Health and Social Services Committee

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Date: Wednesday 24 November 2004
Venue: Committee Rooms 3 & 4, National Assembly for Wales
Title: Ministerial Report

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3. Photodynamic Therapy for Age Related Macular Degeneration: Report on Implementation of NICE Guidance
4. Primary Lymphoedema Services
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1. HEALTH CHALLENGE WALES

1.1 Members will recall the announcement earlier this year about the development of *Health Challenge Wales* as the new national focus for improving health in Wales. I wrote to all Assembly Members recently with information on the concept and an update. The progress of this major initiative is progressing with the launch of a national public awareness campaign, commencing in January. This will involve television, radio, press and outdoor advertising, supported by national and local events.

1.2 *Health Challenge Wales* is not an Assembly Government programme but a challenge to all organisations and individuals in Wales to do as much as they can to help improve health as part of a co-ordinated and sustained national effort. I have been hugely encouraged by the actions organisations are already undertaking to respond to the Challenge. Local authorities and the voluntary sector in particular are very proactive, supported by the Welsh Local Government Association and the Wales Council for Voluntary Action. But many others – from professional representative bodies in the NHS to local communities - are also taking up the Challenge. I have also had a very positive meeting with the Presiding Officer about the National Assembly for Wales response to HChW. The All Party Group on Healthy Living, which is chaired by Jeff Cuthbert, will make a significant contribution to this initiative.

1.3 The Welsh Assembly Government will publish its own response to the Challenge in due course and action that contributes to it will be supported by the additional investment set out in the Draft Budget. However, over and above this, our existing programmes are also being focused to *Health Challenge Wales*. For example, the *Health Challenge Wales* Voluntary Sector Grants Scheme was launched in August to help voluntary organisations respond to the Challenge and the large number of applications received indicates the level of interest. As indicated in my letter, I shall continue to keep Members up to date on developments through my monthly report and I trust that this will be helpful.

2. INFORMING HEALTHCARE

2.1 *Informing Healthcare* is a change management strategy designed to transform health services delivery in Wales through the introduction of modern information and communications technology and the new ways of working and new ways of managing information that it can support. The ten-year programme has funding of £91m identified for its first three years of operation.

2.2 First year (2004-05) activity in the Programme has been to ensure that progress is made across the breadth of the change agenda, while focusing investment on ‘establishing the groundwork’. Much attention was focused initially on the physical establishment and recruitment activity to build a team at Glanrhyd Hospital, including healthcare professionals and ICT specialists from a wide variety of backgrounds. This is now close to its planned establishment. A permanent Programme Director will take up his post on 1 January 2005.

2.3 The following points reflect progress made in the first six months on Informing Healthcare:

- A stakeholder engagement strategy has been published, together with a survey of clinicians' views, to ensure that the Programme is grounded in a clear understanding of local conditions, and that development activities have full and active engagement from all interested parties.
- Readiness work – designed to ensure systems and processes are able to support new electronic applications in future- has been initiated in all Trusts, LHBs and associated health bodies, supported by project managers recruited using Programme funds (£6m invested over 3 years).
- As part of Readiness, concerted work has begun to rectify problems in the records infrastructure in Wales, including improvements in the unique electronic identification of patients across systems and the physical indexing and tracking of their paper records (£3.8m invested over 3 years).
- Under the 'Access to Learning' project, infrastructure to support basic IT training ('ECDL') for all NHS and related staff has been procured and established, and additional trainers have been recruited locally to support all health organisations. Targets for ECDL achievement over the next 3-5 years are being negotiated with every organisation (£3.5m over three years).
- An assessment of the existing network infrastructure in NHS Wales has been completed, and work has begun to improve it to ensure that it meets appropriate standards of security, reliability and resilience (£4m invested in 2004-05). Further development will follow with the re-procurement of NHS Wales telecommunications services in 2005-06.
- In parallel with network assessment, local organisations are reviewing their immediate IT needs. The 'Access to IT' project is currently working with them to finalise their requirements with a view to investing up to £5m in 2004/05 in resolving immediate problems.
- Work has been successfully completed to test the technical feasibility of a phased approach to introducing the 'Single Record'' into healthcare. Although Single Record is a long-term development that will take several years to reach fruition, the Programme is aiming to deliver a first phase of beneficial functionality to at least some clinicians by the end of 2005/06. Subject to evaluation, further phased developments will follow in quick succession.
- Discussions with Social Care colleagues have led to the initiation of a project to analyse the extent to which Unified Assessment can be supported by electronic means and how quickly this can be achieved.
- A joint Health and Social Care code of confidentiality is about to be issued for consultation. This was a joint initiative with Informing Social Care.
- Discussions with other UK countries are ongoing with a view to ensuring shared use of infrastructure such as networks and demographic databases, which will support the electronic clinical applications being developed in Wales. It is hoped that these discussions will lead to a positive outcome, although Wales-only back-up plans are being put in place in the event that a shared approach is not possible. This is a key dependency for Single Record rollout.
- The 'Access to Knowledge' project has been initiated to procure access to databases, journals, guidelines and protocols for clinicians close to the point of care where it is needed. The procurement should complete during 2005/06 and will invest £1m-£2m per annum in these services.
- A number of research and feasibility projects are currently being initiated to ensure that we have an evidence-based approach to matters such as informed consent, clinical usability of electronic

applications at the point of care and decision support for patients.

2.4 The Assembly is currently commissioning a review that will determine the next stages of primary care IM&T development in Wales. This will include the connectivity of pharmacy and set out an approach and timetable for implementation".

3. PHOTODYNAMIC THERAPY FOR AGE RELATED MACULAR DEGENERATION

Background

3.1. Age-related macular degeneration (AMD) is a disease that blurs the sharp, central vision needed for "straight-ahead" activities such as reading and driving. AMD affects the macula, the part of the eye that allows one to see fine detail. It usually only affects people over the age of 60.

3.2 Photodynamic Therapy (PDT), a laser-based treatment, can slow the rate of vision loss but cannot stop vision loss or restore vision in eyes already damaged by "wet" AMD. Treatment results are often temporary and patents can require more than one treatment.

3.3 In 2001 the National Institute for Clinical Excellence (NICE) conducted a technology appraisal of "the clinical effectiveness and cost effectiveness of Photo Dynamic Therapy for Age Related Macular Degeneration". Nice also issued guidance in September 2003 on the use of verteporfin photodynamic therapy (PDT) in wet age-related macular degeneration.

3.4 I requested that PDT should be made available on the NHS in Wales in line with NICE guidance by June 2004. It was requested that services be developed and treatment made available at three sites across Wales covering South East Wales, Mid and West Wales, and North Wales regions.

Current Position

3.5 Historically, NHS patients in Wales were referred to Liverpool and Bristol for PDT. Following the publication of NICE guidance on the use of PDT, capacity and workload issues meant that new referrals of Welsh patients to those treatment centres were no longer possible. It was agreed that the Trusts would continue to see existing patients until clinically fit for discharge in accordance with NICE guidance. Some new referrals of Welsh patients were however accepted by Liverpool and Bristol in the initial development stages of the service in Wales to ensure appropriate and timely treatment.

3.6 Local Health Boards have been working closely with Trust providers on the development of PDT for AMD across Wales. PDT is being made available at three Trust sites across Wales.

South East Wales Region

3.7 Services are well developed in South East Wales Region. Cardiff and Vale NHS Trust is accepting referrals of wet Age Related Macular Degeneration and treatment is being made available at the University Hospital of Wales, Cardiff. Cardiff and Vale NHS Trust has also appointed a Consultant who specialises in Photodynamic Therapy for Age Related Macular Degeneration.

North Wales Region

3.8 A fast-track system has been established in the North Wales region to ensure that patients are referred to the Ophthalmology Department at Wrexham Maelor either by their GP or Optician. Arrangements are in place to ensure that the Ophthalmic Surgeon at Wrexham Maelor sees all patients that are referred to the department with Age Related Macular Degeneration.

3.9 If the patient's condition has deteriorated to such an extent that treatment in Glan Clwyd is not a viable option then the patient stays with the Wrexham Maelor. Patients are then supplied with low vision aids and reviewed regularly in the Department until it is deemed necessary for them to have a cataract operation.

Mid and West Wales Region

3.10 Swansea NHS Trust is making PDT available at Morriston Hospital for patients in the Mid and West Wales and a fast track system has been established in the North Wales region to ensure that patients are referred to the Ophthalmology Department at Wrexham Maelor either by their GP or Optician. Arrangements are in place In North Wales to ensure that the Ophthalmic Surgeon at Wrexham Maelor Hospital sees all patients that are referred to the department with Age Related Macular Degeneration.

4. PRIMARY LYMPHOEDEMA SERVICES

4.1 The Welsh Assembly Government has recognised the need to develop and deliver future primary lymphoedema services on a more equitable and accessible level.

4.2 Following discussions with providers, commissioners and other stakeholders, the Cancer Services Co-ordinating Group produced a report that made a number of recommendations for the future provision of lymphoedema services, including the need to do more to provide non-cancer related services.

4.3 The Cancer Networks are developing action plans to take this forward. The South West Wales Cancer Network commissioned a needs assessment during 2003 and, as a result of this, a preferred service model has been agreed on a Network basis.

4.4 Funding has been secured for an additional lymphoedema specialist from Macmillan, to which the Neath Port Talbot LHB has confirmed its support in terms of commitment to on going costs. This

appointment is linked to the remodelling of services in Swansea, which has also received funding from the Big Lottery Fund to establish a Rehabilitation and Prevention Project within Swansea NHS Trust.

4.5 Future developments will include partnership working with Macmillan Cancer Relief to consider further work to develop more robust evidence based treatment protocols and audit and research activities. Initial discussions have confirmed support for this work and a proposal will be developed for submission to Macmillan.

4.6 I will report on progress in South East and North Wales in my next monthly Report. l continue to monitor progress.

5. VARIANT CREUTZFELDT-JAKOB DISEASE (vCJD) AND PLASMA PRODUCTS – PATIENT NOTIFICATION EXERCISE

5.1 I announced on 21 September that selected groups of patients were being notified about the results of a risk assessment exercise for blood plasma products.

5.2 This advice is highly precautionary and is based on recommendations made by the expert CJD Incidents Panel.

5.3 These patients, and their healthcare professionals, have been advised that they have in the past received batches of plasma products which were derived from blood donated from someone who has later gone on to develop vCJD. As a protective measure, a number of steps should be taken to reduce any possible onward patient-to-patient transmission of vCJD.

5.4 People who may be affected in the UK are:-

- Some people with haemophilia and other bleeding disorders. All of these people (around 6,000) will receive letters about the background to this exercise to keep them fully informed. The number who may be affected directly is estimated to be around 4,000 people
- A small group of people suffering from primary immunodeficiency, estimated to number around 50 people
- A small number of people who have been treated with large quantities of particular plasma products for a range of conditions (e.g. secondary immunodeficiency).

5.5 It is not possible to know exact numbers of people in any of these groups until the patient records have been examined. This process began on 9 September.

5.6 Although any additional risk to these people is likely to be very small, it is necessary to take some simple steps to minimise any chance of passing on the infection.

5.7 These steps include not donating blood, tissue or organs, and ensuring they tell their doctors and dentists if they undergo treatment in future.

5.8 The situation has arisen because, since December last year, two instances have been reported where vCJD is suspected to have been passed on by blood transfusion.

5.9 Blood donated by a small number of people who went on to develop vCJD has been traced. People who received direct, one-to-one transfusion of 'whole blood' from these donors were contacted earlier this year and told about any additional risk they may face.

5.10 A dedicated NHS Direct helpline has been set up to answer queries about this issue. Its number is 0845 850 9850.

6. DENTAL VOCATIONAL TRAINING

6.1 There are currently six vocational training (VT) schemes in Wales, each optimally providing ten training places per year. This is currently meeting the needs of Wales. There will be a vocational training place in Wales for every new graduate leaving the school of dentistry and places to accommodate new recruits from outside Wales. Proposals are being developed to expand provision as dental student numbers increase.

6.2 Vocational Dental Trainees who complete VT schemes in Wales can apply to one of the two Welsh General Professional Training schemes where they can gain wider experience of working within the Community and Hospital dental services. The Assembly has requested advice from the Committee for Vocational Training Wales on the feasibility of further developing GPT opportunities in Wales.

7. ELECTRONIC STAFF RECORDS

7.1 There is currently a myriad of systems, many manual, holding information on NHS employees in Wales. The payroll calculation system is well over 25 years old and the personnel system used by the majority of Trusts was developed in the early nineties. Few Trusts have computerised systems for recruitment and training information.

7.2 The Electronic Staff Record (ESR) is an initiative to implement a leading edge, integrated solution offering Human Resources / Recruitment / Payroll / Training and Career Management functionality. It also provides a single database of all staff information for all NHS employees in Wales.

7.3 Wales is working jointly with England on ESR.

7.4 For the Welsh Assembly Government, a Data Warehouse will replace the current processes for the collection of central returns (e.g. census and vacancy information data) and will eliminate the delay in

publishing this.

7.5 The Data Warehouse will also provide the Welsh Assembly Government with information from across NHS Wales that is not currently available. The National Audit Report on the management of sickness and absence by NHS Trusts in Wales published in January 2004 states that ‘One of the most significant improvements offered by the ESR system will be the ability to produce standardised management information at a local and national level’.

7.6 The ESR Data Warehouse will hold information on all grades of staff and will address the issue, highlighted in The Review of Health and Social Care in Wales by Derek Wanless, that little information is held centrally on the third of the workforce who are not professionals.

7.7 At Trust level, ESR will streamline current processes, reduce duplication and provide timely, accurate management information

Progress

7.8 North East Wales NHS Trust is at the forefront of this initiative and is the largest of the first three sites to implement ESR across England and Wales.

7.9 The Trust ‘went live’ with ESR as scheduled on 4 October 2004, and has successfully paid its staff using the new system.

7.10 ESR is not only about the implementation of a new computer system, it is about new ways of working, and North East Wales has adopted an incremental approach to this change. One of the first processes to be revised with the introduction of ESR is in the area of recruitment, which is now totally automated. Telephone requests for application packs are input directly into the system saving administrative time and presenting a professional image to prospective employees.

7.11 Work carried out at North East Wales has laid the foundations and set the standard for the rollout to the remainder of Wales, which is due to be complete by mid 2006.

8. EQUITY TRAINING AND ADVOCACY GRANT PILOT PROGRAMME – ACHIEVEMENTS AND FURTHER ACTION

8.1 The pilot programme was developed to implement the recommendations of Professor Townsend’s report "Targeting Poor Health" for equity training and advocacy grants. The overall aim was to increase awareness and understanding of health inequalities and inequities in access to health services, and to stimulate new action locally to address unmet needs.

8.2 A total of twenty-five projects were funded across the three Local Health Board areas piloting the

programme – Cardiff, Carmarthenshire and Denbighshire. The pilot programme was evaluated independently.

8.3 The evaluation concluded that changes have been achieved with relatively low funding and in a short timescale. It has facilitated the exchange of information and ideas between organisations and professionals.

8.4 The programme achieved its aim of stimulating new local action with a number of ideas being taken forward to the next stage of development. A good deal of this new local action would not have been stimulated without the support of the pilot programme.

Examples of projects:

- In Cardiff, a seminar promoted multi-agency working to enable healthcare to be delivered more sensitively to the gypsy and traveler population.
- The establishment of a school council in Denbighshire developed a listening culture that fostered a genuine interest among children in their own health needs and those of other young people.
- Over 80% of staff from health and other services who attended domestic abuse workshops in Carmarthen reported that they are now better equipped to deal with any issues that present themselves.

8.5 The findings of the evaluation will be disseminated widely to inform practice and developments. I will arrange for a copy to be provided to members of the Committee.

9. MODERNISATION OF HOSPITAL STERILISATION AND DECONTAMINATION UNITS AND SERVICES ACROSS WALES

9.1 We are making good progress in the modernisation of hospital sterilisation and decontamination units. At present, 11 of our 17 units have achieved accreditation to the EU Medical Device Directive. Of the remaining six units, two hope to achieve accreditation this month, one in December, two in January and one in March. Timetables for visits are dependent on availability of external auditors as well as collection of internal data by the units.

9.2 The Decontamination Project Board continues to oversee the accreditation process, and plans to issue its final report in March 2005.

10. PAEDIATRIC NEUROSURGERY

10.1 As Committee members are aware, the commissioning of paediatric neurosurgery services is a matter for Health Commission Wales. Following objections by two Community Health Councils to the original public consultation on a proposal to transfer the paediatric neuroservices currently provided in

Swansea to Cardiff, a full independent clinical audit and option appraisal has been carried out.

10.2 The audit was performed by a team from Alder Hey Children's Hospital led by Mr Paul May, Consultant Paediatric Neurosurgeon. The team included Mr Andrew Derbyshire, Consultant Nurse, and Dr Richard Sargeson, Consultant Intensivist.

10.3 The option appraisal was chaired by Mr Glenn Neil Dwyer, former president of the Society of British Neurological Surgeons, and retired Consultant Neurosurgeon from Southampton.

10.4 The option appraisal involved a wide range of stakeholders including clinicians from both Trusts, parents, CHCs. It was informed through a series of visits conducted by Mr Neil-Dwyer and his team, and the option appraisal workshop was facilitated by an independent management consultant from the York Health Economic Consortium. Each option was scored using clearly defined benefit weighted benefit criteria. At this stage, the option appraisal did not consider the financial implications of each option. Following the outcome of the option appraisal, the top three options were requested to submit business cases in order to assess the financial implications.

10.5 The three highest scoring options were:

- Paediatric neurosurgery based on one site at UHW, with the provision of emergency neurosurgery at Morriston as appropriate - 754
- Paediatric neurosurgery based on one site at UHW - 732
- Paediatric neurosurgery based on one site at Frenchay, Bristol, with the provision of emergency neurosurgery at Morriston and UHW as appropriate - 588

10.6 The business cases were considered in the final meeting of the option appraisal group in June. The recommendation of the option appraisal group was, therefore, to reconfigure all elective neurosurgery to be based at UHW with the provision for emergency paediatric neurosurgery as appropriate at Morriston Hospital.

10.7 The CHCs that placed objections to the proposals have recently reconsidered the matter in the light of this appraisal and have reconfirmed their opposition to the proposed move. Health Commission Wales is meeting on 17 November to discuss the future provision of services now that the CHC views are known. A recommendation for a way forward will then be made to me.

11. CAPITAL INVESTMENT FOR IMPROVING CAPACITY

11.1 In the drive to improve access and capacity of the NHS in Wales I announced on 15 November a £30 million capital investment in frontline NHS services.

11.2 This £30 million is a major investment and is about improving services for patients by ensuring that we provide modern facilities and state of the art equipment. This investment is being made across Wales

and much of it will have a direct impact on waiting times, while the investment in new diagnostic equipment will help speed up the time patients wait for diagnosis. The investment includes:

- A new CT scanner in Nevill Hall
- An upgrade and refurbishment of the A&E Department in the Royal Gwent hospital that will provide an increased physical capacity to facilitate an improvement in the current waiting times for A & E patients. This will ensure that patients with minor injuries continue to be seen and treated, regardless of the number of major cases that are admitted by providing an efficient "one stop shop" service to patients that attend the department.
- A major investment in diagnostic equipment for cardiac services across Wales
- Investment in breast cancer services that will provide a number of hand-held gamma probes for each breast cancer team in Wales to enable them to carry out a new procedure called sentinel node biopsy with training of all Breast Surgeons in Wales.
- New daycase facilities in Swansea, Ceredigion, North East Wales and Conwy & Denbigh NHS Trust.
- New orthopaedic facilities and equipment in Carmarthen, Haverfordwest and Cardiff
- New diagnostic equipment across all of Wales including new CT scanners, endoscopy, ultrasound and X Ray equipment
- Renal dialysis

11.3 There will also be capital investments in other areas that will improve the ability of the NHS to respond to the needs of patients. The Welsh Ambulance Service will receive £3.6 million to buy new ambulances, while I am investing £80,000 in a national defibrillator scheme in conjunction with the British Heart Foundation to improve public access to this vital life saving equipment

11.4 This is good news for both patients and NHS staff in Wales, and shows our clear commitment to the NHS. Patients need treatment as quickly as it can be provided, and this additional funding will help to ensure that this becomes a reality, building on what has already been achieved and the record levels of investment we have made in the NHS in Wales.

12. DIRECT PAYMENTS SCHEME

12.1 On 1 November 2004, I visited the Cardiff and Vale Coalition to welcome the coming into effect of our changes to the Direct Payments Scheme.

12.2 From 1 November, a requirement is now placed on local authorities to offer direct payments to any person who is potentially eligible to receive them. This change replaces the discretion that local authorities previously had. From I November, we have also extended the direct payments eligible client groups to encompass disabled people with parental responsibility for a child. This is further step in our making available direct payments to many more people.

12.3 The next phase of change to the Scheme will come into effect on 1 March 2005, when all people

aged 65 or over who have assessed care needs will be eligible for Direct Payments. Currently Direct Payments are only available to disabled people aged 65 or over. To coincide with the coming into effect of these further changes, I propose to host an exhibition in the Milling area on Direct Payments. Officials are also working with local authorities and Disability Wales to improve the availability and quality of information for the public about Direct Payments.

12.4 Our 2004 Direct Payments survey of local authorities, shows that at 1 August 2004 around 570 people in Wales were benefiting from having direct payments compared to 359 people at 1 August 2003. I welcome this significant increase and expect these numbers to continue to rise as a result of the changes we are making.

13. FULFILLING THE PROMISES

13.1 We continue to implement our responses to the 'Fulfilling the Promises' Advisory Group report. Recent developments include:

- In August 2004 we issued our final Guidance to authorities setting out the service principles for adults and older people with a learning disability and the service responses that health and social services should adopt. Authorities have been invited to undertake an audit of their current local authority and NHS service arrangements against this guidance; as appropriate to prepare local change action plans (with implementation timetables) and to prioritise and cost the change action plan. We have made available £7.4 million over the next 3 years for a new grant scheme to help fund some of the costed priorities in the authorities change action plans. All the action plans will be considered by the Learning Disability Implementation Advisory Group later this month and the Group will provide me with their views on each action plan to help inform my decisions.
- The British Institute for Learning Disabilities (BILD) is managing and administering our learning disability advocacy grant scheme. The 2003-04 and 2004-05 grant application rounds have been completed and BILD have just recently opened the 2005-06 application round. For the 3 years 2003-04 to 2005-06, we have made available £1.15 million for this grant scheme.
- Following a consultation exercise, Social Services Inspectorate Wales are now finalising their new practice guidance for person centred assessments with the statutory assessment process. This final guidance will be issued shortly and will encompass children assessments as well as adults.

13.2 I continue to welcome the Learning Disability Implementation Advisory Group's advice and views on a range of issues. In addition to the valued contributions they have made to the matters described above, the Advisory Group have also provided me with their advice and views on issues as diverse as speech and language services for children and young people; the draft Mental Health Bill proposals and integrating carers assessments into the unified assessment process. They will shortly be letting me have their views on the Children's NSF consultation document. The Group are also drafting for my consideration a contemporary statement of learning disability policy, I hope to receive a draft in the early part of the New Year.

13.3 Following the Assembly debate on David Melding AM's motion about introducing regular health checks for people with learning disability, I have also invited the Advisory Group to help us develop all Wales proposals to introduce such health checks as part of the local enhanced services arrangements. I hope to receive proposals for introducing such health checks by around next April.

14. COMMUNITY PHARMACY CONTRACT

14.1 The new Community Pharmacy Contract it will strengthen the existing relationship between the pharmacist and the patient, and clearly demonstrate the importance of the pharmacist as an integral part of the primary care team. This should foster a real awareness amongst patients and fellow professionals of the role of pharmacists within healthcare as a whole.

14.2 The new contract will help pharmacists to provide a greater range of services, for which they will then be rewarded. I believe the new framework will allow them to be more innovative. It will allow them to provide services that tackle health inequalities, services that respond to patients needs, and services that improve patient safety.

14.3 I have supported the negotiations for the new Contract on an England and Wales basis and we, as England, are working towards an April 2005 implementation.

14.4 Negotiations have raised many longstanding issues, and it is my view that the majority of these have been addressed successfully by the contract. I am grateful to CPW for the valuable contribution they have made to this process, not least in ensuring that all their members are able to make a fully informed decision at the end of this month. I hope that they will feel able to respond positively to the contract so that we can move forward together into this momentous new phase of our partnership.

14.5 Although the details of the contract are still to be finalised and are subject to agreement, there will be a greater emphasis on health promotion and preventative measures, with pharmacists being more actively involved in day to day patient care.

14.6 I am committed to enabling the pharmaceutical profession to fulfil its potential and continue to deliver high quality pharmaceutical services to the population of Wales. I believe that the proposed new contractual framework is key to delivering the vision of community pharmacy that we have for Wales.

15. OUT OF HOURS PROVISION

15.1 All the Local Health Boards have new out of hours services in place, with most having been in place since the end of September (see Annex 1). These changes have affected the entire population of Wales

15.2 Based on Welsh Assembly core standards, the Local Health Boards have developed detailed service specifications for providers to deliver against and these are based on common standards. This is the first

time we have had national standards of this type. These standards include response times to initial calls, patient contact and a wide range of other quality driven targets.

15.3 An essential feature of the guidance provided by WAG related to developing a service model that would be consistent with as wider vision of the delivery of unscheduled care services. This includes the collocation of OOH services with A and E departments, as is happening in a number of areas (Carmarthen, Llanelli and Bridgend as examples) Additionally services are being developed that will work closely with Social Services such as the Cardiff model based in Cardiff Royal Infirmary.

15.4 To support such changes there has been a significant additional investment in to the service. We have also invested more money into Out of Hours than in England. The funding made available to Local Health Boards ensures the most rural LHBs can provide the appropriate level of service. In Wales, this amounts to an additional £13 million to bring the total sum to over £28 million.

15.5 Monitoring the implementation of the new Out of Hours Service has been a priority for the Welsh Assembly Government and the Local Health Boards. I am meeting officials and receiving weekly updates to ensure top level attention.

15.6 The Welsh Assembly Government and Local Health Boards take all complaints seriously. . As part of the new systems of service we have in place all telephone calls are carefully logged and recorded. This allows detailed investigations to take place when issues are raised. The actual number of complaints is extremely small when compared to total volume of calls received. Some Local Health Boards have received no complaints at all and in other areas, the complaints are less than 0.01% of the total calls made to the service

15.7 We have also been monitoring the activity in hospitals and with the ambulance service and whilst it still only weeks into the new arrangements, there is no evidence thus far to suggest an increase in demand for these services arising from the new Out of Hours system.

15.8 In situations where complaints have been investigated and it has been found that the service has failed to meet the high standard expected, we have met with the relevant Local Health Board and the service provider to ensure actions are taken to minimise the chance of such an event reoccurring. Local Health Boards and the service providers have also been required to produce weekly reports detailing call volumes and response times. One issue that has become clear is the need to provide further advice and support for people making appropriate use of services. As part of the monitoring being undertaken, it is apparent that many calls to out of hours providers would be better made to the GP surgery during normal working hours.

15.9 Finally I would like to assure colleagues that all these services are being monitored very closely and, where it is required, action is being taken and the service is improving. I will report further on this issue to the Committee as necessary.

16. UPDATES:

16.1 INSPECTION OF CHILDREN'S SOCIAL SERVICES IN BLAENAU GWENT: PROGRESS REPORT

Introduction

16.1.1 In my October report, I provided an update on progress to the end of July.

16.1.2 Since August, the authority has been providing the Chief Inspector with reports of the actions taken to implement its recovery plan for social services and to make additional improvements in children's services.

16.1.3 The Chief Inspector met the Chief Executive and the interim Assistant Director for Improvement/ Performance on 26 October for an update on progress, to agree performance targets and to discuss how the authority intended to deal with the transition from interim management arrangements to permanent appointments. The interim Director of Social Services met him on 9 November to keep him informed about developments in these areas.

16.1.4 Two inspectors visited the authority on 2 November for the purpose of formally monitoring the authority's progress in meeting the expectations of the Chief Inspector regarding areas for improvement, targets and time scales.

Progress

16.1.5 The authority is co-operating with Social Services Inspectorate Wales in this process. There is evidence of considerable activity to address the deficiencies in children's social services and of a clear commitment on the part of the interim managers to bring about the necessary improvements. The authority is taking seriously the need to meet with the expectations of the Chief Inspector. He reports evidence of concentrated efforts to meet the targets set.

16.1.6 The authority is now providing the Chief Inspector with the performance information needed. The external auditor has commended the social services department for its new approach to gathering such information. With more robust baseline data available, it has become possible to set challenging but realistic targets for improvements in key areas of children's services for the third and fourth quarters of the current financial year. These targets are summarised in Annex 2 to this report. They are intended to act as drivers for improvement and to demonstrate that the authority is overcoming the most serious concerns.

16.1.7 A more unified approach is emerging to corporate governance in Blaenau Gwent and to meeting the authority's statutory obligations for social services. This has been assisted by the work of the Advisory Board. There has been greater political involvement in providing strategic direction and

oversight for the social services department. Levels of support from other departments have increased and there is more crosscutting work done to deliver the social care agenda. Blaenau Gwent agreed an urgent cash injection for social services; both to deal with a projected overspend of £1.3m and also to invest in systems intended to reduce that overspend. The money has been used to fund:

- a recruitment and retention policy for social workers;
- a new foster carer remuneration scheme;
- an increase in senior management capacity and middle managers.

16.1.8 The interim management team has made progress in delivering the authority's recovery plan for social services. Staff have worked hard to maintain services during this period of crisis.

16.1.9 The authority has been purposeful in the way it has approached the task of recruiting a permanent senior management team, investing resources in this process to good effect. There is now a director designate and interviews take place later this month for the three assistant director posts. The prospects for making appointments appear to be good.

16.1.9 I am able to report that the position in children's services is improving in some key areas:

- increased workforce stability at a practitioner level;
- good interim arrangements for team manager posts;
- allocation of cases to qualified staff;
- better workload management;
- progress with the provision of good practice guidance;
- improved levels of compliance with procedural requirements;
- more purposeful intervention;
- better management of referral and screening processes.

16.1.10 During their formal monitoring visit, inspectors analysed the case files of the children whose cases had been referred back to the authority for attention following the inspection in December 2003 and where the previous monitoring visit in July had revealed the need for further action to safeguard them. On the basis of the actions already taken and a strict timetable for further action by the end of November, the inspectors were able to conclude that management of these cases had reached a satisfactory standard.

16.1.11 More reliable performance information is beginning to demonstrate progress. Inevitably, now this is available, it is also revealing the scale of the problems. Even the task of ensuring basic standards has a long way to go. The programme of change will need to be consolidated over an extended period of time. The new interim management team has been very active. However, in some fields and in many individual cases, they are still at the stage of undoing past damage. In certain key areas, such as management of the fostering service and ensuring good quality supervision for practitioners, work on the wide-ranging improvement agenda required is at an early stage.

Summary

16.1.12 The authority has made significant progress in the period following SSIW's validation of its position at 31 July. Improved performance information has now enabled the Chief Inspector to set performance targets in key areas of children's services for 31 December and 31 March. Concerns remain about the ability of children's services consistently to safeguard vulnerable children and to meet their needs and it is essential that recent improvements are sustained and consolidated. A major priority is dealing with the transition from interim social services managers to longer-term appointments. SOCIAL SERVICES INSPECTORATE WALES will undertake another formal monitoring exercise in January after the authority has provided information about its performance against the targets set for the period to December. The Chief Inspector's next report will assess the extent of the progress the authority is making.

Monitoring

16.1.13 The Chief Inspector will continue to monitor the authority's performance through receipt of quarterly performance reports and continuing visits to the authority by inspectors. I will continue to receive regular reports of progress.

16.2 INSPECTION OF CHILDREN'S SOCIAL SERVICES IN CARDIFF: PERFORMANCE AS AT 30 SEPTEMBER 2004

Introduction

16.2.1 I provided an update on progress at the end of June in my October report. The Chief Inspector has put in place a formal programme of monitoring with targets set on a quarterly basis which are aimed at moving the authority to the point where:

- it responds promptly and appropriately to referrals of concern about children
- the management of work with children and families is strengthened, there is compliance with regulations and guidance, and services safeguard children and promote their welfare

16.2.2 These targets cover the production and implementation of guidelines and procedures, the process of strengthening management information systems, and improving service performance.

Fieldwork

16.2.3 Social Services Inspectorate Wales has deployed Inspectors to scrutinise the information provided by the authority and undertake some reality checks. Since the end of the reporting period Inspectors have spent two and one half days in the authority and the Chief Inspector has held a meeting with Senior Managers.

Progress

16.2.4 The authority's continued commitment to improve services has been evidenced again this quarter. There has been significant progress in some areas, with improvement in others not being as rapid.

16.2.5 The authority has introduced a weekly monitoring process to improve performance on assessments. This has led to a significant improvement in the percentage of initial assessments being carried out on time and senior managers are confident that performance will continue to improve in the next quarter. Whilst there has been some progress in performance on core assessments, this is an area that still requires further attention and improvement. The Chief Inspector has now set further improvement targets in addition to those set at the start of the year. These are summarised at Annex 3 to this report. They are intended to act as drivers for improvement and to demonstrate that the authority is overcoming the most serious concerns.

16.2.6 Performance in conducting reviews of children on the child protection register has continued to improve. Performance in relation to reviews for looked after children has dipped slightly as a result of the school summer holidays, which effected availability of school staff. However, the overall performance of the authority remains good.

16.2.7 A decline in the authority's performance in relation to decisions being made on referrals within 24 hours was quickly identified by management as a result of the weekly monitoring. They have strengthened management scrutiny of the referrals coming into the authority to address this and anticipate improved performance in the next quarter. The volume of domestic violence referrals remains a challenge, and senior managers are continuing to meet with the police in order to agree a way forward to address this issue.

16.2.8 The Audit Commission has reported that as a result of the data cleansing exercise carried out by the authority, it is now satisfied that the performance data provided by the authority is reliable. This is a significant event, and was one of the concerns identified as requiring attention by the Chief Inspector in his initial letter to the authority.

16.2.9 There has been some improvement in the performance of the child health and disability team, although the pace of change is still too slow. The authority has strengthened the management structure and has put administrative support in place in order to improve the efficiency of its systems. The improvement in completing initial assessments has been achieved despite staff shortages over the last quarter. Senior managers now plan to take a similar approach to that used in the intake and assessment team to monitor and drive up performance within the child health and disability team.

16.2.10 The authority has run another recruitment campaign this quarter, which has resulted in offering eight appointments. However, retention of staff remains an issue for the authority. The social work workforce is comprised in the main of recently qualified, inexperienced social workers, and the authority has had to invest heavily in a stronger management structure. The authority has extended the assessment

coach project to include one of the community offices as well as the intake and assessment service.

Summary

16.2.11 The Chief Inspector is of the view that the authority is continuing to demonstrate progress in a significant number of key areas and has demonstrated its ability to quickly identify and respond to problems relating to its performance, although not all the targets have yet been met. In particular, reviews of children on the child protection register, initial assessments and providing more performance data have been areas of progress. The authority now has more robust processes in place to monitor its performance. It can provide more reliable data and therefore be confident about the extent of progress being made. The authority needs to make progress across all areas of service and the targets that have been set remain challenging and are of themselves ‘drivers for change’. Meetings with the Chief Inspector have reinforced the importance of this monitoring protocol with senior officers of the authority.

16.3 MANAGEMENT OF EMERGENCY PRESSURES

Flu immunisation Progress

16.3.1 Low levels of flu activity continue to be reported across Wales and across the UK. Other European countries have also reported low levels of flu activity and indicate that only a small number of viruses have been detected so far this season. Calls to NHS Direct and GP consultations remain unchanged over recent weeks, and are well within baseline activity.

16.3.2 Influenza and pneumococcal immunisation of the elderly, and younger people with long-term medical conditions that make them particularly vulnerable to flu and its potential complications, is paramount. The flu immunisation campaign, which is part of "Keeping Well this Winter", was launched in October. Local Health Boards are required to monitor and audit up-take and work with GP practices where problems are detected. Up-take surveillance and audit of offers will be co-ordinated by the National Public Health Service and I will report findings to the Committee in early 2005.

16.3.3 Following the recent Medicine and Healthcare products Regulatory Agency's suspension of Chiron Vaccine's license, arrangements have been made with other manufacturers to provide additional vaccines to more than meet the demand.

Good Practice Guide for Emergency Care

16.3.4 I was delighted to launch the Innovations in Care Good Practice Guide for Emergency Care at the Innovations Conference in October. The Guide will assist local health and social care communities to deliver effective and efficient emergency care services.

Welsh Emergency Care Access Collaborative

16.3.5 In April 2004, the Welsh Emergency Care Access Collaborative began its work of supporting local agencies in delivering effective emergency care services. The project structure has been established as an 18-month improvement programme for the whole of Wales, based in health economies across the emergency care pathways. To date, all programme managers and clinical leads have been recruited, initial baseline measurements to enable benchmarking have commenced and the first learning workshop has been successfully undertaken.

Fall in Numbers of Delayed Transfer of Care

16.3.6 I am pleased to report that there has been a general downward trend in delayed transfer of care levels since January 2004, with a total reduction of 28% (306 delays) between January and October 2004. This has been accompanied by a reduction in the length of time that people are delayed of 36% (37,556 days) over the same period. Local Health Boards, NHS Trusts and local authorities continue to work together to drive further reductions, and ensure that effective pathways are in place to provide timely and appropriate care.

Real-time Status Reporting

16.3.7 Real-time status reporting is now in operation, backed up by A&E and ambulance SAPhTE (pressure) reporting. Only four hospitals have recorded the highest status level since Feb 2004. Of these, University Hospital of Wales, Llandough and Withybush hospitals have been those most affected. The greatest pressures have been evident across South Wales.

Emergency Pressures

16.3.8 The management of emergency pressures remains a key priority in health and social care, particularly over the winter period. Emergency admissions have been fairly consistent over the three years to 2003/04. First A&E attendances have increased by 4 per cent over the two years between 2001/02 and 2003/04. This increases the challenge to achieve the target of 95 per cent of patients being seen, treated and discharged from A&E within four hours of arrival. The current average across hospitals in Wales is 88 per cent and the Emergency Care Access Collaborative is promoting improved ways of working to improve on this. Whilst pressures are ever present, improvements in managing these are having an effect, and I have supported the development of a new post, that of Emergency Care Lead, to facilitate these improvements with immediate effect. The postholder will work with NHS trusts and Local Health Boards in South Wales to map current emergency flows and develop a protocol-driven framework for ongoing management and escalation across the regions.

16.4 SECOND OFFER SCHEME AND WAITING TIMES

16.4.1 New figures for the number of patients waiting more than 18 months for in-patient or daycase surgery show a fall of 4,812 compared to September 2003, and a reduction of 275 on the last quarter, excluding those who have declined a second offer.

16.4.2 In the first six-months of the second offer scheme almost 1,100 patients have been offered a second choice of treatment at the same Trust while another 3,750 were offered an operation at an alternative hospital. At the end of September, 721 patients had already been treated at their original Trust with a further 638 being treated elsewhere. Another 252 patients have been given firm dates to receive their operation.

16.4.3 Each Trust in Wales contacts, by phone or letter, those patients who decline a second offer of treatment and ask why they do not want to be referred elsewhere for treatment. The answers are noted down and the total numbers of patients declining are recorded through this process. At the start of this process, the reasons for declining were not effectively monitored and not all reasons were recorded. However, the process of recording the reasons for declining the second offer has become more robust since, and the proposed development of a MORI poll will enable even greater understanding of the reasons for patients declining treatment.

16.4.4 878 patients have declined a second offer of treatment opting to stay with their original hospital. Of those who declined the offer, 262 patients said it was because they did not wish to travel, 92 wanted to stay with their consultant, while 299 said it was to do with social reasons such as they may not be able to be visited by friends or relatives. Some, however, did not give a reason or simply said that it was their choice.

16.4.5 For the first time since the start of the Assembly there are now less than 1000 patients waiting more than 18 months for in-patient or day case treatment. On top of this, over the last three months alone, there has been a drop of almost nine per cent in the number of patients waiting more than 12 months. Over two thirds of patients continue to be seen within six months.

16.4.6 Within these overall figures, there is a massive reduction in the number of people waiting over four months for cataract surgery in Wales. There are now only 58 people waiting more than four months for the surgery compared to 1,135 in September 2003. Only eight patients are waiting more than 18 months for orthopaedic surgery in Wales a reduction of 37 on September last year. The figures also show that, at the end of September, 50 per cent of those waiting for in-patient or day case orthopaedic treatment were waiting less than six months and 56 per cent on the outpatient waiting list had been waiting less than six months.

16.4.7 I am especially pleased with the progress in South East Wales which, despite ever increasing demands upon it, is coping extremely well. In Mid and West Wales the Assembly Government has approved an Action Plan to improve the waiting times for cardiac patients and North Wales continues to meet our tough waiting times targets. All this is encouraging and shows that we are making real progress in our determination to reduce long waiting times.

Cancelled Operations – Figures for April to August (Inclusive)

16.4.8 During the period from April to June 2004, 8855 operations were cancelled. Of these, 16.4 per cent were cancelled for clinical reasons, 35.8 per cent for non-clinical reasons, and 47.8 per cent by the patients themselves. We are still awaiting some returns for September, so cannot yet provide full quarterly figures for July to September 2004. In July, however, 3158 operations were cancelled, of which 16 per cent were for clinical reasons, 31.8 per cent for non-clinical reasons, and 52.2 per cent by the patient. In August 2816 operations were cancelled, 18.7 per cent for clinical reasons, 30.4 per cent for non clinical reasons, and 50.9 per cent by the patient.

16.5 WALES GENE PARK

16.5.1 I am delighted to update you on the excellent progress that the Wales Gene Park is making since its development was announced in 2002, with funding from my Department and some from the Department of Trade and Industry.

16.5.2 The Wales Gene Park was established with the mission of preparing the NHS in Wales for the genetics revolution. I am very pleased to report that it has made significant progress towards this goal.

16.5.3 The Wales Gene Park is a partnership between the amalgamated University of Wales College of Medicine and Cardiff University, the Medical Genetics Service for Wales, Techniques and the Welsh Development Agency. The Gene Park has four key areas of activity:-

- Genetics and Genomics Research into Human Disease
- NHS Translational Research and Technology Transfer
- Genetics, Education including the public and Non-Specialist Understanding of Genetics, and the Social and Ethical Implications for the Health Service
- Commercialisation of IP arising from genetics and genomics research.

16.5.4 During its first two years, a number of key objectives and outputs have already been achieved in each of these areas namely:

Key Objectives:

- The implementation of genomics platform technologies and the provision of technical support and expertise
- The strengthening of areas of research excellence, particularly in cancer biology and neuroscience
- Close integration with the NHS Medical Genetics Service for Wales
- The development and implementation of novel diagnostics, therapeutic approaches and the initiation of clinical trials
- A continuing commitment to education, training and public engagement
- The successful marketing and commercialisation of novel technologies

Outputs:

- Received grant income in excess of £20 million
- Generated commercial income of about £1 million
- Published more than100 research articles in peer-reviewed journals
- Implemented a novel diagnostic test for the MYH gene
- Initiated clinical trials in Huntington's disease and tuberous sclerosis
- Established an all Wales Bioinformatics and Biostatistics network
- Provided training and education for more than 500 healthcare professionals, teachers and sixth-form students
- Filed six patents

16.5.5 The Wales Gene Park is committed to fulfilling an all Wales role and is closely associated with the Wales Cancer Bank, the Medical Genetics Service for Wales, Wales Cancer Trials Network, Biobank, and the NHS Genetics and Education Centre. In addition, the Gene Park has strengthened links with the Universities of Aberystwyth, Bangor, Glamorgan and Swansea. It continues to build close working relations with the UK Genetics Knowledge Park Network, with ongoing collaborative projects in ethics and social research, healthcare professional education, colorectal cancer (genetics, diagnostics and therapies) and health services research.

16.5.6 The Wales Gene Park is making a major contribution to the integration of multi-disciplinary research and health service provision, and highlights the important contribution provided by Wales to medical genetics.

16.6 GMS CONTRACT

16.6.1 The new General Medical Services contract is now fully implemented and the project on which I reported previously has been disbanded. The old Red Book Statement of Fees and Allowances has been replaced by a formula allocation and other funding flows such as the quality framework and payments for enhanced services. All practices in Wales have now signed contracts and are receiving payment according to the new regime. I think we should congratulate Local Health Boards and the Business Services Centre for the tremendous work that they have done in delivering extensive change in a short timescale.

16.6.2 One of the areas of the contract that has been of most interest to Members is the new out of hours service. Under the contract, responsibility for the new service must transfer from GPs to LHBs by 31 December. I am pleased to report that 21 out of the 22 LHBs already have their new services in place. By mid November I expect that we will have 100% coverage. Of course, I know that there have been some teething problems that have been picked up by the media but, bearing in mind the size of the task, this is not entirely surprising. Overall, this us another good job done by LHBs.

16.6.3 One of the most important innovations in the GMS contract was the Quality and Outcomes Framework. Practices in Wales are working hard on the quality agenda and I am confident that patients

will see improvements as a result. To support practices and LHBs in monitoring achievement under the framework we have provided every practice and LHB with appropriate software and training. Rollout of the software and training commenced in November 2003 and is now complete. Ongoing training is being provided to ensure practices and LHBs get the maximum benefit and are able to utilise the software not just to record achievement under Quality of Outcomes Framework but also to maximise quality patient care. Previous investment through the Information and Communication Technology Foundation Programme placed general practice in Wales in a very strong position to implement the Quality Framework.

16.6.4 The new GMS contract will also mean investment in premises. The quality care about which I have just been talking will require a good quality infrastructure in which to deliver it. I am therefore pleased to report that a Primary Care Estate Forum has been set up to consider funding for improvements and extensions to current premises and all new development proposals requiring capital or revenue monies. A centrally held budget of £9.3 million is available in the Payments to Contractors Budget Expenditure Line for 2004-05. A further £16.4 million is available in 2005-06. Bids received for funding will be considered against a number of criteria, including their priority within the Local Health Boards' Estate Strategies.

16.7 SUBORDINATE LEGISLATION: STANDING ORDERS 28 AND 29

16.7.1 There has been no legislation made under SO28 & SO29 since the Health and Social Services Committee on 6 October 2004.

16.7.2 The following legislation has been made under Standing Order 29 since 6 October 2004:

- Directions to Local Health Boards-Alternative Provider Medical Services (Wales) Directions 2004 on 5 November 2004.

ANNEX 1

Out of Hours Arrangements by Local Health Board

LHB	Call Handling	Clinical Delivery
Blaenau Gwent	Gwent Healthcare NHS Trust	Gwent Healthcare NHS Trust
Caerphilly	Gwent Healthcare NHS Trust	Gwent Healthcare NHS Trust
Monmouthshire	Gwent Healthcare NHS Trust	Gwent Healthcare NHS Trust
Newport	Gwent Healthcare NHS Trust	Gwent Healthcare NHS Trust

Torfaen	Gwent Healthcare NHS Trust	Gwent Healthcare NHS Trust
Bridgend	Primecare	Primecare
Merthyr	Primecare	Primecare
Neath Port Talbot	Primecare	Primecare
RCT	Primecare	Primecare
Vale of Glamorgan	Primecare	Primecare
Carmarthenshire	Primecare	LHB
Cardiff	C2C (linked to Local Authority)	Clinical Solutions
Pembrokeshire	Pembrokeshire Care (LHB)	Pembrokeshire Care (LHB)
Ceredigion	Pembrokeshire Care (LHB)	Ceredigion and M. Wales Trust
Conwy	Local GP Co-operative	Local GP Co-operative
Denbighshire	Local GP Co-operative	Local GP Co-operative
Flintshire	Local GP Co-operative	Local GP Co-operative
Gwynedd	NHS Direct	Local Health Board
Isle of Anglesey	NHS Direct	Local Health Board
Powys	Shropdoc	Shropdoc
Wrexham	Shropdoc	Shropdoc
Swansea	NHS Direct	Local GP Cooperative

ANNEX 2

Blaenau Gwent Children's Social Services: Improvement Targets

Target	31 December 2004	31 March 2005

Percentage of initial assessments completed within 7 working days	40%	55%
Percentage of core assessments completed within 35 working days	20%	30%
Percentage of children on the child protection register receiving a minimum of 1 visit every 6 weeks	65%	80%
Percentage of children on the child protection register with an up to date, written child protection plan	75%	90%
Percentage of children on the child protection register whose cases should have been reviewed that were reviewed (NAWPI 3.12)	80%	90%
Percentage of Looked After Children reviews due that were carried out within statutory time limits	60%	80%
Percentage of foster carers who have been reviewed in accordance with statutory requirements	50%	75%
Percentage of supervision sessions for staff in fieldwork teams that took place on time	30%	40%

What steps is the Authority taking to ensure that social workers have manageable case loads? A quarterly report is required, setting out progress.

What are the systems in place for assessing risk in unallocated cases and what is the plan for eliminating the backlog of unallocated cases (reported as totalling 50 on 30 September)?

ANNEX 3

Cardiff Children's Social Services: Improvement Targets

Target	**31 December 2004**	**31 March 2005**

Percentage of initial assessments completed within 7 working days	60%	70%
Percentage of core assessments completed within 35 working days	30%	35%
Percentage of children on the child protection register whose cases should have been reviewed that were reviewed (NAWPI 3.12)	100%	100%
Percentage of Looked After Children reviews due that were carried out within statutory time limits	100%	100%