

## Health and Social Care Committee

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

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Meeting date:  
**10 November 2011**

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Meeting time:  
**10:15**

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Cynulliad  
Cenedlaethol  
Cymru

National  
Assembly for  
Wales



For further information please contact:

Llinos Dafydd  
Committee Clerk  
029 2089 8403  
[HSCCommittee@wales.gov.uk](mailto:HSCCommittee@wales.gov.uk)

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### Agenda

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#### **1. Introductions, apologies and substitutions**

#### **2. Approach to legislation (10.15 – 10.30)** (Pages 1 – 8) HSC(4)–10–11 paper 1

#### **3. Inquiry into the contribution of community pharmacy to health services in Wales – Evidence from Aneurin Bevan Community Health Council (10.30 – 11.15)** (Pages 9 – 12) HSC(4)–10–11 paper 2

Catherine O'Sullivan, Chief Officer

#### **4. Motion under Standing Order 17.42(vi) to resolve to exclude the public from the meeting for item 5 (11.15)**

#### **5. Inquiry into Stroke Risk Reduction – Private discussion on key issues (11.15 – 11.45)**

#### **6. Papers to note** (Pages 13 – 28) Minutes of the meeting held on 2 November HSC(4)–09–11 minutes

Letter from the Chair of the Petitions Committee regarding petition P-04-337  
Tenovus: Free Sunscreen  
HSC(4)–10–11 paper 3

Letter from the Minister for Health and Social Services regarding the Wales Audit Office follow up report on Adult Mental Health Services  
HSC(4)-10-11 paper 4

Letter from Community Pharmacy Wales regarding the New NHS Discharge Medicines Service  
HSC(4)-10-11 paper 5

Committee forward work programme – Autumn 2011  
HSC(4)-10-11 paper 6

## Health and Social Care Committee

### HSC(4)-10-11 paper 1

## White Papers and Draft Bills – Implications for Assembly Committees

### Purpose

1. This paper outlines the various factors that committees, and more specifically the Health and Social Care Committee, may wish to consider when taking decisions about their involvement in the scrutiny of government white papers and draft bills.

### Background

2. The First Minister announced details of the Welsh Government's legislative programme for the next five years on 12 July 2011. The programme included details of 21 bills that will be introduced during the fourth Assembly. He also indicated the government's intention to introduce some bills in draft form and to publish white papers for others. In addition the Presiding Officer has already signalled her intention to hold ballots for individual Members to seek agreement to introduce legislation, the first of which took place on 19 October 2011.

### White papers and draft bills

#### What is the purpose of white papers and draft bills?

3. White papers and draft bills are mechanisms used by governments to consult the wider public or particular interest groups on proposed new laws. As such, there is no provision in the Assembly's standing orders for their consideration.
4. White papers set out detailed policy proposals with a view to introducing a bill to give effect to those proposals, while draft bills allow consultation and pre-legislative scrutiny on specific legislative proposals.
5. In publishing white papers and draft bills, the government is, to some extent, responding to recommendations from third Assembly committees calling for the policy rationale for new laws to be tested more thoroughly by pre-legislative consultation. Government support for greater use of this type of consultation was outlined by the then Counsel General in Plenary on 15 March this year.<sup>1</sup>

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<sup>1</sup> National Assembly for Wales, Plenary, RoP <http://www.assemblywales.org/bus-home/bus-third-assembly/bus-chamber/bus-chamber-third-assembly-rop.htm?act=dis&id=212756&ds=3%2F2011#dat2>

### Do committees have to consider white papers or draft bills?

6. There is no requirement for committees to consider or scrutinise white papers or draft bills. The role of committees in scrutinising legislation is set out clearly in Standing Order 26, under which a bill must be introduced by being laid. Usually, the Business Committee then refers it to a responsible committee for consideration of its general principles (Stage 1) and then to consider the detail of the bill through consideration of specific amendments (Stage 2). Other committees with an interest in the bill, such as the Constitutional and Legislative Affairs Committee, may also choose to consider and report on aspects of the bill.
7. The Business Committee is not required to refer a bill to a responsible committee at Stage 1 for consideration. However, in the third Assembly, this discretion was used very sparingly; only once in relation to a government proposed Measure - the *Learner Travel (Wales) Measure 2008*.

### **Implications for Committees**

8. The five broad subject committees, established by the fourth Assembly, have the dual role of looking at both policy and legislation within their subject area. One of the strengths of this approach is that legislation will be scrutinised by committees that will develop a degree of expertise in the subject matter of bills.
9. As well as considering bills after they are introduced into the Assembly, committees may also wish to consider white papers and draft bills. This could help committees engage with the subject matter of bills at an early stage and could also help them to influence a bill, and its underlying policy, prior to its formal introduction should the committee wish to do so.
10. The principal point that committees will need to address when deciding whether to engage with white papers and draft bills is— what is their objective in doing so? Is it—
  - a. to seek to influence the government with a view to them amending their proposals, or
  - b. to seek to inform themselves of the policy area and impact of legislation in preparation for their formal consideration of the bill?
11. In addition to points (a) and (b) above, there are a range of other factors that committees will wish to consider in deciding the extent to which they want to engage with draft bills and white papers. Some of these issues are discussed further below.

### White papers

12. As noted above, a white paper sets out detailed policy proposals the government intends to give effect to via legislation. Although white papers usually set out well-developed policy proposals, and a firm commitment to legislate<sup>2</sup>, they also offer scope for the public and interest groups to engage

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<sup>2</sup> In his statement of 15 March 2011 the then Counsel General said that they would “...ensure that the Welsh public can influence proposals at the policy development stage, before the decision to legislate has even been taken.”

with the proposals and to seek to influence and change them before legislation has been drafted. In this respect, they could present an opportunity for committees to engage with policies they are likely to have to consider as bills and to have a chance to influence both the content and the terms of debate around those bills.

13. Committees will need to consider how much time and resource to give to the consideration of white papers, as well as how they can ensure they are properly informed about the proposals. They will also want to ensure that consideration of white papers does not lead to disproportionate time being spent in a way that detracts from the scrutiny of other, equally important areas of government activity, particularly as the formal legislative proposals flowing from white papers will come before the Committee at some point.
14. Should they choose to engage with white papers, there are a number of ways committees might go about this. Whether these should involve the whole committee, a sub-committee or a rapporteur group would need to be considered in light of how important the white paper proposals are perceived to be and the committee's workload at the time. Possible approaches might include—

- *The traditional "inquiry"; calling witnesses etc.*

Realistically, at white paper stage, interest groups may want to focus their efforts on engaging with the government rather than with the Assembly. This may not, therefore, be the most productive or appropriate approach for a committee. The Committee may also feel that, if they undertake this work at white paper stage, there is a risk of Stage 1 of the formal legislative process appearing to be a repetitious exercise. However, if the issue is considered significant enough, this approach need not be discounted.

- *Respond formally to the Government's Consultation.*

Committees may wish to consider responding to the government's consultation. However, this approach could involve a committee being seen as 'just another consultee', with insufficient weight being given to their formal role in scrutinising legislation. Furthermore, for the reasons outlined above, committees may find it difficult at this stage to engage with stakeholders to inform their views.

- *Take evidence from the responsible Minister and officials*

As an alternative to a full inquiry, committees could choose to invite the relevant Minister and/or officials, to attend committee to give evidence.

In considering this option, however, committees will want to be mindful of the recent correspondence between the First Minister and the Presiding Officer. In his letter, the First Minister sets out the government's position in relation to the attendance of Ministers at committee meetings for the purpose of considering white papers and draft bills. He also refers to making government officials available to committees to provide technical briefings to Members. A copy of the First Minister's letter is attached as

Annex A to this paper, along with a copy of the response from the Presiding Officer at Annex B.

- *Obtain expert advice*

Along with expert advice from the Assembly's Research Service, committees could engage expert advisers or external reference groups to help them identify key issues in the white paper to be considered / addressed.

- *Follow the development of the Bill in preparation for formal scrutiny*

Committees could decide not to engage directly in the government consultation and use the time to keep abreast of the issues and track the development of the legislative proposals through briefing from the Research Service and regular discussion in committee. This could include an invitation to the Minister and/or government officials either at the beginning or the end of the consultation.

### Draft bills

15. Draft bills are somewhat different in nature to white papers. They are more specific proposals that are at a more advanced stage of policy formulation. Draft bills have become more common in the UK Parliament in recent years, and are often scrutinised by a committee before being formally introduced. However, this practice has developed partly because there is no equivalent of the Assembly's Stage 1 scrutiny process in Westminster. In Scotland, although the Scottish Government does publish some bills in draft, there is little scrutiny of these by parliamentary committees. The Parliament only considered one draft bill in the last session<sup>3</sup>, largely because the bill impacted directly on the work of that committee in relation to scrutiny of subordinate legislation. It should also be noted that there is no discretion to by-pass the Scottish equivalent of our Stage 1.
16. There is no standard period of time following the end of a consultation on a white paper within which the government is required to bring forward a draft bill (if it chooses to do so). Depending on the comments received during the course of the consultation exercise, the draft bill could follow relatively soon after the end of a consultation, possibly with few changes of substance, or there could be some delay in its publication and the draft may have changed considerably. Whilst not undertaking any work on draft bills could lead to possible criticism that committees had not taken every chance to influence the content of a bill, there is the risk that attempting detailed consideration at this stage could compromise or confuse Stage 1 consideration by committee.
17. As with white papers, the approach taken by committees in deciding how best to respond to draft bills will need to take account of the relative importance of the bill, the workload of the committee and the need to avoid duplicating effort. Any consultation on a draft bill will be carried out by the government,

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<sup>3</sup> Sub Leg Committee 2009 – considered draft Interpretation and Legislative Reform Bill. April 2009 – took evidence. Stage 1 consideration in September 2009.

and may focus on different questions from those that committees may wish to ask of interest groups.

18. These factors suggest that the “inquiry” approach to draft bills is likely to be of less value than it would be for white papers and that responding formally to the government’s consultation at the draft stage could confuse the committee’s role, as well as give insufficient weight to its formal role.
19. However, some of the other approaches outlined above, such as the provision of expert advice, briefing from the Research Service or a technical briefing from government officials may be utilised to ensure that committees are fully prepared for Stage 1 scrutiny as well as to provide an appropriate opportunity to influence the government’s thinking.

#### Outcome of consideration

20. Whatever the approach to pre-legislative scrutiny of white papers and draft bills, committees will need to consider what the outcome of their consideration should be and the impact their involvement might have on their formal scrutiny role. The approach used will be a matter for judgement at the time. In some cases, committees may wish to make a formal report to the Assembly on their findings, while in others they may simply want to outline any issues in correspondence to the relevant Minister. However, in all cases, it is important that committees use the outcome of their consideration to inform their later work in scrutinising the bill at Stage 1.

#### Conflict of interests

21. Committees will also need to give careful consideration to whether a real or perceived conflict of interest could arise where a committee is involved in helping the Minister shape the content of a bill and is then subsequently the Committee tasked with formal consideration of that bill at Stages 1 and 2.

#### **Decision**

22. There is no right or wrong approach to the consideration of draft bills and white papers. Committees will need to consider each instance separately, taking account of their own priorities at the time.

#### **Action**

23. The Committee is invited to discuss the contents of this paper, and give some thought to how it wishes to approach the consideration of white papers and draft bills within its subject area remit.

#### **Legislation Office**

Y Gwir Anrh/Rt Hon Carwyn Jones AC/AM  
Prif Weinidog Cymru/First Minister of Wales



Llywodraeth Cymru  
Welsh Government

Ein cyf/Our ref: LF/FM/5121/11

Rosemary Butler AM  
Presiding Officer  
Chair, Business Committee  
National Assembly for Wales  
Cardiff Bay  
CF99 1NA

17 October 2011

Dear Rosemary

I am writing to you to clarify the Welsh Government's position in relation to the handling of its White Paper and Draft Bill consultations.

The Welsh Government has made a commitment to consulting prior to introducing legislation, whether it be at policy stage, White Paper stage, or by way of a Draft Bill. We have already published a White Paper relation to the School Standards and Organisation Bill, and will shortly be publishing a White Paper on Organ Donation. Later this year we will also publish a number of Draft Bills for consultation.

While I consider both White Papers and Draft Bills to be primarily Government consultations, I have asked Ministers to ensure that Assembly Members are informed prior to publication by way of a Written Ministerial Statement. These consultations are however an exercise in listening to and engaging with stakeholders and the wider public.

We would of course welcome the views the Assembly may have in relation to the proposals outlined in these consultations, whether they come from individual Assembly Members or an Assembly Committee.

However, the appropriate time for the Assembly to properly scrutinise Ministers on Welsh Government legislative proposals is during the formal scrutiny stages once the Bill is formally introduced. We would not wish to undermine the Assembly's scrutiny of Government legislation by circumventing these proceedings.

As such, we would not expect Ministers to be called to appear before Committees during these consultations to discuss a White Paper or Draft Bill. We would however be happy to arrange for officials to provide technical briefings to Committees on individual White Papers or Draft Bills.

Bae Caerdydd • Cardiff Bay  
Caerdydd • Cardiff  
CF99 1NA

English Enquiry Line 0845 010 3300  
Llinell Ymholiadau Cymraeg 0845 010 4400  
Ffacs \* Fax 029 2089 8198  
ps.firstminister@wales.gsi.gov.uk



It is of course for Committees to decide how best to consider these consultations, if they wish to do so, and they may wish to invite evidence from key stakeholders. The Government's position will be clearly set out in each White Paper or Draft Bill, on which we are seeking the views of stakeholders.

I hope that this letter clarifies the Government's position on this matter

Yours sincerely

A handwritten signature in black ink, consisting of a large, stylized 'C' followed by a smaller 'J' and a short horizontal stroke.

**CARWYN JONES**



Rt Hon Carwyn Jones AM  
First Minister of Wales  
Welsh Government  
Cardiff Bay  
CF99 1NA

Your ref: LF/FM/5121/11  
Our ref: RB/AC/CJN/PO143

18 October 2011

*Dear Carwyn*

Thank you for your letter concerning the Welsh Government's position on White Paper and Draft Bill consultations.

Consultation on proposals for Government legislation is a welcome development and I sincerely hope that it will result in wider engagement with the process of making legislation and, ultimately, in better law.

I am pleased that you recognise the importance of the Assembly's formal scrutiny procedures and share your desire that these should not be undermined or circumvented by the process of legislative consultation. Thank you also for signalling the Government's willingness to provide committees with technical briefings from your officials. I am sure that this will be appreciated.

I will share these points with committee Chairs and members of the Business Committee for their information but I am afraid that I cannot guarantee that committees will never invite Ministers to attend committees to discuss White

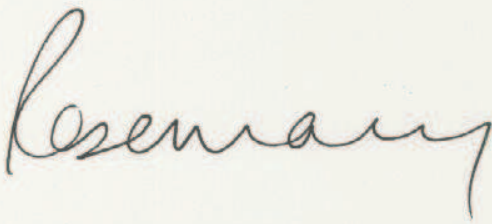
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Ebost/Email: [rosemary.butler@wales.gov.uk](mailto:rosemary.butler@wales.gov.uk)

Papers and Draft Bills. It is not a matter for me to dictate to committees how they should approach their work and there might well be occasions when it is perfectly appropriate for them to hear from Ministers when major policy proposals are being formulated. That said, I agree that it would be undesirable for Ministers routinely to be called before committees during consultation periods only to go over exactly the same ground during the Stage 1 scrutiny process.

A handwritten signature in cursive script, appearing to read 'Rosemary', written in dark ink.

Rosemary Butler AC, Llywydd  
Rosemary Butler AM, Presiding Officer

# Agenda Item 3

Health and Social Care Committee

HSC(4)-10-11 paper 2

Inquiry into the contribution of community pharmacy to health services in Wales – Evidence from Aneurin Bevan Community Health Council



**RESPONSE FROM ANEURIN BEVAN COMMUNITY HEALTH COUNCIL TO THE NATIONAL ASSEMBLY FOR WALES, HEALTH AND SOCIAL CARE COMMITTEE CONSULTATION: INQUIRY INTO THE CONTRIBUTION OF COMMUNITY PHARMACY TO HEALTH SERVICES IN WALES.**

Aneurin Bevan Community Health Council (ABCHC) welcomes the opportunity to comment on the above consultation.

ABCHC Members have considered the issues around community pharmacy as set out in the Health and Social Care Committee letter dated 1 August 2011, and their comments and views are incorporated into the ABCHC response below.

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**1. The effectiveness of the Community Pharmacy contract in enhancing the contribution of community pharmacy to health and wellbeing services**

Members believe that the contribution of community pharmacy to health and wellbeing services is effective, giving examples as follows:

- Pharmacists are held with high regard within the community
- They offer advice and solve problems for those who are faced with long waits for GP appointments
- They are very helpful.
- Individuals have confidence in asking for advice from pharmacists

- Individuals feel confident in asking a pharmacist to review and give advice on prescriptions where there is a combination of drugs prescribed.
- They give advice on contraception and smoking

Training to ensure the pharmacist has the required skills for the level of service undertaken is essential.

Where appropriate pharmacists should have the capacity to operate a recall system to ensure patients who have been offered advice or medication, are followed up, and advised to see a GP if a problem has not been resolved.

**2. The extent to which Local Health Boards have taken up the opportunities presented by the contract to extend pharmacy services through the provision of ‘enhanced’ services, and examples of successful schemes.**

Members have received information on enhanced services currently commissioned by the local health board from local pharmacists. However Members did not feel they had sufficient information or evidence to offer an opinion or examples of successful schemes.

**3. The scale and adequacy of ‘advanced’ services provided by community pharmacies.**

Members were aware of only one advance service, the medicines use review – prescriptions intervention service, which they believe is a good service. This information was taken from a document describing the three tiers of community pharmacy service and Members would be interested to hear whether it is in fact correct that there is only one ‘advanced’ service, as background papers were not provided with the inquiry letter for this consultation process.

Members considered that there should be a second advanced service for diagnostics although there would be accountability issues around this. Members felt that current training is not compatible with diagnostic competency in a pharmacy setting; for example a pharmacist treating a mouth ulcer may not be skilled in recognising mouth cancers, leading to misdiagnosis.

The electronic patient record is believed to be the way forward to avoid the possibility of a patient seeking advice/treatment from a number of sources if dissatisfied with first advice received. Good communication between pharmacies and GPs is essential.

**4. The scope for further provision of services by community pharmacies in addition to the dispensing of NHS medicines and appliances, including the potential for minor ailments schemes.**

If local pharmacies are to undertake more enhanced services Members believe that the electronic medical record will be vital to ensure that a patient's medical history is up to date. Until the electronic medical record is available there should be good communication systems in place between pharmacies and GPs.

It was also suggested that the pharmacist reviewing of drugs prescribed to individuals is one of the most important services and that this has had a major impact on patients' lives greater than anything else alone. Pharmacists carry out this service very well.

Where a particular treatment is prescribed and then the way the medicine is presented changes, there should be a note to the patient highlighting the change with reassurances that it is still the same drug.

Having access to screening tests at local pharmacies was considered to be a good idea, and would allow members of the public to exercise choice and take responsibility for their own health in seeking screening appointments.

Members were supportive of enhanced services being provided from local pharmacies under the following circumstances:

- The environment meets any criteria set for access, privacy, confidentiality, cleanliness
- Having a consulting room with a curtain in place of a door is not acceptable.
- Pharmacy staff must have the appropriate level of training, and have continuing professional development.
- There must be monitoring of competencies of staff, and displayed certificates of training must be current.

Costs: Of great importance is that patients should not incur any additional costs for services currently provided by a GP if such services are in future provided by a local pharmacy.

Where a local pharmacy may not wish to provide certain enhanced services, or could not meet the criteria to provide them, would there be arrangements from neighbouring pharmacies? Further information on how enhanced services would be provided in this instance would be appreciated.

Other issues:

- There should be some form of recall following advice/treatment provided through a local pharmacy where a review of the patient's response to treatment is deemed necessary.



- Members believe there is public confidence in local pharmacies but that enhanced services should only be provided against strict criteria, to include those at '3' bullet points.
- There should be patient choice to seek advice from their GP where they believe the local pharmacy service would not be appropriate.
- Services should not be hived off to pharmacy to the exclusion of the GP
- Advice may be that an individual should request an emergency appointment with a GP.

**5. The current and potential impact on demand for NHS services in primary and secondary care of an expansion of community pharmacy services, and any cost savings they may offer**

Moving some services from GP to local pharmacy as enhanced services would reduce the impact on demand at the GP end, which may produce cost savings.

Moving immunisations from GP practice to Pharmacy: May be cost savings depending on the difference between the fees payable to GPs or pharmacists for comparable services. The Aneurin Bevan Community Health Council would be concerned that funding should follow the service, and not be duplicated.

If pharmacies take on more services there may be additional expenditure to enable pharmacies to meet all criteria for providing a safe service. They would need to build in capacity to deal with possible increases in demand from the public, and possibly an appointment system.

Moving some services to pharmacies may lead to improvements in access to GP appointments and also leave GPs free to provide other services.

**6. Progress on work currently underway to develop community pharmacy services.**

Aneurin Bevan Community Health Council would be pleased to receive information on the progress on current work mentioned above.

# Agenda Item 6

## Health and Social Care Committee

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Meeting Venue: **Committee Room 3 – Senedd**

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Meeting date: **Wednesday, 2 November 2011**

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Meeting time: **09:30 – 12:10**

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Cynulliad  
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Wales



This meeting can be viewed on Senedd TV at:

[http://www.senedd.tv/archiveplayer.jsf?v=en\\_400000\\_02\\_11\\_2011&t=0&l=en](http://www.senedd.tv/archiveplayer.jsf?v=en_400000_02_11_2011&t=0&l=en)

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### Concise Minutes:

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#### Assembly Members:

**Mark Drakeford (Chair)**  
**Rebecca Evans**  
**Vaughan Gething**  
**William Graham**  
**Elin Jones**  
**Lynne Neagle**  
**Gwyn Price (In place of Mick Antoniw)**  
**Lindsay Whittle**  
**Kirsty Williams**

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#### Witnesses:

**Dr David Bailey, BMA Cymru Wales**  
**Dr Philip White, BMA Cymru Wales**  
**Dr David Baker, The Dispensing Doctors' Association**  
**Dr Paul Myers, Royal College of General Practitioners**  
**Lesley Griffiths, Minister for Health and Social Services**  
**Dr Tony Jewell, Chief Medical Officer**  
**Dr Chris Jones, Welsh Government**  
**Chris Martin, Hywel Dda Health Board**  
**Berwyn Owen, Betsi Cadwaladr University Health Board**  
**Bernadine Rees, Cwm Tâf Health Board**

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#### Committee Staff:

**Llinos Dafydd (Clerk)**  
**Naomi Stocks (Clerk)**  
**Catherine Hunt (Deputy Clerk)**  
**Stephen Boyce (Researcher)**  
**Victoria Paris (Researcher)**

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### 1. Introductions, apologies and substitutions



1.1 Apologies were received from Mick Antoniwi and Darren Millar. Gwyn R Price attended as a substitute for Mick Antoniwi.

## **2. Inquiry into the contribution of community pharmacy to health services in Wales – Evidence from BMA Cymru Wales, the Dispensing Doctors' Association and the Royal College of General Practitioners**

2.1 The witnesses responded to questions from members of the Committee on the contribution of community pharmacy to health services in Wales.

2.2 The Committee requested a map detailing information on the locations of dispensing practices in rural areas.

2.3 Dr Myers agreed to share with the Committee a paper on the pilot study carried out by Aneurin Bevan Health Board on the use of Medicines Use Reviews by community pharmacists.

## **3. Inquiry into Stroke Risk Reduction – Evidence from the Minister for Health and Social Services**

3.1 The Minister for Health and Social Services, the Chief Medical Officer and Dr Chris Jones, responded to questions from members of the Committee on stroke risk reduction.

## **4. Inquiry into the contribution of community pharmacy to health services in Wales – Evidence from NHS representatives**

4.1 The witnesses responded to questions from members of the Committee on the contribution of community pharmacy to health services in Wales.

## **5. Papers to note**

5.1 The Committee agreed to hold an evidence session with representatives from Community Pharmacy Scotland and the Royal Pharmaceutical Society Scotland via video conference on 24 November as part of the inquiry into community pharmacy.

5.2 The Committee agreed to hold an informal training session on legislation scrutiny on 10 November and that each member could allow a member of their staff to attend.

## **TRANSCRIPT**

View the [meeting transcript](#).

## **Health and Social Care Committee**

**HSC(4)-10-11 paper 3**

**Letter from the Chair of the Petitions Committee regarding petition  
P-04-337 Tenovus: Free Sunscreen**

**Please find attached a letter from the Chair of the Petitions Committee  
as an annex to this paper.**

**Committee Service**

**Y Pwyllgor Deisebau**  
**Petitions Committee**

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National  
Assembly for  
Wales



Mark Drakeford AM  
Chair, Health and Social Care  
Committee  
National Assembly for Wales  
Cardiff Bay  
Cardiff  
CF99 1NA

Bae Caerdydd / Cardiff Bay  
Caerdydd / Cardiff CF99 1NA

14 October 2011

*Dear Mark*

**P-04-337 Tenovus: Free Sunscreen**

The Petitions Committee has received a petition from Tenovus calling for:

*'...the National Assembly to urge the Welsh Government to provide free sunscreen for all children under the age of 11 in Wales.'*

At its meeting of 11 October, the Petitions Committee resolved to refer the petition to the Health and Social Care Committee for consideration.

I would be grateful if you could let me know whether this is an issue that the Health and Social Care Committee could consider.

Yours sincerely

*William*

**William Powell AM**  
**Chair, Petitions Committee**

Lesley Griffiths AC / AM  
Y Gweinidog Iechyd a Gwasanaethau Cymdeithasol  
Minister for Health and Social Services



Llywodraeth Cymru  
Welsh Government

Eich cyf/Your ref  
Ein cyf/Our ref MB/LG/6862/11

Mark Drakeford AM  
Chair of the Health and Social  
Care Committee  
National Assembly for Wales  
Cardiff Bay  
Cardiff  
CF99 1NA

30<sup>th</sup> October 2011

Dear Mark

Thank you for your letter of the 12 October regarding the referral to the Health and Social Care Committee of the Wales Audit Office follow up report on Adult Mental Health Services.

Your letter sought details of the implementation plan for the Mental Health Measure, and our timetable for developing a new mental health strategy for Wales.

#### Mental Health Measure Implementation Plan

Mental Health is one of the cornerstones of the health services that we provide for the people of Wales. It is particularly important that the needs of those with the most severe and enduring mental illnesses are prioritised. The Mental Health (Wales) Measure 2010 is introducing some significant changes and we are allowing sufficient preparation time to ensure that implementation is achieved successfully. The timescales for commencement are designed to ensure that Local Health Boards and Local Authorities are able to effectively plan and prepare to meet the duties which will fall to them under the new legislation.

It is anticipated that the Measure provisions will be commenced as follows:

- January 2012 - expansion of advocacy to short-term sections (Part 4)
- April 2012 - expansion of advocacy to informal patients (Part 4)
- June 2012 - care coordination and planning (Part 2)
- June 2012 - entitlement to assessment (Part 3)
- October 2012 - local primary mental health support services (Part 1)

To support implementation my officials have developed a secondary legislation delivery plan (attached at annex 1) and a programme of support to Local Health Boards and local authorities:

The programme of support for Local Health Boards and local authorities includes:

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CF99 1NA

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

English Enquiry Line 0845 010 3300  
Llinell Ymholiadau Cymraeg 0845 010 4400  
Correspondence.lesley.Griffiths@wales.gsi.gov.uk  
Printed on 100% recycled paper



- The publication of a National Service Model for Part 1 of the Measure in September 2011, aimed at ensuring consistent and high-quality primary care mental health support services across Wales;
- Publishing national and local mapping reports, identifying existing primary mental health services across Wales in January 2012, to help support services to understand where remodelling and restructuring of services in relation to Part 1 will be beneficial;
- Developing and publishing guidance on agreeing schemes under Part 1 of the Measure (technical advice on the written compact between LHBs and local authorities) in December 2011;
- The development and dissemination of learning resources for a values-based and patient-centred approach to effective care coordination and care and treatment planning for national roll out from January 2012 onwards;
- Support for mental health advocacy by way of a range of seminars and conferences focusing on independence, financial integrity and strong governance;
- Pre-implementation funding to support local work, as well as recurrent funding to deliver the new services under the Measure.


Officials also have a programme of regular and ongoing engagement with the NHS and local authorities. This includes promotion of the legislative programme, to improve stakeholder engagement and understanding of the Measure.

#### Timetable and details of the new Mental Health Strategy

I am happy to confirm that the Welsh Government is now beginning work on the development of a new Mental Health Strategy for Wales. Our plan is to develop a consolidating strategic document covering adults, children and adolescents. Our aim in doing so will be to develop a unified approach to mental health and thereby reduce the complications of transition as people age, and require intervention from different parts of the system.

The new strategic document will aim to build on the progress made in adults and CAMHS services in recent years, including those resulting from the new Measure and the work of the Mental Health National Programme. In preparing the document, we will be taking full account of the issues raised in recent Wales Audit Office reports.

A cross-departmental strategy steering group is currently being established and a series of pre-drafting consultation events will be arranged with stakeholders, service users and carers before Christmas. Our aim is produce a draft strategy for consultation by next spring.

Kind Regards  


**Lesley Griffiths AC / AM**

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

Cc  
 Chair of the Young People's Committee



## Annex 1: Subordinate Legislation relating to the Mental Health (Wales) Measure 2010

Title	Purpose	Timescale
The Mental Health (Care Coordination and Care and Treatment Planning) (Wales) Regulations 2011	Made under Part 2 of the Measure, these regulations relate to the appointment of care coordinators and the making, reviewing and revising of care and treatment plans.	The regulations were consulted on between February and May 2011, and will be laid before the Assembly for debate in November 2011.
The Mental Health (Assessment of Former Users of Secondary Mental Health Services) (Wales) Regulations 2011	Made under Part 3 of the Measure, these regulations set out certain eligibility criteria for assessment of former users of secondary mental health services. For example, the length of time a person will be eligible for such an assessment following their discharge from services.	The regulations were consulted on between February and May 2011 and made by the National Assembly in October
The Mental Health (Independent Mental Health Advocates) (Wales) Regulations 2011	Made under Part 4 of the measure, these regulations relate to the provision, appointment and approval of advocates and set out which people advocates can talk to in undertaking their role of supporting patients.	The regulations were consulted on between February and May 2011 and made by the National Assembly in October 2011.
The Mental Health (Regional Provision) (Wales) Regulations 2012	Made under Parts 1 and 3 of the Measure, these regulations will enable local authorities and local health boards to deliver local primary mental health support services under Part 1 of the Measure, and make arrangements for provision of assessments for former users of secondary mental health services under Part 3 of the Measure on a regional, rather than local authority-wide, basis.	These regulations are currently being consulted on. The consultation process will end in December 2011, and it is anticipated that the regulations will be laid before the National Assembly for approval in March 2012
The Mental Health (Primary Care Referrals and Eligibility to Conduct Primary Mental Health Assessments) (Wales) Regulations 2012	Made under Part 1 of the Measure, these regulations will enable GPs to refer individuals not registered with them to the relevant local primary mental health support services for assessment, where they believe that individual may stand in need of such services. Separately, these draft Regulations also set out eligibility requirements, including professional requirements, in relation to persons who may undertake primary mental health assessments under Part 1 of the Mental health (Wales) Measure 2010	These regulations will be issued for consultation from November 2011 – January 2012. It is anticipated that the regulations will be laid before the National Assembly for approval in May 2012.
The Mental Health (Secondary Mental Health Services) (Wales) Order 2012	Made in relation to Parts 1 and 2 of the Measure, this order will provide clarity to local authorities and local health boards regarding which services are to be considered as secondary mental health services for	This order will be issued for consultation from November 2011 – January 2012. It is anticipated that the regulations will be laid before the National Assembly for approval in May 2012.



2 November 2011

Mark Drakeford AM  
Chair, National Assembly Health & Social Care Committee  
National Assembly for Wales  
**CARDIFF**  
CF99 1NA

Dear Mark

## **NEW NHS DISCHARGE MEDICINES SERVICE**

You will be aware that in advance of the National Assembly elections Community Pharmacy Wales (CPW) published a manifesto for community pharmacy entitled *Good Health:Iechyd Da – The Best Medicine for Healthy Lives in Wales*. Amongst other things, that document called on the new Welsh Government to *"Establish a national community pharmacy based Hospital Discharge Medicines Reconciliation & Support Service to help patients transferring between care settings."*

You will also recall that in CPW's evidence to your Committee's Inquiry into the Contribution of Community Pharmacy to Health Services in Wales we reported that:

*"Discussions between CPW and Welsh Government officials are currently on-going in connection with the possible introduction of a new advanced service in Wales. The Post Discharge Medicines Service would provide support to patients recently discharged from hospital by ensuring that changes to patients' medicines made during a hospital admission are enacted as intended in the community, helping to reduce the risk of preventable medicines related problems and supporting adherence with newly prescribed medication. This new service will cost £3.6 million and is funded out of the Government's share of £11 million "profit-on-purchasing medicines"... The £3.6 million was calculated belatedly as a consequential of the release of £55 million in England for a New Medicine Service. "*

I am pleased to be able to report that the new NHS Discharge Medicines Service was introduced yesterday, 1 November 2011. This is a completely *"Made in Wales, for Wales"* service that has been developed by CPW working with Welsh Government and Health Boards in Wales. It provides for the service to be delivered to individuals returning home after a period spent in any care setting. This covers hospitals, nursing or residential care homes, prisons or other establishments where individuals have been undergoing treatment for a condition. It will ensure that individuals who are returning to live in the community get the correct medicines and the ones they require to help them lead healthier lives. It draws on the medicines skills and expertise of pharmacists and exploits the accessibility of community pharmacies. In doing so, it helps to address two major health care problems, namely the interface between secondary and primary care and the on-going problem of medicines waste.

/cont...

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Mark Drakeford AM  
Chair, National Assembly Health & Social Care Committee

The service centres on the Discharge Advice Letter (DAL) which individuals are given when they leave the care setting. The DAL contains details of the medication that the individual has been prescribed by their consultant. At present, the DAL is addressed to the individual's GP. In future, the information will also be provided to the individual's nominated pharmacy. This will allow the pharmacist to check that the medication included on subsequent prescriptions issued by the GP surgery is consistent with the medication prescribed whilst in hospital or care. The pharmacist will also make sure that the individual continues to receive the medication they need to treat any chronic conditions which were diagnosed prior to them being admitted. Research has revealed that literally thousands of people who leave Welsh hospitals every year have to be re-admitted simply because of medication errors. The service will also help address the considerable amount of waste medicines generated as the result of inaccurate or inappropriate prescribing.

This is the first NHS service to address these issues. It will ensure that the pharmacy liaises with the patient's GP to ensure that future repeat prescriptions contain exactly what is required and that there is no duplication. The service has been designed to be as flexible and practical as possible, for example it can be delivered via a relative, carer or other nominated representative and it can be delivered in the patients home or over the telephone as well as in the pharmacy.

The service will, initially, operate from 1 November 2011 to 31 March 2013. Whether it continues after that date will depend on the outcome of a detailed independent evaluation of its effectiveness. Arrangements are being made by CPW to appoint a suitable organisation to undertake the evaluation exercise.

CPW welcomes the introduction of the new service. We believe that it addresses some key problems experienced by patients and by NHS Wales and by allowing access to services via relatives and carers makes it genuinely innovative. CPW are happy to arrange for you and your colleagues to visit a pharmacy in your constituencies to see how this new service operates in practice.

Copies of the CPW press statement on this new service together with the Health Minister's comments are attached for your information.

Best wishes,

Yours ever



**RUSSELL GOODWAY**  
**CHIEF EXECUTIVE**

Copies: Members of the National Assembly Health & Social Care Committee



**EMBARGOED:** 00.01, 1<sup>st</sup> November 2011



## **NEW NHS "HOME FROM HOSPITAL" MEDICINES SERVICE LAUNCHED IN WELSH COMMUNITY PHARMACIES**

A new NHS Wales "*Home from Hospital*" medicines service that will be available from community pharmacies across Wales from today (Tuesday 1<sup>st</sup> November 2011) has been welcomed by Community Pharmacy Wales (CPW).

The new NHS Wales **Discharge Medicines Review Service** is designed to ensure that people returning home after a stay in hospital or other care setting continue to receive their correct medicines. The service will enable hospitals, nursing and care homes as well as patients themselves to take or send a copy of the Discharge Advice Letter, which is currently only sent to their GP, to their local pharmacy. The pharmacist will then check that future prescriptions issued by the surgery include all the medication the patient needs to treat their various conditions.

Welcoming the Minister's announcement, Ian Cowan, Chair of Community Pharmacy Wales (CPW) said "I am delighted that the Health Minister has given approval for this service, which CPW called for in our manifesto *Good Health – The Best Medicine for Healthy Lives in Wales*. It gives a clear signal of the direction of travel being taken by the new government in Wales with the emphasis on preventing people becoming ill unnecessarily.

It is also an important breakthrough in closer working between secondary care and primary care and will directly benefit the thousands of patients in Wales who, every year, are readmitted to hospital because of medication errors".

**more...**

**PRESS RELEASE**

At the moment the Discharge Advice Letter is given to the patient when they leave hospital or nursing home and a copy is sent to their GP. Studies have shown that at least a quarter of the letters fail to reach the surgery within two weeks by which time a new prescription is issued containing incorrect medicines. This often results in patients having to be re-admitted as a result of not taking the correct medication.

This service will provide that where a copy of the letter is provided to the patient's nominated pharmacy, the pharmacy will arrange to meet, or have a confidential telephone conversation with the patient or the patient's nominated relative, carer or representative. A letter can also be taken direct to the pharmacy by the patient, or by their nominated relative, carer or representative.

The pharmacist will then check to make sure that the medicines included on the first prescription issued by the GP following discharge are those which the patient was prescribed by their hospital consultant and includes any medication the patients needs for any chronic or other condition. The pharmacist will make sure that the patient understands what each medicine is for, what it does and its effects. The pharmacist will follow up that consultation with a second conversation some ten days later to ensure that the patient is benefiting from the medicines being taken.

The pharmacist will also attempt to synchronise the prescription period to take account of any medication the patient already has at home in a bid to reduce the amount of medicines waste.

Mr Cowan said "This service will draw on the important skills and expertise of pharmacists, who are the medicines experts. It will deliver significant benefits for patients and for the NHS by reducing the number of unnecessary hospital re-admissions and help to tackle the problem of medicines waste. Effective communication between healthcare professionals in primary and secondary care is the key to making this service work for the patient."

**more...**

He added: "CPW have been working with Government and Health Boards on this service for some time and CPW is very pleased that it has finally come to fruition in time for this winter and the particular pressures on health and hospital services at this time of year. It is the first of the proposals in the CPW manifesto to be achieved and it is self-financing as the costs are funded from surpluses generated from the efficient purchasing of medicines by the community pharmacy network which are put back into NHS Wales each year under the provisions of the community pharmacy contract."

### **Ends...**

### **Note to Editors:**

Community Pharmacy Wales (CPW) is recognised in the National Health Services (Wales) Act 2006 and by the Welsh Assembly Government Minister for Health & Social Services as the only organisation responsible for representing all of the 710 community pharmacies in Wales on all matters relating to NHS community pharmacy services.

CPW is the only organisation that represents every community pharmacy in Wales. It works with Government and its agencies, such as local Health Boards, to help protect and develop high quality community pharmacy services and to shape the NHS community pharmacy contract and its associated regulations. In doing so, it aspires to achieve the highest standards of public health and the best possible patient outcomes.

Further details of the service are available on the CPW website – [www.cpwales.org.uk](http://www.cpwales.org.uk)

### **For further information:**

Ceri Davies – 029 20 442078

Mari James – 029 20 444047 / 07981 625726

**Embargoed until 00.01 Monday 31 October 2011**

**Welsh Government Press Release**

**28 October 2011**

**WG110401**

### **New pharmacy service to benefit patients**

The Health Minister Lesley Griffiths has highlighted a new service that will be available from Welsh pharmacies from Tuesday 1 November.

Changes announced to the Community Pharmacy Contractual Framework in Wales include the introduction of a Discharge Medicines Review service.

The service will provide support to individuals following discharge from a care setting into the community for example, when a patient is discharged from hospital to home, by improving transfer of medicines information.

This means that patients will be able to take their discharge letter to their community pharmacy to ensure that the medication prescribed in hospital will continue to be prescribed, if appropriate, in the community. Their pharmacist will also be able to consider their hospital discharge prescription along side any other medication they may be prescribed, such as medication for long standing chronic conditions.

Lesley Griffiths said:

“The introduction of this service means that pharmacists and doctors will work closely together to make sure that changes in medication that occur whilst people are in hospital, or other care setting, are identified and acted upon when they are discharged. This will improve the service to patients and improve patient safety, as well as cutting down on wasted medicines.”

**ENDS**

*For more information, please contact Gareth John on 029 2089 8100*

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Wrth adael Mewnrwyd Ddiogel y Llywodraeth nid oedd unrhyw feirws yn gysylltiedig â'r neges hon. Mae'n ddigon posibl y bydd unrhyw ohebiaeth drwy'r GSi yn cael ei logio, ei monitro a/neu ei chofnodi yn awtomatig am resymau cyfreithiol.

# **Health and Social Care Committee**

## **HSC(4)-10-11 paper 6**

### **Health and Social Care Committee Forward Work Programme: November – December 2011**

#### **Purpose**

1. This paper invites Members to note the Health & Social Care Committee timetable attached at Annex A.

#### **Background**

2. Attached at annex A is a copy of the Health & Social Care Committee's timetable until the Christmas 2011 recess.

3. It is published as an aid to Assembly Members and any members of the public who may wish to be aware of the Committee's forward work programme. A document of this kind will be published by the Committee at regular intervals.

4. The timetable is subject to change and may be amended at the Committee's discretion as and when relevant business arises.

#### **Recommendation**

5. The Committee is invited to note the work programme at Annex A.

Committee Service

## **ANNEX A**

### **THURSDAY 10 NOVEMBER 2011**

#### ***Morning***

##### **Approach to legislation**

Committee discussion on its general approach to pre-legislative scrutiny

##### **Inquiry into Community pharmacy**

Oral evidence session

- Aneurin Bevan Community Health Council

##### **Inquiry into Stroke risk reduction**

It is proposed that the Committee meets in private to discuss the inquiry's key issues

### **WEDNESDAY 16 NOVEMBER 2011**

#### ***Morning***

##### **Inquiry into Community pharmacy**

Oral evidence session

- Royal College of Nursing
- Family Planning Association
- Diabetes UK Cymru

### **THURSDAY 24 NOVEMBER 2011**

#### ***Morning***

##### **Inquiry into Community pharmacy**

Oral evidence session

- Royal Pharmaceutical Society Scotland
- Community Pharmacy Scotland

### **WEDNESDAY 30 NOVEMBER 2011**

#### ***Morning***

##### **Inquiry into Community pharmacy**

Oral evidence session

- Lesley Griffiths AM, Minister for Health and Social Services

## ANNEX A

THURSDAY 8 DECEMBER 2011

### *Morning*

#### **Inquiry into Stroke risk reduction**

It is proposed that the Committee meets in private to discuss its draft report

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**Monday 12 December 2011 – Sunday 8 January 2012: Christmas recess**

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### **ADDITIONAL INFORMATION**

- The Committee intends to complete its oral evidence gathering for the [inquiry into community pharmacy](#) by the Christmas recess, with a view to reporting on its conclusions and recommendations in the new year.
- The Committee has agreed to schedule a session after the Christmas recess to consider the issues raised by a petition on public toilet provision ([P-03-292](#)) referred to it by the Petitions Committee in July 2011. The Committee will focus specifically on the health considerations associated with this issue in order to ensure that the work falls within the Committee's remit.
- The Committee's consultation on its [inquiry into residential care for older people](#) will close on Friday 16 December. The Committee intends to begin its oral evidence sessions early in the new year.