

## **Cafodd yr ymateb hwn ei gyflwyno i ymgynghoriad y [Pwyllgor Iechyd a Gofal Cymdeithasol](#) ar [Flaenoriaethau'r Chweched Senedd](#)**

**This response was submitted to the [Health and Social Care Committee](#) consultation on [Sixth Senedd Priorities](#)**

### **HSC PSS 90**

**Ymateb gan: | Response from: National Axial Spondyloarthritis Society (NASS), y Gymdeithas Arthritis Gwynegol Genedlaethol (NRAS), Arthritis Action, Cymdeithas Frenhinol Osteoporosis, a'r Gynghrair Arthritis a Chyhyrsgerbydol (ARMA) | National Axial Spondyloarthritis Society (NASS), National Rheumatoid Arthritis Society (NRAS), Arthritis Action, Royal Osteoporosis Society, and Arthritis and Musculoskeletal Alliance (ARMA).**

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## **Blaenoriaethau cychwynnol a nodwyd gan y Pwyllgor Initial priorities identified by the Committee**

Mae'r Pwyllgor wedi nodi nifer o flaenoriaethau posibl ar gyfer ei waith yn ystod y Chweched Senedd, gan gynnwys: iechyd y cyhoedd a gwaith ataliol; y gweithlu iechyd a gofal cymdeithasol, gan gynnwys diwylliant sefydliadol a lles staff; mynediad at wasanaethau iechyd meddwl; arloesi ar sail tystiolaeth ym maes iechyd a gofal cymdeithasol; cymorth a gwasanaethau i ofalwyr di-dâl; mynediad at wasanaethau adsefydlu i'r rhai sydd wedi cael COVID ac i eraill; a mynediad at wasanaethau ar gyfer cyflyrau cronig tymor hir, gan gynnwys cyflyrau cyhyrsgerbydol.

The Committee has identified several potential priorities for work during the Sixth Senedd, including: public health and prevention; the health and social care workforce, including organisational culture and staff wellbeing; access to mental health services; evidence-based innovation in health and social care; support and services for unpaid carers; access to COVID and non-COVID rehabilitation services; and access to services for long-term chronic conditions, including musculoskeletal conditions.

### **C1. Pa rai o'r materion uchod ydych chi'n credu y dylai'r Pwyllgor roi blaenoriaeth iddynt, a pham?**

**Q1. Which of the issues listed above do you think should be a priority, and why?**

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This submission has been prepared by the National Axial Spondyloarthritis Society (NASS) in collaboration with Arthritis Action, Arthritis and Musculoskeletal Alliance (ARMA) National Rheumatoid Arthritis Society (NRAS) and Royal Osteoporosis Society (ROS).

We would like to thank the Committee for their commitment to prioritise access to services for long-term chronic conditions, including musculoskeletal conditions.



Following the recent consultation by the Welsh Government on its Arthritis and Long Term Musculoskeletal Conditions Framework, we call on the committee to ensure swift application of the Framework when it has been updated.

We recognise that there are issues for all areas within the NHS which is very much suffering as a result of COVID and that these issues may take many years to resolve.

We feel there is a key role to be played by patient organisations to help with appointment backlogs. During the pandemic our helplines and self-management tools not only provided reassurance and support to patients, they also relieved pressure on health care teams. This role does not need to be temporary and we are ready to work in partnership with NHS Wales as a key part of service delivery.

We believe that this should be a priority for the Committee as many patients are feeling left in the dark and without the support they need. A broader level of awareness from clinicians about the work that we do and the services that we provide will not only mean a more well rounded and ongoing level of support for patients throughout their journey, but will also ease pressures on health professionals and free up valuable clinical time.

We would like to see the Committee, as part of this priority, to launch an inquiry into how patient organisations can be better utilised and integrated into the delivery of care for people with arthritis, osteoporosis and long term musculoskeletal conditions in the context of the publication of the Arthritis and Long Term Musculoskeletal Conditions Framework.

As a group we are committed to supporting any such inquiry with access to patient groups locally in Wales and examples of best practice.