



Ein cyf/Our ref: MA/DB/0078/25 - LJCC

Mike Hedges MS
Chair
Legislation, Justice and Constitution Committee
Senedd Cymru

21 January 2025

Dear Mike,

Health and Social Care (Wales) Bill – Revised Explanatory Memorandum

Following the completion of the Stage 2 proceedings in respect of the Health and Social Care (Wales) Bill, and in line with Standing Order 26.28, a revised Explanatory Memorandum (EM) has been laid, to account for amendments made to the Bill at Stage 2, in order to reflect new, amended or removed provisions. Updates have been made to Chapter 5 of the EM in order to reflect the updated position on the powers for making subordinate legislation, and to Annex 1 of the EM to ensure the Explanatory Notes reflect the Bill as amended.

In response to recommendation 24 in your Committee's Stage 1 report, which I accepted in principle, I have provided indicative information regarding the healthcare services where a direct payment could be made in lieu of those services. This is included in an annex to this letter.

I would like to take the opportunity to again thank the Legislation, Justice and Constitution Committee for its scrutiny of the Bill. I have copied this letter to the Chairs of the Health and Social Care Committee and the Finance Committee.

Yours sincerely,

Dawn Bowden AS/MS
Y Gweinidog Plant a Gofal Cymdeithasol
Minister for Children and Social Care

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Rydym yn croesawu derbyn gohebiaeth yn Gymraeg. Byddwn yn ateb gohebiaeth a dderbynnir yn Gymraeg yn Gymraeg ac ni fydd gohebu yn Gymraeg yn arwain at oedi.

We welcome receiving correspondence in Welsh. Any correspondence received in Welsh will be answered in Welsh and corresponding in Welsh will not lead to a delay in responding.

Annex: further indicative information

Recommendation 24 (LJC Committee):

The Minister should provide detail on all the services that could be subject to direct payments using the provisions to be inserted into the National Health Service (Wales) Act 2006 by section 24. This information should be provided no later than the commencement of Stage 3 proceedings.

Welsh Government response provided to the recommendation:

I accept this recommendation in principle.

The power will enable direct payments in health care to recipients with a wide range of conditions and diagnoses. It would not be appropriate to provide an exhaustive list of where a direct payment could be made in lieu of services. In addition, it would be taking a 'medical model' approach and would not be in keeping with the social model of disability to be prescriptive in terms of type of condition or disability. However, I would be happy to provide the Committee with indicative information.

Further information provided by Welsh Government:

In addition to adults in receipt of NHS continuing health care, the list of service user groups eligible for direct payments could be expanded in future, if considered appropriate. Further groups could include children and young people eligible for continuing care, people eligible for aftercare services under section 117 of the Mental Health Act and people eligible for an NHS wheelchair¹. This would be in alignment with direct payments made as part of a personal health budget in England. Direct payments can also be made in England for a short period to individuals to facilitate their discharge from hospital, and this might be a model which could be replicated at a future point in Wales.

Further to those indicative services and user groups, a comprehensive list of delegated health care tasks has been developed by specialist insurers who cover the work of PAs in England. These are health care tasks that can be carried out by a PA once appropriate training has been undertaken. Competence would need to have been confirmed by a registered health care professional. Additionally, as part of the agreed health and care plan of the direct payment recipient, the PA would have a means to escalate any issues or engage the support of healthcare professionals should they need to do so. The list of healthcare tasks, which is indicative and not intended to be exhaustive, is included below for information:

- Administration of drugs
- Administration of enemas
- Administration of medication by nebuliser
- Administration of oxygen
- Application of compression garments
- Bipap and cough assist machine
- Bowel care
- Catheter care
- Changing dressings
- Chest/limb physiotherapy
- Epilepsy management and first aid in the event of an attack
- Gastrostomy feeding and care
- Hickman Line
- Hydrotherapy
- Identification and treatment of Autonomic Dysreflexia

¹ [NHS England » Personal health budgets](#)

Infusion pumps
Insulin injections
Management of asthma and first aid in the event of an attack
Monitoring of pressure areas
Monitoring of vitals inc. blood sugars
Oral suction/Nasopharyngeal suction
Severe allergic reactions and the use of auto injector in emergency situations
Total Parenteral Nutrition (TPN)
Tracheostomy care
Urostomy care
Ventilator care
Duodenostomy
Jejunostomy
Management of FND Non-Epileptic Seizures
Naso-gastric feeding and care
Colostomy care