

**Date:** Wednesday, 5 November 2003

**Venue:** Committee Room 1, National Assembly for Wales

**Title:** Ministerial Report

Nid yw'r papur ar gael yn y Gymraeg

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## 1. Innovations in Care

Since its establishment in July 2000, Innovations in Care has run a number of programmes to help deliver sustainable reductions in waiting lists and waiting times and to modernise the delivery of healthcare and apply best practice across Wales. The team brings expertise in systems and change management. Innovations funding is used to manage projects and to support services in moving from the old to the new. The Innovations in Care programme receives a £3.5m budget each year. An additional £5.5m was funded during this financial year: £3.5m non-recurrently and £2m to enable changes to orthopaedic services which had been developed in previous projects.

A number of innovations include:

**1.1 The Waiting List Management programme** to assess Trusts against the ‘Expected Standards for Waiting List Management’ to ensure that waiting lists were being appropriately managed and reported. This was supported by an extensive validation of long waiting patients. For example, validation of all inpatient and outpatient waiting lists in Gwent Healthcare NHS Trust in March 2002 led to the removal of 2,500 patients from outpatient lists (16%) and 120 patients from inpatient/daycase lists who were being incorrectly reported. The majority of these patients either no longer needed or wanted treatment or had already received treatment but had not been removed from the list.

**1.2 The Outpatient Improvement programme** has funded the appointment of Outpatient Improvement Managers in all trusts. Partial booking has also been introduced for new and follow-up outpatient appointments, offering patients choice when arranging the date and time of their appointments. This has delivered significant reductions in Did Not Attend (DNA) rates and helped to support falling waiting times. The programme has been supported by regular Learning Networks, which give outpatient improvement managers the opportunity to share good practice and acquire new service redesign and development skills. The system has been implemented across Wales for first-time appointments, and good progress is also being made towards this year's target of implementation for all outpatient appointments. Across Wales, the position for long waiting patients has seen a significant drop in the last year, from 16,222 in September 02 to 9,147 in August 03. Increased investment assisted this reduction,

but the changes such as the widespread use of "primary targeting lists" to ensure that the longest waiting patients are seen first, and partial booking which has reduced DNA rates from an average of 12% to 5% in many Trusts.

**1.3 The Action on Orthopaedics programme** has recurrently funded the appointment of key staff to support the delivery of multi-disciplinary, integrated trauma and orthopaedic services. An orthopaedics collaborative was established to bring multi-disciplinary teams together to share good practice and agree actions to deliver improvements to services.

**1.4 The Capacity and Demand programme** has run both general and Trust specific workshops in improvement methodology. Bottlenecks and pressure points in patient flows that can lead to delays and inefficiency are identified and services redesigned to alleviate these. Improvements as a result of these workshops include a 30% increase in the average number of patients seen in a CT session within the Gwent Healthcare NHS Trust, and improvements in working practices and reduced waiting times in the Cardiff and Vale Ultrasound service.

**1.5 Maximising the use of available theatre time** has been targeted. Theatre departments across Wales are comparing efficiency and sharing views on systems and practices from within and outside Wales. This work is at an earlier stage than the outpatients project but demonstrates how a peer group given positive support can adopt and implement best practice. The provision of training for the trust-based staff managing these projects will ensure that improvements continue long term.

**1.6 The development of an Emergency Care programme** provides focused support to sites which have the greatest challenges in the provision of emergency services, and seeks to share 'good practices' across Wales. The programme developed a Change Agent team during 2003, which is working with particular organisations to improve their performance on Transfers of Care. For example, the Change Agent team is currently working in Gwent with the Trust and the five Local Health Boards and Local Authorities to ensure that patients receive the right care in the right place at the right time.

**1.7** In January 2003, trusts were asked to establish **local Innovations in Care Boards** to focus energies, encourage work across sectors and allow co-operation in the setting of priorities. A few trusts already had such arrangements in place. All trusts now have boards with membership and reporting arrangements to suit local needs. The Assembly set aside £1 million to support locally owned innovations programmes. These have been approved in 12 trusts, with the remainder expected to be agreed by the end of this month.

**1.8** A number of other new programmes have started this year, designed to support the health service in meeting national and local priorities. They include work on Day Cases, A & E services, Endoscopy, Care Pathways, Dermatology and Medicines Management.

**1.9** A range of schemes is being considered for next year. In particular, there is a need to provide a support programme for primary care medical practices, building on pilot work by the Centre for Health

Leadership in Wales and aimed specifically at supporting practices in implementing the new GMS contract and achieving targets for access, patient focus and chronic disease management.

## **2. Cardiac Surgery and Angiography Waiting Times as at 30 September 2003**

Investment by the Welsh Assembly Government combined with planning and hard work from NHS staff have resulted in significant improvements in cardiac services which I highlighted in my response to the quarterly statistical waiting times report at the end of October.

At the end of September 2003, there was no-one waiting over 12 months for cardiac surgery anywhere in Wales. This target has now been met consistently for a number of months.

In order to build on this achievement, Trusts and Local Health Boards have been asked to ensure that no-one waits over 10 months by March 2004. Already there is progress. At the end of September there were only thirteen patients waiting over 10 months for cardiac surgery, Swansea NHS Trust which is now maximising its performance with weekend sessions to help achieve the 10 month target.

In Cardiff and Vale NHS Trust the maximum wait for cardiac surgery was eight months at the end of September, with only eight patients waiting over six months. I recently visited the University Hospital of Wales to congratulate staff on their achievements.

At the end of September 2003, there was only one patient in Wales waiting over six months for angiography. This patient was waiting at an English trust and was due to have their angiogram on 17 October. This is a reduction of 602 patients compared with September 2002 and is the same number as at the end of June 2003. Cardiff and Vale NHS Trust has stated that at the end of September the maximum waiting time there for an angiogram is four months.

Further information on the latest waiting time statistics can be found at:

<http://www.wales.gov.uk/keypubstatisticsforwalesheadline/content/health/2003/headline-health.htm>

## **3. General Medical Services (GMS) Contract**

The debate at the plenary session on 15 October marked the successful launch of our first package of Enhanced Services. Since the debate we have been concentrating on finalising the instructions to Local Health Boards (LHBs) to ensure the improved payments for enhanced services begin to flow to practices. At the same time, we have issued guidance to LHBs to ensure that we begin to see the reciprocal increase in quality of service.

Work continues in all nine sub-groups, Finance, Human Resources, Organisational Development and Training, Demand Management, Out of Hours, Quality and Outcomes, Information Management and Technology, Communications, and Premises. The next major public announcement is likely to present

our plans for the new Out of Hours arrangements. These plans will take effect in December 2004 when legal responsibility for these services passes from GPs to LHBs. Planning for the new services is complex and we hope that we will be able to see the new services in place in the autumn of 2004 to enable any difficulties to be smoothed out before 'live' running in December. Work is ongoing to co-ordinate and incorporate the work of NHS Direct into the new system.

The medical clauses necessary to implement the contract have been introduced into the Health and Social Care (Community Health and Standards) Bill. The Bill was at Lords Committee stage during October. The earliest we can expect the Bill to receive Royal Assent is late November. Whilst every effort will be made to make the instruments through standard procedure, given the short timetable for primary and secondary legislation, executive procedure may be required for some regulations.

Legislation will be implemented on a phased basis and priority will be given to instruments required before 1 April to set up the contract. We have not waited for the Health and Social Care Bill to become law before starting work on regulations. Instructions have been given to lawyers and the drafting process has commenced. The structure of the secondary legislation has not been finalised, but it is likely that the key principles of the contract will be set out in new GMS Contract Regulations. These will be supported by additional regulations that will cover issues like transitional arrangements, consequential changes and new performer listing arrangements. These will start to become available in the coming weeks. A detailed timetable is not available at this stage, but I will ensure that you are informed when it is. I intend to make available a paper which will set out the clauses and summarise the main features of the Assembly's new regulation making powers. This should assist Members in understanding what we are seeking to achieve and put the new regulations in their context.

The current members of the GMS Contract Implementation Project Board are:-

Bob Hudson (Chair)	South East Wales Regional Office, Welsh Assembly Government
Christine Daws	Director NHS Finance;
John Sweeney	Head of Primary Care Division
Sian Richards	Chief Executive Cardiff LHB
Bernadine Rees	Chief Executive Pembrokeshire LHB
Alan Lawrie	Chief Executive Denbighshire LHB
Gwyn Phillips	Business Services Centre HQ
Vacant	NHS Wales Trusts

As a result of my concerns to involve GPC Wales more proactively in the implementation project board,

GP members will now play an appropriate role in discussions at the board in matters which do not constitute a conflict of interest.

#### **4. Review of Voluntary Sector Grants**

In my report to the Committee in January 2003, I reported that the Centre for Advanced Studies at Cardiff University had been appointed to undertake a review of voluntary sector grant schemes within my portfolio. The main purpose of the review is to produce a strategy for the grant funding that is provided to voluntary sector organisations working in the field of health and social care.

The final report from Cardiff University should be submitted shortly and will be placed in the Library. Meanwhile, I have accepted advice from the Steering Group overseeing Cardiff University's work (whose membership comprises both Assembly officials and voluntary sector representatives) that, as a first step, a series of workshops should then be held to consider the report and to develop further the proposals it contains. Assembly officials who manage the current grant schemes and voluntary sector representatives (co-ordinated by the Welsh Council for Voluntary Action) would attend these workshops. The workshops should be held before the end of this year. The Cardiff University report together with the proposals that emerge from these workshops will provide me with a clear basis to determine the future strategic direction for funding the health and social care voluntary sector. At that time I will also consider whether any wider ranging consultation would be appropriate.

In the light of this further work and to remove any uncertainty for those All Wales voluntary organisations in the social care sector whose grant funding from the Assembly comes to an end this financial year, I have decided to roll forward their grant funding for 2004-05, subject to each organisation agreeing with officials appropriate performance indicators. Officials are informing the organisations of my decisions.

There are 9 existing grant schemes encompassed within the review. They are:

- The Health Promotion Grant Scheme
- The Children and Families Organisation Grant Scheme
- Keep Well This Winter
- The Local Mental Health Grant Scheme
- The Support for People with Disabilities (Mental Health) Grant Scheme
- The Section 26 All Wales Carers Voluntary Organisations Capacity Grant
- The Section 64 Grant Scheme for All Wales Voluntary Organisations in the older people, adult physical and sensory disabilities and carers social care sectors
- The Section 28(b) Grant Scheme for All Wales Voluntary Organisations in the adult Learning Disabilities social care sector
- The Section 28(b) Grant Scheme for All Wales Voluntary Organisations in the adult Mental Health social care sector

## 5. Report on the Grant to Reduce Delayed Transfers of Care and Support the Independent Sector 2002-2003

The grant scheme made **£17million** available to local government over the two years 2001-02 (**£5million**) and 2002-03 (**£12million**) to help local communities reduce delayed transfers of care and to support the independent sector.

Final grant reports provided by local authorities indicate that, as in 2001-02, over half the grant money issued in 2002-03 (**£7.7million**) was spent on supporting the independent sector and the balance on extra capacity and staffing to ensure that people receive care and support earlier than they would otherwise have done. Further detail is given in the following paragraphs.

During 2002-03, 19 councils increased care home fees and five increased fees to domiciliary care agencies. The other main use of the grant was to bolster existing community services by providing, for example, additional domiciliary care packages, assessment staff, equipment and care home placements. In some cases councils further developed community services, for example, by providing intermediate care beds. This resulted in the following additional capacity for the health and social care system in 2002-03:

- **Extra care home places - 190**  
(including 9 intermediate care beds and 87 part funded placements)
- **Additional staff- 60**  
(Including in whole time equivalent, social workers/ care managers (21.6), occupational therapists (3.9), occupational therapy assistants (4.2), physiotherapists (1.5), dietician (0.5), and specialist, support and systems management staff (28.5), including commissioning officers, service managers, discharge liaison, handypersons, welfare officers and administrative staff).
- **Additional home care capacity, including,**  
Extra home care packages - 138; and  
Increased home care hours - 74,827

### Delayed Transfers of Care Census

Developments over the last 11 months indicate improvements in some areas of delay across Wales.

There were **453** people delayed due to **social care** reasons in the November 2002 census, but in the last 5 months levels have remained below **400**. The lowest level for social care reasons was reached in June 2003 at 370, and levels recorded for September were **388**.

Total figures for delayed transfers of care as at the September 2003 Census date were:

Community care assessment	40
Community care arrangements	348
Healthcare assessments	95
Healthcare arrangements	253
Legal financial	12
Disagreements	45
Other (including choice)	314
Principal reason not agreed	4

## 6. 2nd Annual Report of the Children's Commissioner for Wales

The 2<sup>nd</sup> Annual Report of the Children's Commissioner for Wales has now been published and will be presented to Plenary this afternoon. The Commissioner has indicated areas of concern, which include child poverty and diet, the safety of school transport and the response to the recommendations of *Telling Concerns*, his report on complaints, whistleblowing and advocacy procedures in local authority Social Services. He has also identified the issues to which he will give priority over the next year. Amongst these are the need to address the Child and Adolescent Mental Health Strategy, the need for more leisure and recreational provision for children and young people and the inclusion of children and young people's views in planning.

As last year, the Assembly Government will be publishing a formal response to the Commissioner's Report. The debate will give members the opportunity to give their initial reactions to the Commissioner's report. I have also arranged a reception after plenary for the Commissioner to discuss his report with Members and introduce his staff team.

## 7. Keep Well This Winter 2003-04

The fourth annual Keep Well This Winter programme was launched in Aberystwyth on September 11.

Keep Well This Winter is designed to provide information and support to people aged 65 and over to help them stay well during the winter months. It does this through a number of themed messages supported by community action.

The programme has three main themes - Keep Well, Keep Warm and Keep Safe.



A key element of the Keep Well theme is flu vaccination which can provide important protection for people in the over-65 age group, and for younger people with particular medical conditions.

Public education materials about flu have been widely distributed and I know that GP surgeries are currently undertaking large-scale vaccinations. Keep Well This Winter partner organisations are taking the campaign messages into the community, and we have just started a newspaper advertising campaign to promote vaccination.

We've had fairly low levels of flu for the last few winters but we may not be so fortunate this year. Therefore I would urge people who are eligible to have their free flu vaccination.

## **8. Parenting Developments**

I am keen to promote a programme of education, information and advice to parents and carers.

Working with the National Family and Parenting Institute (NFPI) /Children in Wales Parenting Project we have produced a series of booklets offering advice and guidance to parents. The first two in the series will be tested and evaluated in a pilot scheme that will be run in three local authorities. National distribution will be planned on the basis of the study's results and what we find are the most effective ways of using these materials.

The Personal and Social Education Framework developed for use in schools in Wales has as one of its aims to help pupils enjoy successful relationships within their families and to develop effective parenting skills. We want to look for ways in which personal and social education lessons in school can assist pupils to learn about alternative methods of addressing behaviour in ways that will be of benefit to future generations.

The Project is working to develop teaching resources on positive parenting for children and young people for use in youth settings and the classroom.

The Cymorth grant scheme has Family Support as one of its main themes. Parenting programmes are a key feature, promoting parental involvement in their child's development through a variety of means including, in particular, Sure Start within Cymorth.

During National Parenting Week (20 – 26 October) I launched the Strategy for Parenting Education and Support in Carmarthen and addressed the Parents Week Conference in Builth Wells.

## **9. The Eye Health Examination**

The Eye Health Examination is the first part of the highly successful Welsh Assembly Government's Eye Care Initiative. The examination is specifically targeted at those groups who are particularly

vulnerable to eye disease and many optometrists across Wales are using their skills and have received additional training to deliver the examination to these groups.

We have been monitoring the uptake of the examination. To date 3366 claims for examinations have been received from optometrists, but the response from the ethnic minority groups has been below what we had hoped for. To encourage an increase in examinations, I attended a meeting in Riverside, Cardiff where I met with our partners, Royal National Institute for the Blind, the All Wales Ethnic Minority Association Cardiff, Institute for the Blind and representatives from the community. I was especially pleased to receive advice from the Somali and Bangladeshi attendees.

This was the first such event to promote the uptake of the eye examinations and I was encouraged by those present to arrange other community events and meetings and attend those already organised so that the message of the preservation of sight can be more widely promoted. It is vital that as many of the groups at risk as possible attend for an examination, provided free of charge, and that they follow it up with an annual visit to their optometrist.

## **10. Information requested by the Committee**

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### **Action plan for improving social services in Gwent**

The joint review handover meeting has taken place, Blaenau Gwent County Borough Council has prepared an action plan, though this is not yet fully satisfactory. SSIW remains seriously concerned. Arrangements are in hand for a further meeting between the myself and the leader of the Council.

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### **Update on CSIW's operational plan**

Care Standards Inspectorate Wales' (CSIW) Annual Report will be published in the New Year. This will provide an assessment of the regulatory activity of CSIW since April 2002. The Annual Report will be presented to a future meeting of the Health and Social Services Committee.

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### **Details of timescale for the Child Poverty strategy**

The recommendations of the Child Poverty Strategy Group will be made to the Assembly Government by March 2004. The Assembly Government will produce its strategy in the light of those recommendations by September 2004.

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### **Progress report on LHB planning for out of hours services**

All Local Health Boards (LHBs) have submitted draft plans for 'Out of Hours' services. These have been considered and responses sent out to LHBs. Final plans are due to be submitted by 31 December 2003. Advice and support will be provided to LHBs by the Out of Hours project manager as required.

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### **Update on implications of European working time directive including special references to maternity services**

The Director of NHS Wales has written to all Trusts requesting them to submit a definitive action plan on how they propose to deliver Working Time Directive compliance and to maximise potential savings in developing new ways of working. This will obviously include local maternity services and Local Health Boards are expected to propose options for future services as part of this exercise.

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### **Update on amendments to the consultant contract**

Consultants and Specialist Registrars in Wales will be balloted between the 29 October and 12 November on the acceptability of the proposed amendments to the current consultant contract.

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### **Update on HAFOD homes**

Discussions are ongoing between CSIW and Hafod Homes. I will report further when these discussions are complete.

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### **HSSC to receive report on the results of the audit of good practice implementation in relation to Climbíé**

The audit of good practice implementation in relation to Climbíé will be available in January and it will be included in my ministerial report.

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## **Report on how the Assembly's support for the UN Convention on the rights of the child could be strengthened**

I shall be bringing to plenary a statement on the Assembly Government's strategy for children and young people, and that will give the opportunity for a formal vote adopting the UN Convention on the Rights of the Child.

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## **Report on how post graduate deanery was disseminating guidance to GPs**

The Department of Postgraduate Education for General Practice is one part of the School of Postgraduate Medical and Dental Education. The Medical and Dental Postgraduate School is led by the Dean, Professor Simon Smail, and the Department of Postgraduate Education for General Practice by the Director, Dr Malcolm Lewis.

The Department of Postgraduate Education for General Practice is responsible for ensuring the delivery of high quality postgraduate vocational training for general medical practitioners throughout Wales, in line with the regulatory framework that underpins postgraduate education on a UK-wide basis. The Department is also responsible for delivering the programme of annual GP Appraisals on an All-Wales basis and in addition has an active and growing interest in Continuing Professional Development for all general medical practitioners.

Information on training and education is disseminated in a number of ways including:-

Website.

Their website provides a wide range of information, advice and guidance on education and training. In addition there is an interactive GP Appraisal web site, which allows all GPs in Wales, both principals and freelance doctors, to develop the record and constantly update their Appraisal and Continuous Professional Development folders.

E-mail.

It is anticipated that within a short period virtually all GPs in Wales will be linked electronically to the Deanery.

Newsletters.

Regular newsletters on education and training issues are issued. These newsletters cover a whole range of topics, from regulatory change through to reminders about deadlines.

Professional Network.

There are well established networks of specialised regional advisers, course organisers, appraisal co-

ordinators, and appraisers who collectively link throughout the general practice community in Wales in an effective and comprehensive way.