

## Petitions Committee

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Meeting Venue:  
**Committee Room 1 – Senedd**

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Meeting date:  
**4 February 2014**

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Meeting time:  
**09:00**

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Cynulliad  
Cenedlaethol  
Cymru

National  
Assembly for  
Wales



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### Agenda

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#### **1 Introduction, apologies and substitutions**

#### **2 New petitions (9.00 – 9.30)**

- 2.1 P-04-532 Improving specialised neuromuscular services in Wales (Pages 1 - 34)
- 2.2 P-04-533 Environmental Planning for Small Scale Wind Turbine Sites (Page 35)
- 2.3 P-04-534 A campaign to secure CARDIGAN HOSPITAL (Page 36)

#### **3 Updates to previous petitions (9.30 – 10.30)**

##### **Health**

##### **The following five items will be considered together**

- 3.1 P-04-367 Save our Hospital Services (Page 37)
- 3.2 P-04-394 Save our Services – Prince Philip Hospital (Page 38)
- 3.3 P-04-430 Proposed closure of Tenby Minor Injuries Unit (Page 39)
- 3.4 P-04-431 Against Health Cuts from the Residents of Pembrokeshire (Page 40)
- 3.5 P-04-455 Save Prince Phillip Hospital A&E (Pages 41 - 47)

3.6 P-04-502 Wellbeing Centre for Wales (Pages 48 - 50)

### **Natural Resources and Food**

3.7 P-04-385 Petition regarding balloon and lantern releases (Pages 51 - 55)

3.8 P-04-445 Save our Welsh cats & dogs from death on the roads (Pages 56 - 66)

### **Culture and Sport**

3.9 P-03-263 List Stradey Park (Pages 67 - 74)

3.10 P-04-509 Save the Welsh National Tennis Centre (Pages 75 - 108)

### **Housing and Regeneration**

3.11 P-04-365 Protect buildings of note on the Mid Wales (Pages 109 - 110)

### **Local Government and Government Business**

3.12 P-04-397 Living Wage (Pages 111 - 112)

### **Economy, Science and Transport**

3.13 P-04-446 Business Rate Relief for Welsh Charity Shops (Pages 113 - 114)

### **The following three items will be considered together**

3.14 P-04-475 Wanted - Buses for Meirionnydd (Page 115)

3.15 P-04-513 Save the Wrexham/Barmouth X94 bus service (Page 116)

3.16 P-04-515 Increase Funding for Welsh Bus Services (Pages 117 - 133)

### **Education**

3.17 P-04-498 To get Wales educated (Page 134)

3.18 P-04-499 Kick Start The Welsh Language Curriculum (Pages 135 - 137)

## **4 Motion under Standing Order 17.42 to resolve to exclude the**

**public from the meeting for the following business:**

Item 5

- 5 Discussion on the Forward Work Programme (10.30– 11.00)**  
(Pages 138 - 142)

# Agenda Item 2.1

## **P-04-532 Improving specialised neuromuscular services in Wales**

### **Petition wording:**

We call on the National Assembly for Wales to urge the Welsh Government to ensure that Health Boards implement the investment proposed by the Welsh Neuromuscular Network Vision Document for improving specialised neuromuscular services in Wales.

### **Additional Information:**

The Welsh Neuromuscular Network is recommending the following priority developments: 1. Increase in Family Care Advisors and support. 2. Specialist adult neuromuscular physiotherapists. 3. Appointment of consultant in adult neuromuscular disease. 4. Increase in clinical psychology. 5. An equipment budget to enable minor purchases and lease arrangements.

**Petition raised by:** Muscular Dystrophy Campaign

**Date Petition first considered by Committee:** 4 February 2014



## **P-04-532 Improving Specialised Neuromuscular Services in Wales – Correspondence from Petitioner to Clerking Team**

### **Welsh Neuromuscular Network - The development of neuromuscular services in Wales**

#### **Summary**

Patients with neuromuscular condition have specialist and complex care needs. They typically require support from a number of sectors and are vulnerable in terms of their health and risk of falling between services. Evidence confirms lack of / inequity of access to services, treatments and support. This is compounded by sub-optimal understanding across services regarding patient and family needs, even at the most basic levels.

The Muscular Dystrophy Campaign has presented a strong case that investment in neuromuscular services would improve outcomes and experiences whilst also realising savings across the wider health economy.

#### **Background**

It is estimated that there are 3,400 people affected by neuromuscular conditions in a Wales. These are typically life threatening, complex multi system disorders. Effective care requires input from health, social services and third sector providers coordinated by specialist multidisciplinary teams. With the exception of a small number of acquired conditions, there are no known effective treatments or cures.

A number of reviews of Welsh Neuromuscular services have consistently highlighted a shortfall in service provision. One outcome was the establishment of the Welsh Neuromuscular Network (WNMN) in 2011.

The WNMN consists of interested clinicians and service user representatives from across Wales supported by the Planning Directorate of Aneurin Bevan Health Board. It operates to a discrete terms of reference and has no funded posts.

The WNMN has reviewed and evaluated existing services. The details of this are presented in the "Vision document of the Wales Neuromuscular Network". This briefing provides an executive summary.

#### **Patient experience**

Sadly, there a many stories from patients and family members that highlight:

- Lack of access to specialist neuromuscular clinicians including medical, nursing, physiotherapy and psychology staff;

- Delay in diagnosis and management leading to premature health deterioration and death e.g. Lung infections, heart failure and extended hospital stay;
- High hospital admission rates and extended lengths of stay due to absence of support pre and post exacerbation / deterioration;
- Inequity of access to physiotherapy and hydrotherapy which are evidenced to improve quality of life and prevent / delay deterioration;
- Inequitable access to even basic equipment such as adaptable armchairs. In one instance a neuromuscular patient was bed bound for two years due to lack of funding for a chair (costing £300-£400);
- A dramatic difference between child and adult services with further degradation in access to all neuromuscular services once leaving paediatrics.

### **Key actions and work**

The WNMNs vision document confirms the following priorities:

- Improved and equitable access to specialist neuromuscular multidisciplinary teams for patients, families and professionals
- Education, training and support for social, primary and secondary care services to facilitate earlier referral and management across care pathways
- Equitable access to basic and specialist equipment
- Equitable access to available therapies including immunosuppressive agents

### **Priority investment**

The requirements are predominantly specialist workforce. These appointments will provide a critical mass around which other changes and improvements can be built upon.

### **Recommendation**

The WNMN is recommending the following priority developments:

- 1. Increase in Family Care Advisors and support.** These posts act as patient and family advocates and navigate them through health, social and voluntary care services to ensure optimum treatment and experience.

**Benefit:** This would provide a level of 1 wte Family Care advisor for every 1000 neuromuscular patients. Administrative support would reduce FCA time being absorbed by general administration

- 2. Specialist adult neuromuscular physiotherapists.** Wales currently has no specialist neuromuscular physiotherapists for adult patients.

**Benefit:** Such roles are critical in surveillance, early intervention and avoidance of admissions. The role would include undertaking

training, education and support for local non-specialist teams who may be required to manage NM patients.

**3. Appointment of consultant in adult neuromuscular disease.**

Wales has a disparity with other home nations with low and inequitable access to consultants specialising in neuromuscular disease.

**Benefit:** To provide leadership within the neuromuscular MDT with focus on education and support for partners, development and implementation of care pathways.

**4. Increase in clinical psychology.** There are currently no dedicated NM psychology services for adults or children in Wales. Access to generic services is variable and limited.

**Benefit:** This is a vital element of care and is required by both patients and their families in living with lifelong, disabling NM conditions. Psychology services are evidenced to improve engagement and compliance and thereby improving quality of life and reduction in avoidable contacts with care services.

**5. An equipment budget** to enable minor purchases and lease arrangements.

Total requirement for the above priorities is circa £480,000 per annum.

However the austere financial environment is well recognised by the WNMN. Current objectives are therefore to be focused on successes that can be achieved within existing budgets. These include removing duplication in patient contacts through more efficient provision of multi-disciplinary clinics and the training and education of wider health services to identify patients with neuromuscular disease and sign post them to specialist services.

**Conclusion**

Reviews have confirmed that neuromuscular services in Wales are dependent upon a small, dedicated but fragile group of professionals.

Service sustainability as well as immediate delivery remains at risk.

Priority investment would represent a disproportionate improvement in services and would result in tangible benefits to patients, families and staff.

**P-04-532 Improving Specialised Neuromuscular Services in Wales –  
Correspondence from Petitioner to Clerking Team**

Rhwydwaith Niwrogyhyrol Cymru – y dyfodol

Vision document of the Wales Neuromuscular network (WNMN)

Tachwedd 2013

November 2013

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\* gweler/see appendix 1

## **Introduction**

This document sets out a vision for a clinical network for the management of neuromuscular (NM) conditions in Wales. Clinical networks enable a more coordinated approach to service provision based on agreed service models and standards and based on known patient pathways. They usually comprise health professionals from a range of national health service (NHS) organisations working in a co-ordinated manner across institutional and local boundaries in order to ensure equitable provision of high quality and clinically effective services.

## **Why do Neuromuscular (NM) conditions require a networked approach to their management?**

NM conditions are often life-threatening, complex, multi-system disorders whose effective management requires specialist multi-disciplinary care. The nature of these conditions is such that some patients present acutely with life-threatening consequences, some patients present indolently and are slowly progressive and others lie in between. As a consequence, appropriate management must focus on both acute and chronic care of these patients in order to effectively address their needs. The development and use of complex immunosuppressive agents both in the acute and chronic setting has been a further development in the treatment of NM conditions.

The development of specialist care for children and young people has led to a growing population of adults who, in earlier times, would not have survived, but who now require continuing, high quality anticipatory care and support to ensure they enjoy the best possible quality of life, regardless of its length. NM conditions are best considered as long term medical conditions that affect all ages and as such services need to be developed both in paediatric and adult services as well as in the transition phase between.

The management of NM conditions requires a multi-disciplinary team (MDT) approach – often involving a wide range of different medical and associated disciplines (physiotherapy/ occupational therapy/orthotics/ medical appliance/ wheel chair service/ dietetics/ respiratory services/cardiology services /palliative care) and also social and education services. Noting that the management of such conditions involves a great number of professionals across Wales, a networked approach to organisation of care is necessary.

In Wales we have the expertise to diagnose, manage and monitor the vast majority of NM conditions and we also benefit from access to UK national specialist centres who are able to provide diagnostic support, which is often research related, into very rare conditions. These services are accessed on a 'named patient basis'.

Other areas in the UK have established NM networks such as the Scottish Muscle network (established 1998) and the South-West NM network (established October 2009). All of these networks function across the child/adult divide as well as across Health Board and professional boundaries.

## Prevalence of NM conditions in Wales

It is estimated that 1000/million population are affected by a muscle wasting NM condition, ie 60,000 in the UK and 3400 in Wales<sup>i</sup>. The prevalence of Charcot Marie Tooth disease is 40/100,000 (23,600 UK) (1200 Wales)<sup>ii</sup>, of Muscular Dystrophy 50/ 100,000 (30,000 UK) (1500 Wales)<sup>iii</sup>, of Motor Neurone disease 7/100,000 (4000 UK) (210 Wales)<sup>iv</sup> and of Myasthenia Gravis 30/ 100,000 (10-30,000 UK) (900 Wales)<sup>v</sup>.

## Background to NM network

The all Wales neuroscience review (Steers review, September 2008)<sup>vi</sup> looked at the provision of adult neuroscience services across Wales at that time. It made the following recommendations:

- That there was a need to increase the workforce delivering all aspects of care to people with acute and long term neurological conditions, including NM disorders
- That NM services should be provided on a 'networked' basis and include the development of care pathways from initial diagnosis to end of life care
- That networks need to work with paediatric services to ensure transition of care from child to adulthood is addressed appropriately
- That networks should be planned and provided on an equitable basis across Wales, working to agreed evidence-based care pathways.

The Walton Report (August 2009) entitled 'Access to specialist NM care'<sup>vii</sup> looked at NM care in the UK. It made the following recommendations

- Lack of Workforce Planning for specialist NM clinicians must be addressed as a priority. These services must be protected and strategically developed with succession planning.

- A named transition co-ordinator should be in place for each young person with a NM condition who is moving from paediatric to adult services.
- There is both paucity and weakness of adult NM services in many parts of the country. In particular the report authors were alarmed to hear of the decline in services in Wales over the last 10 years. Fear of a further decline in services in the following 2 years was also noted unless urgent action was taken.

As a result of this criticism, in July 2010 The Thomas report was commissioned - 'Access to Specialist NM care in Wales' <sup>viii</sup>. This found similar problems in Wales to those set out in the Walton Report and made recommendations including the development of a Managed Clinical Network with a Chief Executive lead from one of the Health Boards as well administrative support. The report also made recommendations relating to additional posts required to support NM services in Wales.

## **Current Clinical NM Network**

Since 2011 a clinical NM network has been established. To date this has been formed by professionals with a specialist interest in NM conditions but with no administrative support. Following The Thomas Report, two further NM care advisors have been appointed in Wales. Two part time specialist paediatric NM physiotherapists were also appointed, but no progress has been made with the recommendation relating to the equivalent adult physiotherapy post, chest physiotherapy, psychology support, occupational therapy or specialist Consultant roles. A Steering Group comprising key professionals has been established in order to identify priorities for the network as a whole.

In the context of funding and support challenges for the NM network, this document sets out to establish an overview of current services across the network, the network aims, concerns regarding service gaps and challenges and the network future services vision.

## **Aims of the Welsh NM network**

The following aims have been agreed:

- Assess current NM services and highlight identified shortfalls. Plan and develop NM services, including service configuration, care and treatment pathways (supported by referral policies and processes) and service specifications (incorporating published Standards of Care and appropriate quality measurements)
- To reflect on the experiences of NM patients and their carers. Raise standards of care and support for people with a NM condition – to enhance the patient experience in a way that is meaningful to users of the service.

- Ensure an equitable and accessible service for patients and their families across Wales, based on agreed patient pathways.
- Act as a reference group and resource across Wales – support ongoing NM training and education for both professionals and patients and their carers.
- To operate differently – incorporating a MDT approach (often wider than the NHS) with patient perspective as the focus of all we do.

## **Current NM resources (see appendix 1)**

A priority of the NM network was to fully map current service provision. One of the greatest challenges clinicians and care advisors face when managing patients with NM conditions is being aware of the most appropriate referral patterns for that area. The management of these conditions requires a multi-disciplinary team approach. Mapping of current service provision will allow the most appropriate referral route to be met in each area with the aim of enabling patients to be managed as locally as possible.

## **Audits of interest to NM network**

Clinical audit has been recognised as an effective mechanism for improving the quality of care patients receive and will act as a crucial component of the drive to improve quality for the NM network as a whole. A number of audits have been undertaken by network professionals and summaries are provided below:

- A collaborative audit of admissions in adults with NM disease – C & V UHB and ABUHB<sup>x</sup>. This has shown
  1. 33% of all unplanned admissions are avoidable
  2. The mean duration for an unplanned admission was 10.3 days
  3. Avoidable unplanned NM admissions accounted for 164.8 bed days in 2011
  4. 63% of patients admitted with an avoidable admission had a confirmed NM condition, only 19% were known to local NM services pre admission
  5. A demonstrated lack of emergency care planning as documented in the case notes of patients with NM conditions

Based on similar audit showing that 42% of all admissions in pts were avoidable and 4.5% potentially avoidable<sup>x</sup>.



- Ongoing audit of intravenous immunoglobulin (IVIg) use in the treatment of immune mediated NM conditions – an awareness of current IVIg use is critical to assess whether alternative therapies could be considered for some patients. Any reduction in IVIg use would have significant cost savings
  
- Audit on the clinical usefulness of peripheral nerve biopsies<sup>xi</sup> – has shown
  1. 79% nerve biopsies conducted added usefully to the process of reaching a clinical NM diagnosis for the patient
  2. made recommendations – double muscle/ nerve biopsy suggested for all and made recommendations about when/ when not to request a biopsy
  3. overall provided agreed guidance about how to investigate patients with a potential NM diagnosis
  
- Audit based on the guidelines for management of Duchenne muscular dystrophy are planned for 2013-14. Standards of care for DMD - Lancet Neurology, 2010, 9, 77-93 & 177-189) Bushby K et al.

## **Financial/ Economic case**

Investing in services for people with NM conditions in order to proactively manage their care not only delivers the services these patients are entitled to but can also reduce NHS costs, particularly in relation to avoiding unnecessary hospital admission . Indeed, we cannot afford not to invest in services that will support this vulnerable group of patients.

The recent audit on unplanned NM admissions showed that 33% of all unplanned admissions are avoidable and the reasons for these admissions are multifactorial. In the majority of cases it demonstrated that a lack of access to initial NM diagnosis and lack of surveillance and monitoring of the NM condition were major contributory factors.

Investing in early intervention and emergency care planning helps reduce unplanned hospital admissions, improve outcomes for patients and reduce costs for those commissioning services<sup>xii</sup>. The mean duration for an unplanned admission was 10.3 days. Avoidable unplanned NM admissions accounted for 164.8 bed days in this audit period. Unplanned admissions are extremely costly and avoidable and admission to a specialist ward can cost the NHS up to £1,925 per day<sup>xiii</sup>.

## **Identified service gaps and challenges across current NM network services**

**Impact of emergency hospital admission.** Not only are unplanned admissions costly, they also have a negative impact on a patient’s health, jeopardise their rehabilitation prospects and consequent independence. The MDC’s report ‘Health care not health risk’ based on the MDC’s 2011 hospital

survey revealed the ways in which poor quality care whilst in hospital have a devastating impact on the health of patients with NM conditions<sup>xiv</sup>. They looked at various aspects of inpatient care and were able to show how these had affected patients;

- access to vital facilities whilst and inpatient – hoists etc. They found that a third of patients who required a profiling bed were not able to use one in hospital.  
*‘When I ask for a hoist I feel like I’m causing trouble and they don’t want to know’.* It is important to consider that access to this type of facility is critical for patients with a wide range of long term and mobility conditions and not specific for those suffering with NM conditions.
- being looked after by health professionals who did not understand their rare condition. 27% of patients rated their experience of hospital as poor or very poor in terms of being given poor advice that was not appropriate for their condition.  
*‘I was treated by people who did not understand my condition and as a consequence my treatment resulted in my permanent need for a wheelchair. I broke my leg and guidelines for people with muscular dystrophy are that prolonged immobilisation should be avoided. In my case I was placed in a full leg cast for 12 weeks’*
- inadequate support on leaving hospital alongside poor coordination of care resulting in lengthy hospital stays. 12% were not given the right care and support for a timely discharge from hospital.
- inadequate preventative care – 2 in 5 patients admitted to hospital as an emergency admission felt that this could have been prevented if they had received timely specialist care.

**NM family care advisors (FCA)** provide support in terms of both health and social care for paediatric and adult patients with NM conditions. However, it must be recognised that the care advisors have been tasked with establishing a new service in a very complex care environment. Challenges remain in ensuring that the Care Advisors are adequately supported in their peripatetic roles as part of improvements to NM services.

The care advisors are clear on the demonstrable benefits they provide to their patients – mainly from patient case studies and feedback. The 3 post holders are aware of the need to work together in developing their roles. This includes looking at the most appropriate approach to the documentation of their case load – factoring in travel time/ complexity of cases / numbers of affected family members etc. Overall a ‘case study’/ ‘individual stories’ approach has been suggested as a possible mechanism by which the care advisors can demonstrate the benefits to patients as a result of care advisor support.

The role of the care advisors is still subject to ongoing development recognising current limited capacity. Development of protocols for service provision will form part of the service improvement aims of the network. The care advisors have emphasised the need for emergency planning for patients with NM conditions. Ideally all patients should be issued with an advance emergency care plan to allow case appropriate agreed care to be given at times of clinical deterioration.

**Transition.** This is the process of transferring from paediatric to adult services. It requires the paediatric services to identify required adult services and arrange transfer. It involves all services including physiotherapy, orthotics, speech and language therapy services. Where gaps are identified it is the responsibility of paediatric services to search for next best services. Transition clinics involving paediatric and adult service representatives should be established so that young people can have a comprehensive and well managed transfer. Where numbers are insufficient to justify such a clinic, a named individual in paediatrics needs to manage transition on an individual basis. Good engagement with adult services is essential in maintaining optimal healthcare for young adults and the point of transition is often where young people are lost to follow up with significant consequences.

**Specialist physiotherapy involvement.** Throughout Wales patients with NM conditions have very different experiences of physiotherapy involvement. As a network we believe a more equitable delivery of physiotherapy with agreed care pathways would be beneficial. It has been noted that the expectation of patients and their families appears to be high and in some cases unrealistic. Agreed care pathways and minimum requirements of assessment may allow a more equitable delivery of service and help address patients expectations. In view of the rarity of some of NM conditions, general physiotherapists may feel uncomfortable in providing support for such patients. This has been raised as a problem especially in North Wales.

Currently there are no specialist NM physiotherapists for adults in Wales. The involvement of NM physiotherapists into clinics where adult patients are regularly seen is essential. The situation for children and young adults differs in that a specialised NM physiotherapist is available in such clinics in South Wales. In north wales there is no specialist NM physiotherapists in either child or adult clinics, a situation we feel needs to be addressed. We hope to create links between specialised NM physiotherapists and the community based physiotherapists as appropriate.

**Respiratory Care.** Respiratory disorders are recognised as the leading cause of mortality in NM disease<sup>xv</sup>. Respiratory muscle weakness is a very common feature to most NM conditions and is often inevitable in the later stages of such conditions. However, treatment including ventilation, has been shown to improve both quality and length of life<sup>xvi</sup>. An All Wales pathway for the management of respiratory problems (ventilation cough and others) in NM problems has been produced<sup>xvii</sup>. Nevertheless there is variable provision of specialist nurses/physiotherapists who can enable patients to be safely managed at home and access to important equipment such as cough assist devices is patchy across Wales.

WHSSC fund invasive ventilation but not non invasive ventilation. In Hywel Dda they have developed an innovative way of dealing with a geographically dispersed population via a virtual respiratory network. Non invasive ventilation occurs in all hospitals and all health boards have teams dealing with patients requiring non invasive ventilation in the community. It can be difficult to get them to take on NM patients as these services are all under resourced.

*NM patient experience – ‘...due to the lack of specialized consultants my breathing inadequacy was not noticed, resulting in a heart strain leading to water retention, giving me in the end heart failure. Had there been specialist monitoring of my condition - realising my chest muscles were weak, a Bi-pap ventilator could have been placed in use to assist breathing before I ended up with heart failure’*

**Cardiac care** is reasonably well organized with most areas having systems in place for routine monitoring. It has been recognised, largely due to pressure on services and the way they are structured, that some adults with NM disease are not receiving the necessary monitoring of their condition that is required.

**Clinical psychology and counselling involvement.** Psychological support is a vital element of the care required by patients and their families often living with lifelong, disabling NM conditions. It is recognised that there are ‘key times’ such as; Diagnosis, genetic counselling, becoming wheelchair dependent, transition and when end of life approaches where psychological support is required.

Currently there is no dedicated NM psychology service for adults or children in Wales. Some areas have better access to generic services than others. In Cardiff over the last 12 months a limited provision of clinical psychological services has been made available to patients attending the transitional care clinic in Rookwood.

Psychological problems often present indirectly to health care services and inclusion of psychological expertise in the multidisciplinary team will ensure that identification and treatment of such problems, so potentially reducing unplanned hospital admission. Psychological expertise is therefore a key component of providing quality services and managing costs. The Muscular dystrophy campaign (MDC) recognises the value of psychological expertise and in a patient survey they report that half of all respondents were not satisfied with the level of emotional support available to their families and to themselves<sup>xviii</sup>.

*NM patient experience - ‘Support on the onset is vital especially in later adult cases, without it there is a large tendency... to think I could not care less attitude...I am going to die.. lack of knowledge about the disease...enable easy access to aids i.e. wheelchairs, home adaptation etc, the stress due to lack of knowledge is immense. Mentoring is essential during the onset period when the patient is not aware how deep the water is’.*

*‘The ignorance of the establishment continually wanting proof of your incapacity is another topic that dangerously tips the balance of sanity. The patient is already in a traumatic state dealing with the life threatening condition, we must avoid “Incidents of double trauma” which this personal independence payments (PIP) reassessment is causing’.*

NM conditions are long term medical conditions. There is evidence available that demonstrates the increased risk of psychological and mental health difficulties in people with long term medical conditions<sup>xix xx xxi</sup>, as well as for their families and carers<sup>xxii</sup>. There is also some more specific research on NM disorders that demonstrates the relevance of psychosocial factors to healthy coping and

adjustment and the risk of psychological/mental health issues in sufferers and their families<sup>xxiii xxiv xxv</sup>  
<sup>xxvi</sup>.

As well as affecting NM conditions generally, studies have shown specific psychological problems associated with muscular dystrophy. The incidence of autistic spectrum disorders, attention deficit hyperactivity disorders and obsessive compulsive disorders is higher in males affected by Duchenne muscular dystrophy<sup>xxvii</sup>. In addition behavioural changes have been shown to be an adverse side effect of treatment with corticosteroids – which is used to prolong ambulation and preserve muscle strength and respiratory function<sup>xxviii</sup>. Early input from a clinical psychologist may help parents develop strategies with which to manage these behavioural difficulties and thus prevent the need to withdraw steroid treatment.

Psychological expertise in NM conditions should include:

- Direct clinical work with patients and their families - psychological assessment, problem formulation, psychological intervention/treatment and reviews.
- Consultancy, supervision of other professionals using psychological approaches, and team support.
- Leadership, development and management of organised systems of psychological care within NM services
- Service improvement and development projects
- Research and audit skills
- Teaching and training on the psychological aspects of NM disorders.

As a network we believe a more equitable service is required across Wales. A Health and Care Professions Council (HCPC) Registered Practitioner Psychologist is required. This Practitioner Psychologist would be a clinical (or counselling) psychologist with experience of applying psychology in medical settings.

**NM rehabilitation.** Currently adult NM rehabilitation clinics are able to provide help to maintain independence or in adapting to changes that affect social and domestic life. These include a number of services including physiotherapy, access to communication and controls, occupational therapy, speech and language therapy, wheelchair services and orthotics.

**Orthotic Services.** Maintaining mobility is a significant challenge for patients with NM conditions and access to local orthotic services is essential to enhance ability and support independence.

Each health board in Wales provides an orthotic service, supplying a diverse range of both stock and made to measure orthotic products and footwear to suit individual clinical need. Most orthotic services in Wales are now managed in-house but a few health boards still outsource their service to commercial contractors.

Regardless of how the service is commissioned there is a significant degree of collaboration between all of the Welsh orthotic services to ensure parity of care and service provision.

Patients can normally be referred to their local orthotist led clinical service by letter or application form where provided and the service is available for both adults and children. In addition, stock orthotic products are generally available for in-patients and for busy out-patient clinics where a more rapid solution is required.

Whereas most, if not all orthotists, have experience of treating patients with NM problems there is a perceived need to develop specialist orthotists to work alongside the multidisciplinary team to ensure the best outcomes are achieved. The orthotic needs of NM patients can be quite complex and require adequate time and expertise to address effectively. NM patients often become orthotic patients for life and it is recognised that a mutual understanding of their needs built up over time produces the best results.

**Patient needs.** It has been raised that patients with a NM condition require a named individual who is able to provide advice and support at critical times during the disease process. Within the network it is the family care advisors who are best placed to provide this function however with large caseloads this may not always be possible. The care advisors provide an advocacy role for patients. This is also provided free of charge from the MDC who have produced an advocacy pack which provides information on access to Personal Independence Payments (PIPs), Employment Support Allowance as well as housing and care packages. The care advisors have significant concerns regarding the introduction to the newer PIP system as described in Appendix 2.

#### **Self care and Complementary services.**

Patients and families/ carers are aware of the importance of 'self-care' such as stretching exercises, posture and good diet to maintain the best quality of life for patients. Encouragement and support in these types of activities is important and best delivered by a specialist NM network. Patients need to be both empowered to make decisions about appropriate care for themselves (by participating in emergency care planning) and to engage in self-care exercise.

Currently there are drop-in sessions available twice yearly for families affected by NM conditions to share experiences and receive support from others in a similar position<sup>xxix</sup>. Currently these are run in Cardiff but we hope these could be relayed across Wales in a similar format.

Many patients with NM conditions find hydrotherapy and other water-based activity beneficial however at the current time in the UK it is seen as a complimentary therapy and access/ provision is very variable. The MDC encourage patients who have been able to access such services to work in collaboration with them so that others may be able to benefit from these. A list of availability of hydrotherapy services in Wales is shown in Appendix 3.

## **Visions for the future of the Wales NM network**

Advances have been made in recent years to improve care delivery to patients with NM conditions for example the development of NM care advisors and specialist paediatric/ transition NM physiotherapists. However gaps in service provision still need to be addressed.

Future service developments proposed by the network include:

- **Developing Care advisor roles.**

These posts should be full time with administrative support. This would allow care advisors to provide a more equitable service across the wide range of NM conditions, across their geographical area and would allow further development of care pathways, emergency care planning for individuals and protocols for service provision.

Predominant support is to patients with muscular dystrophy and to a lesser degree to some with hereditary neuropathy. At the current time the care advisors are unable to offer support to patients within the wider range of NM conditions that the network covers (for example inflammatory neuropathy or myasthenia gravis). It is suggested that these patients would also benefit from their support.

Currently the majority of patients with a NM condition are not known to NM services. The audit on unplanned NM admissions also showed that whilst 63% of patients admitted with an avoidable admission had a confirmed NM condition, only 19% were known to local NM services pre admission. Even after an unplanned admission, only 53% had follow up arranged with NM services.

The muscular dystrophy campaign estimate a ratio of 1 Whole time equivalent (WTE) care advisor to 1000 patients with a NM condition<sup>xxx</sup> (estimated 3400 in Wales would suggest at least 3 fulltime equivalents are needed). The Thomas report calculate that the cost of 3 WTE care advisors would be £129,036 per annum<sup>xxxi</sup> (2009 cost). In Wales in view of the wide geographical distribution of patients it may be argued that additional posts are needed. Currently we have 3 care advisors working in total 87.5 hours a week. We require another 25.5 hours a week to be provided to meet the recommendations calculated by the Thomas report.

- **Appointment of specialist paediatric/ transition NM physiotherapists for N Wales**

Currently there are no NM physiotherapists for paediatric or adult care in N Wales. Some who attend paediatric clinics in Alder Hey Children's Hospital have access once or twice yearly to the NM physiotherapist linked with their clinics, this is not provided locally.

- **Appointment of specialist adult NM physiotherapists**



Currently there are no specialist NM physiotherapists for adults in Wales. As a network we feel that the involvement of physiotherapy into clinics where NM patients are regularly seen would be of benefit.

- **Appointment of specialist adult NM clinicians**

In the audit of unplanned admissions for NM conditions a significant proportion of the potentially avoidable unplanned admissions were due to poor surveillance and a lack of monitoring of the underlying NM condition. The Thomas report supports the employment of an additional 1.5 WTE consultants specialising in NM conditions (with secretarial support), with an approximate cost of £195,000 per annum (2009 cost). The addition of further specialist clinicians would also increase the amount of support available to the care advisors.

The clinicians working in Wales should have the NM components of their day to day work recognised in their job plans. The network has established that the amount of consultant led clinical care that is currently formally dedicated to NM conditions is approximately 10 sessions a week. While it may appear that a significant number of consultants are involved in the care of such patients, it is important to realise that the number of whole time equivalent (WTE) sessions that are currently dedicated to NM care in Wales is very small. See appendix 4.

The solution for North Wales is dependant on what contracts are made with the current English providers. Increased support for patients on immunosuppressive regimes will also be needed. A consistent approach regarding treatment decisions and the ability to endorse decisions made by NM network would be of benefit.

In the recent National Patient Survey by the MDC more than a quarter of patients responded to have spent more than 12 months to see a specialist consultant even after they had been diagnosed with a NM condition. Of those seeing a consultant, a quarter of responders see the specialist less than once a year<sup>xxxii</sup>.

The newly developed 'Service specification for Neurosciences' developed by NHS England gives a framework for the provision of NM services and states that patients to be reviewed by a specialist MDT including NM consultant at least every six months, or if rapidly progressive every three months<sup>xxxiii</sup>.

NHS Wales will launch its Neurological Conditions Delivery Plan in October 2013

- **Joined-up clinics**

We aim to provide more opportunities for a 'one stop shop' adult NM clinics in Wales - incorporating a specialist adult NM clinician, adult NM physiotherapist, NMCA and links with respiratory and cardiac monitoring. This has been newly established in ABMU. A similar clinic would be useful in Cardiff.



In the audit of unplanned admissions for NM conditions a significant proportion of the potentially avoidable unplanned admissions were due to poor surveillance and lack of monitoring of the underlying NM condition. This type of clinic offers the varied needs of these complex patients to be considered by members of the NM multidisciplinary team. It is hoped that over time some of the routine monitoring of patients could be taken on by the physiotherapist and care advisor so freeing up the clinician.

*NM carers perspective – ‘When it comes to accessing medical care in North Wales there appears to be no advice on where we go and who to see. We attend Gobowen for all the Muscular dystrophy stuff. However, we have separate appointments to be seen by Dr. Willis and her team, ORLAU and spinal....For cardiac care we go to see Dr Chickermane in Birmingham Childrens Hospital....For respiratory care we go to Wrexham....For wheel chair services we attend Wrexham and for anything else we go to the Maelor, apart from dentistry who we see in Mold but get the impression they want us to go elsewhere. All the above makes a list of 7 clinics we need to attend in 5 hospitals’.*

*NM Patient perspective – ‘I was greatly encouraged... as far as I am concerned I know that when I have my annual appointment later this year that it will be a "one stop shop" with the neurologist, physio, family care adviser all in the same place (hopefully).*

- **Provision of clinical psychology**

The provision of clinical psychology is a key component to provide quality services and to manage the costs of the care of patients with NM conditions. Whilst there are no definite recommendations for the psychology workforce in NM conditions, the Thomas report suggested the employment of 0.5 WTE Psychologist (mid grade band 8a) with an approximate cost of £25,533 per annum (2009 costs).

In Wales, in view of the wide geographical distribution of patients it should be argued that additional posts are needed. We view the recommendations made by the Thomas report an absolute minimum. In other areas of physical healthcare (such as renal medicine, HIV/AIDS and oncology) recommendations have been made using formulas such as 0.5 WTE psychological cover per medical consultant.

A comparison may be made with services that have been established in Wales for Cystic Fibrosis – a chronic condition, which may be seen to mimic some genetic NM disorders quite closely. This has a psychology post for paediatric services (8a 0.5 WTE); a more senior post for transitional/adult services (8b 0.6 WTE) and a post for adult services (8a 0.5 WTE), providing a total of 1.6 WTE for a population of about 400 patients.

The West Midlands specialised commissioning group suggested a 2 WTE psychology support for a population of 5500 NM patients. If this were applied to the Welsh NM population (3400) we

estimate approximately 1.2 WTE psychology posts would be appropriate. Splitting these posts into 2/3 part-time posts would allow best geographic coverage of Wales.

- **Provision of shared electronic health records together with support from a data manager**

The development of a network crossing organisation and disciplinary boundaries requires shared access to health records ideally in electronic form so that records can be viewed from sites across NHS Wales. Current health records are located within individual organisations and access to these records is generally not possible from other sites. Lack of access to shared systems prevents an integrated team-based approach to the care of patients. Shared electronic records record the narrative history of patients' problems and stories but also form a vital part of monitoring outcomes for patients with neuromuscular disease. As such, a successful NM network will be dependent on the development and maintenance of a database accessible across Wales together with administrative support from a data manager.

- **Provision of administrative support and a NM network manager**

To be able to achieve the NM network aims of providing strategic direction, to raise standards of care and to act as a reference/ resource for other professionals across Wales, the network requires administrative support and management. The Thomas report suggest the employment of 1 WTE Network manager (band 7-mid range) with an approximate cost of £43,012 per annum (2009 cost) and 0.5 WTE administrator (band 5-mid range) with an approximate cost of £14,591 per annum (2009 cost).

- **NM educational programme**

Providing specialist education and support for health care professionals who support patients in the community is a vital part of keeping patients out of hospital and maintaining optimal health. Upskilling where necessary is as important as providing clear signposting for professionals in seeking advice and support when required. Encouraging and empowering patients to manage their own complex health needs is also part of this equation. As a network we aim to establish an education programme focusing on the management on NM conditions to achieve this. Plans for the education programme are outlined in appendix 4.

- **Improvement in inpatient care/ emergency care**

A well organised and funded clinical NM network can provide a 'joined-up', patient-centred co-ordinated service. This has been shown to be able to assist in enabling a better quality of inpatient service as well as preventing some hospital admissions in the first place<sup>xxxiv</sup>. The care advisor role is central to this process as well as support from specialist clinicians. All patients with a NM diagnosis should have a documented emergency care plan which specifies a clear point of access for the emergency care. This should include telephone access for the patient to a known NM specialist team for times of worsening health<sup>xxxv</sup>.

In addition we feel that the 'patient passport' scheme may be a simple communication tool that could be utilised by NM patients who may be vulnerable in mainstream emergency services that do not understand rare NM conditions. It allows the normal everyday needs of a person to be documented, their wishes, emergency plan, as well as information as to their specific condition. This may enable mainstream services to deliver better patient centred care to NM patients.

## **Appendix 1**

**3 NM family care advisors** – specialising in the support of paediatric and adult patients with NM conditions throughout Wales

- SE Wales - Rachel Salmon (C&V – Sept 2010 onwards, 25 hrs/wk)
- SW Wales - Sarah Harris (ABMU - June 2011 onwards, 30 hrs until Feb 2013, then 25 hrs)
- N Wales - Sam Power (October 2011 onwards, 37.5 hrs)

## **NM physiotherapists**

- SE Wales (Bethan Parsons- June 2011 18.75 hrs) – paediatric care
- SW Wales (Kate Greenfield – June 2011 18.75 Hrs) - paediatric care
- All Wales paediatric palliative care/transitional physiotherapist for Wales (Sarah Clements – appointed 2011 37.5 Hrs) – ages 16-24
- North Wales - no dedicated NM physiotherapist for community consultant paediatricians – no NM physiotherapist for adult services.

## **Genetic services**

- Clinical genetics clinics in DGHs

## **Peripheral nerve clinics**

### **Adult**

- Cardiff – Dr Gareth Llewelyn (adult neurology)
- Swansea – Dr Nigel Hinds and others (adult neurology)

## Paediatric

- Swansea - Dr Cathy White, Kate Greenfield, Sarah Harris
- Neath - Dr Cathy White, Kate Greenfield, Sarah Harris
- Hywel Dda – Withybush clinic Dr Cathy White, Kate Greenfield, Sarah Harris

## Muscle/ NM clinics

### Adult

- Cardiff – Dr Jon Walters (adult neurology) and Rachel Salmon,
- Cardiff – Dr Mark Rogers, Prof Angus Clarke (clinical genetics), Rachel Salmon - plans underway to involve an adult physiotherapist with an interest in NM conditions
- Newport – Dr Gareth Llewelyn
- Swansea – Dr Marguerite Hill (adult neurology, myasthenia interest)
- Swansea – Dr Jon Walters , Sarah Harris, respiratory technician Simon Hilldrup, and adult neuro-physiotherapist Richard Pawsey

### Paediatric

- Cardiff – Dr Louise Hartley, Bethan Parsons and Rachel Salmon
- Penarth Ysgol Erw'r Delyn transitioning clinics\_ - Dr Louise Hartley, Rachel Salmon, Bethan Parsons, OT Eithne Wood, School Nurse , Respiratory Nurses
- Swansea – Dr Cathy White, Kate Greenfield, Sarah Harris with ALAC wheelchair services, Transition physio and OT invited to non ambulant clinics.
- Royal Glamorgan Hospital (Cwm Taf)– both teams for problem solving, discussion and local provision
- Aberdare (Cwm Taf)- Dr Louise Hartley, Bethan Parsons and Rachel Salmon
- Serennu Childrens Centre (ABHB) - Dr Louise Hartley, Bethan Parsons and Rachel Salmon
- Withybush Hospital (Hywel Dda)- Dr Cathy White, Kate Greenfield, Sarah Harris
  
- North Wales:-
- Central: Colwyn Bay Hospital : Dr Val Klimach (lead consultant paediatrician for NM care) as part of NM paediatric clinic with Sam Power (NMCA). Tertiary NM specialist services held at Alder Hey Children’s Hospital, Liverpool run by Dr Stefan Spinty

Dr Val Klimach resp consultant and local MDT and Sam Power

East : Dr B Harrington, Dr Praveen Jauhari (lead paediatrician for Wrexham & Flintshire), Dr Sathymoory (pending)

West:: Dr Janet Horn (lead paediatrician for Gwynedd), Sam Power and MDT members locally (pending)

### **Transition and young adult rehabilitation clinics**

- Cardiff – covers ABUHB, CTHB and CVUHB) Dr Gareth Llewelyn, Dr Louise Hartley (peripheral neuropathy/neuromuscular)
- Cardiff - Dr Jenny Thomas (rehabilitation), Dr Victoria Lidstone and Sarah Clements and Rachel Salmon
- Swansea- Covers ABMU and Hywel Dda Transition patients. Dr Cathy White (paediatric neurology), Sarah Harris, Sarah Clements and Dr David Abankwa (neuro rehabilitation) Lynette Thacker (pall care CNS). Clinics began in April 2013
- Cardiff - for dystrophy patients - Dr Simon Barry (respiratory), Dr Zaheer Yousef (cardiology) and Dr Victoria Lidstone (transition/ palliative care)
- Swansea - Adult Muscle Clinic where patients have access to the Consultant, Dr Walters, Sarah Harris (NMCA), Richard Pawsey (Adult Physio), Lung Function suite and ECG monitoring. This clinic has now been running for 4 sessions.
- North Wales: Glan Clwyd clinics: Dr Val Klimach, Sam Power, OT, Physio

### **Respiratory**

- Cardiff- for NM patients – Dr Simon Barry and Dr Mark Rogers
- Swansea - Dr Jon Walters , Sarah Harris, respiratory technician Simon Hilldrup, and adult neuro physiotherapist Richard.
- North Wales

**Central and East** – Dr Nick Duffy, Dr Liz Brohan and Laura Bryant (specialist respiratory nurse) at Wrexham Maelor Hospital.

**West** – Mike Wild and Julia Roberts (specialist respiratory nurse – adult pts) at Ysbyty Gwynedd.

## **Clinical Psychology**

- Cardiff- Dr Richard Cuddihy (consultant clinical psychologist, ALAS Cardiff and Vale UHB). This is a very limited service development initiative which is currently accessed via Dr Jenny Thomas's adult/ transitional clinics at ALAS. There are no dedicated NM sessions at the present time.
- North Wales, - no dedicated sessions at present

## **Adult NM rehabilitation clinic**

- Cardiff- Dr Jenny Thomas
- Swansea – Dr David Abankwa
- North wales - no clinics at present

## **Patient Support Groups**

South East Wales - Implementation of twice monthly support groups for patients and families affected by NM conditions. Held at Rookwood Hospital Cardiff. Focusing on increasing awareness, signposting to relevant services, sharing information, information from guest speakers and peer support.

## **South Wales Motor Neurone Disease (MND) Care Network**

South Wales MND Care Network was established in 2011/2012 with joint funding via the NHS and a grant from the Motor Neurone Disease Association (MNDA). It seeks to make systematic improvements in care for MND patients, improve equity of access and also reduce the chronic inequities in care provision across South Wales in line with the MND Association Standards of Care. These include:

- Rapid and accurate diagnosis,
- Sensitive communication of diagnosis with appropriate emotional/psychological support
- Holistic approach to assessment, regular monitoring and review
- Provision of information to patients' carers and professionals involved in providing care
- Provision of services proactively, with flexibility and speed in response with timely access to services. A key worker approach and communication between agencies.

This is to be achieved through:

- Improved support and co-ordination of services

- Promotion of effective integrated working between sectors
- Development of multidisciplinary teams
- Introduction of Integrated care pathways

Collaborative working between neurology and palliative care services is a central feature to the MND network, allowing for sharing of expertise. This builds on the established links between key professionals from a variety of relevant specialties and help forge new links across primary, secondary and tertiary care, across health and social care and across community and hospital settings. Whilst the care of MND patients may be managed by a specific clinical network we are able to work together in the Welsh NM network, where we identify very similar patient needs.

A Steering group comprising of key professionals and managers from all local health boards has worked towards identifying priorities and the network team is now in post. The MND network has two hubs, with bases in Swansea for South West Wales and in Cardiff for South East Wales and the team comprises

- Ruth Glew, Network Lead and Care coordinator for South West Wales
- Katie Hancock, Care coordinator for South East Wales (0.8WTE)
- Sara Mallams Network Occupational Therapist (0.2WTE).

The service will be audited in lines with the MNDA standards of care, and opportunities will be sought for patients to be involved in research

#### **Motor Neurone Disease clinics:**

- Cardiff - Dr Ken Dawson (adult neurology), Dr Andrea Lowman, Katie Hancock, Care Co-ordinator and additional Specialist nurse)
- ABUHB – Dr K Dawson and Katie Hancock
- Cwm Taf HB – Dr Mark Wardle (adult neurology), Katie Hancock - clinic in development
- ABMU HB – Swansea – Dr Savvas Hadjikoutis ( adult neurology) Ruth Glew, Care Network lead coordinator  
Bridgend – Dr Jon Walters (adult neurology), Ruth Glew - clinic in development
- Hywel Dda – Carmarthen – Dr Nigel Hinds / Dr Claire Hirst (adult neurology), Ruth Glew - clinic in development

#### **Programmed investigation unit (PIU)**

The PIU is based in University Hospital of Wales Cardiff and is led by Sister Lynette Herrity (specialist nurse) and Natalie Ryan (nurse). The unit admits patients with NM conditions from C&V and ABHB for planned short term inpatient care – particularly inflammatory neuropathy, myasthenia gravis and metabolic myopathies. It is able to

- provide intravenous immunoglobulin and intravenous cyclophosphamide therapy

- provide plasma exchange safely and efficiently, so providing an alternative to intravenous immunoglobulin use in the acute setting to treat acute inflammatory neuropathy.

ABMU and Hywel Dda patients would be admitted at Morriston Hospital, Swansea for similar treatments.

### **Wheelchair Service**

The Artificial Limb and Appliance Service (ALAS) aims to offer a consistent and equitable service to people in Wales who have a permanent or long-term impairment. It is provided by a unique collaboration between three NHS Trusts and is commissioned via Welsh health specialised services committee (WHSSC). The three ALAS centres (ALAC's) are situated in Cardiff, Swansea and Wrexham, working together to provide an All-Wales service.

### **Orthotic Service Contacts**

ABMU (Swansea)	Jane Neathey
ABMU (Bridgend)	Martin Wright
ABUHB	Lance Reed
Betsi Cadwaladr UHB	Stuart Harmes
Cardiff & Vale UHB	Paul Mason
Cwm Taf Health Board	Bryan Watters
Hywel Dda Health Board	Mike Mulroy
Powys Teaching Health Board	Karen Meyrick

### **Appendix 2**

#### **Welsh Neuromuscular network response to introduction of Personal Independence Payments (PIPs)**

Following a discussion about the introduction of PIPs in the March 6<sup>th</sup> 2013 cross-party NM meeting in Cardiff, the Welsh NM network wished to express its concerns regarding the introduction of such benefits. Whilst accepting that a review of the Disability Living allowance (DLA) is welcomed, PIPs must continue to allow people with NM conditions to meet these extra costs and enable them to live the lives they want to.

With the Government aiming for a “reduction target” of 20% in DLA payments, as set out in the Budget Report in June 2010, we are concerned that some people’s needs may not be recognised, meaning some may miss out on the vital support they need to live an independent life.

We support the work of the muscular dystrophy campaign (MDC) who continue to be very active in campaigning the government to consider the complex needs arising from their NM condition.



As a network we feel it necessary to emphasise a few points;

- The first part of the assessment focuses on activities vital to daily living such as feeding, toileting and dressing. The second part focuses on mobility. None assess the needs of the individual for access to education, work or involvement in local community.
- In our experience as a clinical network, we are well aware that people with NM conditions tend to be very focused on the positive and their ability to do things. We feel this attitude may hinder people getting the care they need.
- We believe the assessment (with the possibility of losing a benefit) by an independent healthcare professional that has limited/ no knowledge of NM conditions will be distressing for people. Most cases require a supporting document outlining the specifics of the condition to support the applications.
- We are very aware of the psychological stress that is associated with having a lifelong likely progressive disabling condition and are very concerned that the process of having to justify their genuine need for benefits will compound this stress.
- Since the changes and pilot schemes have been underway the family care advisors have been inundated with telephone calls and requests for advice from patients and their families. They have been able to advise families in to how to fill in the documentation appropriately the first time to avoid the refusal and then appeal process. This involves support in how to word the documentation effectively to ensure that safety, efficacy and risk factors are included and stressed upon how their NM condition affects then especially when completing the mobility component. The care advisors are only aware of the families who contact them directly. We are concerned for the large numbers of patients who are completing these applications without appropriate support and advice, then being declined and giving up.

### **Appendix 3**

#### **Access to hydrotherapy for NM patients – the picture across Wales**

The purpose of this appendix is to act as a 'signposting' tool for interested patients, families and carers. The information reflects the collated position as at June 2013.

#### **Aneurin Bevan Health Board**

The physiotherapy departments do not control access to all of the pools that NHS care is provided from. Most of them are controlled by education/charities. This does sometimes lead the service to be very cautious with recommending any non-NHS managed pools to patients in continuing with their rehabilitation as there have been concerns about safety systems and processes in the past. As a result, patients make the decision on further access themselves.

The only other element to consider in relation to the above information is the fact that the neuromuscular patients have to be independent with washing and dressing in order to access most of the non-NHS pools or pay more to have their carer attend with them. This, and the fact that it would take up another space for a client, precludes them from attending the Health Board self management sessions.

### **Cardiff and Vale University Health Board**

Children and Young Peoples Physiotherapy Services ( CYPPS)

Recreational swimming / exercise:

Within Cardiff and the Vale, information is provided to patients and their families as to where and how, they can access a swimming pool for recreational activity / exercise. The Families First Directory of services is available at all Children's Centres and Special Schools, and for children and young people, a Disability Sports Directory is also available from Disability Sport Wales. ([www.disability-sport-wales.org.uk](http://www.disability-sport-wales.org.uk)) ([www.cardiff.gov.uk/sport](http://www.cardiff.gov.uk/sport))

Access to hydrotherapy via education:

Within Cardiff and the Vale, the pool at Ty Gwyn School provides access to hydrotherapy for pupils with additional needs on the Western Learning Campus in Ely. There is also limited access for other Cardiff pupils by arrangement with the Head Teacher. The new sensory pool which is planned for the Penarth Learning Community and is due to open in 2015, will provide access to hydrotherapy for all children and young people with additional needs in the Vale area.

Access to NHS hydrotherapy pools:

There is currently limited access to hydrotherapy for paediatric inpatients at the University Hospital of Wales (UHW); however the new hydrotherapy pool planned for the Children's Hospital for Wales, which will open in 2015, will provide NHS access to hydrotherapy for all children and young people within Cardiff and the Vale.

At present the UHB is unable to accept referrals for hydrotherapy for paediatric outpatients, however all patients referred are assessed by a specialist paediatric physiotherapist and will be provided with alternative treatment options for their conditions.

### **Adult Physiotherapy Services**

Recreational swimming / exercise:

Discussion has been undertaken with the Local authority services in order to determine the suitability of using pools in leisure centres for adults with complex physical needs; the advice that has been received is that they are unable to provide the temperature and water environment required for hydrotherapy access.

Access to NHS hydrotherapy pools:

Rookwood Hospital- The pool at Rookwood is suitable for use by inpatient rehabilitation patients but has been risk assessed as unsuitable for paediatric outpatients and social / recreational use by adults with LD or physical impairment, due to the physical capacity of changing facilities within the unit which cannot afford privacy and dignity for clients.

UHW pool – The pool at the UHW has an above deck level installation and therefore has restricted access for patients with complex disability. It is currently fully committed to waiting list outpatient sessions; additional out of hours use by third sector partners has been agreed.

### **Hywel Dda Health Board**

All children who have a significant level of disability due to neuromuscular disorders like Duchenne MD have access to ongoing, weekly hydrotherapy sessions at Glangwili hospital. These are ongoing and continue until they leave our service at age 19 years.

Children with neuromuscular conditions living in the Carmarthen and Llanelli area of Hywel Dda have access to the hydrotherapy pool at Glangwili general hospital two mornings a week. The paediatric physiotherapists also run an after school club on a Wednesday in the pool for patients who have attended formal hydrotherapy sessions and are able to continue their exercises independently or with the help of a carer. They are charged £1.50 a session.

Ammanford patients are also seen in Glangwili hydro pool and some who do not need the heat of the hydro pool are seen in the leisure centre at Ammanford supervised by a physiotherapist.

Withybush does not have a hydrotherapy pool and patients in Haverfordwest are seen in the leisure centre in the town. They also have limited access to Portfields Special Needs school hydrotherapy pool. There is a resident physiotherapist at the school employed by the council.

Bronglais Hospital in Aberystwyth does not have a pool and patients in that area have to travel to Carmarthen if needed. The same applies to Cardigan patients.

### **Betsi Cadwaladr University Health Board**

No information available at this time

### **Abertawe Bro Morgannwg University Health Board**

#### **Swansea**

For access in Swansea for the community paediatrics team there is a weekly hydrotherapy session in the hospital.

There is also Ysgol Crug Glas (a special school) providing pool time once a week (out of therapy time) and a contribution is needed from those who wish to access the pool. The pool can cater for up to 20 users at a time, it is used by pupils at the school, it is also rented out at a cost to groups like the Stroke association, mother and toddler groups and is used by other schools and day service users with profound physical and mental health needs.

Further information from the hospital based paediatrics physiotherapists on the availability of Singleton and Morriston hospital pools is being sought.

### **Bridgend**

The physiotherapy department uses Heronsbridges's hydrotherapy pool (a local special school) for 3 blocks a year and sometimes an extra one in the summer holidays. The therapists put the children they would like to attend on the hydro waiting list and they are seen when a slot becomes available. The patients would not normally get more than 1 session a year. There is also the possibility of patients using the hydrotherapy pool at the Sandville self help centre in Ton Kenfig however users are asked to make a voluntary contribution.

### **Neath/Port Talbot**

The physiotherapy department uses the hydrotherapy facilities at Ysgo-Maes-y-Coed ( a special school) in Neath but in school time only. Ysgo-Maes-y-Coed is a Special Needs School situated in Neath. It is our understanding is that the pool is used every day for pupils and that it is not available during the day for other users.

Sessions are also booked at the Neath Port Talbot hospital hydrotherapy pool. This is used primarily for in house patients. There is no overhead hoist in place to assist wheelchair users in the changing area. It is a poorly designed pool, there are steps on the side, there is a hoist which can assist ambulant persons who are unable to climb the stairs.

The Pontardawe pool is used for both therapy and non-therapy sessions and can be accessed at any time. It is primarily used by children not suitable for adult NM patients as the pool is only one metre in depth, therefore one would have to be on ones knees to support an adult which is not appropriate.

### **Welsh patient experience**

*'I have had 4 sessions of hydrotherapy. This was about a year ago. Once I had had these sessions plus 2 physiotherapy sessions I had received "my quota" and that was that. I realise that all health authorities have limited budgets. However, my argument is that if I could receive regular, even if only occasional, hydro sessions, in the long run this could save the authority money as it would help me to manage my condition and help stop it deteriorating. It was suggested that a hydrotherapy pool in Swansea could be hired by a group of us with the same or similar conditions (we would have to pay obviously) but I can't see how this could work'.*

*'Up until the Summer of last year I was receiving post surgical rehabilitation at The Royal Glam in Llantrisant. This included week sessions of hydrotherapy. I joined a group of about 6 and we were basically allowed to do our own thing whilst under the supervision of a physiotherapist. Assistance was provided to access the pool using a pool-side powered chair. We were all hugely benefiting from the sessions which unfortunately stopped when the physiotherapist Megan McDonald retired! Personally and as a wheelchair dependent MD sufferer, I was able to undertake a rigorous and 'high-energy' work out performing exercised I devised myself. Admittedly, I was pretty 'limp' afterwards but felt so revitalized having pumped blood into parts of my body which maybe hadn't received a*

*good blood flow since the last session. Dressing afterwards was a challenge and I would have benefited much from having some assistance, but I managed nonetheless.*

*Since the facility of the hydro sessions have ended I have put on quite a bit of weight and the onset of my LGMD has accelerated.*

*With appropriate support I would very much like to resume hydro sessions whilst I still can however I understand that some services are already under review at RGH and I rather suspect that hydro would not feature as being very important.*

*I have kept in touch with other members of the group all of whom miss the weekly sessions very much. We are all of the opinion that it wasn't then and wouldn't be now necessary to have a 'life-guard' in attendance - we were all adults and were always on stand-by to help each other. That said, I realise that it would be essential to have an able bodied person in attendance and, personally, I would now need help to dress. But since the end of the sessions I don't get out so much and have lost the benefit of a weekly discipline from which I was really benefiting'.*

#### **Appendix 4**

##### **Wales NM network – NM work demonstrated in job plans by clinicians**

Gareth Llewelyn – 0.75/wk (C & V)

Jon Walters – 0.5/wk (C & V), 0.17/wk (ABMU)

Nigel Hinds – no figures given

Marguerite Hill – 0.5/wk (ABMU)

Louise Hartley – 2.0/wk (C & V)

Cathy White – 0/wk (ABMU)

Victoria Lidstone – 3.5/wk

Mark Rogers – 2.5/wk

Total 9.92 sessions/wk total

#### **Appendix 5**

##### **Plans for NM educational programme**

- ‘meet the team’ session – opportunity for users of the Welsh NM network to meet individual team members for ‘question and answer’ session. Possibly linked to a X-party meeting in Cardiff. Other patient groups – hereditary neuropathy/ myasthenia – invited to attend.
- Respiratory involvement in NM disease – Professional session planned for October 2013. To be run in ABMU initially, with a view to be run elsewhere at a later stage. Primarily for respiratory physicians, respiratory nurses with an aim to increase awareness of NM conditions and how they can be managed successfully.
- Therapy for NM conditions – Professional session planned for October 2013. For all members of NM network. Aim to increase awareness of how NM conditions can be managed from specialist physiotherapist viewpoint. Hope to involve speakers from both adult/ paediatric specialist physiotherapy – both in terms of peripheral nerve and muscle physio from within UK
- General Practice session – Professional session. For GPs. Delivered by NM network with aim of making GPs aware of the different ways in patients with NM conditions may present clinically. To highlight situations in which early referral to NM specialist care is necessary. The mechanism by which this could be delivered is still undecided.

## References

<sup>i</sup> All Party Parliamentary group for Muscular Dystrophy. Access to Specialist NeuroMuscular Care: TheWalton report. 2009

[www.muscular-dystrophy.org/assets/000/9943/waltonreport.pdf](http://www.muscular-dystrophy.org/assets/000/9943/waltonreport.pdf)

<sup>ii</sup> Neurological Alliance and ABN. Neuronumbers. 2003

[www.neural.org.uk/store/assets/files/20/original/NeuroNumbers.pdf](http://www.neural.org.uk/store/assets/files/20/original/NeuroNumbers.pdf)

<sup>iii</sup> Neurological Alliance and ABN. Neuronumbers. 2003

[www.neural.org.uk/store/assets/files/20/original/NeuroNumbers.pdf](http://www.neural.org.uk/store/assets/files/20/original/NeuroNumbers.pdf)

<sup>iv</sup> Neurological Alliance and ABN. Neuronumbers. 2003

[www.neural.org.uk/store/assets/files/20/original/NeuroNumbers.pdf](http://www.neural.org.uk/store/assets/files/20/original/NeuroNumbers.pdf)

<sup>v</sup> Neurological Alliance and ABN. Neuronumbers. 2003

[www.neural.org.uk/store/assets/files/20/original/NeuroNumbers.pdf](http://www.neural.org.uk/store/assets/files/20/original/NeuroNumbers.pdf)

<sup>vi</sup> Welsh Neuroscience Review group – led by James Steers. Reviewed current provision of adult neuroscience services, 2008

<sup>vii</sup> Walton report - August 2009 – entitled ‘Access to specialist NM care’

[www.muscular-dystrophy.org/assets/000/9943/waltonreport.pdf](http://www.muscular-dystrophy.org/assets/000/9943/waltonreport.pdf)

<sup>viii</sup> Thomas report – July 2010 – ‘Access to specialist NM care in Wales’. Cross party Group on Muscular Dystrophy

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- <sup>ix</sup> Marsh EA, Fung W, Llewelyn GJ. A collaborative audit of unplanned admissions in adults with Neuromuscular disease. 2012 – Unpublished to date.
- <sup>x</sup> Prof M Hanna. A Collaborative audit on Unplanned Admissions in Adults and Children with Neuromuscular Diseases. MRC Centre for Neuromuscular Diseases. Institute of Neurology, Queen Square. 2011
- <sup>xi</sup> Marsh EA, Vincent M, Llewelyn JG. Clinical Usefulness of Nerve Biopsies in Wales, 2011 – Unpublished to date.
- <sup>xii</sup> Invest to Save. Improving services and reducing costs. Muscular Dystrophy Campaign, May 2011
- <sup>xiii</sup> Muscular Dystrophy Campaign. Invest to Save. Improving services and reducing costs. 2011
- <sup>xiv</sup> Health care not health risk, based on the MDC's 2011 hospital survey
- <sup>xv</sup> Benditt JO. Management of pulmonary complications in neuromuscular disease. Physical medicine and rehabilitation clinics of north America, 1998; 9:1, 167-185
- <sup>xvi</sup> Bushby K, Bourke J, Bullock R et al. The multidisciplinary management of Duchenne muscular dystrophy. Current paediatrics. 2005, 15, 292-300
- <sup>xvii</sup> All Wales Guidelines for non-invasive ventilation in neuromuscular disease. Simon Barry, on behalf of Wales NIV group, 2011
- <sup>xviii</sup> State of the Nation. The 2008 National Survey. MDC 2008
- <sup>xix</sup> Naylor C, Parsonage M, McDaid D, Knapp M, Fossey M, Galea A (2012) Long-term conditions and mental health: The cost of co-morbidities. The Kings Fund. [www.kingsfund.org.uk/publications/mental\\_health\\_ltc.html](http://www.kingsfund.org.uk/publications/mental_health_ltc.html)
- <sup>xx</sup> Cimpean D, Drake RE (2011) 'Treating co-morbid medical conditions and anxiety/depression', Epidemiology and Psychiatric Sciences, 20, 141–150.
- <sup>xxi</sup> Moussavi S, Chatterji S, Verdes E, Tandon A, Patel V, Ustun B (2007) 'Depression, chronic diseases, and decrements in health: results from the World Health Surveys', Lancet, 370; 9590; 851–58.
- <sup>xxii</sup> Cormac, I and Tihanyi P (2006) Meeting the mental and physical healthcare needs of carers. Advances in Psychiatric Treatment (2006) 12: 162-172
- <sup>xxiii</sup> Abi Daoud MS, Dooley JM, and Gordon KE (2004) Depression in parents of children with duchenne muscular dystrophy. Pediatric Neurology Volume 31 (1) Pages 16-19.
- <sup>xxiv</sup> Hendriksen JGM, Poysky J, Schrans DGM, Vles JSH (2009). Psychosocial adjustment in males with Duchenne muscular dystrophy. : Psychometric Properties and Clinical Utility of a Parent-report Questionnaire. Journal of Pediatric Psychology 34 (1), 69-78.
- <sup>xxv</sup> Poysky J, and Kinnett K. (2009) Facilitating family adjustment to a diagnosis of Duchenne muscular dystrophy: April 24–25, 2008, Miami, Florida. Neuromuscular Disorders Oct19 (10):733-8
- <sup>xxvi</sup> Fitzpatrick C., Barry C., Garvey C. (1986). Psychiatric Disorder Among Boys With Duchenne Muscular Dystrophy. Developmental Medicine & Child Neurology, 28 (5), pages 589–595

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<sup>xxvii</sup> Henriksen JGM, Vles JSH. Neuropsychiatric Disorders in Males with Duchenne Muscular Dystrophy: Frequency Rate of Attention-Deficity Hyperactivity Disorder (ADHD), Autism Spectrum Disorder, and Obsessive-Compulsive Disorder'. *Journal of Child Neurology* 2008 May;23(5):p. 477-81

<sup>xxviii</sup> Manzur AJ, Kuntzer T, Pike M, Swan AV. Glucocorticoid corticosteroids for Duchenne muscular dystrophy (Cochrane review). *The Cochrane library* 2009, Issue 1

<sup>xxix</sup> Adult NM Support Days, Rookwood Hospital. Rachel Salmon, NMCA

<sup>xxx</sup> Invest to Save. Improving services and reducing costs. Muscular Dystrophy Campaign, May 2011

<sup>xxxi</sup> Thomas report – July 2010 – ‘Access to specialist NM care in Wales’. Cross party Group on Muscular Dystrophy

<sup>xxxii</sup> **The State of the Nation: National Patient Survey. MDC 2013.**

<sup>xxxiii</sup> Service Specification for Neurosciences. NHS England June 2013 - produced by NHS commissioning board

<sup>xxxiv</sup> State of the Nation. The 2013 national survey. MDC 2013.

<sup>xxxv</sup> Prof M Hanna. A Collaborative audit on Unplanned Admissions in Adults and Children with Neuromuscular Diseases. MRC Centre for Neuromuscular Diseases. Institute of Neurology, Queen Square. 2011

## Useful sources of support

- The MD Campaign – [www.muscular-dystrophy.org](http://www.muscular-dystrophy.org) - provision of educational sessions for families in the paediatric and adult setting – in SE and SW Wales – planning is underway to provide a similar support day for those in NWales
- Action Duchenne - [www.actionduchenne.org](http://www.actionduchenne.org)
- Myotonic Support Group - [www.myotonicdystrophysupportgroup.org](http://www.myotonicdystrophysupportgroup.org)
- MND association - [www.mndassociation.org](http://www.mndassociation.org)

## Other useful references

Standards of better Health, Department of Health, 2004 (updated 2006) - 4132991  
[www.dh.gov.uk](http://www.dh.gov.uk)

National Service Framework for Long Term Neurological Conditions (march 2005) – 4105361  
[www.dh.gov.uk](http://www.dh.gov.uk)



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## Current care standards

Exist for;

- SMA - [www.treat-nmd.eu/sma.care](http://www.treat-nmd.eu/sma.care)
- DMD – [www.treat-nmd.eu/dmd.care](http://www.treat-nmd.eu/dmd.care) & also Scottish muscle network  
Standards of care for DMD - Lancet Neurology, 2010, 9, 77-93 & 177-189) Bushby K et al
- CMD
- MyD – produced by Scottish muscle network – upon Scottish intercollegiate guidelines network, [www.sign.ac.uk](http://www.sign.ac.uk)

# Agenda Item 2.2

## **P-04-533 Environmental Planning for Small Scale Wind Turbine Sites**

### **Petition wording:**

We call upon the National Assembly for Wales to ask the Welsh Government to pass legislation to enable the following planning law. The laws would place conditions on all wind turbine applications, which do not form part of a commercial wind farm development. 1) We ask that such turbines shall not exceed 47metres to blade tip. 2) That the consent of 50% of residents, over the age of sixteen, living within 3Km.of the proposed site give signed approval of the plan. 3) That all turbines outside Wind Farm Developments are restricted to an operational period between 06.00 Hrs and 21.00Hrs to protect nocturnal birds and mammals. 4) That public consultation and written evidence is offered, and supplied to all residences within 4Km. of a proposed site to comply with the Aarhus convention. 5) All turbines should be constructed of materials which are 100% recyclable and all ground works removed at the end of operations.

**Petition raised by:** GALAR

**Date Petition first considered by Committee:** 4 February 2014

**Number of signatures:** 433

## **P-04-534 A campaign to secure CARDIGAN HOSPITAL**

### **Petition wording:**

We sign this petition to show our support for CARDIGAN TOWN COUNCIL and CARDIGAN

HOSPITAL & COMMUNITY LEAGUE OF FRIENDS who are calling on Hywel Dda Health Board to:

(a) overturn the recent decision to close all in-patient beds in Cardigan Community Hospital;

(b) provide a clear timetable regarding future health provision in the Cardigan area;

(c) proceed with plans to provide a new Cardigan Hospital, with beds, as soon as possible.

**Petition raised by:** Cardigan Hospital and Community League of Friends

**Date Petition first considered by Committee:** 4 February 2014

**Number of signatures:** TBC

# Agenda Item 3.1

## **P-04-367 Save our Hospital Services**

### **Petition wording:**

- We the undersigned want to see ALL of our local health services maintained and protected at Prince Philip Hospital.
- We oppose the downgrading of our hospital.
- We ask the Health Minister and the Welsh Labour Government to review their plans as a matter of urgency.

**Petition raised by:** Rhydwyn Ifan

**Date petition first considered by Committee:** 28 February 2012

**Number of signatures:** Approximately 9,000 signatures

## **P-04-394 Save our Services – Prince Philip Action Network**

### **Petition wording:**

We the people of Llanelli, the town with the largest population within the Hywel Dda area demand Prince Philip Hospital be restored to a fully functioning District General Hospital with the return of major elective surgery, including gastrointestinal, vascular, urology, gynaecology and trauma, with support from the original 5 ITU beds fully staffed, which would support a fully staffed, consultant led Accident and Emergency Department, providing support for the physicians.

**Petition raised by:** Prince Philip Action Network

**Date petition first considered by Committee:** 29 May 2012

**Number of signatures:** 24,000 (approximately)

# Agenda Item 3.3

## **P-04-430 : Proposed closure of Tenby Minor Injuries Unit**

### **Petition wording:**

We the undersigned strongly object to the proposals in the Hywel Dda Health Board Document Your Health/ Your Future, referring to closure of the Minor Injuries Unit in Tenby. We call on the National Assembly of Wales to ensure the proposals set out in the Hywel Dda Health Board Document are not carried out and that the MIU in Tenby remains open.

**Petition raised by:** Andrew James Davies

**Date petition first considered by Committee:** 6 November 2012

**Number of signatures:** 157 Associated petitions collected over 581 signatures

## **P-04-431 : Against health cuts from the residents of Pembrokeshire**

### **Petition wording:**

SWAT (Save Withybush Action Team) have fought for the retention of safe, effective and accessible secondary health care services for the people of Pembrokeshire since 2005.

On behalf of SWAT I call upon the National Assembly for Wales to urge the Welsh Government to ensure that the plans for Secondary Healthcare provision currently being consulted on in the Hywel Dda Health Board area will maintain the present level of services available at Withybush Hospital. The 14000 signatories on the petitions delivered to your office by SWAT do not agree with the preferred option of the Hywel Dda health Board to centralize most inpatient services on the Glangwili site. It is quite clear to the people of Pembrokeshire and elsewhere who have signed these petitions that if centralization of services is required then Withybush should be the preferred site. This would provide an equitable, accessible, safe and sustainable Secondary Healthcare service for the whole of the Hywel Dda Health Board area whereas centralizing services on the Glangwili site would seriously disadvantage the people of Pembrokeshire.

**Petition raised by:** SWAT (Save Withybush Action Team)

**Date petition first considered by Committee:** 6 November 2012

**Number of signatures:** Associated petition collected approximately 14,000 signatures. Associated petition collected approximately 14,000 signatures. Of these 14,000 signatures, over 10,000 signatures were collected for a petition which specifically called for the Special Care Baby Unit at Withybush to be saved, and 4,000 signatures for petitions which called for all services at Withybush to be protected.

# Agenda Item 3.5

## **P-04-455 : Save Prince Phillip Hospital A&E**

### **Petition wording:**

Hywel Dda Health Board is planning to downgrade or close A&E services at Prince Philip Hospital. This is an essential service for Llanelli and the surrounding communities and the community needs to act to save our A&E. Please sign this Petition to prevent the closure of this essential service, and to ensure lives are not put at risk.

**Petition raised by:** Angharad Howells

**Date petition first considered by Committee:** 29 January 2013

**Number of signatures:** 1038



Mark Drakeford AC / AM  
Y Gweinidog Iechyd a Gwasanaethau Cymdeithasol  
Minister for Health and Social Services



Llywodraeth Cymru  
Welsh Government

Eich cyf/Your ref P-04-367 / 394 / 430 / 431 / 455  
Ein cyf/Our ref MD/03564/13

William Powell AM  
Chair  
Petitions Committee  
[William.Powell@wales.gov.uk](mailto:William.Powell@wales.gov.uk)

[Stephen.George@wales.gov.uk](mailto:Stephen.George@wales.gov.uk)  
Committee Clerk

14 December 2013

Dear William

Thank you for your letter of 6 December about a number of petitions the Committee is currently considering in relation to changes to Health Services in Mid & West Wales. Please find below the latest position on the three matters which you requested.

### Minor Injuries Services in Tenby

The Minor Injuries Unit at Tenby Hospital closed on 1 December. I have been assured by Hywel Dda Health Board that an appropriate level of care is being put in place for the people of Tenby. They intend to redeploy the enhanced nurse practitioners to the Emergency Department at Withybush Hospital. I expect the Health Board and local Community Health Council to monitor the situation in Tenby closely and to react appropriately if the new service providers struggle to meet the relatively low levels of patient activity accessing the former MIU.

The Health Board's decision to close the MIU followed an evaluation of the pilot minor injuries service during the summer, which was run by the Red Cross. I understand that the Health Board intends to commission a similar service for the tourist season in future years.



## Neonatal Services in relation to Glangwili and Withybush Hospitals

As you are aware, the Health Board's proposals for changes to neonatal services at Withybush and Glangwili Hospitals were referred to me for determination by the local Community Health Council (CHC). An independent Scrutiny Panel was convened to provide me with advice and recommendations on which to base my decision, and reported back to me in September.

On 24 September, I confirmed my support for the Panel's recommendation to develop a Level 2 neonatal unit at Glangwili Hospital, but instructed the Health Board to undertake a further of piece of work to clarify models for obstetric and maternity services in the area.

The Health Board has now provided this additional work and the Scrutiny Panel is being reconvened to consider the report and provide me further advice and recommendations. I intend to make my final determination on this matter on 21st January 2014.

## Model of Emergency Care at Prince Philip Hospital

The CHC also referred the Health Board's proposals for emergency care at Prince Philip Hospital in Llanelli to me for determination. Following the advice of the Scrutiny Panel, I announced my decision on the model of care at the Hospital in the Senedd on 24 September.

The Local Emergency Department will be clinically led by doctors and delivered in conjunction with emergency nurse practitioners. Patients attending the unit should have direct access to a medical opinion when required and I am clear that responsibility for clinical leadership in such circumstances should rest with the General Practitioners or Consultants as appropriate.

I trust this provides the Petition Committee with the necessary information. As requested, I will forward the copies of the recent information provided by the petitioners, which were enclosed with your letter, to the Scrutiny Panel. I have also noted the content of your letter to the Chief Executive of Hywel Dda Health Board, about its failure to respond to correspondence on the petitions.

Best wishes

Mark

**Mark Drakeford AC / AM**

Y Gweinidog Iechyd a Gwasanaethau Cymdeithasol  
Minister for Health and Social Services





GIG  
CYMRU  
NHS  
WALES

Bwrdd Iechyd  
Hywel Dda  
Health Board

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Ein cyf/Our ref:	TP/elc	Hywel Dda Health Board Headquarters Merlins Court, Winch Lane, Haverfordwest, Pembrokeshire, SA61 1SB Tel Nr: (01437) 771220
Gofynnwch am/Please ask for:	Trevor Purt, Chief Executive	
Rhif Ffôn /Telephone:	01437 771220	
Ffacs/Facsimile:	01437 771222	Hywel Dda Health Board Headquarters Merlins Court, Winch Lane, Haverfordwest, Pembrokeshire, SA61 1SB Tel Nr: (01437) 771220
E-bost/E-mail:	Trevor.purt@wales.nhs.uk	

13<sup>th</sup> December 2013

William Powell AC/AM  
Chair  
Petitions Committee  
National Assembly for Wales  
Cardiff Bay  
Cardiff  
CF99 1NA

Dear Mr Powell

**Your reference P-04-367/394/430/431/455**

Firstly, I most sincerely apologise for our lack of response to your original letter. I would like to reassure you that we have a clear process in place for ensuring correspondence is managed and I am happy to share that with you if you would wish. On this occasion it would seem that whilst my office believed a response had been sent, through human error on this occasion it appears not to have been the case. I would assure you that letters from Senedd Committees such as yours are treated as the highest of priorities and can again only apologise in this instance.

The CHC referred the potential closure of Tenby and South Pems MIUs to the Minister in accordance with the guidance and the Health Board had taken into consideration an earlier petition from Tenby residents in advance of the decision to close the Unit taken on 15 January 2013.

The Minister directed that the issue be resolved locally and the Health Board undertook this through an Implementation Board, chaired by an Independent Member, which has the CHC in attendance as associate members (and which has delegated authority for approval of consultation specific service change).

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Pencadlys Bwrdd Iechyd Hywel Dda  
Llys Myrddin, Lôn Winch, Hwlfordd,  
Sir Benfro, SA61 1SB  
Rhif Ffôn: (01437) 771220  
Rhif Ffacs: (01437) 771222

Hywel Dda Health Board Headquarters  
Merlins Court, Winch Lane, Haverfordwest,  
Pembrokeshire, SA61 1SB  
Tel Nr: (01437) 771220  
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Cadeirydd / Chairman  
**Mr Chris Martin**  
Prif Weithredwr /Chief Executive  
Yr Athro/Professor Trevor Purt



At the time of the original letter to the Health Board, we were in the middle of this process and it is unfortunate this was not relayed at the time to the Petitions Committee. However, the final decision was taken to close the Unit after close scrutiny of a local gateway mechanism to provide assurance that the requirements of the Board's decision (made on 15 January 2013) had been met.

In making the decision the Implementation Board carefully considered the issues raised by the and the local needs of the population. These included:

- GP access – an undertaking was given to continue discussions with local GPs on their intentions around the provision of treatment room services and access; the outcome of these discussions was that the local practices would continue to provide treatment room services for their registered lists.
- The provision of a service over the summer period to manage the influx of tourists – following a successful pilot service we had commissioned for summer 2013, we agreed to review the requirement for 2014 and future years between February and March next year and to engage, GPs and the CHC in the process.
- Equality impact - the impact assessment showed that there were low numbers of patients presenting at the MIU and a breakdown of the cases showed that the vast majority would be more appropriate for treatment by a GP or self-care.
- Transport – our evidence showed that the vast majority of those presenting at the MIU had their own transport and that with the majority of those presenting having minor injuries that would be more appropriate for treatment by a local GP or by self-care. The impact therefore was minimal and the Health Board was clear that it does not provide transport for minor injuries services.

It is worth noting that the closure of the MIU needs to be kept in context. Registered patients in the Tenby area will have the same access through the winter to health services as the great majority of the population in the 3 counties of Hywel Dda. This includes access to local GP's (through the treatment room LES), community pharmacies, self care, community based service and emergency care at the district general hospitals. There will also be an enhanced level of service commissioned for the summer which is unique to the Tenby area. Also, the ENPs from the MIU can be redeployed to support A&E services in Withybush over winter which will have a significantly positive



GIG  
CYMRU  
NHS  
WALES

Bwrdd Iechyd  
Hywel Dda  
Health Board

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impact on the wider Pembrokeshire population.

Yours sincerely

A handwritten signature in blue ink, appearing to read 'Trevor Purt'.

Trevor Purt  
Chief Executive

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Pencadlys Bwrdd Iechyd Hywel Dda  
Llys Myrddin, Lôn Winch, Hwlfordd,  
Sir Benfro, SA61 1SB  
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Cadeirydd / Chairman  
**Mr Chris Martin**  
Prif Weithredwr /Chief Executive  
Yr Athro/Professor Trevor Purt

**P-04-394 Save our Services – Prince Philip Action Group –  
Correspondence from the Petitioner to Clerking Team, 26.01.2014**

Dear Deputy Clerk, Thank you for this opportunity to,once again,respond to the Petitions Committee.

C.I.H.S./SOSPPAN has the following observations to make:

1. Trevor Purt's letter of apology to Mr Powell AM (13-12-13) makes NO reference to the future of A&E at PPH,Llanelli.

The Hywel Dda Health Board has consistently ignored the demands of the people of Llanelli. The LHB has brushed aside the largest petition received by WAG and has totally failed to take note and regard of the feelings of the people who reside in largest conurbation served by the Hywel Dda Health Board.

C.I.H.S./SOSPPAN is aware that a Judicial Review is to take place and is unable to comment further.

2. C.I.H.S./SOSPPAN notes,with interest, the Minister's response to Mr Powell AM. C.I.H.S./SOSPPAN is unable to make comments as it understands that a Judicial Review is taking place.

Dyminiadau gorau/ Kind Regards, V.Bryan Hitchman (Chairman CIHS/SOSPPAN)



## **P-04-502 Wellbeing Centre for Wales**

### **Petition wording:**

We the undersigned call on the Welsh Assembly to urge the Welsh Government to establish a new Wellbeing Centre for Wales that would put individual and community wellbeing(1) at the heart of Welsh politics, and that would be core-funded by government.

### **Additional information:**

Although we recognize that the Welsh government has made considerable strides forward in terms of wellbeing policy, the latest statistics from the All-Wales Mental Health Network show that poor mental health, for example, costs the Welsh economy £7.2bn a year(2) and that the industrial areas of south east Wales have amongst the lowest subjective wellbeing scores in the UK(3)

We believe that this situation needs a solution.

A Wellbeing Centre for Wales would provide evidence-based policy solutions to the problem of wellbeing levels in Wales that are, on average, lower than the UK average. It would draw on the expertise of a wide range of cross-sector partners; including those with policy-making expertise and a track record in effective political engagement; those with experience of delivering wellbeing initiatives at grassroots levels, such as representatives from the voluntary sector; those with a background in action research; as well as academics and academic networks.

A Wellbeing Centre for Wales would draw inspiration from prestigious policy institutes like the Centre for Social Justice (CSJ). As with the CSJ's Poverty Fighting Alliance, The Centre would also aim to build on the vibrant network of grassroots charities and voluntary organizations already established by Lles Cymru Wellbeing Wales, to create a dynamic Wellbeing Network that would serve not only to showcase models of best practice that would then inform and shape policy solutions, but also act as a bridge between communities and government.

The Wellbeing Centre for Wales could also provide a focus for a whole range of innovative wellbeing-promoting initiatives, such as working with the public and private sector to provide programmes of workplace training around wellbeing issues, including targeted workplace wellbeing training for those on low incomes; scaling up resources like the Sustainable Wellbeing Toolkit, which was developed by Lles Cymru Wellbeing Wales to help organizations implement and measure wellbeing programmes; mapping out community assets in Wales for the benefit of the public; or creating digital

resources to increase public awareness around wellbeing issues, such as creating free electronic apps to measure individual wellbeing. The Centre would look for funding for its programme of projects and events from charitable trusts and foundations, as well as corporate sponsors, private individuals, and partnerships with the private sector.

In short, we the undersigned believe that a concerted effort is now required by multiple agencies, all working together, to realize the wellbeing ambitions set out in the government's legislative programme. A Wellbeing Centre for Wales would be a perfect vehicle to drive change.

[1] "Wellbeing is a positive physical, social and mental state; it is not just the absence of pain, discomfort and incapacity. It arises not only from the action of individuals but from a host of collective goods and relationships with other people. It requires that basic needs are met, that individuals have a sense of purpose, and that they feel able to achieve important goals and participate in society. It is enhanced by conditions that include supportive personal relationships, involvement in empowered communities, good health, financial security, rewarding employment, and a healthy and attractive environment.

From 'Local Wellbeing: Can We Measure it?' New Economics Foundation, September 2008

(2) Promoting mental health and preventing mental illness: the economic case for investment in Wales by Lynne Friedli and Michael Parsonage October 2009. For more details visit:  
<http://www.publicmentalhealth.org/news.cfm?orgid=749&contentid=15934>

[3] <http://www.wiserd.ac.uk/training-events/annual-conference/programme/health-and-wellbeing/analysis-subjective-wellbeing-wales-evidence-annual-populati/>

**Petition raised by:** Wellbeing Wales

**Date petition first considered by Committee:** 24 September 2013

**Number of signatures:** 52



Mark Drakeford AC / AM  
Y Gweinidog Iechyd a Gwasanaethau Cymdeithasol  
Minister for Health and Social Services



Llywodraeth Cymru  
Welsh Government

Eich cyf/Your ref P-04-502  
Ein cyf/Our ref MD/02674/13

William Powell AM  
William.powell@wales.gov.uk

21 October 2013

*Deu William*

Thank you for your letter of 3 October calling on the Welsh Government to establish a new Wellbeing Centre for Wales. We are already supporting work on wellbeing.

Together for Mental Health sets out the Welsh Government's joined-up, 10-year strategic approach to improving the lives of those with mental health problems, and, where possible, preventing such problems developing in the first place by improving the mental wellbeing of the population.

The All Wales Mental Health Promotion Network, managed by Public Health Wales, provides strong leadership and a focus for mental health promotion and wellbeing in Wales. It increases public and professional understanding of public mental health, develops evidence and learning exchanges, and acts as a conduit for the dissemination of promising practices in public mental health wellbeing.

To guide and develop the network an Advisory Board, chaired by Professor Sir Mansel Aylward, meets on a quarterly basis and comprises experts in the field of mental health and representatives from mental health promotion and wellbeing. The Board is currently reviewing its terms of reference and membership to ensure that it is 'fit for purpose' in relation to its role in the delivery of aspects of Together for Mental Health, which includes a commitment to build skills to support policy development and practical action for promoting mental wellbeing.

I have asked Public Health Wales to liaise with Dafydd Thomas, Executive Director of Lles Cymru, to determine how the work on wellbeing can best be taken forward.

*Best wishes  
Mark*

**Mark Drakeford AC / AM**  
Y Gweinidog Iechyd a Gwasanaethau Cymdeithasol  
Minister for Health and Social Services

Bae Caerdydd • Cardiff Bay  
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CF99 1NA

English Enquiry Line 0845 010 3300  
Llinell Ymholiadau Cymraeg 0845 010 4400  
Correspondence: Mark.Drakeford@wales.gsi.gov.uk

Wedi'i argraffu ar bapur wedi'i ailgylchu (20%)

Page 50

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# Agenda Item 3.7

## **P-04-385 Petition regarding balloon and lantern releases**

### **Petition wording:**

We call upon the National Assembly for Wales to urge the Welsh Government to legislate against the intentional release of balloons and Chinese (or Air) lanterns into the air.

**Petition raised by:** Bryony Bromley

**Date petition first considered by Committee:** 1 May 2012

**Number of signatures:** 564

### **Supporting information:**

The Cardiff Regional Eco-Committee (made up of pupil representatives from Cardiff Green Flag Eco-Schools) recently passed a motion to work towards legislation to prevent mass intentional Balloon and Chinese/ Air Lantern Releases due to the damaging effect that they have on wildlife, both on land and at sea.

### **Balloon Releases**

There have been many cases of wildlife being discovered with latex balloons in their stomachs, blocking their intestinal tract: Marine species, particularly marine turtles and some sea birds, may mistake floating balloons for their jellyfish prey and swallow them, or become entangled and drown. Once swallowed, a balloon may block the digestive tract and eventually lead to death by starvation. The Marine Conservation Society (MCS) have carried out autopsies on a considerable number of marine wildlife that have been found washed up on beaches, confirming the results of balloon litter on the digestive tract.

The NFU has publicised the risk of grazing animals choking on balloons and in balloons contaminating hay, again posing a choking risk (<http://www.telegraph.co.uk/earth/agriculture/farming/8494881/Farmer-wins-compensation-after-Red-Nose-Day-balloon-kills-cow.html>)

Recent marketing campaigns have suggested that it is possible to carry out an 'eco-friendly' balloon release using biodegradable balloons able to decompose at the same rate as an Oak leaf.

- Oak leaves are very high in tannins and can take two years to fully decompose if not exposed to high levels of sunlight or water.

Following research in 2008, Keep Wales Tidy has stated that intentional balloon releases should be considered a form of littering. Since beginning to

record balloon litter as part of their LEAMS surveys in 2008-09, Keep Wales Tidy has observed balloon litter in each of Wales' 22 local authorities. In one county balloon litter has been observed on 17% of streets.

The Marine Conservation Society has run campaigns to stop balloon releases, since 1996 and there are currently at least 23 authorities in the UK who have upheld a ban on mass balloon releases. Data shows that the amount of balloon litter found on Welsh beaches has unfortunately trebled over the last 15 years as the practice becomes more popular.

Approximately 10% of balloons released into the air fall back to earth intact. This figure is higher when the balloon is tied with plastic ribbons and tags.

<http://www.mcsuk.org/downloads/pollution/dont%20let%20go.pdf>

### **Chinese/ Air lanterns**

The Marine and Coastguard Agency has warned of the dangers of Chinese lanterns, based on them being confused with distress flares.

The RSPCA has warned that the wire structure of lanterns could cause "extreme discomfort" to cattle if ingested.

The National Farmers Union has called for a ban on Chinese lanterns, owing to the danger posed to grazing animals.

<http://www.bbc.co.uk/news/magazine-11265560>

Owing to the fire hazard, the Chief Fire Officers Association (CFOA) recently warned people against releasing the lanterns, saying although they looked spectacular "once airborne they cannot be controlled".

<http://www.bbc.co.uk/news/uk-england-13934378>

The Irish Aviation Association has highlighted the risk lanterns pose to aviation and is now demanding that permission be sought from them for any releases in the Republic of Ireland. They also insist that the nearest Air Traffic Control Unit, the Irish Coastguard and local Garda Station be informed.

(Publication by the Irish Aviation Association, Sky Lanterns and the risk to Aviation.)



Alun Davies AC / AM  
Y Gweinidog Cyfoeth Naturiol a Bwyd  
Minister for Natural Resources and Food



Llywodraeth Cymru  
Welsh Government

Eich cyf/Your ref P-04-385  
Ein cyf/Our ref AD-/01131/13

William Powell AM  
AM for Mid & West Wales  
Chair Petitions committee  
Ty Hywel  
Cardiff Bay  
Cardiff  
CF99 1NA

15 October 2013

Dear Bill,

### Sky Lanterns

Thank you for your letter of 23 July asking whether there will be a change of approach in managing the risks associated with sky lanterns following the fire in Smethwick.

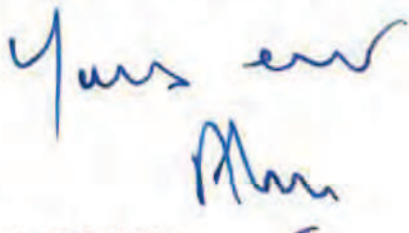
In my letter of 30 June and the written statement of 18 July I set out a series of proposed actions following the publication of the research report on the impact of sky lanterns and helium balloons. The fire in Smethwick was clearly a very serious incident and consequently officials in UK Government are reviewing carefully the emerging evidence on the fire risks associated with sky lanterns.

As I explained in my previous letter and written statement, Welsh Government will continue to work with our partners and with the UK Government and will follow closely the progress of their review. I will also be monitoring the progress of their work with retailers, manufacturers and others to improve public awareness of how to use these products responsibly.

I shall be writing to local authorities to encourage them to consider the risks from sky lanterns and helium balloon releases in their areas and I will also raise the issue with charitable organisations to ensure that they consider the wider impacts of releasing sky lanterns at their events. My Chief Veterinary Officer Dr Christianne Glossop will shortly issue advice to raise awareness of the possible impacts on livestock health and welfare and the risks to livestock buildings. From a fire risk perspective, the Fire and Rescue Authorities are already active in discouraging the use of sky lanterns.

It is understandable that the fire in Smethwick has led to renewed concern about the risks associated with lanterns. Clearly the response by Welsh Government should be proportionate and grounded in firm evidence, which is why I have taken the course of action set out above.

I am copying this letter to the Minister for Local Government and Government Business as she is responsible for fire safety in Wales.

A handwritten signature in blue ink, appearing to read 'Yusuf' followed by a flourish, and a second signature below it that appears to be 'Alun'.

**Alun Davies AC / AM**  
Y Gweinidog Cyfoeth Naturiol a Bwyd  
Minister for Natural Resources and Food

# Agenda Item 3.8

## **P-04-445 : Save our Welsh cats & dogs from death on the roads**

### **Petition wording:**

We, the undersigned, call on all Welsh Residents who own cats and dogs to support our petition to the Welsh Government to remove the ban on electronic collars linked with invisible boundary fencing/hidden fencing so that we can protect our companion pets from harm either from: a) Road Traffic b) Straying into Danger c) Causing accidents for which we owners of cats & dogs might legally be held liable.

**Petition raised by:** Monima O'Connor

**Date petition first considered by Committee:** 15 January 2013

**Number of signatures:** 10 - Associated petition collected approximately 500 signatures



## Cymdeithas Frenhinol Atal Creulondeb i Anifeiliaid Royal Society for the Prevention of Cruelty to Animals

20 January 2014

William Powell AM  
Chair, Petitions Committee,  
National Assembly for Wales,  
Cardiff Bay,  
Cardiff,  
CF99 1NA

Dear William Powell AM,

**Re: P-04-445 - 'Save our Welsh cats & dogs from death on the roads'**

Thank you for your letter in relation to P-04-445, 'Save our Welsh cats & dogs from death on the roads'.

RSPCA Cymru is very pleased to be invited by the Petitions Committee to provide further information following the petitioner's more recent correspondence.

Further to this, the issues raised by the petitioner have been considered in detail by scientists in the RSPCA's Companion Animals department. Please see enclosed a response prepared by the department, based on scientific evidence.

It is hoped this clearly demonstrates why the RSPCA is deeply concerned by any proposals to remove the ban on electric collars linked with invisible boundary fencing or hidden fencing.

We welcome the Welsh Government's assertion made in February 2013 that no significant proposals have been brought forward to suggest changes to the legislation are warranted. Further to this, we understand the legislation will be reviewed this year, and we look forward to closely engaging with that process to ensure animal welfare does not take a backwards step in Wales.

RSPCA Cymru is also concerned that the policy of the Kennel Club may have been misunderstood as part of this campaign, as may have been inferred by correspondence received by the Petitions Committee. We welcome that the organisation is not seeking legislative change in Wales in relation to these

**RSPCA Cymru**  
10 Cwrt Ty Nant/ Ty Nant Court  
Treforgan /Morganstown  
Caerdydd /Cardiff  
CF15 8LW

Cruelty Line  
0300 1234 999

Elusen a gofrestrwyd yng Nghymru  
a Lloegr Rhif. 219099  
A charity registered in England &  
Wales Charity no. 219099

[www.rspca.org.uk/wales](http://www.rspca.org.uk/wales)

Noddwr Ei Mawrhydi Y Frenhines  
Patron HM The Queen

Chris O'Brien, Public Affairs Manager, RSPCA Cymru

Christopher.O'Brien@rspca.org.uk 0300 123 8912

Facebook: RSPCA [www.politicalanimal.org.uk/wales](http://www.politicalanimal.org.uk/wales) Twitter: @RSPCAcymru



## Cymdeithas Frenhinol Atal Creulondeb i Anifeiliaid Royal Society for the Prevention of Cruelty to Animals

devices.

It is imperative that the Animal Welfare (Electronic Collars) (Wales) Regulations 2010 are not amended in any way which impinges upon the welfare of animals, and the attached paper provides detailed information further to this.

As ever, should you require any further information, please do not hesitate to get in touch.

Yours Sincerely,

A handwritten signature in blue ink, appearing to read 'C. O'Brien', written in a cursive style.

**Chris O'Brien**  
**Public Affairs Manager, RSPCA Cymru**





# Evidence Paper

ELECTRONIC BOUNDARY FENCES - JANUARY 2014

RSPCA Cymru is pleased to submit the following evidence to the National Assembly for Wales' Petitions Committee, concerning petition P-04-445. This follows a request from the Committee Chair, William Powell AM, for further information following recent correspondence from the petitioner.

## 1. RSPCA'S POSITION ON ELECTRONIC BOUNDARY FENCES

- a) The RSPCA opposes the use of electronic training devices, including fences to train and control dogs and cats, as demonstrated by RSPCA policy<sup>1</sup> and position<sup>2</sup>.
- b) Based on the principles of learning theory, the electric stimulus delivered by a collar has to be aversive, causing pain or fear, to effectively inhibit the unwanted behaviour for example, preventing a dog or cat escaping from the garden.
- c) There is evidence which shows that the application of an electric stimulus can cause both a physiological stress response<sup>3</sup> and behavioural responses associated with pain, fear and stress in animals<sup>4</sup>.
- d) Recent Defra funded research shows that, at least in a proportion of animals trained using e-collars, there is a negative impact on welfare<sup>5</sup>. Furthermore, the use of e-collars does negatively impact on the welfare of some dogs when trained even when the training is being carried out by professionals using protocols based on advised best practice<sup>6</sup>.
- e) There is great potential for misuse of these devices, either through ignorance or malice by those intent on deliberate cruelty. In addition, the intensity and duration of the shock can be altered by the user. This can result in a high end shock being delivered which far exceeds the level at which the shock is aversive to the animal.

## 2. ELECTRONIC TRAINING DEVICES AND THE DELIVERY OF PAINFUL STIMULI

- a) With regard to specific points in the petitioner's letter, the RSPCA does not agree with the implied notion that just because animals of the same species cause pain to one another it is acceptable for humans to do so to another species. For example, dogs are very complex

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<sup>1</sup> 'No technical device should be used (or offered for sale) where an animal can be subjected to a painful stimulus at the direct instigation of a human or where a painful stimulus is delivered as a result of an animal's action from which it cannot retreat.

<sup>2</sup> As an example, see [www.dogwelfarecampaign.org.uk](http://www.dogwelfarecampaign.org.uk)

<sup>3</sup> Schalke, E., Stichnoth, J. And Jones-Baade, R. (2005) Stress symptoms caused by the use of electric training collars on dogs (*Canis familiaris*) in everyday life situations. Current Issues and Research in Veterinary Behavioural Medicine: Papers presented at the 5<sup>th</sup> International Veterinary Behaviour meeting. Purdue University Press, West Lafayette, Indiana.

<sup>4</sup> Tortora, D.F. (1982). Understanding Electronic Dog Training Part 1. *Canine Practice* 9 (2), 17-22.. Beerda, B., Schilder, M.B.H., van Hoof, J.A.R.A.M., de Vries, H.W. and Mol, J.A. (1998) Behavioural, saliva cortisol and heart arte responses to different types of stimuli in dogs. *Applied Animal Behaviour Science* 59, 365-381.

<sup>5</sup> Cooper, J., Wright, H., Mills, D., Casey, R., Blackwell, E. Van Driel, K., Lines, 2013. Studies to assess the effect of pet training aids, specifically remote static pulse systems on the welfare of domestic dogs. Report to Defra.

<sup>6</sup> Cooper, J., Cracknell, N., Hardiman, J., Mills, D., 2013. Studies to assess the effect of pet training aids, specifically remote static pulse systems, on the welfare of domestic dogs; field study of dogs in training. Report to Defra.

communicators reliant upon very subtle changes in body language to communicate to one another which humans could never replicate or time in the same way as dogs can. This elaborate repertoire of behaviour allows dogs to avoid aggressive encounters which could otherwise be injurious.

- b) The stimulus delivered by the collar should not be compared to a nip given by an adult to its offspring in the wild. This suggests that the stimulus delivered by the collar will be no more painful than a nip which is not the case as the intensity and duration of the stimulus delivered by the collar can be altered to such a level that physical lesions can be caused<sup>7</sup>. In addition, the experience of the shock, in dogs for example, will be affected by the dog's temperament, previous experiences, frequency of application, location of shock, thickness of hair and the level of moisture on the skin<sup>8</sup>. Thus even if the collar was set to deliver a stimulus believed to be the same as a nip it may in fact cause more pain than intended.

### 3. ELECTRONIC BOUNDARY FENCES AND DOGS

- a) The RSPCA strongly believes that there are suitable and viable alternatives to the use of electronic boundary fences for the control of dogs, for example, fencing or training and as such they are not necessary. In addition, practical experience gained by members of the Association of Pet Behaviour Counsellors (APBC) shows that electronic boundary fences can compromise welfare and in some cases can result in other behaviour problems not previously present e.g. aggression<sup>9</sup>.

### 4. ELECTRONIC BOUNDARY FENCES AND CATS

- a) Electronic boundary fences are most likely to be used to contain cats within an area to prevent fatal road accidents which we acknowledge are a significant welfare problem.
- b) The RSPCA strongly believes that those who acquire an animal should be prepared to provide for its welfare needs in accordance with the Animal Welfare Act 2006 and should ensure their environment protects their animal from Road Traffic Accidents and painful stimuli. Our rehoming practice reflects this. When assessing the suitability of a prospective owner, the traffic volume is a consideration along with the needs of the individual cat. A young cat with no experience of a road and which is likely to roam would be highly unlikely to be rehomed next to a busy road.
- c) Owners who wish to contain cats within their garden should consider all viable alternatives such as fencing or the construction of a large enclosure; expert opinion suggests that keeping cats in at night is a good preventative for protecting cats from fatal road traffic accidents<sup>9</sup>.
- d) Based on cat's physical and psychological needs, it is important that the potential impact on cat welfare is acknowledged.
  - i. Recent research has shown that owned male domestic cats will range an average of 100m from their home and owned female domestic cats an average of 50m<sup>10</sup>. Despite

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<sup>7</sup> Seksel, K. (1999) Comments on collars policy: No. *Aust Vet Journal* 77, 78.

<sup>8</sup> Blackwell, E.J., Casey, R.A., 1993. The use of shock collars and their impact on the welfare of dogs: A review of the current literature. Report to the RSPCA.

<sup>9</sup> [www.apbc.org.uk/node/353](http://www.apbc.org.uk/node/353)

<sup>10</sup> Wilson, A., Usherwood, J., Lowe, J., Myatt, J. (2013) Research presented on BBC Horizon 'The Secret Lives of Cats'. Royal Veterinary College. <http://www.rvc.ac.uk/SML/People/awilson/BBC-Horizon-the-secret-life-of-the-cat.cfm>

being well-fed and neutered and therefore having no need to roam in regards to hunting and mating, owned domestic cats still chose to perform this behaviour suggesting they are highly motivated to do so<sup>11</sup>. Prevention from performing this behaviour is likely to negatively affect their welfare.

- ii. In addition, the use of electronic boundary fences for cats is likely to reduce their ability to manage and control social interactions. A cat's preferred strategy when faced with a social threat such as a neighbouring cat is to use avoidance to keep themselves safe. The decision to fight is generally a last resort due to the risk to health and fitness. The presence of an electric boundary fence may reduce their ability to avoid and/or flee from a perceived threat. In this case the cat may be forced to experience the pain from the electric fence or engage in a fight that it would have otherwise avoided. Strong motivation to escape the fenced area due to social conflicts or other threats will likely mean that low level shocks are not sufficient to keep the cat in and therefore a relatively high level shock would need to be used at all times.
- e) Based on the aforementioned evidence, the RSPCA believes that there is the potential for a negative impact on welfare when using electronic boundary fence systems for cats and this should be subject to further enquiry before introducing any legislative changes.

## 5. EXEMPTING ELECTRONIC BOUNDARY FENCES FROM THE ANIMAL WELFARE (ELECTRONIC COLLARS) (WALES) REGULATIONS 2010

- a) Prior to any exemption being considered, the RSPCA would require assurance that there are no long term harms to cat welfare. Reversing the ban with an absence of evidence that welfare is not compromised could be a backwards step for animal welfare. It could also lead to irresponsible pet ownership and a prevalence of ineffective, aversive approaches to animal training.
- b) If an exemption were to be granted, there must be a regulatory system in place with effective enforcement. There is great potential for the misuse of electronic training devices (1e) and a regulatory system would be necessary to minimise harm. Such a system would, however, pose significant financial and practical implications.
- c) One such practical implication is ensuring that those who train animals to respond to an electronic boundary fence are suitably qualified to minimise harm. Behaviour organisations such as the Association of Pet Behaviour Counsellors strongly oppose the use of electronic training devices<sup>12</sup> including the use of electronic boundary systems and so there is a risk that those who train may not be suitably qualified, knowledgeable, skilled or experienced. Defra research shows that with regards to electronic training devices there is a negative impact on welfare for at least some dogs, even when trained using best practice.

## 6. RSPCA'S POSITION ON ELECTRONIC LIVESTOCK FENCING

- a) The RSPCA does not support electronic livestock fencing rather the RSPCA is not against livestock fencing when used appropriately and when correctly managed. In addition:

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<sup>11</sup> Bradshaw, J. (2013) Cat Sense. New York, USA: Basic Books.

<sup>12</sup> [www.apbc.org.uk/node/353](http://www.apbc.org.uk/node/353)

- a. Electronic livestock fencing generally follows a visible boundary or is marked with white tape which is not the case for buried or hidden boundary fences, which require the dog or cat to learn the position of a boundary in the absence of any geographic features; the ability of which requires further research.<sup>13</sup>
- b. Viable alternatives to livestock fencing are not as readily available for livestock as they are for companion animals due to the economic cost of fencing large areas of pasture.
- c. Based on our expertise, we believe that the probability of livestock leaving a bound area, compared to cats and dogs, is likely to be less as the welfare needs of livestock can generally be provided for within the area. Dogs are more likely to be strongly motivated to leave an area to gain access to something which it highly values or to avoid something which it is frightened of thus are more likely to try and leave the area and be punished as a consequence.

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<sup>13</sup> Companion Animal Welfare Council (2012) The Use of Electric Pulse Training Ads (EPTAs) in Companion Animals.

## **P-04-445 – Correspondence from the Petitioner to the Committee, 27.01.2014**

### **Save our Welsh Cats & Dogs From Death on the Roads**

I am very pleased to respond back to the Chair of the Petitions Committee Williams Powell AM in respect of the concerns raised by the RSPCA in its letter dated 20<sup>th</sup> January 2014.

#### **Animal Welfare (Electronic Collars) 2010**

Before the 2010 ban, the animal-activated electronic boundary fencing was in use for decades in Wales without any adverse reports from the Police, Animal Welfare organisations or the veterinary community and no prosecutions have ever been brought under the Animal Welfare Act of 2006 throughout the UK.

#### **RSPCA's Scientific Evidence**

2009: Seksel (Australia)  
1993: Blackwell & Casey, (UK)  
1998 Beerda Schilda Van Hoof & Mol (Holland)  
2005: Schalke E., Stichnoth J & Jones-Baade (Germany)  
1982: Tortura D.F. (Columbia)

The above studies were conducted exclusively for human-activated training collars for dogs. All of them were undertaken between 9 to 32 years ago using the then prevailing technology. Some carried far more powerful outputs than the British standard maximum; specifically the Schalke study with German technology used Telekat micro 3000 which exceeds the British technical standard maximum by a magnitude of 8 times.

#### **Misuse (RSPCA Point 1e)**

As there is no human input into operation of the animal-activated fencing system, there is zero potential of misuse.

Most pet owners adore and cherish their pets as one of the family and the cost of professionally installed invisible fencing system is around £600 which compares favourably with vets' bills for road casualty pets. If any pet owner is intent on deliberate cruelty there are far simpler ways.

#### **Electronic Training Devices**

Human-activated training collars for dogs are completely different from animal-activated fencing collars as:

- a) they do not carry any warning alerts
- b) the human can repeatedly activate the correction.
- c) are used to train dogs in more complex tasks than simply remaining within the animal's home territory.

#### **Retreat from Stimulus (RSPCA Point 1c)**

In practice, once the pet is trained, it doesn't receive a correction again as it doesn't come close to the warning zone. This was clearly demonstrated in the campaign film I provided.

#### **Livestock fences and Rehoming**

The RSPCA accepts that aversive live electric shocks from livestock fencing can contain animals safely when managed correctly as there is no viable alternative. Similarly, there would be a significant reduction in the reported 3,400 healthy cats and dogs destroyed by the RSPCA in 2012 for non-medical reasons such as the lack of available space in kennels, catteries and suitable homes. Electronic fencing systems installed in homes with gardens situated near a busy road would dramatically increase the availability of homes. Electronic boundary fencing with a low static impulse is a viable alternative for this shocking slaughter of innocent cats & dogs.

## P-04-445 – Correspondence from the Petitioner to the Committee, 27.01.2014

### Save our Welsh Cats & Dogs From Death on the Roads

It would free up the RSPCA's resources to concentrate on the real culprits of appalling animal neglect and cruelty, images of which are shown so graphically on its website and thoroughly deserving of a prison sentence.

**RSPCA Point D:** The more recent DEFRA research, Cracknell, Hardiman, Mills Cooper concluded after the 3 year study period that a ban on these dog collars could not be justified because the research provided no evidence that these collars posed a significant risk to dog welfare. Furthermore, there is no evidence at all that there the correction is painful. A vet's injection is painful and the pet does either yelp or caterwaul.

More importantly from the perspective of this petition, there were no proposals from DEFRA to place any restrictions on the use of animal-activated fencing collars.

The RSPCA cites the APBC which say that electronic boundary systems can compromise welfare and may lead to aggression, but there are approximately 170 different types of electronic collars available in the world ([www.smartraining.com](http://www.smartraining.com)) but the APBC it doesn't say a) when the study was undertaken b) which system was evaluated and c) who were the scientists involved. There is only one collar in the British accredited standard.

**RSPCA's Point 2b** saying that a nip of a fencing e-collar "*can be altered in intensity and duration to such a level that physical lesions can be caused*" is wildly incorrect as the impulse is activated by the pet's own behaviour.

To suggest that an animal will voluntarily subject itself to a sufficiently high impulse for any length of time is palpable nonsense and not 'evidence' at all. It demonstrates a complete lack of understanding by the RSPCA of how the animal-activated fencing collars work.

In actual fact, in the Australian Veterinary Journal the Society refers to, it was a story that the RSPCA in Australia had claimed that an Innotek collar had burned a dog and in 2002 it was proven in court in that this was physically impossible and the RSPCA had to pay several hundreds of thousands in costs.

In addition, the British accredited fencing collar is not capable of producing sufficient power to damage an animal's skin.

The RSPCA has muddled up the human-activated training collars for dogs with the animal-activated fencing collars.

#### Points 3 & 4 Electronic boundary fencing for cats and dogs:

The boundary fencing provides a safe and secure environment for the pet to avoid external dangers and roam freely as it is its natural instinct. As the Companion Animal Welfare Council has concurred, "the element of the Welsh ban that extends to the boundary fencing system is not conducive to good welfare and may in fact be increasing animal suffering".

#### Threat /Social Interaction.

A vast majority of cat owners have cat flaps in their homes. In the event of a perceived threat within its home garden, a cat will instinctively flee to the home base (or up a tree) and it is highly unlikely a pursuing threat would proceed into another's house. In practice though, I have seen a cat rear up, claws extended hissing furiously at a visiting dog which crouched in submission until it was taken away by the owner. I have also witnessed cats becoming pals with other cats in the neighbourhood and similar feline behaviour was also highlighted in the BBC Horizon programme "The Secret Life of Cats". No single cat shares the same personality with another. We have no personal experience of owning dogs.

#### Training

## P-04-445 – Correspondence from the Petitioner to the Committee, 27.01.2014

### Save our Welsh Cats & Dogs From Death on the Roads

The gentle training regime initially involves switching the impulse of the animal-activated fencing collars off and placing marker flags around the garden to indicate the position of the boundary and in most cases it will follow major geographical features of the garden, i.e. trees, fences, buildings and shrubs. The warning alerts cut in several feet before the electronic impulse is triggered and after training and reinforcement at a low level impulse, the cat or dog comes to recognise the area where the warning alerts start and does not proceed further.

#### RSPCA Points 10 & 12.

Viable alternatives such as cages or enclosures as suggested by the RSPCA (Point 3a) do not respect an animal's natural physical and psychological instincts to roam and seem to be contra to Section 9 (c) of the Animal Welfare Act 2006 which requires the need of a pet to exhibit normal behaviour patterns.

#### Regulation

Regulation for what? Accredited suppliers of animal-activated fencing systems will only supply and install their systems with on-site training for the pet. As in livestock fencing, humans are not involved in the operation of the fence.

#### RSPCA

I did speak to RSPCA's Chris O'Brien in early December having sent in late November an email including the campaign films to Clare Lawson who forwarded them over to him. We had pleasant, open conversation. Amongst other things, I enquired as to whether the RSPCA Cymru had been in touch with their former Chief Veterinary Officer Chris Laurence who has been using an invisible fencing system for his cat and dogs for years and years at his home near Chippenham Wiltshire. (We have links to him and his wife Mary through friends in England).

Unfortunately, RSPCA Cymru have not been in touch with their former colleague and I feel strongly this should be a priority for the RSPCA Cymru's understanding the British animal-activated fencing system.

#### Visit

In his capacity as Member of the Environmental and Sustainability Committee, at my own cost I would like to invite the Chair, William Powell AM to accompany me to visit a domestic dwelling which has an accredited electronic fencing system just across the Severn Bridge

#### [Copy of a recent email from a petitioner in North Wales to his Assembly Member](#)

**"I am writing to ask for your support in lifting the ban on invisible fencing which is the only way we can protect our dogs.**

**I understand that the Minister, Alun Davies, has agreed to a review of this legislation in the summer. My wife and I have lived in this area of North Wales for 20 years. Our property is in gardens of 6 acres. We own two little dogs, who are very precious to us. We are surrounded by sheep farming land on all sides. Our dogs are too little to make all our fences secure.**

**For example, if a rabbit digs under the fence our dogs can follow. Our dogs do not chase the sheep, however the sheep run from our dogs. This is enough to make them abort when they are in lamb. The farmers have every right to shoot our dogs, as this is their livelihood. Our invisible fence is the only possible way to protect our dogs, and be responsible citizens living in this area"**

I trust that the Petition Committee can appreciate huge differences between both types of collar.

**P-04-445 – Correspondence from the Petitioner to the Committee,  
27.01.2014**

**Save our Welsh Cats & Dogs From Death on the Roads**

Monima O'Connor  
24<sup>th</sup> January 2013



## **P-03-263 List Stradey Park**

### **Petition wording**

We call upon the National Assembly for Wales to urge the Minister for Heritage to grant listed status to Stradey Park, in order to protect the heritage of this world famous rugby ground and cultural icon for the people of Wales.

### **Supporting information:**

The petition to list Stradey Park was inspired by calls that “*something should be done*” to protect the heritage at this world famous location. It is significant that these calls have continued after the Scarlets have moved across Llanelli to their new stadium. Stradey Park is clearly more than just a place where rugby was watched - it is part of local culture and national heritage.

A cultural icon can be defined as anything that is readily recognised, and generally represents an object or concept with great cultural significance to a wide cultural group. It may come to be regarded as having a special status as particularly representative of a particular group of people or a period in history.

Stradey Park is synonymous with the support of a Welsh community for its rugby club in the 20<sup>th</sup> century - it is undoubtedly a cultural icon.

Stradey Park has gained worldwide fame, not only for the exploits of the players who took to the famous turf, but also for the fervent support supplied by those who crammed into the stands and terraces surrounding it during the matches, and at half-time and full-time onto the pitch itself.

That support became world renown as typically Welsh, an image strengthened by songs celebrating famous victories at Stradey, such as the Max Boyce song “9-3” about the support of the community at Stradey for the 1972 victory over the All Blacks - the last by any club side in the world. “All roads led to Stradey Park”, “The day the pubs ran dry” and “I was there” all conjure up images of Stradey Park on that day and Llanelli captain Delme Thomas being carried off the pitch by fellow players, surrounded by thousands of supporters.

Stradey Park invokes images of Welsh working men completing a shift in the tinsplate works, docks or mines before playing a match in front of thousands of fellow workers of Tinopolis. The famous “sodbans” that were placed on the Stradey posts were a direct reference to Llanelli’s main export - Tinsplate - and in particular the “Stamping” Works located less than a mile from Stradey Park where saucepans were made and exported worldwide.

Stradey Park has always been known as the “most Welsh” of Welsh grounds, not least for its Welsh language scoreboard and Welsh language singing on the terraces. “Sosban Fach” is known throughout the world after it was

adopted and sung by supporters due to the “sosbans” on posts. A gymanfa ganu was held in 1972, before the All Blacks game.

Typical of a rugby ground being at the heart of a Welsh community, Stradey Park has seen many non-rugby events including hosting several other sports and annual Guy Fawkes night fireworks displays.

On 15th November 2007 the funeral of Ray Gravell was held on the Stradey Park pitch. This unique event in Welsh history – described by some in the press as “a Welsh state funeral” - was attended by 6000 mourners including leading figures in Welsh political, sporting and cultural life, with many thousands of people lining the streets outside. Images of the coffin standing on the pitch, flanked by the Eisteddfod sword bearer and the assembled tribute makers were broadcast live on S4C.

There is no doubt that Stradey Park is of great cultural and historical significance to Wales. It was a modern day battle field and particularly representative of the Welsh passion for rugby in the 20th century. The petition has achieved in excess of 3500 signatures made more significant because this was a heritage petition not a rugby petition. The petition was collected on shop counters throughout Carmarthenshire and even without much publicity it has attracted signatures because people believe that the Stradey Park pitch should be saved to mark the location and its heritage.

Although the petition is named “List Stradey Park”, and there are many that would like to see the whole stadium saved, it is generally accepted that listing Stradey Park would mean listing the Stradey Park pitch and retaining it as open space within any development. This modern day battlefield is what makes it unique because of the events that have taken place on it, obviously rugby successes and the momentous Ray Gravell “state funeral”, but also the famous Stradey Park half-time and full-time pitch invasions where families would play where their heroes had just played.

To list a sports pitch would probably require a new listing category or an amendment to an existing category. As tourism becomes ever more important in Wales, key locations of modern Welsh heritage such as Stradey Park need to be protected, so the need for the National Assembly to direct Cadw to create or adapt a listing category for sports pitches is evident.

Once a location like Stradey Park is lost under a development it becomes almost worthless. Perhaps a few tourists may be attracted to read an interpretive panel or blue plaque near the site, but the benefit to the local economy would be negligible. Places like Stradey Park need to be preserved to allow them to be marketed as tourist locations of modern Welsh heritage for the 21st century. Tourists want to be able to take to the pitch, not just read about it.

As well as the 3500+ signatures and a Facebook group of over 520 members, several local organisations including Llanelli Town Council and Llanelli Rural Council support the aims of the petition to protect the Stradey Park pitch. However none of these groups has the power to deliver that protection.

The petition has received international support, as well as support from other parts of Wales and the UK showing clearly that Stradey Park is of national importance. Locally, the petition has also received the support of former Llanelli, Wales and Lions greats such as Delme Thomas and Phil Bennett.

A website supporting the petition can be found at [www.stradeyparkpetition.co.uk](http://www.stradeyparkpetition.co.uk). Further information to support a listing, from the kind provision in 1879 of land within its boundary walls by the Stradey Estate, through to the closure of the ground in October 2008, can be supplied.

**Petition Raised by:** Mr V Jones

**Petition first considered by Committee:** November 2009

**Number of signatures:** 4383

John Griffiths AC /AM  
Y Gweinidog Diwylliant a Chwaraeon  
Minister for Culture and Sport



Llywodraeth Cymru  
Welsh Government

Eich cyf/Your ref P-04-263  
Ein cyf/Our ref JG/01510/13

William Powell AM  
Chair Petitions committee  
Ty Hywel  
Cardiff Bay  
Cardiff  
CF99 1NA

25 November 2013

Dear William,

Thank you for your letter of 23 October to Cadw's Director about the petition to protect the pitch at Stradey Park. I am responding as the Minister responsible for the historic environment and I would be grateful if in future, correspondence could be sent directly to me.

There seems to be some misunderstanding about the content of Cadw's report, of February 2013, scoping the options for protecting our sporting heritage. It has always been possible to include sporting venues within the *Register of Parks and Gardens of Historic Interest in Wales* but it has not been the principal reason for inclusion of a site. In this instance my officials in Cadw assessed Stradey Park as a sporting venue in its own right.

I appreciate that the decision was disappointing but Cadw concluded that the sporting venue at Stradey Park included more than just the pitch itself, and too many of its associated structures had been lost to justify its inclusion within the Register. Cadw recognised the significance of the pitch as the centrepiece but it also considered that the stands and the other associated structures were significant components of the sporting venue.

The associative value of the site comes not simply from the important events, games and famous players that played there but also from the fact that they were played in public. The associated key structures need not have been listed buildings to have enabled the site to be registered as a historic park but so many of them have been removed that their absence is critically damaging to the historic associative and cultural value of the site as a whole.

It is Carmarthenshire County Council that is responsible for engaging directly with a developer in the planning process and if the Council had considered that Cadw's input would have been helpful, my officials would have been more than happy to contribute. Cadw itself is part of the Welsh Government and has no legal identity separate from the Welsh Ministers. It must, therefore, operate in a manner that is consistent with administrative law and within its remit. In particular, it must not predetermine, or give the impression of having predetermined, any application for planning permission which is the responsibility of the local planning authority.

I hope that my reply is of help.

*Yours,*



**John Griffiths AC / AM**  
Y Gweinidog Diwylliant a Chwaraeon  
Minister for Culture and Sport

John Griffiths AC /AM  
Y Gweinidog Diwylliant a Chwaraeon  
Minister for Culture and Sport



Llywodraeth Cymru  
Welsh Government

Eich cyf/Your ref P-04-263  
Ein cyf/Our ref JG/01510/13

William Powell AC  
AC Canolbarth a Gorllewin Cymru  
Cadeirydd y Pwyllgor Deisebau  
Tŷ Hywel  
Bae Caerdydd  
Caerdydd  
CF99 1NA

25 Tachwedd 2013

[committeebusiness@cymru.gsi.gov.uk](mailto:committeebusiness@cymru.gsi.gov.uk)

*Dea William*

Diolch i chi am eich llythyr 23 Hydref at Gyfarwyddwr Cadw ynghylch y ddeiseb o blaid diogelu cae chwarae Parc y Strade. Fi sy'n ymateb gan mai fi yw'r Gweinidog sy'n gyfrifol am yr amgylchedd hanesyddol a byddwn yn ddiolchgar pe gallai gohebiaeth gael ei hanfon yn uniongyrchol ataf fi yn y dyfodol.

Mae'n ymddangos bod yna gamddeall ynglŷn â chynnwys adroddiad Cadw ym mis Chwefror 2013, yn cwmpasu'r opsiynau ynghylch diogelu'n treftadaeth chwaraeon. Mae bob amser wedi bod yn bosibl cynnwys lleoliadau chwaraeon yn y *Gofrestr o Barciau a Gerddi o Ddiddordeb Hanesyddol yng Nghymru* ond nid yw hyn wedi bod yn brif reswm dros gynnwys safle. Yn yr achos hwn, bu fy swyddogion i yn Cadw yn asesu Parc y Strade fel lleoliad chwaraeon yn ei hawl ei hun.

Rwy'n sylweddoli bod y penderfyniad wedi peri siom ond daeth Cadw i'r casgliad bod lleoliad chwaraeon Parc y Strade yn cynnwys mwy na'r cae ei hunan, a bod gormod o'r strwythurau perthynol wedi'u colli i gyfiawnhau ei gynnwys yn y Gofrestr. Cydnabu Cadw arwyddocâd y cae fel y canolbwynt, ond roedden nhw o'r farn hefyd fod yr eisteddleoedd a'r strwythurau perthynol eraill yn gydrannau arwyddocaol o'r lleoliad chwaraeon.

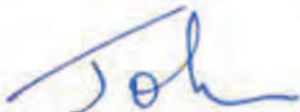


Mae gwerth cysylltiadol y safle yn codi nid dim ond o'r digwyddiadau, y gemau a'r chwaraewyr enwog a fu'n chwarae yno ond hefyd o'r ffaith eu bod wedi chwarae yn gyhoeddus. Doedd dim angen i'r strwythurau perthynol allweddol fod yn adeiladau rhestredig er mwyn caniatáu i'r safle gael ei gofrestru fel parc hanesyddol ond mae cynifer ohonyn nhw wedi'u colli nes bod eu habsenoldeb yn peri niwed i hanfod gwerth cysylltiadau hanesyddol a diwylliannol y safle yn ei gyfanrwydd.

Cyngor Sir Caerfyrddin sy'n gyfrifol am ymwneud yn uniongyrchol â datblygwr yn y broses gynllunio a phe bai'r Cyngor wedi barnu y byddai cyfraniad gan Cadw wedi bod o gymorth, fe fyddai fy swyddogion i wedi bod yn fwy na bodlon cyfrannu. Mae Cadw ei hun yn rhan o Lywodraeth Cymru, heb hunaniaeth gyfreithiol ar wahân i Weinidogion Cymru. Gan hynny, mae'n rhaid i Cadw weithredu mewn modd sy'n gyson â'r gyfraith weinyddol ac o fewn ei gyloch gorchwyl. Yn benodol, rhaid i Cadw beidio â dyfarnu ymlaen llaw, na rhoi'r argraff ei fod wedi dyfarnu ymlaen llaw, ar unrhyw gais am ganiatâd cynllunio sy'n gyfrifoldeb i'r awdurdod cynllunio lleol.

Gobeithio bod yr ateb hwn o gymorth.

*Yn gywir,*



**John Griffiths AC / AM**  
Y Gweinidog Diwylliant a Chwaraeon  
Minister for Culture and Sport

**P-03-263 List Stradey Park – Correspondence from Carmarthenshire County Council to Committee, 24.10.2013**

By way of explanation, my response would be:

‘The Authority does not have the resources to consider buildings of local interest. The priorities are to determine listed building consent applications as quickly as possible to the standard expected by the Government, and to tackle the endemic situation of unauthorised works to listed buildings’.

However, I am forwarding this e-mail to Eifion Bowen, Head of Planning as he may want to amend the above draft response.

John G Llewelyn



## **P-04-509 Save the Welsh National Tennis Centre**

### **Petition wording:**

Virgin Active Cardiff announced the closure of The Welsh National Tennis centre as of 23rd Aug 2013. The centre has 6 indoor courts and 7 clay, outdoor courts. The facility provides the only public indoor courts in Cardiff. The courts are used by people from all walks of life and ages, inter generational 3 to 83. All levels of playing ability including wheelchair users and those with learning difficulties, from beginner to national standard. It is a centre for promoting tennis excellence and delivers performance coaching for children and young adults. Major tennis ranking tournaments are played at this venue. Closure of this facility is a major blow to tennis in the community and the principality.

We call on the National Assembly for Wales to urge the Welsh Government to protect the centre and do all in its powers to secure the Welsh National Tennis Centre as a tennis playing facility.

**Petition raised by:** Save The Welsh National Tennis Centre

**Date petition first considered by Committee:** 8 October 2013

**Number of signatures:** 496

John Griffiths AC /AM  
Y Gweinidog Diwylliant a Chwaraeon  
Minister for Culture and Sport



Llywodraeth Cymru  
Welsh Government

Eich cyf/Your ref P-04-509  
Ein cyf/Our ref JH/01513/13  
William Powell AC  
AC y Canolbarth a'r Gorllewin  
Cadeirydd y Pwyllgor Deisebau  
Tŷ Hywel  
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CF99 1NA

14 Tachwedd 2013

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[Stephen.george@wales.gsi.gov.uk](mailto:Stephen.george@wales.gsi.gov.uk)

*Annwyl William,*

Diolch am eich llythyr diweddar ynghylch cau'r Ganolfan Tennis Genedlaethol.

Ar ôl gwneud ymholiadau gyda Thŷ'r Cwmnïau, nid oes cwmni wedi'i gofrestru o dan yr enw 'the Welsh National Tennis Centre'. Byddai unrhyw sefydliad sy'n ceisio cofrestru gyda Thŷ'r Cwmnïau gyda'r enw 'National'/Cenedlaethol' a/neu "Wales"/"Cymru" neu "Welsh"/"Cymreig" yn cael ei gyfeirio at Lywodraeth Cymru er mwyn cael cymorth ysgrifenedig. Yr unig beth sy'n ofynnol i Lywodraeth Cymru ei wneud yw cadarnhau nad yw'n gwrthwynebu i'r geiriau gael eu defnyddio yn enw'r cwmni. Nid yw hyn yn golygu ein bod yn mynd i unrhyw gytundeb nac yn cydnabod hyn yn swyddogol ac nid yw'n gysylltiedig â chyllid.

Byddwch yn gwerthfawrogi mai Cyngor Dinas Caerdydd fydd yn gyfrifol am y defnydd a wneir o'r Ganolfan Tennis yn y dyfodol. Fodd bynnag, gobeithiaf y gellir datrys y mater, o ganlyniad i drafodaethau parhaus gyda phartneriaid allweddol, sy'n cynnwys Chwaraeon Cymru, ac y gall pawb sydd ynghlwm gytuno ar ganlyniad ffafriol, fel y gall y gymuned gyfan barhau i chwarae a mwynhau tenis.

Bae Caerdydd • Cardiff Bay  
Caerdydd • Cardiff  
CF99 1NA

*Wedi'i argraffu ar bapur wedi'i ailgylchu (100%)*

English Enquiry Line 0845 010 3300  
Llinell Ymholiadau Cymraeg 0845 010 4400  
Correspondence: [John.Griffiths@wales.gsi.gov.uk](mailto:John.Griffiths@wales.gsi.gov.uk)

*Printed on 100% recycled paper*

Rwyf wedi gofyn am gael gwybod am unrhyw ddatblygiadau, a gobeithiaf fod hyn yn egluro'r sefyllfa.

*Yn gywir,*



**John Griffiths AC / AM**

Y Gweinidog Diwylliant a Chwaraeon  
Minister for Culture and Sport

John Griffiths AC /AM  
Y Gweinidog Diwylliant a Chwaraeon  
Minister for Culture and Sport



Llywodraeth Cymru  
Welsh Government

Eich cyf/Your ref P-04-509  
Ein cyf/Our ref JG/01513/13  
William Powell AM  
AM for Mid & West Wales  
Chair Petitions Committee  
Ty Hywel  
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CF99 1NA

14 November 2013

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[Stephen.george@wales.gsi.gov.uk](mailto:Stephen.george@wales.gsi.gov.uk)

Dear William,

Thank you for your recent correspondence concerning the closure of the National Tennis Centre.

Following enquiries made to Companies House, there is no company registered under the name of 'the Welsh National Tennis Centre'. Organisations who attempt to register with Companies House under the terms 'National' and/or "Wales" or "Welsh" would be referred to the Welsh Government to provide written support. The Welsh Government is only required to confirm that it has no objection to the terms being used in the company's title. This does not mean we enter into any official agreement or recognition and has no connection to funding.

You will appreciate, that the future use of the Tennis Centre falls under the responsibility of Cardiff City Council. However, I do hope that as a result of on going discussions involving key partners, which include Sport Wales, that the matter can be resolved and a favourable outcome is agreed by all parties so that tennis can continue to be played and enjoyed by all groups of the community.

I have asked to be kept informed of developments and I trust this clarifies the position.

*Best wishes,*

*John*

**John Griffiths AC / AM**  
Y Gweinidog Diwylliant a Chwaraeon  
Minister for Culture and Sport

### **Can the National Tennis Centre in Cardiff work?**

After the announcement came that the National Tennis Centre was closing down I have to admit I was not shocked. Having visited a few times I was often greeted by empty courts, quiet fitness suites and a major lack of atmosphere. I found it to be in-excusable that such an amazing facility would be underutilised in such a way and that the staff or people working with the centre did not seem inspired or motivated to bring people to the doors. A general acceptance of the centre's fate seemed to be evident. Many big operators have tried and failed over the years to turn this facility into a financial success so why should another attempt to operate the facility be entertained? After all it's in a deprived, non-affluent area and if the big guns can't do it, then who can?

I firmly believe that with the right business model and strategy this centre can be a huge success. Although many companies operated the facility a similar model was in existence for each, a focus around selling expensive yearly membership alienated thousands of people in that part of Cardiff. It was hoped ultimately that the membership sales would be so strong that in the long run it would subsidise on court activities and empty courts would not have a detrimental effect on the performance of the facility. Unfortunately both low membership and low numbers of people playing tennis conspired to its doom.

It would be my recommendation that the centre be operated as a low cost, high volume inclusive community indoor venue offering not just fitness and tennis but a range of other activities also. This model would stand the best chance of working and is currently being replicated across indoor centres across the UK and would change the focus of the centre completely. Focus would be put on "selling tennis" and making it inclusive to all, breaking down the perception and barrier that "Tennis is for the wealthy" when in actual fact this model allows "tennis for all". With the National School Sport Survey and Ugov statistics clearly showing a huge demand for tennis in that area, it is about making the facility a financially viable option for people to play tennis at. The tennis in its own right should hold its head above water alongside all other activities offered at the facility. Low costs allow inclusive, high volume, high participation and finally to long-term sustainability.

As a community venue it would not only look at what happens within its own doors but what happens across the city and be at the forefront of community tennis development linking all clubs and community activities back to the NTC as the Hub. So do we have an example of this? Only 30 miles down the road is Swansea Tennis Centre operated by Tennis Swansea 365. No better example in the United Kingdom can be given.

Swansea Tennis Centre is situated in a deprived part of Swansea with very little public transport available and isolated in a commercial environment. With losses of up to £180,000 a year Swansea City County Council announced its closure early 2011 and the building was closed and boarded up for 4 months. How could this centre be saved? Impossible you would think? Yet just over 2 years since re-opening in June 2011 the Tennis Centre which is the Hub for all tennis activities in the city, operates a healthy profit, and has more people playing tennis in it than any other 4 indoor court venue in the whole of the UK. Nearly 600 people have lessons across the centre's programmes in the city and we had over 60,000 participations in tennis last year. The rate at which the centre continues



to grow is truly unbelievable, with revenue going from £190k to £350K from year 1 to year 2. Such is the success at the centre that it is now used as “Best Practise” by the Lawn Tennis Foundation and the Tennis Foundation. The centre has also picked up an “Outstanding achievement Award” and was a recent finalist for “Social Enterprise of the Year”.

It is important to identify that Swansea Tennis Centre is not operated like traditional tennis centres. All primary focus is put into development tennis at high volume, packing courts to make them as profitable as possible. A huge emphasis on sales and selling tennis and selling the right types of tennis are critical for its success. Trying to hire a court at Swansea Tennis Centre can be difficult, not only are there very little courts available due to the centres popularity but staff at the centre are trained to engage people in cheaper alternatives such as lessons. “That’s right; lessons are cheaper than hiring a court!

The staffing structure is also very different to other centres. The centre consists of a very small team that are up skilled to deal with all roles, from cleaning, reception duties, running sports camps to going on court and delivering tennis. This allows the centre offer affordable tennis to its community.

Too often in the past, too much prestige and flexibility has been given to coaches and performance players and all focus has been given to these individuals. Unfortunately this does not pay. At Swansea Tennis Centre the operational team are the key component to the centres success at the coaching team deliver the product. Coaches adhere to strict guidelines which act fully in the interest of the centre. Setting up break away sessions is not allowed and coaches from outside the centre cannot deliver at the centre. Coaches also have accountability for improving the numbers on their sessions and are conscious their sessions could be cancelled if their numbers drop, as the coaches are self-employed prohibitions do not exist entitling coaches to set hours, they must perform well in sessions to drive numbers to create hours for themselves. This type of pressure is not day to day at most tennis centres. It’s very much the coach looking after his/her own interests.

The very nature of TS365 as an independent operator allows for greater accountability for all its work force. It’s too easy to sit and watch a huge operator fail as “it’s always somebody else problem” or “my job is secure”. The team at Swansea Tennis Centre are dependent on the facility doing well. They won’t be deployed elsewhere should the business fail. This does however allow for greater freedom in decision making and the power to tackle problems with performance head on.

The centre also leads all Tennis development activities outside of the centre, creating clone sites across the city all feeding back to the same venue, again utilising sales orientated staff to deliver these sessions. Effectively Tennis development is about selling the sport and TS365 have fully grasped that concept.

It is very important to point out that TS365 as an organisation are not dependant on funding and with the exception of some kick-start funding which is still unused the centre has not utilised any to operate the facility. Sustainability does not come from relying on funding and if funding disappears where do we go? The centres future is in its own hands and funding should only be used as a short term solution to kick start the project would be my only commendation



In summary if a social enterprise consisting of a small group of volunteers can turn the prosperities of such a facility then surely it can be done in Cardiff, either by a group similar to TS365 or by a larger organisations adopting such “Best Practises”. The closure of the centre should be seen as a positive, it is now a great opportunity for a new operator to come in and change its direction and focus and make a success of the facility.



SwanseaTennis  
CENTRE  
The home of TS365

Page 82

# Wales National Tennis Centre

## How to make it work

By Barry Cawte

# What are our key objectives?

- Increasing participation in tennis within Cardiff as a whole
- Maximising court utilisation
- Creation of successful marketing and promotion campaign
- High levels of gym usage
- First class customer service
- Ensuring the centre is the tennis hub for all events, activities, performance, development, disability and all other forms of tennis
- Make certain that the centre is sustainable and profitable. Ensuring nothing runs at a loss

# HOW DO WE DO IT?

# THE TEAM

- Staff “buy in”, ensure all staff are made aware of the key objectives and fully understand the importance of these objectives
- Ensure implementation of the correct staff structure
- Expand job descriptions to make more versatile
- Make your staff “jacks of all trades” refs, organisers, coaches
- Coaches to be self-employed ?
- Integrating all coaches and operational team, a joined up approach
- Include! Increase frequency of meetings and responsibilities
- Incentivise
- Lead by example
- Volunteers , apprentices

# Selling Tennis

- Capturing data, mass emails, texts
- The **PATHWAY**
- Work to targets, competition
- Sales calls
- Ensure they know all financials
- Lead at front of house, Management to roll sleeves up
- Create “Sales habits” answering phone, upselling ,latest offers, checking courts availability, mystery shop
- Put them out of their comfort zone everyday, leaflets, external promo
- Bonus scheme for hitting targets
- Don’t turn away policy, **Flexible pricing**, based on availability etc.







# Formulation of Innovative Marketing, Promotion and Sales Plan

- Leaflet distribution, Newspaper, TV/Radio, Banners, school outreach, prior to every term, Adopt TennIS brand, All Play and BTM
- Enquiry database, emails, newsletters, offers, SALES CALLS
- Text message service, reminders , offers, book courts
- up to date website, offers, online bookings, player forums
- Social networks, daily offers at quiet times /Groupon, Tennis centre APP
- Sales weeks
- Innovation and contribution from team
- Video loops
- “Bring a friend” day
- “Learn to play tennis in a day” packages
- GP referral
- Cardio Tennis
- Business Packages
- Fill quiet times with activities that will draw new people (then sell)
- Incentives for customers, academy players , early sign ups
- Audible and visual selling
- Adopting latest trends, touch tennis, TRX , Crossfit, Herbalife





# Tennis Development, selling Tennis!

- Senior centre management team to formulate own Tennis Development plan ensuring the centre is the HUB
- To link with the LTA's development plan to meet objectives
- Create other spokes or “clones” throughout the city as feeders
- Strategic plan for increasing the coaching and operational work force, “from volunteer to integral team player”
- Ensure enough places to play are available for people to play at
- Identify clear exit routes from all external programmes
- Offer a variety of tennis activities to cater for all, cardio , disability
- School outreach with clear strategy for converting
- Utilise Ugov statistic to ensure the right promotional activity is completed



# Tennis Development cont. INCLUSION

Changing the perception of tennis

- Take tennis to the community
- Affordable court hire when it makes sense to do so
- “FREE” tennis days
- Outdoor community programme
- Avoid the term members ?
- Welcome beginners , beginners comps, sessions, beginners leagues
- Sell the fitness/health benefits of playing tennis, over 50's , over weight
- Link with local sports development schemes



# Programme Management

## Development Programme

- Key to have high numbers for sustainability, prog to be main contributor
- Detailed scrutiny from Head coaches and senior management
- Sessions should not run at a loss, 3 strikes policy
- Clear links and pathway between Development and Performance , i.e. future stars etc. talent id pathway
- One lead development coach working closing with performance coach
- Fewer coaches creates more accountability and better communication
- Implement SLA with freelancers ensuring they are directing into Hub and prevention of coaches creating private group sessions
- Utilisation of up skilled staff or apprentices
- Clear identity of programme and signposting to other activities, tournaments etc.

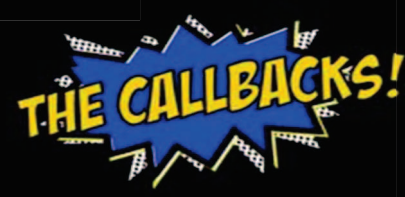


# RETENTION

- Facility audit
- Converse
- Visible at all times
- Location of reception, waiting times
- Café, presentation
- Incentives
- Forums
- Re invest
- Look to better standard
- Comments box
- Communicate/Newsletters, e-letters, mass emails
- Prepare to compensate
- Don't turn away custom if FULL



Page 92



We miss you.

Bring a  
Friend for  
FREE!



# Other revenue streams

- Major events, exhibitions, wedding fayres , conferences
- Selling available space, maximising existing space, multiuse, camps
- Sponsorship, naming rights, performance sponsors
- School scholarships
- Badminton, circuits
- Major Tournaments
- Tournaments catering for variation of players

The TEAM

SALES

Up skill

Marketing and  
Sales Plan

Page  
94

Cheaper  
Participation  
Revenue  
Retention

Tennis  
Development

Hub & Spoke  
Clone sites

Inclusion

Programme  
Management  
Development

Development  
Programme  
Focus on  
numbers  
Pathways

Performance  
Continual  
growth

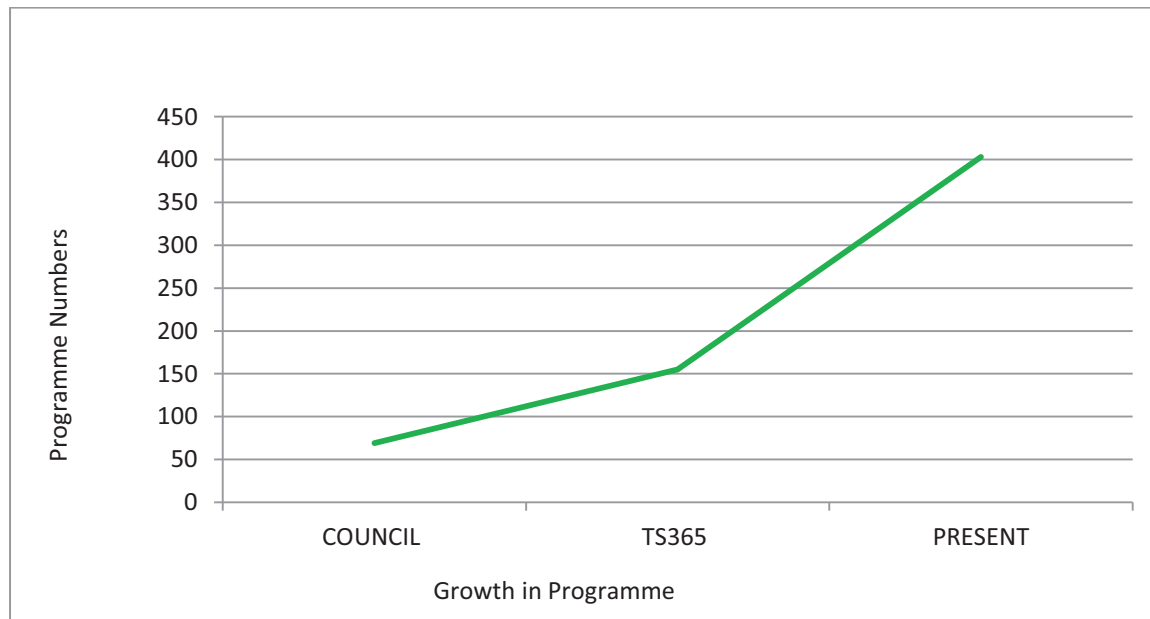
Sustainability



## Cardiff National Tennis Centre – Can it work?

Under the councils operation Swansea Tennis Centre had fewer than 100 children on their coaching programme. TS365 has seen a steady increase in numbers since taking over in June 2011 and boasts over 400 players on their development programme alone, engaging a further 200 players on external sites across Swansea and with a footfall of 70,000 (approx for 2012) Swansea Tennis Centre is now the best performing 4 court indoor venue in the UK. Below shows the growth of the development coaching programme from when the council run the facility, to the start of TS365 to present.

Graph 1: Growth rate in participation to date since re-opening



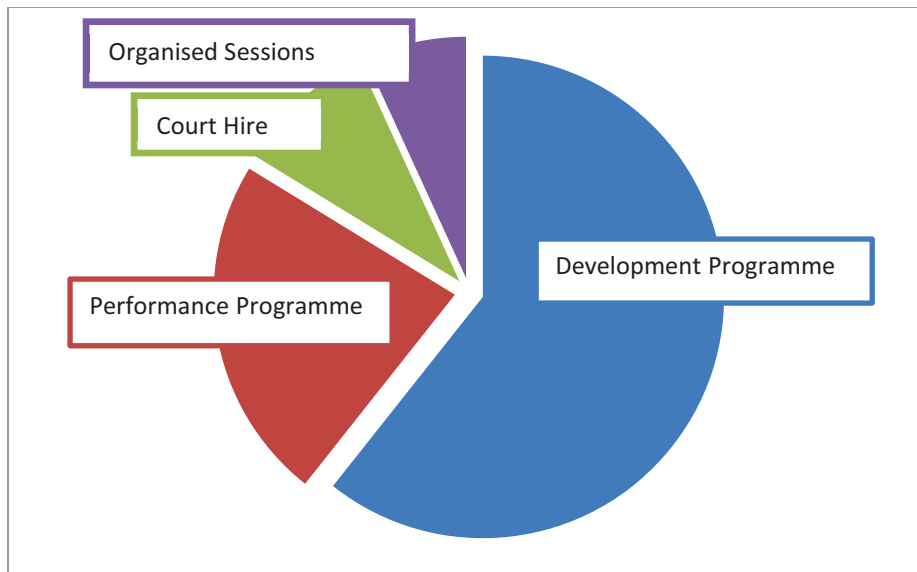
In order to achieve this success TS365 follows a 'high volume' model and it is important to ensure profitability of all sessions. All operational staff and coaches need to follow this model and implement procedures to ensure this can happen. These procedures include maximising participation in all sessions, cancelling sessions breaking even or losing money and up skilling operational staff to coach on the programme.

Why is this high volume important? High volume means more players on court, the more players on court the more profitable the session becomes. Due to court ratios performance programmes make very little money. A development programme allows for almost double the players per court per coach. For example, an 8 & under development session can take up to 8 children where as a performance session would hold only 4 and require higher level coaches and therefore have a greater expense. Once a development programme is in place and making a healthy profit, a performance programme and external programmes can be implemented and sustained from those profits where justifiable.

Previously Cardiff NTC has implemented an extensive performance programme making very little profit, if any. However, if the centre was run as a Community Indoor Tennis Centre (CITC) the centre would start seeing a healthy profit which could go back into the centre in many forms, including sustaining a performance programme. The ultimate aim is to get as many people playing as possible

and with the NTC being situated in the city centre there is a huge potential. See below the percentage of court usage currently implemented in Swansea Tennis Centre.

Figure 1: Peak court usage at Swansea Tennis Centre



As you can see above the Development programme makes up over 70% of the peak hours. (Peak times are considered to be evenings after 4pm and weekends). If we have 24 children on mini red lessons, this certainly offers much more profit than four people hiring a court for an hour. If we were fortunate enough to sell every court, every hour of every day at the going rate the total income would be in the region of £200,000. This is an impossible task but Swansea Tennis Centre in year 2 took £170,000 in lessons alone, over £20,000 more than the **total income** the centre had in its best years under the operation of the local authority.

Once a CITC development programme is established and becomes sustainable feeder programmes can be launched. The ideal would be the CITC as a “hub and spoke” becoming a flagship for all other programmes and community sessions to feed into, offering tennis to everyone at affordable prices. Adopting this model the example, Swansea Tennis Centre was able to almost double their income over their second year.



# VIRGIN ACTIVE HEALTH CLUBS

Virgin Active Limited  
Active House, 21 North Fourth Street, Central Milton Keynes, MK9 1HL  
t/01908 546 600 f/01908 546 601 w/virginactive.co.uk  
Registered in England & Wales No: 03448441

26 November 2013

Mr William Powell AM  
Chair  
National Assembly for Wales Petition's Committee  
Cardiff Bay  
Cardiff CF99 1NA  
William.powell@wales.gov.uk

Dear Mr Powell

**Reference: P-04-509**

I thank you for your letter dated 23<sup>rd</sup> October 2013, which I have just recently received.

We closed the Virgin Active facilities in Cardiff on the 23<sup>rd</sup> August 2013. The centre was leased by us from Cardiff council with a right for us to bring it to an end on notice. We have exercised our right to end the lease and bring our obligations to an end. The lease does not include provisions relating to the centre's designation as a national tennis centre.

Unfortunately, when we acquired the club as part of our acquisition of Esporta in July 2011 it was making a significant operating loss. After two years of running the facility we reached the conclusion that it was not financially viable, and made the difficult decision to withdraw from this operation. We understand how important the tennis courts were to the local community and we directed a number of enquiries from interested operators to the council.

We are continuing to invest in our other clubs including 20 racquets clubs across the UK. We are also proud of our partnerships with the LTA and tennis foundation, through which we are able to offer many differently abled people across the UK the access and opportunity to play tennis in our clubs.

Again, I thank you for your letter and for seeking our views on this matter.

Yours sincerely,

Phil Tranfield  
Chief Operating Officer  
Virgin Active UK

cc. Stephen George, Committee Clerk, Stephen.George@wales.gov.uk



22 January 2014

William Powell AM  
AM for Mid & West Wales  
Chair Petitions Committee  
Ty HYwel  
Cardiff Bay  
Cardiff CF99 1NA

Dear William,

### **Closing of the Wales National Tennis Centre**

On the back of Andy Murray's historic Wimbledon victory, which has caused a huge surge in tennis interest and participation across Wales and Great Britain, you are aware that Wales is now in serious danger of permanently losing its National Tennis Centre in Cardiff, the only public access indoor tennis facility in the Capital of Wales. The National Tennis Centre has now been closed as of August 23<sup>rd</sup>, temporarily at this stage. However I believe that rather than being a negative situation, there is an extremely positive opportunity here for Welsh tennis and for the Cardiff Council if the right parties approach this situation in the right way.

Tennis Wales and the entire Welsh tennis community are obviously extremely concerned about this situation, and we want to work positively and proactively with the Cardiff City Council and Welsh Government to do everything possible to ensure that this centre can re-open at some point under a very different business model. Under a more ideal business model we strongly believe that the centre can be used in the way that it was originally intended and built for, which is a community access tennis centre for mass community participation, as well as a 'National Centre of Excellence' for Welsh tennis. Under the previous business operations at the centre, and with the centre being operated as a 'Commercial Centre', it was not at all possible for this to occur. Under the previous commercial operators, despite several of them being very large companies, there was next to no chance of the centre being successful.

We very much believe that if given the right opportunity with the right business model and the right operators, the tennis centre can really flourish as a successful and financially sustainable community sports facility, and Tennis Wales, Sport Wales, and the Lawn Tennis Association (LTA) are very eager to support the Cardiff City Council to help make that happen. We have a tremendous case study example of exactly this situation in Swansea. In 2011 the Swansea City Council closed the Swansea Indoor Tennis Centre for similar reasons to the situation in Cardiff, with a lack of tennis users. However, Tennis Wales and the LTA worked with a committed group of volunteers to organise a Trust Group called Tennis Swansea 365, and the Swansea Council re-opened the tennis centre under the management of TS365. By taking a very different approach to running and promoting the tennis centre, TS365, Tennis Wales, and the LTA have transformed the Swansea Tennis Centre and it is now at bursting point with tennis

#### **Sponsors of Welsh Tennis Development**

BPI, DR Cecil Jones Ltd, Mercedes Benz UK Ltd,  
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players from all sectors of the community, including people from very deprived areas and people with disabilities.

The 'Commercial' business model at the Cardiff Centre was based around expensive annual membership fees for the whole centre of between £500-600 per year. Alternatively, the public was able to have some limited opportunities to hire a tennis court, but at very high cost of up to £25 per hour. Consequently, the centre had a low membership of just 1,800 people (gym, swimming pool, and tennis) and the tennis courts stood empty for much of the time. Contrast this with the business model that we have helped to implement at the Swansea Tennis Centre. They now base their business model on mass community participation at very affordable rates and with a range of flexible options for how the public can access and pay for using the centre. As a result, two years later the centre is now absolutely booming and is at capacity. There are over 600 people formally signed up to regular tennis programmes (previously only 100 at the time it was closed down) and 11,000 tennis players on their database. The centre has moved from making a substantial financial loss when it was closed down, to now making a significant annual surplus which is able to be re-invested back into the centre and re-invested back into the tennis programmes for the community. The Swansea Tennis Centre is now a shining beacon of success for the Swansea City Council and Welsh tennis, and has been presented by the LTA across Britain as a model of best practice for other Community Indoor Tennis Centres.

We would now very much like to work with the Cardiff City Council to help create a similar situation with the Cardiff Tennis Centre. Expressions of interest from 12 different potential partners have been put forwards to Cardiff City Council to potentially take over as operators of the centre. We are aware of many of these and there are at least several of these options who we strongly believe would be able to operate the centre in a similar way to what I have described with the Swansea Centre, including the group who are currently operating the Swansea Centre. Obviously a very robust and sustainable business plan would have to be presented for this, but Tennis Wales and the LTA are confident that there is great potential here, and both Tennis Wales and the LTA would provide substantial support to a potential new operator to make the centre successful, including significant financial support.

In partnership with Sport Wales and the LTA, Tennis Wales has set a very ambitious 8 year plan to double community tennis participation in Wales. Cardiff has been the initial priority area for Tennis Wales to launch these community tennis plans, and over the period preceding and during Wimbledon 2013, Tennis Wales launched the 'Tennis with A DIFF' campaign across Cardiff with over 2,400 members of the public having a go at tennis during the various promotional events. The LTA's recent YouGov research in Cardiff shows that more than 40,000 people in Cardiff are interested in playing tennis if the right opportunities were there. Tennis participation rates for juniors in Wales have doubled in the last three years, and on the back of Andy Murray's amazing win at Wimbledon, these levels of interest will have gone much higher now. Enclosed are the results of the 2013 Sport Wales School Sport Survey which clearly shows that the interest in tennis by school children is absolutely exploding over the last several years. Tennis is now the third most popular sport that school children in Wales would like to participate in, behind Football and Swimming. However, with the closure of the Cardiff Tennis Centre, there is now no public access indoor tennis centre in the capital of Wales with which to take advantage of this booming interest in tennis, as has been done in Swansea.

#### **Sponsors of Welsh Tennis Development**

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The Cardiff Tennis Centre, if re-opened as a truly community focussed and accessible tennis centre, can play a major role in helping Tennis Wales, Sport Cardiff, Sport Wales, and the LTA to allow this huge desire in the community to play tennis to be more fully taken advantage of, as the Swansea model has demonstrated. Cardiff City Council is currently assessing their options as to the best use of the land and the facility where the National Tennis Centre is located. Surely if there are viable options available to have the centre operating in the manner that I have outlined here then this must be a priority. Wales and Cardiff are quite rightly very proud sporting communities, and as part of this proud sporting culture, Cardiff has some truly outstanding sporting facilities for a city of its size. In 2014, Cardiff becomes the European Capital City of Sport, further testament to this proud sporting culture. If the National Tennis Centre in Cardiff closes down permanently, and is instead used for some other purpose, Cardiff will be one of the very few major cities in Britain without a public access indoor tennis centre, just at a time when tennis in Wales has a really fantastic opportunity to surge forwards as a fun, accessible, family, community sport.

Without the National Tennis Centre in Cardiff, the plans of Tennis Wales, Sport Wales, and the LTA to double community tennis participation in Wales will be severely impacted, and the proud sporting city of Cardiff, the 2014 European Capital City of Sport, will have lost a very vital national sports facility when there are extremely good options on the table to potentially allow for a very different outcome and a very positive outcome for Welsh sport.

We would very much welcome any support from you with this issue, and we look forward to supporting this process in any way possible.

Yours sincerely

Peter Drew  
Chief Executive Officer  
Tennis Wales Ltd

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Chief Executive: Peter Drew

**Sponsors of Welsh Tennis Development**

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# School Sports Survey 2013

## Tennis Wales Key Findings

TENNIS  
WALES



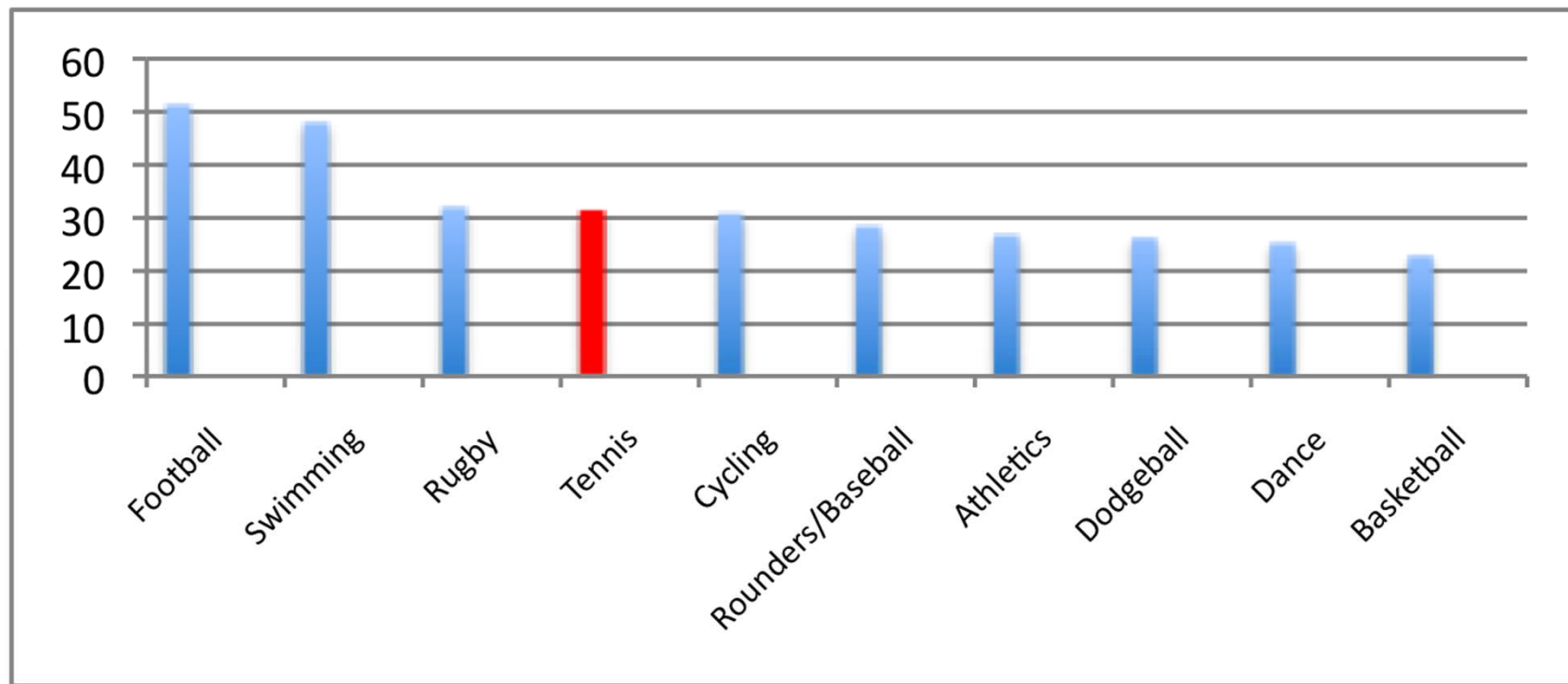
TENIS  
CYMRU

LTA



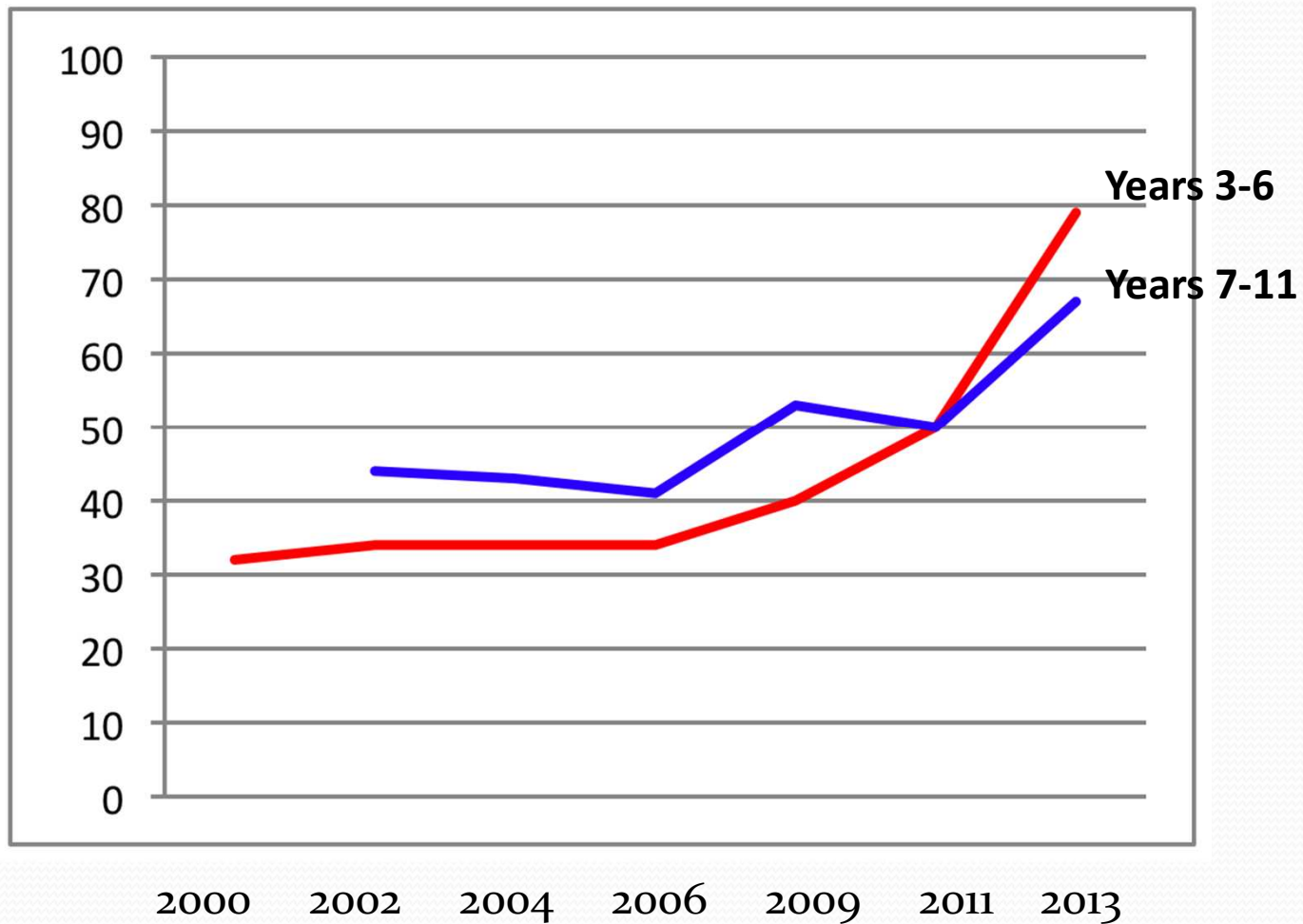
# Any participation in tennis\*

\*Any participation in tennis in last year (any setting, extracurricular, club and other)



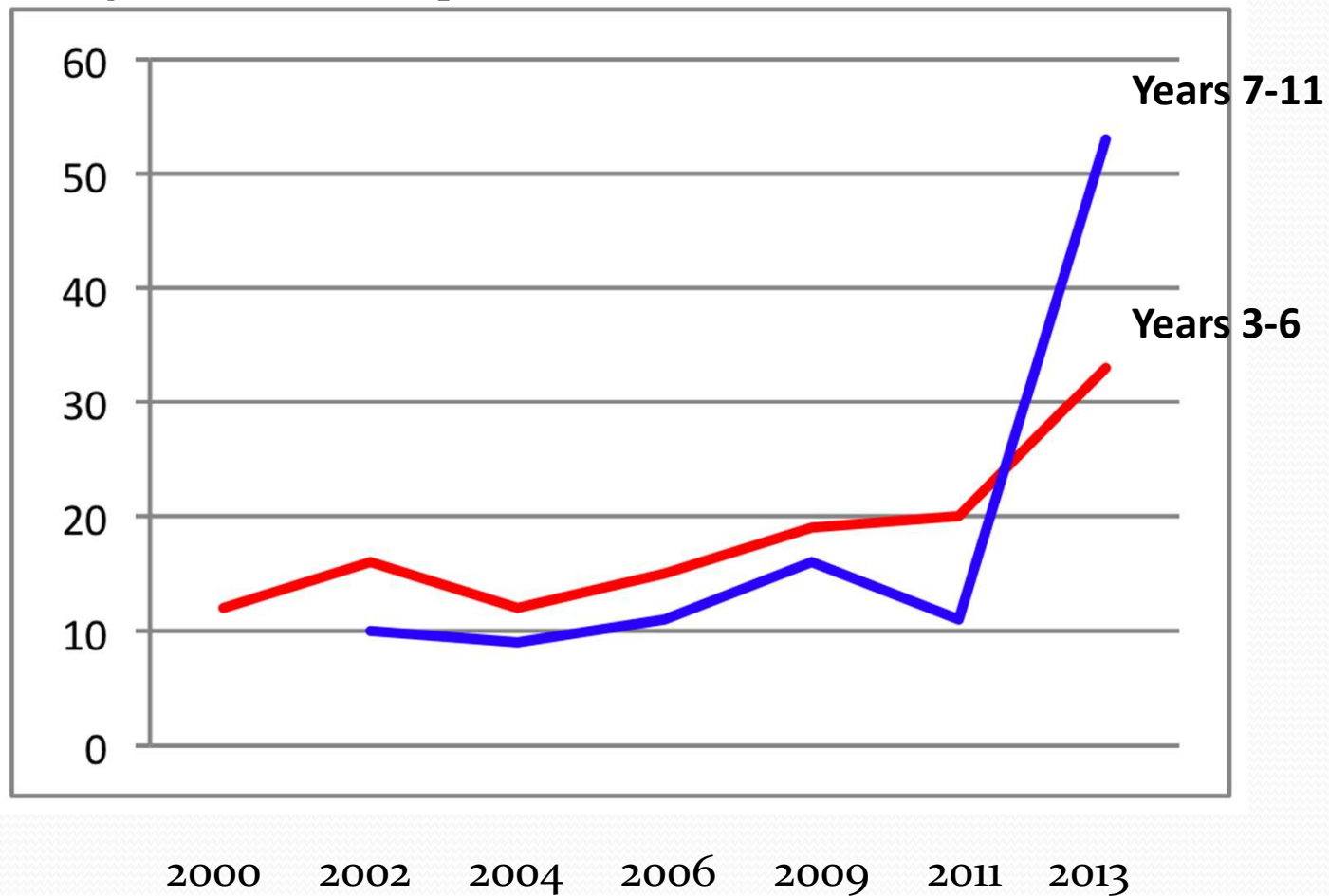
# Curricular provision\*

\* Any curricular provision of tennis



# Extracurricular provision\*

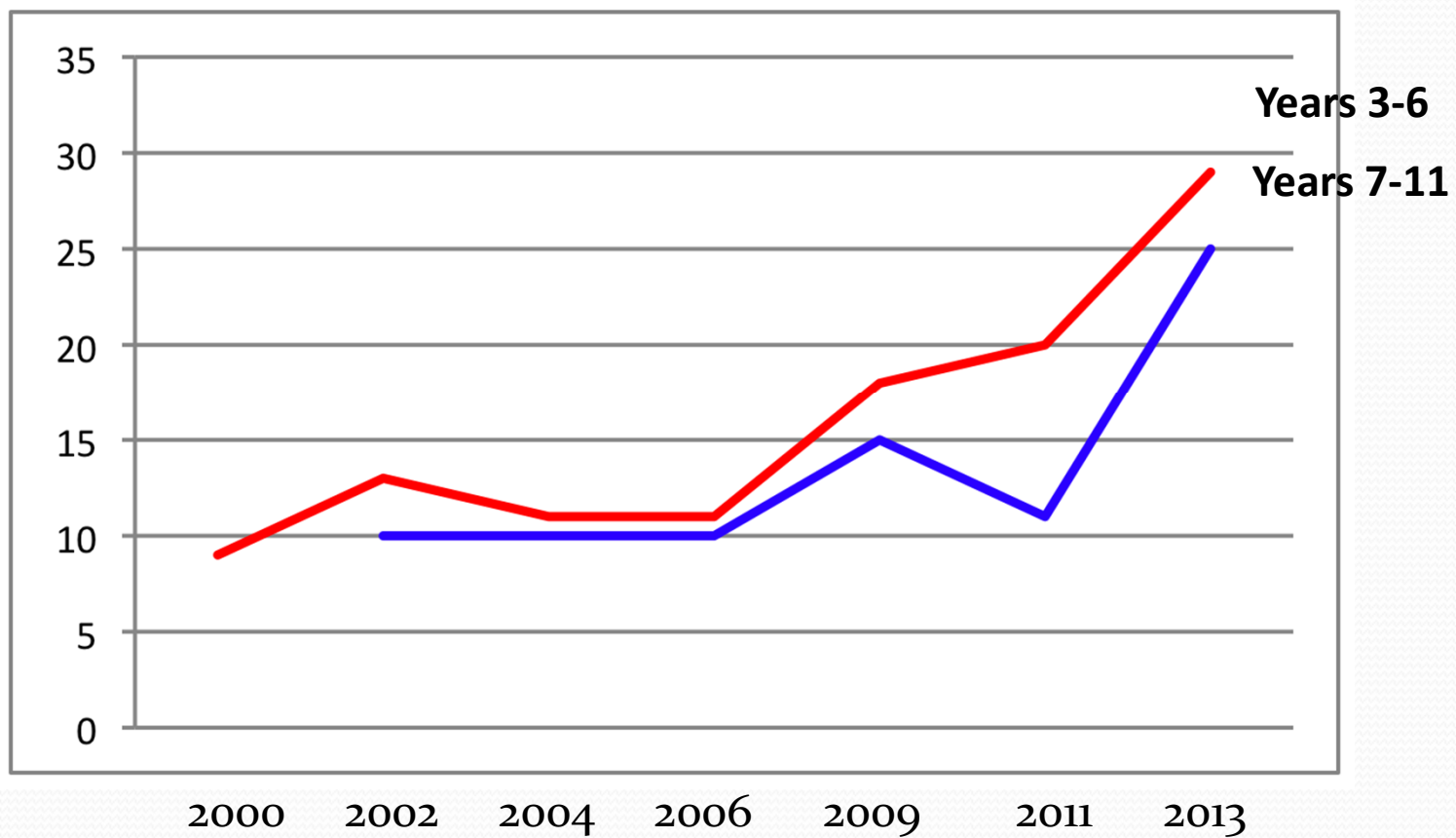
\* Any extracurricular provision of tennis





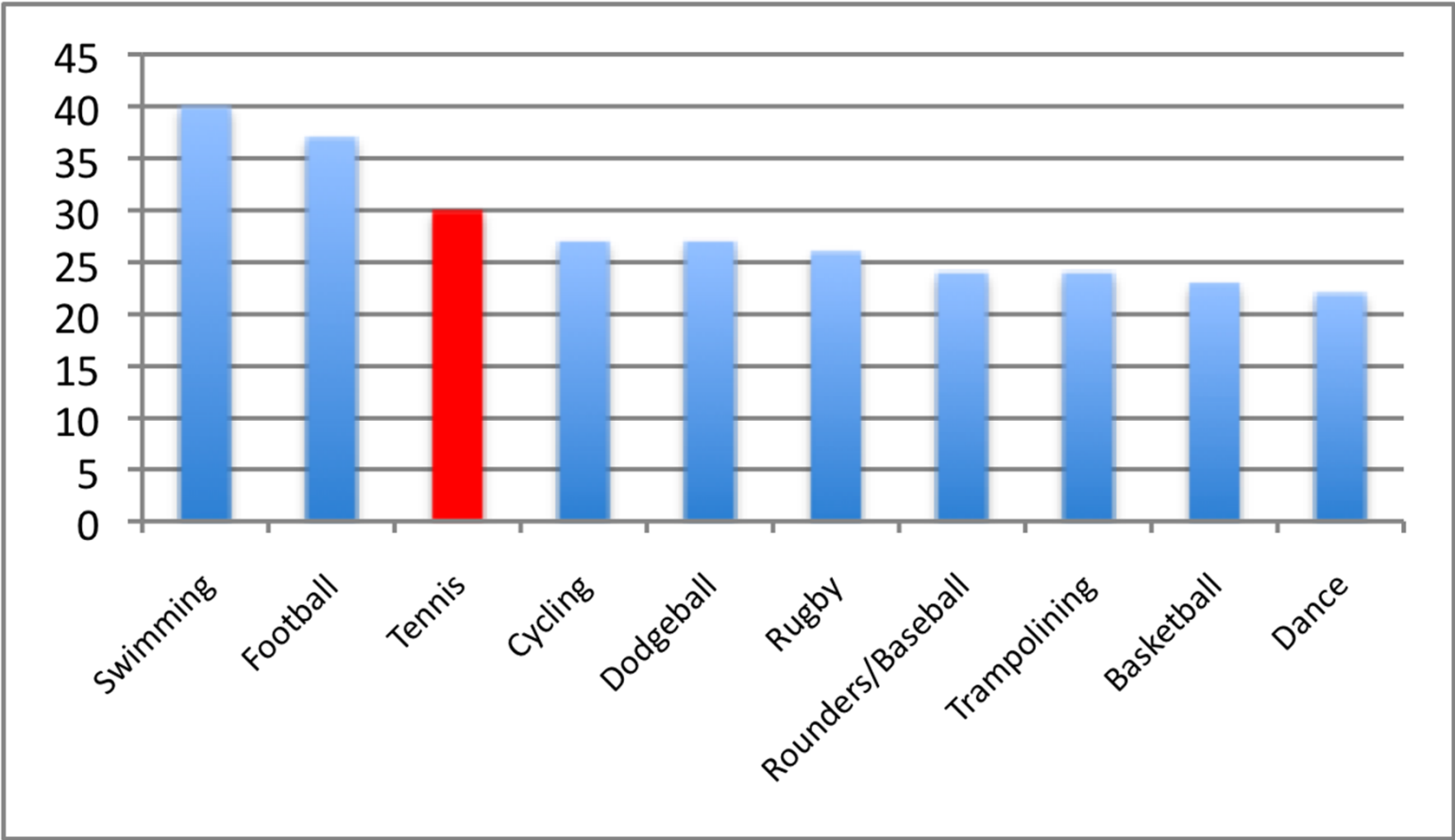
# Club participation\*

\* Tennis played at a club



# Latent demand\*

\*Likely to play tennis in the future



Tennis is one of the most strongly considered sports to play in the future, especially for those in years 7-11



## **P-04-365 Protect buildings of note on the Mid Wales Hospital site**

### **Petition wording:**

We call upon the National Assembly for Wales to urge the Welsh Government to list or otherwise protect buildings of note on the former Mid Wales Hospital site. Unlisted but in the Conservation Area they are an invaluable part of the architectural and social heritage of Talgarth.

**Petition raised by:** John Tushingham

**Date petition first considered by Committee:** 28 February 2012

**Number of signatures:** 206

**Supporting information:** The Brecon and Radnor County Asylum had a Grand Opening in 1903. The souvenir booklet describes how thousands of people were present and every nook and corner of the huge building was inspected. Altogether the establishment was a wonder of its time. It is now in an appalling state of decay but this important example of an early Edwardian asylum of the compact arrow echelon style, designed by Giles, Gough and Trollope, noted by Pevsner and on SAVE Britain's' Heritage, Buildings at Risk register, is thoroughly worthy of conservation. Situated approximately half a mile from Talgarth in outstandingly beautiful countryside within the Brecon Beacons National Park, and Talgarth Conservation Area, it has a special relationship with Talgarth. Loss of any of the original/notable buildings would be an unacceptable loss of Talgarth's heritage assets.



Lle i enaid gael llonydd  
One of Britain's breathing spaces

William Powell AM  
Chair Petitions Committee  
National Assembly for Wales  
Cardiff bay  
Cardiff  
CF99 1NA

15<sup>th</sup> January 2014

Dear Mr Powell

### **Former Mid Wales Hospital, Talgarth.**

Thank you for your letter received in this office on 2<sup>nd</sup> January 2014 regarding the above.

The Brecon Beacons National Park Authority adopted its Local Development Plan (LDP) on 17<sup>th</sup> December 2013. The Former Mid Wales Hospital site is allocated in the LDP for mixed use. A Development Brief is required to be produced by the developer/landowner and approved by this Authority on all mixed use sites, as specified in paragraph 7.2.1 of the LDP, prior to the consideration of any planning application. The Local Development Plan is available to view on our website at [www.beacons-npa.gov.uk](http://www.beacons-npa.gov.uk).

The Authority will consider the proposed Local List for the Former Mid Wales Hospital site at it's meeting on 7<sup>th</sup> February 2014.

I trust this updates the Petitions Committee on the current situation.

Yours sincerely

Tracy Nettleton  
Head of Strategy, Policy and Heritage



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Safle ar y we: [www.bannaubrycheiniog.org](http://www.bannaubrycheiniog.org)

Mae'r Awdurdod yn croeso i gyswlltu yn Gymraeg neu'r Saesneg

Brecon Beacons National Park Authority  
Plas y Ffynnon, Cambrian Way, Brecon, Powys, LD3  
Telephone: (01874) 624437 Fax: (01874) 622574  
E-mail: [enquiries@breconbeacons.org](mailto:enquiries@breconbeacons.org)  
Website: [www.breconbeacons.org](http://www.breconbeacons.org)

The Authority welcomes correspondence in Welsh or English

## **P-04-397 Living Wage**

### **Petition wording:**

We call on the Welsh Government to stand by their promise to work towards a living wage for every worker in Wales and tell us when and how they will make it happen.

No matter how hard they try the minimum wage simply is not enough for some parents to make ends meet and give children like us the best chance in life. The living wage means that parents who work would earn at least £7.20 an hour.

We are young campaigners working with Save the Children across the UK for change. We are campaigning for a living wage, representing the views of young people, families and communities in Wales.

**Petition raised by:** Save the Children

**Date petition first considered by Committee:** 19 June 2012

**Number of signatures:** 483

Lesley Griffiths AC / AM  
Y Gweinidog Llywodraeth Leol a Busnes y Llywodraeth  
Minister for Local Government and Government Business



Llywodraeth Cymru  
Welsh Government

Eich cyf/Your ref P-04-397  
Ein cyf/Our ref LG/00007/14

William Powell AM  
Chair Petitions Committee  
Ty Hywel  
Cardiff Bay  
Cardiff CF99 1NA

committeebusiness@Wales.gsi.gov.uk

16

January 2014

Dear Bill

Thank you for your letter of 19 December about the timeframe for the Workforce Partnership Council's (WPC) work on the Living Wage.

A discussion paper about workforce issues in the public sector, including the Living Wage, was tabled at the December meeting.

The paper was referred to the WPC sector groups for further discussion and initial responses are expected for the next meeting due to be held on 10 March.

Now the Living Wage has been referred to the WPC the future timeframe will depend upon the direction and development of the policy initiative by social partners, particularly the public sector employer and the trade union members.

Regards

**Lesley Griffiths AC / AM**  
Y Gweinidog Llywodraeth Leol a Busnes y Llywodraeth  
Minister for Local Government and Government Business

## **P-04-446 : Business Rate Relief for Welsh Charity Shops**

### **Petition wording:**

Charity shops make a vital contribution to raising income for a huge range of good causes in Wales. 100 per cent of their profits go to charity, raising over £12 million every year in Wales.

Proposals which reduce business rate relief for charity shops in Wales will reduce this income, and will cause charity shops to close, leaving more empty shops on Welsh high streets and threatening 700 full time jobs and 9,000 volunteering opportunities offered by charity shops in Wales. It will significantly reduce the services that charities are able to provide in Welsh communities.

We call upon the National Assembly for Wales to urge the Welsh Government to reject proposals which will restrict the vital business rate relief for Welsh charity shops.

**Petition raised by:** Charity Retail Association

**Date petition first considered by Committee:** 15 January 2013

**Number of signatures:** +22,600



Edwina Hart MBE CStJ AC / AM  
Gweinidog yr Economi, Gwyddoniaeth a Thrafnidiaeth  
Minister for Economy, Science and Transport



Llywodraeth Cymru  
Welsh Government

Eich cyf/Your ref P-04-446  
Ein cyf/Our ref EH/00014/14

William Powell AM  
Chair Petitions Committee

[committeebusiness@Wales.gsi.gov.uk](mailto:committeebusiness@Wales.gsi.gov.uk)

07 January 2014

Dear William,

Thank you for your letter of 16 December about the petition on Business Rate Relief for charity shops in Wales.

I am currently seeking views from the UK Government and devolved administrations on this issue. After receiving and considering all of these, I will inform Members of my proposed course of action.

I will ensure that the Petitions Committee is kept updated on progress.

A handwritten signature in black ink, appearing to read 'Edwina Hart', written over a faint circular stamp.



## **P-04-475 Wanted – Buses for Meirionnydd**

### **Petition wording:**

We call upon the National Assembly for Wales to urge the Welsh Government to:

- Review the funding for rural bus services to ensure adequate levels of service for the whole of Gwynedd but particularly south Meirionnydd.
- Consider funding to be ensured for additional services to improve access to health services, education, and employment, and thus support the economy and tourism of the area.

**Petition raised by:** Barbara Snowball

**Date petition first considered by Committee:** 30 April 2013

**Number of signatures :** 174

# Agenda Item 3.15

## **P-04-513 Save the Wrexham/Barmouth X94 bus service**

### **Petition wording:**

Arriva Buses has announced that they will cut the X94 service which links the towns of Barmouth, Dolgellau, Bala, Corwen, Llangollen and Wrexham and 5 other bus services on December 21st this year. All of these bus services connect communities across Wales from north to south and east to west. We call on the Welsh Government to investigate how cutting these bus services might be avoided and what is the best way of securing and promoting national bus services that link the regions of Wales, especially where there is no equivalent railway service.

**Petition raised by:** Karen Dunford

**Date petition first considered by Committee:** 11 November 2013

**Number of signatures:** 494

## **P-04-515 Increase Funding for Welsh Bus Services**

### **Petition wording:**

We call upon the National Assembly for Wales to urge the Welsh Government to provide increased funding to bus services so that it adheres to its own policy aims of reducing poverty and exclusion, ensuring that people across Wales are not socially or economically disadvantaged by their location.

Additional information: This petition aims to increase the level of funding given to hard to reach, and disadvantaged areas of Wales. A number of local authority areas have had to reduce the frequency and range of bus routes since the Regional Transport Services Grant was introduced. This has left some residents isolated, especially on weekends and bank holidays.

**Petition raised by:** Daniel Thomas

**Date petition first considered by Committee:** 26 November 2013

**Number of signatures:** 246



Eich cyf/Your ref P-04-513  
Ein cyf/Our ref EH/04171/13

William Powell AM  
Chair Petitions Committee  
National Assembly of Wales

[committeebusiness@Wales.gsi.gov.uk](mailto:committeebusiness@Wales.gsi.gov.uk)

17 December 2013

Dear William,

Thank you for your letter of 6 December enclosing a petition from Karen Dunford about the X94 bus service.

I share the concerns about the potential impact the loss of the X94 bus service will have. I would like to reassure you that we are working hard with local authorities to ensure alternative services are provided on these routes using other local bus operators. In the interim, I have identified funding to protect this service up until 30 June 2014.

I have also asked officials to develop with local authorities detailed long-term plans to improve bus services, and will consult passengers and other key stakeholders when developing these proposals.

A handwritten signature in black ink, appearing to be 'Edwina Hart'.

**P-04-513 Save the Wrexham/Barmouth X94 bus service –  
Correspondence from Arriva Buses Wales to the Clerk,  
17.12.2013**

Good morning Mr George

Thank you for your letter of 6<sup>th</sup> December 2013, reference P-04-513.

As you may be aware, Service X94 was put out to tender by Gwynedd County Council following our decision to withdraw the route from our commercial operations.

We understand that the contract has now been let, though, despite the fact that there are staff redundancies effective this weekend, Gwynedd County Council have not told us that we have not been successful.

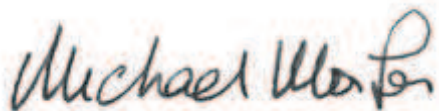
Gwynedd County Council will be able to let you know which company has been awarded the temporary contract for this service.

Services that we have withdrawn in South Cambria between Aberystwyth and Carmarthen via Lampeter and between Aberystwyth and New Quay/Synod Inn have been let by Ceredigion County Council and will continue to operate after 21<sup>st</sup> December. These services are provided on behalf of Ceredigion CC by First South Wales, Lewis of Llanrhystudd and Richards Brothers.

I understand that the Traws Cymru Network Manager is looking at the best means to provide these services in a substantive form after June 2014.

I trust that this answers your query but please do feel free to come back to me if you wish to know more.

With Kindest Regards



Michael Morton, BSc,FCILT,FCIM,MInstTA  
**Area Managing Director (Rheolwr Gyfarwyddwr )**  
**Arriva Buses Wales (Bysiau Arriva Cymru )**

Uned Rheolaeth  
Gorsaf y Fflint  
Y Farchnad, Y Fflint  
Sir y Fflint. CH6 5NW

Management Unit  
Flint Station  
Market Square, Flint  
Flintshire. CH6 5NW

Ffôn/Tel 01352 704561  
Ffacs/Fax 01352 704560



Gweithio ar gyfer trafndiaeth integredig yng Ngogledd Cymru  
Working for integrated transport in North Wales

Gofynnwch am / Ask for: **Cllr Mike Priestley**  
Rhif ffôn / Telephone: **01352 704561**  
Ein Cyf / Our Ref: **Cllr MP/CLH**

20<sup>th</sup> December 2013

William Powell AC/AM  
Chair  
Petitions Committee  
National Assembly for Wales  
Cardiff Bay  
Cardiff  
CF99 1NA

Dear Bill

X94 Bus Service

Thank you for your letter of 6th December and the comments made regarding the X94 bus service between Barmouth and Wrexham.

We are fully aware of the need to retain this important service that provides the only public transport access for many communities along the route. We have been working closely with colleagues in Welsh Government and in the three local authorities along the route. An alternatives service has now been tendered by Gwynedd Council, and will commence from the 22 December for a six month period. This will allow time for a review of the service demand along the route to be undertaken and a long term plan for service re-provision to be developed. Our intention is to ensure that as effective a service as possible within funding constraints is provided for the communities currently served by the X94. The additional costs incurred for the six month interim service have been identified from within the existing Regional Transport Services grant provided to Taith by the Welsh Government.

We are also in the final stages of completing the Regional Bus Network Strategy for North Wales, which will be submitted to the Welsh Government in January 2014. This provides a framework for the development of an integrated bus and community transport network across the region, and identifies potential opportunities for increasing access to public transport in rural North Wales.



William Powell AC/AM  
20<sup>th</sup> December 2013

If we can provide any additional information to support your Committee's response to the petition, please let me know.

Yours sincerely

A handwritten signature in black ink, appearing to read 'M Priestley', written in a cursive style.

Councillor Mike Priestley  
Chair of Taith



Eich cyf/Your ref P-04-515  
Ein cvf/Our ref EH/04334/13

William Powell AM  
Chair  
Petitions committee  
[committeebusiness@Wales.gsi.gov.uk](mailto:committeebusiness@Wales.gsi.gov.uk)

03 January 2014

Dear William,

Thank you for your letter of 16 December about the petition you have received urging the Welsh Government to provide increased funding to bus services.

The Welsh Government is committed to supporting bus services. I have allocated £25m under the Regional Transport Services Grant scheme in 2013-14 to help boost the number and range of subsidised, socially-necessary bus and community transport services. Also as part of that, we are actively looking at ways to maximise value for money in very difficult circumstances to secure the best possible provision of services, especially to enhance accessibility for disadvantaged groups.

A handwritten signature in black ink, appearing to be 'Edwina Hart', written in a cursive style.

**P-04-475 Wanted - Buses for Meirionnydd – Correspondence from the Petitioner to Clerking Team, 21.01.2014.**

For attention of the Petitions Committee for further consideration on Tuesday, 4<sup>th</sup> February 2014.

Re: X94 Bus service Barmouth to Wrexham

**I would urge that further consideration is given** to the continuance of the X94 service after the current trial period.

The loss of the service would isolate the community in Barmouth, Dolgellau and all the surrounding areas. There is no alternative route to Wrexham.

It would prevent people from attending Wrexham Hospital.

It would cause great hardship and deprivation to people who can not afford to run a car.

It would result in job losses for some people who use the X94 to commute to work.

It would cause financial deprivation on a large scale. Many businesses which rely on the summer tourist trade would cease to exist.

This would result in a major loss of revenue to Gwynedd Council.

Re: No. 28 Bus service Dolgellau to Tywyn – pilot scheme

**I would urge that consideration is given** to a further 6 months pilot scheme after the ending of the current pilot scheme (end March/early April).

Please convey gratitude to Taith for providing the funding.

- However, a winter pilot is not the best time and can not give a true picture. We requested a 12 month trial period to give a more accurate assessment.
- Elderly people do not feel safe venturing out for the day when they have to return home in the dark.
- There are no tourists in the area during the winter to increase passenger numbers.

Other important factors are:

- People have been let down by poor connections and are loath to put their confidence in the buses.
- Where so many bus companies are involved, there is lack of cohesion.

- When most journeys in the area were serviced by just one bus company (Arriva), the connections were a lot better. The drivers communicated with each other if they were running late.
- There was an incident where an elderly couple arrived back in Dolgellau from Wrexham. The X94 was running 10 minutes late and did not manage to catch up on time. It arrived in Dolgellau at 8.01 pm, and the No. 28 bus had left 1 minute earlier at 8.0 pm. The couple had to continue on the X94 to Barmouth, from where they walked over the Barmouth bridge and home to Fairbourne (the Cambrian trains are not running). They arrived home well over an hour later, utterly exhausted. Express Motors was later requested to wait for 5 minutes until the X94 arrives in Eldon Square, Dolgellau. They have complied with this request.

There has been evidence of more passenger use on the evening No. 28 buses but still not enough.

- There have been ‘cinema evenings’ to Tywyn on the bus. This also helps the cinema.
- There have been people having evening meals out in Tywyn and Brynchrug, helping local business.
- On one evening recently, there were 19 passengers on and off at different stops, which shows that there is a slowly growing trend to use the evening buses.

The most important aspect of a public transport network is its integration. This has clearly failed on many occasions due to so many bus operators, and misunderstandings between them, or just poor communications. There have been complaints from the public about missed connections. The public have had such bad experiences that they are not using the buses as they once did, hence the drop in passenger numbers. Unfortunately, the outcome is that bus services are reduced because they are “not being used enough”. The only way it can work is if there is someone who can proactively co-ordinate all the interconnecting services; and the only person / body who can do that is the Local Authority, and specifically the Transport Officer.

People need to see there is a good, integrated bus service they can rely on.

**I would therefore urge that consideration is given to** having the right “body” in place who thoroughly understands the Public Transport system and who has the knowledge and experience to effectively integrate all the services and timetabling.

Barbara Snowball  
Mawddach Bus Users

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# Agenda Item 3.17

## **P-04-498 To get Wales Educated**

### **Petition wording:**

We the undersigned call on the Welsh Government to encourage children from primary school age to stay in education to university level.

**Petition raised by:** Matthew Hopkins

**Date petition first considered by Committee:** 24 September 2013

**Number of signatures:** 12



## **P-04-499 Kick Start The Welsh Language Curriculum**

### **Petition wording:**

We the undersigned call upon the National Assembly for Wales to urge the Welsh Government to change the Welsh Language Curriculum in Secondary Schools; in order to encourage the Welsh Language to be used in a conversational manner rather than teaching Cymraeg to pass an examination.

Additional information : We as pupils in a Secondary School in Wales believe that the current system for teaching Welsh does not encourage long term learning for real life use outside of school. We believe that the current focus on passing an exam does not address the use of real welsh effectively and most people leave school and forget most of what they have learnt during their five years of Secondary Education. We want the assembly to address the issue of life long welsh language learning in English medium Secondary Schools in order to keep the Welsh language alive all across the Country. We believe that this change needs to be made soon before irreversible damage is done and Welsh becomes a language for road signs and the museums.

**Petition raised by:** Eva Bowers and Lauren Davies

**Date petition first considered by Committee:** 24 September 2013

**Number of signatures:** 19

P-04-449 Kick Start the Welsh Language Curriculum –  
Correspondence from Petitioner to Chair, 22.01.2014

Miss Eva Bowers

82 James Street

Llanelli

Carmarthenshire

SA15 1EA

22/01/2014

Petitions Committee

National Assembly for Wales

Cardiff Bay

Cardiff

CF99 1NA

In response to reference:

P-04-499

Dear Mr W Powell AC/AM:

I am writing to hopefully try and change the way Welsh is taught in English Medium schools, so that the younger generation can use conversational Welsh in and out of school. I appreciate the time you gave to write a response and to gather a detailed response from the minister regarding my petition. In my opinion there are lots of reasons both for and against my petition after reading some of the report.

In my personal experience I feel I have benefited from my teachers going slightly off the curriculum and looking into more conversational Welsh, but in not as much detail as I would like, I am sure this cannot be said for all schools.

I feel that less people in this generation are as keen to speak Welsh compared to our Grandparents which is a shame as I would like to speak more Welsh to my Great Gran and also my Scottish family to show them how proud I am to be Welsh and then maybe they could learn a thing or two.

Some of my ideas include changing the topics taught in welsh lessons to include more questions like; what they did at the weekend? Their ambitions and how people are in general, the kind of 'chit-chat' we use every day in English.

Also more consistency between Primary and Secondary as I have found there is repetition from Primary to year 7 in particular, so a year is technically wasted where we could have learnt a new topic.

I think that in general Teachers are under too much pressure to meet targets and grades and therefore stick to the exam syllabus or curriculum not having the time to spend really using the Welsh Language. If there was less pressure for teachers to meet targets rather than being restricted to specific content and time frames then there would be more time to help individual or small groups of pupils really learn the art of conversing in Welsh. To do this there could be fewer topics on the curriculum but we could learn about each one more in-depth really getting to grips with and committing the knowledge to our long term memory.

The use of drama as a subject in the curriculum where some performances had to be delivered in Welsh throughout the year would benefit everyone, as the most effective way to learn something is to use it. People would grow in confidence not only in using the language but they would literally be practising to use it in everyday situations.

Hopefully my ideas will help you realise the time and efforts I have taken thinking about this issue. Whilst I realise, being in year 10, it is probably too late for any changes to affect me, I have a younger brother and cousins and it is important to me that they learn to speak Welsh and with more confidence than myself. It should be important to all of us that the Welsh Language thrives and becomes a part of all our lives and stays that way.

I hope you take the time to consider my thoughts and opinions in your next committee meeting,  
Thank you.

Yours Sincerely,

Eva Bowers

# Agenda Item 5

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