits of a life time. Building on the Olympic successes may encourage children to be active and healthy eating.

How to identify those at risk of diabetes is key to transforming the health of the population. Public health nurses are key. Again this needs to link to other plans Quality Outcome Framework (QOF) and the cardiovascular plans of the Health Boards.

Making Best Use of a Specialist Workforce

RCN Wales is concerned that some Health Boards in Wales are asking Diabetes Specialist Nurses and Paediatric Diabetes Specialist Nurses to return to work on general hospital wards for an increasing part of their working week. This is part of a general move to try to backfill the sickness and maternity cover of ward staff and avoid replacing the posts of the ward staff who leave. Role modelling and teaching is part of the role of the specialist nurse but this policy is leading to patient case load being less well managed, nurse lead clinics being cancelled and people with diabetes not being supported fully. In short the whole financial and patient benefit of employing a specialist nurse is being undermined increasing the reliance on medical consultants and likelihood of an unmanaged patient condition escalating. The work demands of the specialist nurses are not being covered and nurses not being appointed to fill the posts of individuals who have left.

The paediatric diabetes specialist nurses (PDSNs) are actively involved in the problems faced by diabetic children at school and along with school nurses play a large part in the management of diabetes in supporting students and their families. The RCN is concerned by the numbers of patients some PDSNs support. Guidelines suggest PDSA case load is 1 whole time equivalent for 75 children. The RCN has learned that one PDSN in North Wales currently supports over 120 children. The needs for children and their families are complex specifically with the advancement of treatments like insulin pumps which require support for education and increase in cost. We have supplied with this evidence a copy of the 2006 RCN professional guidance on this issue.

Patient Education

The RCN believes that patient education for Type 1 and Type 2 Diabetes is essential to improving Diabetes care in Wales. Currently in Wales delivery of patient education is patchy.

It appears that one particular structured programme is used in Wales at the moment which LHBs must pay to access. This cost, alongside the apparently limited number of professionals which are trained to deliver the education programme, is apparently being used by LHBs as a reason not to deliver patient education in diabetes at all.

The RCN would like to see equitable delivery of a structured education programme across all Health Boards in Wales for people with Diabetes and we would strongly recommend the Committee make detailed enquiry of the LHBs on this issue.

Education for Healthcare Professionals

Education for patients is linked to education for health care professionals. We are particularly concerned as to the advice and support a newly diagnosed person with diabetes might receive from their General Practice. The LHBs should take responsibility and be able to demonstrate the quality of service through healthcare education.

The RCN would like to see accessible education on diabetes for general health professionals from emergency care and unscheduled care through to hospital care, primary care including practice nurses and wider community nurses.

A suggested model to follow is the Stroke-specific education framework which has a mapped pathway of courses available for health professionals at all levels.

Some Health Boards and Welsh Universities have developed local education including e learning material in the safe use of insulin and a Masters Degree modules to up skill clinicians. This should be mapped out in Wales so professionals can see the education needed within their level of practice and work area.

The RCN is currently developing a specific diabetes section within its own learning zone.

It must be recognised that many LHBs have responded to the need for financial savings by refusing to allow nurses and HCSWs access to Continuing Professional Development (their concern being the cost of backfill rather than the training itself). Innovative training methods can assist in reducing this pressure but quality of care requires a commitment to invest in the people delivering the care.

A 'Joined-Up' Service Required

The RCN in Wales would like to see a greater engagement in multidisciplinary and multi organisational working on diabetes. This could prevent wasted duplication of effort and finance and prevent emergencies and even deaths. For example there is currently no joined up system between Welsh Ambulance Service Trust and Hospital or primary care diabetes services. If there is a emergency ambulance call by a person with blood glucose of less than 4 the person maybe treated but no follow up appointment can be booked or education given to prevent a reoccurrence.

Health & Social Care Committee

HSC(4)-32-12 paper 4

Inquiry into the implementation of the National Service Framework for Diabetes in Wales and its future direction

Purpose

1. This paper provides evidence for the Health & Social Care Committee's inquiry into the implementation of the National Service Framework for diabetes in Wales and its future direction.

2. The evidence paper looks at:
    - The Welsh Government's leadership in implementing the National Service Framework for diabetes in Wales;
    - Future direction for diabetes care in Wales; and
    - Supporting diabetes care through Public Health activity.

Background

3. The Diabetes National Service Framework (NSF) standards were launched in Wales in April 2002. This sets 12 standards the NHS in Wales are required to implement by 2013 (see annex for list of NSF standards).

4. The National Service Framework for Diabetes in Wales: Delivery Strategy was launched in March 2003. The NSF Delivery Strategy is a ten year plan that sets out national objectives against which NHS performance can be judged.

5. In 2006, an All Wales Consensus Group was established consisting of health care professionals, managers and service users associated with diabetes care. Sub-groups were identified to develop guidelines for each of the 12 NSF standards. These guidelines were published in 2008.

6. In 2006, NICE produced Technology Appraisal Guidance on the provision of structured patient education to people with diabetes to promote effective self care.

7. A Diabetes Task and Finish Group was set up in 2010 to look at an integrated service model for high clinical value, cost effective diabetes care across Wales based on: prevention; treatment and self management; primary, community and secondary care; and work already underway across Wales to improve the management of chronic conditions. The Group recommended a joint working model between primary and secondary care to provide core services to patients within the community through Community Clinics and Community Pharmacies.

8. In 2010, each Health Board was required to establish a Diabetes Planning and Delivery Group to develop and oversee local delivery plans to map the journey to compliance with the NSF by 2013,, reporting to the Board on progress.

Monitoring of the Diabetes NSF

9. The collection and reporting of information related to monitoring progress towards implementation of the Diabetes NSF is the responsibility of the individual LHBs.

10. Between 2003 and 2010, the Welsh Government received quarterly progress updates on the implementation of the Diabetes NSF from the LHBs.

11. A major review of progress towards implementation of the Diabetes NSF was conducted by the Welsh Government in 2010/11. The review collated all the progress report information from each LHB and identified weaknesses in their monitoring processes.

12. To address the monitoring process issues, the Welsh Government developed a Diabetes NSF self assessment tool and issued it to all LHBs. As part of the 2010/11 review, the Welsh Government requested that all LHBs submit a completed self assessment to gain a clearer picture of progress towards implementation of the Diabetes NSF across Wales.

13. The self assessment tool also included sections for LHBs to monitor their progress towards implementing the NICE Technology Appraisal Guidance on structured patient education to people with diabetes to promote effective self care.

14. Following this review, the Welsh Government provided individual feedback to all the LHBs in July 2011, identifying progress and highlighting issues which needed to be addressed.

15. From 2011, LHBs have been able to utilise the self-assessment tool to monitor their progress towards full implementation of the Diabetes NSF by 2013.

16. As part of a formal monitoring process, the Welsh Government currently holds LHBs to account through the performance measures set for the effective management of chronic conditions set out in the Annual Quality Framework.

Implementation of the Diabetes NSF – current situation

17. As at July 2011, implementation of the Diabetes NSF was variable across the LHBs.

18. The review process also highlighted common areas of weakness across Wales in relation to the full implementation of the Diabetes NSF, and the NICE guidance on provision of structured patient education. The specific areas were:
    - The implementation of comprehensive structured education for diabetes patients as required by NICE Technology Appraisal Guidance;
    - Training for staff to support personalised care planning;
    - Effective sharing of information between all diabetes care providers;
    - Involvement of patient in developing and implementing personalised care plans;
    - Effective audit of diabetes care, especially complications arising from diabetes;
    - Effective inpatient processes to deal with diabetes patients; specifically access to multidisciplinary care; and
    - Effective delivery of structured patient education.

    Actions currently underway to address these areas are set out in the next section.

19. In addition to giving essential information on the delivery of the Diabetes NSF, and highlighting key actions that individual LHBs need to complete over the next two years, the review set the basis for further development of diabetes care in Wales.

Current support for delivery of Diabetes NSF and NICE guidelines

National Diabetes Audit

20. LHBs have since 2007 taken part in the National Diabetes Audit (NDA), the world's largest published audit, enabling them to compare their delivery of diabetes care against other providers in Wales and England. The NDA includes data from both primary and secondary care participants and provides overall, sequential and comparative information at General Practice, hospital, Primary Care Trust (PCT), LHB, regional and national levels. NDA also produces reports based exclusively on data from specialist paediatric units providing care for children and young people with diabetes.

21. Welsh participation in the audit process has been improving, with over 80% of GPs signing up for participation in this year's Diabetes Primary Care audit. With the significant level of participation in the NAO, it will provide diabetes care providers in Wales with comparative data on delivery of their services against Diabetes NSF standards and NICE guidelines.

Information sharing and IT

22. NHS Wales Informatics Service (NWIS) is finalising plans on the development of an integrated national diabetes patient management system, which will provide timely access to accurate, current clinical information critical for the efficient and effective management of people

with diabetes, as well as effective service planning and delivery within the NHS.

Supporting diabetes care through Public Health activity

Diabetes and Obesity, Diet and Physical Activity

23. Simple lifestyle measures have been shown to be effective in preventing or delaying the onset of type 2 diabetes. This includes:
    - achieving and maintaining healthy body weight;
    - being physically active;
    - eating a healthy diet.
24. We have seen a slow down in rising obesity rates since 2007. However there is no room for complacency. We need to keep the momentum going to prevent thousands of adults and children facing deteriorating health and a lower quality of life and government facing spiralling health and social care costs. The main avoidable risk factor for Type 2 diabetes is being overweight or obese. A number of policies and programmes are in place.

25. An **All Wales Obesity Pathway** has been developed which sets out a tiered approach for the prevention and treatment of obesity, from community based prevention and early intervention to specialist medical and surgical services. Directors of Therapies and Health Science and Directors of Public Health, working jointly with Local Authorities and other key stakeholders, have mapped local policies, services and activity for both children and adults against four tiers of intervention and identified gaps and are implementing local solutions.

26. The **Change4Life W**ales social marketing campaign was launched in March 2010 as part of the Welsh Government's broader response to help the people of Wales achieve and maintain a healthy body weight; to eat well, move more and live longer. The overall objective is to encourage and support families and adults to make small, incremental changes to their lifestyles in terms of their diet and physical activity levels in order to reduce the risk of suffering from the negative outcomes of being overweight. It is also targeting adults with messages about alcohol. Over 43,000 families and adults have signed up to the programme to date.

27. A comprehensive package of health improvement programmes is in place to support people to eat healthily and be physically active. These include:
    - The National Exercise Referral Scheme which enables GP's to refer at risk patients, including those with diabetes. Protocols for patients with diabetes and obesity have been developed and additional training has been provided for instructors.
    - Funding LHBs to increase dietetic capacity in the community through utilising dietician's expertise to train and develop community workers and / or peer educators, volunteers working with children and young people and older people in the community on food and nutrition skills.

- MEND, a community, family based programme for overweight and obese children aged between 5-13 and their families. The multi-disciplinary programme places equal emphasis on healthy eating, physical activity and behavioural change, empowering the child, building self confidence and personal development.

Future direction for diabetes care in Wales

Diabetes Delivery Plan:

28. As outlined in Together for Health – A Five Year Vision for the NHS in Wales, it is the intention to deliver a more outcome focused approach in all major service areas through service delivery plans. Using the work of the expert Task and Finish Group set up by the former Minister for Health and Social Services, the Welsh Government are developing a Diabetes Delivery Plan to direct and guide Local Health Board activity for the period up to 2016. The Diabetes Delivery Plan for NHS Wales will set out new Welsh Government commitments to the public for diabetes care in Wales and will support the delivery of service standards set out in the Diabetes NSF. The Diabetes Delivery Plan will be issued for consultation at the end of this year and will address this Government's commitments for diabetes care up to 2016.

29. The Diabetes NSF set a number of standards for diabetes care that are still relevant, and it remains the aim of the Welsh Government to have these fully implemented by 2013. Following the Welsh Government review of progress in 2010/11, it recognised that achieving the full implementation of the Diabetes NSF across Wales by 2013 would be very challenging. The Diabetes Delivery Plan will re-confirm the Welsh Government's commitment to achieving the standards set out in the Diabetes NSF and, through setting up an all Wales implementation group to deliver clear leadership and focusing on delivering measurable patient outcomes, it aims to re-invigorate the process of delivering these key standards.

30. In addition to re-affirming this Government's commitment to the implementation of the Diabetes NSF, NICE guidelines and NDA recommendations, the document will look to address further the areas of weakness highlighted in the diabetes review of 2010/11.

31. The delivery plan will set in place a new monitoring structure, supported by a small set of population outcome indicators and NHS assurance measures designed to measure the effectiveness of diabetes care and their impact on health in Wales.

32. To support the delivery and monitoring of the Diabetes Delivery Plan, the Wales Diabetes Implementation Group will have as its remit to:
    - Provide a co-ordinated all Wales approach to supporting NHS Wales;
    - Facilitate the sharing and promulgation of best practice across Wales;
    - Identify constraints and solutions to specific clinical and operational issues; and

- Provide the Welsh Government with intelligience on local issues and progress towards implementation.

33. As part of the delivery plan, an all Wales Diabetes Implementation Group will be established to provide strong and joined-up leadership and oversight and to co-ordinate actions in a strategic way.

34. A key as aspect of the delivery plan will be the focus on putting the patient at the heart of service delivery, and the delivery of structured education. Structured patient education should be made available to all people with diabetes at the time of initial diagnosis and then as required on an ongoing basis, based on a formal, regular assessment of need.

35. The Welsh Government is aware that the current take up of structured education in Wales is low, and action needs to be taken to ensure that this vital part of diabetes care is delivered effectively.

Annex

National Service Framework for Diabetes in Wales

Standards table

Prevention of Type 2 diabetes	Standard 1 The NHS will develop, implement and monitor strategies to reduce the risk of developing Type 2 diabetes in the population as a whole and to reduce the inequalities in the risk of developing Type 2 diabetes.
Identification of people with diabetes	Standard 2 The NHS will develop, implement and monitor strategies to identify people who do not know they have diabetes.
Empowering people with diabetes	Standard 3 All children, young people and adults with diabetes will receive a service which encourages partnership in decision-making, supports them in managing their diabetes and helps them to adopt and maintain a healthy lifestyle. This will be reflected in an agreed and shared care plan in an appropriate format and language. Where appropriate, parents and carers should be fully engaged in this process.
Clinical care of adults with diabetes	Standard 4 All adults with diabetes will receive high-quality care throughout their lifetime, including support to optimise the control of their blood glucose, blood pressure and other risk factors for developing the complications of diabetes.
Clinical care of children and young people with diabetes	Standard 5 All children and young people with diabetes will receive consistently high-quality care and they, with their families and others involved in their day-to-day care, will be supported to optimise the control of their blood glucose and their physical, psychological, intellectual, educational and social development.
	Standard 6 All young people with diabetes will experience a smooth transition of care from paediatric diabetes services to adult diabetes services, whether hospital or community-based, either directly or via a young people's clinic. The transition will be organised in partnership with each individual and at an age appropriate to and agreed with them.
Management of diabetic emergencies	Standard 7 The NHS will develop, implement and monitor agreed protocols for rapid and effective treatment of diabetic emergencies by appropriately trained health care professionals. Protocols will include the management of acute complications and procedures to minimise the risk of recurrence.
Care of people with diabetes during admission to hospital	**Standard 8** All children, young people and adults with diabetes admitted to hospital, for whatever reason, will receive effective care of their diabetes. Wherever possible, they will continue to be involved in decisions concerning the management of their diabetes.
Diabetes and pregnancy	Standard 9 The NHS will develop, implement and monitor policies that seek to empower and support women with pre-existing diabetes and those who develop diabetes during pregnancy to optimise the outcomes of their pregnancy.
Detection and management of long-term complications	Standard 10 All young people and adults with diabetes will receive regular surveillance for the long-term complications of diabetes.
	Standard 11 The NHS will develop, implement and monitor agreed protocols and systems of care to ensure that all people who develop long-term complications of diabetes receive timely, appropriate and effective investigation and treatment to reduce their risk of disability and premature death.
	Standard 12 All people with diabetes requiring multi-agency support will receive integrated health and social care.

Health and Social Care Committee

HSC(4)-32-12 paper 5

Motion to establish a sub-committee to consider The Smoke-free Premises etc. (Wales) (Amendment) Regulations 2012 – Procedural note

1. Members are aware of correspondence from the Minister for Finance and Leader of the House asking the Chairs of the Enterprise and Business and Health and Social Care Committees to consider further evidence on the Smoke-free Premises etc. (Wales) (Amendment) Regulations 2012.

Background

2. The Smoke-free Premises etc. (Wales) (Amendment) Regulations 2012 were laid on Wednesday 18 July 2012. Debate of these regulations has been postponed to allow the Enterprise and Business Committee and the Health and Social Care Committee to further consider the evidence.

3. The Minister for Finance and Leader of the House has invited the two Committees to meet in joint session to take evidence and produce a single report on their conclusions. Standing Orders do not make provision for the establishment of a joint committee, or for committees to meet jointly, but under Standing Order 17.53 committees of the Assembly are able to meet *concurrently*. In effect, this allows more than one committee to hear the same evidence whilst continuing to be separately constituted.

4. Both committees have agreed[1] to undertake this work concurrently, and that it is neither practical nor proportionate to expect all 20 Members to participate. Both committees are being invited today to establish a sub-committee of 5 members each. Both sub-committees will work together to seek evidence and publish their findings in one report. The sub-committees will cease to exist when the regulations have been considered by the Assembly in plenary.

5. Standing Order 17.17 requires the resolution to establish a sub-committee to set out its membership, chair, remit and duration.

Action

6. The Committee is invited to agree the following motion:

That the committee resolves, under Standing Order 17.17 to establish a sub-committee to take evidence on The Smoke-free Premises etc. (Wales) (Amendment) Regulations 2012;

that the remit of the sub-committee is to hear evidence, concurrently with the sub-

[1] Both Committees considered the matter on 17 October 2012.

committee established by the Enterprise and Business Committee on The Smoke-free Premises etc. (Wales) (Amendment) Regulations 2012. The sub-committee will seek to agree on the content of a joint report with the sub-committee established by the Enterprise and Business Committee to inform the Assembly's consideration of the regulations. The sub-committee will cease to exist when the Regulations have been considered by the Assembly in plenary;

that the membership of the sub-committee comprises Mark Drakeford AM, Vaughan Gething AM, Elin Jones AM, Darren Millar AM, and Lynne Neagle AM, with Mark Drakeford AM elected as a Chair.

Frequently Asked Questions:

Why are two sub-committees being established?

See paragraphs 3 and 4 above.

Why have party groups been consulted on sub-committee nominations?

There is no requirement under Standing Order 17.17 for sub-committees to reflect party balance, and it is for the Committee concerned to decide the sub-committee membership and chair. However, given the nature of this joint scrutiny exercise, and the provisions of Standing Order 17 in relation to the balance of political groups, groups have been invited to nominate membership for each of the 5 member sub-committees in such a way that it results in overall party balance (i.e. 5 Labour members, 2 Conservative members, 2 Plaid Cymru members and 1 Liberal Democrat member in total). Groups have now informed clerks of the nominations for the two sub-committees.

Why are both Committees electing sub-committee chairs?

As the two 5-member sub-committees will remain as separate entities and each will report back to its respective parent committee, each sub-committee will have its own chair, as required by Standing Order 17.17.

Who will chair the concurrent meetings of the two sub-committees?

It is a matter for the two sub-committee chairs to decide between themselves and advise the clerk which of them will chair the concurrent meetings. The nominated sub-committee Chairs will alternate the chairing of the concurrent meetings by their own agreement.

How will the output(s) of the concurrent meetings be agreed?

The outputs of the concurrent meetings will be a matter for the 10 members as a whole to consider when they meet. Any report(s) will be referred back to the respective parent committees for ratification in accordance with SO 17.19.

What is the timetable for this work?

The two sub-committees will be able to meet concurrently on Wednesday 5 December to consider and agree terms of reference, a written consultation exercise, a witness schedule and a provisional timetable. The Minister's letter of 5 November notes that "given the interest shown both within and outside the Senedd, it would be very helpful to complete the work as soon as possible." All available slots within the business timetable will be considered for use by the two sub-committees to take evidence and agree a report as soon as possible in the spring term.

Committee Service
November 2012

Agenda Item 4

Health and Social Care Committee

Meeting Venue:	**Committee Room 1 – Senedd**
Meeting date:	**Thursday, 15 November 2012**
Meeting time:	**09:30 – 14:05**

Cynulliad Cenedlaethol Cymru
National Assembly for Wales

This meeting can be viewed on Senedd TV at:
http://www.senedd.tv/archiveplayer.jsf?v=en_200000_15_11_2012&t=0&l=en

Concise Minutes:

Assembly Members:	**Mark Drakeford (Chair)** **Mick Antoniw** **Rebecca Evans** **William Graham** **Elin Jones** **Lynne Neagle** **Lindsay Whittle** **Kirsty Williams**
Witnesses:	**Mair Davies, Royal Pharmaceutical Society** **Marc Donovan, Community Pharmacy Wales** **Paul Gimson, Royal Pharmaceutical Society** **Russell Goodway, Community Pharmacy Wales** **Jason Harding, Diabetes UK** **Dr Ian Millington, British Medical Association** **Dr Aled Roberts, Association of British Clinical Diabetologists** **Dr Mark Temple, British Medical Association** **Dai Williams, Diabetes UK** **Dr Meurig Williams, Royal College of Physicians**
Committee Staff:	**Llinos Dafydd (Clerk)** **Catherine Hunt (Deputy Clerk)** **Philippa Watkins (Researcher)**

1. Introductions, apologies and substitutions

1.1 Apologies were received from Vaughan Gething and Darren Millar. There were no substitutions.

2. Inquiry into the implementation of the NSF for diabetes in Wales and its future direction – Oral evidence

2a. Diabetes UK Cymru

2.1 The witnesses responded to questions from members of the Committee.

2b. Royal College of Physicians, Association of British Clinical Diabetologists, and British Medical Association

2.2 The witnesses responded to questions from members of the Committee.

2.3 Dr Temple agreed to provide a note for the Committee on the reduction in the number of public health doctors in Wales over recent years.

2c. Royal Pharmaceutical Society and Community Pharmacy Wales

2.4 The witnesses responded to questions from members of the Committee.

2.5 Mr Gimson agreed to share with the Committee a paper on the results of pharmacists providing structured education for diabetes patients.

3. Papers to note

Forward Work Programme – November to December 2012

3.1 The Committee noted the paper.

3.2 The Committee agreed to seek time early in 2013 to meet with the National Clinical Forum, the Wales Deanery and other national organisations to continue its consideration of health board service reconfiguration plans.

Correspondence from Mick Antoniw AM on the Recovery of Medical Costs for Asbestos Diseases (Wales) Bill

3.3 The Committee noted the letter.

3.4 Mick Antoniw informed the Committee that, as the Member in Charge of the Bill, he would not attend the Committee sessions at which the Bill would be considered.

Correspondence from the Leader of the House on the Smoke Free Premises (Amendment) (Wales) Regulations

3.5 The Committee noted the letter.

4. Motion under Standing Order 17.42(vi) to exclude the public from this meeting for item 5 and for the meeting on 21 November for item 1

4.1 The Committee agreed the Motion.

5. Inquiry into Residential Care for Older People – Consideration of draft report

5.1 The Committee considered the draft report and agreed to schedule a session to consider it again on 21 November.

TRANSCRIPT

View the meeting transcript.

Health and Social Care Committee

Meeting Venue:	**Committee Room 1 - Senedd**
Meeting date:	**Wednesday, 21 November 2012**
Meeting time:	**09:15 - 12:00**

Cynulliad Cenedlaethol Cymru
National Assembly for Wales

This meeting can be viewed on Senedd TV at:
http://www.senedd.tv/archiveplayer.jsf?v=en_200000_21_11_2012&t=0&l=en

Concise Minutes:

Assembly Members:	**Mark Drakeford (Chair)** **Mick Antoniw** **Rebecca Evans** **Vaughan Gething** **William Graham** **Elin Jones** **Darren Millar** **Lynne Neagle** **Lindsay Whittle**
Witnesses:	**Dr Sharon Hopkins, Cardiff and Vale University Health Board** **Dr David Minton, Aneurin Bevan Health Board** **Dr Leo Pinto, Aneurin Bevan Health Board** **Dr Hugo van Woerden, Public Health Wales**
Committee Staff:	**Llinos Dafydd (Clerk)** **Catherine Hunt (Deputy Clerk)** **Stephen Boyce (Researcher)** **Philippa Watkins (Researcher)**

1. Inquiry into Residential Care for Older People - Consideration of draft report

1.1 The Committee considered and agreed the draft report.

2. Introductions, apologies and substitutions

2.1 Apologies were received from Kirsty Williams. There was no substitute.

3. Inquiry into the implementation of the National Service Framework for diabetes in Wales and its future direction – Oral evidence

Health Boards

3.1 The witnesses responded to questions from members of the Committee.

3.2 Dr Hopkins agreed to provide information in writing on the specific actions she would recommend to prevent diabetes and its complications.

Public Health Wales and 1000 Lives Plus

3.3 Dr van Woerden responded to questions from members of the Committee.

4. Papers to note

Letter from the Deputy Minister for Children and Social Services – Continuing NHS Healthcare arrangements

4.1 The Committee noted the letter.

Letter from the Minister for Health and Social Services on the Human Transplantation (Wales) Bill

4.2 The Committee noted the letter.

TRANSCRIPT
View the meeting transcript.