Cynulliad Cenedlaethol Cymru
The National Assembly for Wales

Y Pwyllgor Deisebau
The Petitions Committee

Dydd Iau, 22 Mai 2008
Thursday, 22 May 2008

Cynnwys
Contents

Aelodau'r pwyllgor yn bresennol
Committee members in attendance

Andrew R.T. Davies	Ceidwadwyr Cymreig Welsh Conservatives
Bethan Jenkins	Plaid Cymru The Party of Wales
Val Lloyd	Llafur (Cadeirydd y Pwyllgor) Labour (Committee Chair)
Jenny Randerson	Democratiaid Rhyddfrydol Cymru (yn dirprwyo ar ran Michael German) Welsh Liberal Democrats (substitute for Michael German)

Eraill yn bresennol
Others in attendance

Norman Barrett	Cymdeithas Ymchwil Canser Rhyngwladol Association for International Cancer Research
Geraldine Long	Cymdeithas Ymchwil Canser Rhyngwladol Association for International Cancer Research
Dr Mark Matfield	Cymdeithas Ymchwil Canser Rhyngwladol Association for International Cancer Research

Swyddogion Gwasanaeth Seneddol y Cynulliad yn bresennol
Assembly Parliamentary Service officials in attendance

Alun Davidson	Dirprwy Glerc Deputy Clerk
Joanest Jackson	Cynghorydd Cyfreithiol Legal Adviser
Stefan Sanchez	Clerc Clerk

Dechreuodd y cyfarfod am 12.32 p.m.
The meeting began at 12.32 p.m.

Cyflwyniad, Ymddiheuriadau a Dirprwyon
Introduction, Apologies and Substitutions

[1] **Val Lloyd:** Good afternoon, and welcome to this meeting of the Petitions Committee. I remind everyone to turn off their mobile phones and any similar devices, as they interfere with the transmission. We are not expecting a fire alarm test, so if you hear an alarm, it is genuine, and please leave as quickly as possible. Mike German has sent his apologies—he has to attend another committee. Jenny Randerson is substituting for him; we are pleased to have you here—thank you.

12.33 p.m.

P-03-113 Profi ar gyfer Canser y Brostad
P-03-113 Testing for Prostate Cancer

[2] **Val Lloyd:** I welcome the petitioners to the meeting—good afternoon. You have 15 minutes in total to present whatever you wish to present; how you divide that time is up to

you. My introduction will not come from the 15 minutes. After those 15 minutes, the committee will have up to 15 minutes to question you, and we will then ask you to retire; you can go to the public gallery, if you wish, or you can leave the building—that is up to you. Will you first please introduce yourselves individually?

[3] **Mr Barrett:** Hello, I am Norman Barrett, the chief executive of the Association for International Cancer Research.

[4] **Ms Long:** I am Geraldine Long, the donor development manager at AICR.

[5] **Dr Matfield:** My name is Dr Mark Matfield, and I am the scientific co-ordinator of the charity.

[6] **Val Lloyd:** Thank you. If you could now give your evidence, you have 15 minutes, so please use the time in any way that you want.

[7] **Mr Barrett:** The Association for International Cancer Research is a British-based charity—we happen to have our offices in St Andrew's—and we fund research into any aspect of cancer in any area of the world. We currently have 268 cancer projects in 23 different countries, two of which are based here in Cardiff. We are here to talk to you about the prostate specific antigen test for prostate cancer. We feel that it should be made available on demand to any man aged over 50. Dr Matfield will explain the thinking behind this, and why we would like this to happen.

[8] **Dr Matfield:** Thank you, Norman. Would you be my assistant and run through the slides on display as I give the presentation? This next slide simply makes the point that prostate cancer is a growing problem in the UK. These figures show the incidence per 100,000 people—that is the upper, blue line on the graph. The lower, dark blue line is the death rate. What that translates to in hard numbers in the UK is 35,000 cases of prostate cancer each year, and 10,000 deaths. So, for Wales, you are looking at just under 2,000 cases a year, and 500 men dying.

[9] There is a test that is widely available and heavily used for this—the PSA test. We must be careful here: it is not actually a test for prostate cancer. It is a test for problems with the prostate; bacterial infections of the prostate could cause an increase in the PSA level in the blood, as could a benign enlargement of the prostate, which many elderly men suffer from. However, it is a simple test to take, involving just a couple of minutes with a nurse to take the blood, and the results can be back within two days. Sadly, it is far from an ideal test; it has a high false positive rate and a significant false negative rate. Having said that, it is, by a long chalk, the best test available. Others are being researched and tested at the moment, and we hope that, in 10 years or so, they might replace it, if they are adequately funded and are better tests. However, that is a hope on the horizon rather than a real prospect at the moment.

[10] The key point is how much the test is used, and that is what we are here to talk about today. In America, principally because their health system is funded by insurance companies, doctors are very keen that men should take this test, and there is a high level of awareness of the PSA test in America. Figures show that about 50 per cent of men over the age of 50 have had the test, and the five-year survival rate is as close to 100 per cent as you can get, practically. In this country, the PSA test is used far less, and our five-year survival rate—that is, your chance of living five years after your diagnosis with prostate cancer—is around two thirds. It is, frankly, not good by most international comparisons.

[11] The key is early diagnosis, and that is why testing is so important. It is a truism for all cancers that, the earlier you diagnose it, the greater your chances of survival. If you can catch a cancer before it has started spreading, it is amenable to almost 100 per cent effective

treatment by surgery. Statistics in this country show how dramatic a difference that makes. Early prostate cancer is defined as not having spread outside the prostate gland; advanced is cancer that has spread, and as you can see from the slide, the difference in survival rate is enormous.

12.40 a.m.

[12] I will now switch to talk about the policy on PSA testing. The NHS policy, which is used by the health services in Wales, Scotland and Northern Ireland as well as England, is quite simple. It says, perfectly correctly, that there is no conclusive evidence that a PSA screening programme would save lives. We thoroughly agree with this; it is a little unfortunate that this petition was labelled for you as being about PSA screening, because we are not talking about screening. Screening is a programme where the health service says that it wants to test everyone or nearly everyone in the population. We are not talking about that, and there is no strong case for doing that yet; the research to show that it would save lives has not been done. We are talking about greater availability of the PSA test for men who want it. There is a problem with this question, in that the research being done into this—two large trials in America and Europe—may not be able to provide conclusive evidence as to whether the PSA test will save lives, because all the men taking part are having the test voluntarily, whether they are meant to or not, so it is skewing the results.

[13] However, the NHS policy, and the same policy applies in Wales, is called the prostate cancer risk management programme. As you can see on the next slide, what it says is that it strives to:

[14] ‘Ensure that men who are concerned about the risk of prostate cancer receive clear and balanced information about the advantages and disadvantages of the PSA test and treatments for prostate cancer’.

[15] This is perfectly sensible. As you can see on the next slide, what it, sadly, does not say is what should happen after they have had that information. It says one or two things that are going in that direction. To paraphrase—there are far too many sheets of paper—it says that it is hoped that this will help men to make an informed decision about PSA testing, but it does not actually say that they can have the test. That is the problem. There is no statement anywhere in this policy that says that, if a man decides that he should have a test, he has any influence on the decision.

[16] As you can see on the final slide, we are not suggesting that there should be a PSA screening programme, but simply that if a man decides, having received the information, that he would like a test, he should be able to have one. By this, we are talking about men who are aged over 50. Men need information to help them to make this decision; it is not a simple question. Their GPs are the ideal people to help them with that information, but, in our view, it is men who should make decisions about a key test for their health, not their doctors. This is a situation where men should have power in their own hands, because opinions differ among doctors, and we get far too many letters from men who say, ‘I think that I should have a test, but my doctor would not give me one’. We do not think that that is right. On something like this, men should decide.

[17] We have made this pitch to many organisations, and what tends to happen, as happens here, is that the Ministers and health departments give the easy answer, namely saying that PSA screening is not appropriate. Let me emphasise again that we are not talking about that. In a nutshell, we are asking that someone, somewhere in the UK, in just one part of this country, starts this ball rolling and starts doing what they do in America, parts of Australia and many parts of Europe, namely give the PSA test on demand to men aged over 50. Our pitch to you is that Wales should be the place to start this. You can start the ball rolling and

the rest of the country will follow you.

[18] **Val Lloyd:** Thank you. Miss Long, did you want to contribute at all?

[19] **Ms Long:** No, that is fine.

[20] **Val Lloyd:** What about Mr Barrett? You are within time.

[21] **Mr Barrett:** I just want to say that we are trying to get parity between prostate cancer and breast cancer. The fact that 10,000 men a year are dying is bad enough in itself, but Geraldine and I have members of our families who have died of prostate cancer. In both cases, they had secondary cancers, because it had not been diagnosed early enough. One thing that troubles me greatly about this is that, whether the test is as good as it could be is immaterial, prevention is better than cure. So, the earlier we detect this, even if we get some false readings to start with, and the sooner we pick up that there is cancer there, the better the chance of no secondary cancers developing at a later stage. Therefore, it is important that this goes forward.

[22] With 10,000 deaths, the initial idea was to try to get 10,000 signatures on a petition to present to the Government to say, 'This represents the number of deaths from this each year; please make this available on demand and give the additional information that is needed'. We are taking this to our own website, we have a petition on the 10 Downing Street website, we have come to speak to you, and we are attempting to do the same thing in Scotland.

[23] **Val Lloyd:** Thank you, Mr Barrett and Dr Matfield. I will now open it up to questions.

[24] **Jenny Randerson:** Thank you very much for that powerful evidence. Like you, I know people who have prostate cancer and I do know someone for whom the test has proved absolutely pivotal, so I understand the importance of it. You have very powerful evidence, and very striking indeed is the statistic from the USA. I have to play the devil's advocate here. Are there any other factors in the USA that could explain the strikingly high survival rate?

[25] **Dr Matfield:** Yes, without a doubt. The Americans have a much more aggressive approach to the treatment of prostate cancer. The statistic that we showed there is the most well known and the most striking, but, if you were being critical, you would look at the best evidence on this type of cancer, which probably comes from studies in Australia, where different Australian states have different policies on the prostate-specific antigen test but, effectively, the same approach to treatment. There is a 30 to 40 per cent difference in five-year survival rates there just because one state has a policy on testing whenever it is appropriate and another has no policy at all. So, it tends to be ruled by health economics more than anything else. I should actually say that the PSA test is incredibly cheap: it costs just £12 per test.

[26] **Jenny Randerson:** The cost per test was going to be my second question, so thank you very much for answering that.

[27] **Bethan Jenkins:** I want to ask about the research that has been done on the fact that many of the men tested who have high levels of PSA find that they do not suffer from prostate cancer, although they have to go through the process of having a biopsy, which puts pressure on them. Do you believe that the benefits of having the test outweigh that stress, and that they should be able to receive the test regardless?

[28] **Dr Matfield:** Yes, we do, because the picture that tends to be painted—that a high PSA count does not necessarily indicate that you have cancer—is an oversimplification. The normal count in men up to 80 years of age ranges between 0 and 5, and so if a man in his late

70s presents and has a PSA count of 10, that is something to watch but not to get massively alarmed about. If his count is more than 20, which is usually the upper range of benign conditions that can cause a raised PSA count, like the standard enlarged prostate that so many old men have, you would then start to look for another argument. Is there perhaps some bacterial infection? Why is the PSA raised? If he were to present with a PSA of 50, alarm bells should be ringing. That man probably has metastatic prostate cancer already, because nothing else can produce a really high PSA reading unless he has been in a car accident or suffered another sort of traumatic injury.

[29] So, there is a range of sets of information that you can get from the PSA level. If it is middling, you would say, 'Come back in a month and we will do another one'. If you find a sustained high level, you know that it is not a one-off thing like an infection. Even vigorous exercise can sometimes cause a slight raise in the PSA count, so you look for a sustained level. If the cancer is progressing, you look for an increasing level and then, based on that, you, as someone treating that man, would make a decision about what tests would be appropriate next. The test is not all or nothing, 'Bang, this says he has or has not got cancer'; it tells you whether more testing is required. Typically, the next test would be a transrectal ultrasound, which gives you quite a good image of the prostate gland and so you can actually see any tumours in it.

[30] **Bethan Jenkins:** You say that it is an oversimplification, but that is the advice from the UK National Screening Committee. Do you believe that it has oversimplified the arguments as well?

12.50 p.m.

[31] **Dr Matfield:** There is no doubt that there are divided opinions about the PSA test among GPs. However, you will find that GPs in countries and areas where it is used are convinced of its value. The problem is that many of the GPs, committees and Governments that look at this have a mixed set of concerns and criteria on their agenda. If you read the full advice to GPs, you get the flavour that they are concerned about trying to hold the fort against the demand that would cost them a lot of money if a screening programme were instituted. Cost is an issue for them, but I think that that is a poorly informed view. The whole point of spending money in the health service is to save lives, to be frank. That is what it is there for.

[32] **Val Lloyd:** Have you finished that line of questioning, Bethan?

[33] **Bethan Jenkins:** Yes.

[34] **Val Lloyd:** You said that it costs £12 per test. Have you had any indication of the demand were that to be made available on request? Have you explored the potential take-up in any way, or do you have any research that would indicate what the take-up would be?

[35] **Dr Matfield:** No, and I am not sure how one could do rigorous research into that. We can give you anecdotal evidence, certainly, because we have put a lot of effort into communicating with our supporters. Through direct-mail campaigns, we are in regular touch with 0.25 million men in the UK to say, 'You should look at this'. The number of letters that we get back, either saying, 'Okay, I thought that this was useful, because it showed me that I am okay and that is a relief', or saying, 'It showed me that I was not okay, so thank you for saving my life', indicates to us that there is a significant interest in taking this up among men aged over 50, and that that interest gets greater as men get older.

[36] **Ms Long:** I deal daily with donors, and we get a great many letters because we put a lot of emphasis on prostate cancer through our Spotlight Appeal for prostate cancer research. We get letters from supporters who say that their GP would not offer them the prostate-

specific antigen test, so they had to go private or move to another health board area where they could get the test.

[37] The PSA test is just the first step on a diagnostic pathway, very much like the mammogram. A mammogram will not tell you that you have cancer; it will tell you that something needs further investigation. I am not saying that the test will diagnose cancer, but there will always be the other follow-up examinations, such as digital examinations, ultrasound and biopsies, just as there are for every other cancer. The test is the first line of investigation, and it will show up a problem.

[38] **Bethan Jenkins:** Have you talked to GPs about the effect of the guidance that is given to them, about how widely distributed it is among men registered with their surgeries, or about the level of take-up as a result of the guidance?

[39] **Dr Matfield:** We have not done that, and we would hesitate to do so. It would be perceived as being critical of GPs' practice or of the information provided. When I went to see my GP about this, I was not offered any information. I do not know whether you were.

[40] **Mr Barrett:** No, I was offered no information either, but I was told that I could have the test. Other than that, there was nothing forthcoming.

[41] Part of the problem with this is that prostate cancer is not spoken about in the same way as breast cancer is spoken about for women. So, women are much more aware of the situation, and probably go for tests and check themselves. You cannot check for prostate cancer without having some kind of internal test, so really the PSA is the first start. This is as much about trying to get men to be more aware of their health, which is a difficult thing to do in itself. Raising the profile of the test and telling men that it is available so please go and have it is the starting point. Surely, in the longer term, the earlier you are diagnosed as having this cancer, the better your chance of surviving that and any secondary cancers. That is the fundamental point that will save money for the health service in the longer term by preventing rather than trying to cure the disease. In all of this argument, that is one thing that appears to be missed. People are always talking about costs and the fact that it costs a lot of money to screen in this way. My attitude is that you also have to measure the cost in the longer term of having to provide treatment.

[42] **Andrew R.T. Davies:** Thank you for your evidence this morning. As the only male Assembly Member present, I read it with interest, although I seem to be the right side of 50 at the moment, but I appreciate that cancer does not discriminate on grounds of age.

[43] In the evidence—and you highlighted this, Mark—you are not calling for a screening policy. It says here, in bold print, that, nationally, the Government is against any screening policy using the PSA system, because it is not as accurate as it could be. So, what you are saying to us is that it should be an option for people who go to the GP, and the Government should not be compelled to provide a national screening campaign in Wales, as the option should be explored by a patient visiting their GP.

[44] **Mr Barrett:** At the moment, there are GPs out there who say 'no' to such requests.

[45] **Dr Matfield:** One could go further about the screening point. There is a well defined set of criteria which needs to be fulfilled before you put a screening programme in place. You have to know that it will save lives, the test must have a certain level of accuracy and you must know something about the course of the disease. The PSA test for prostate cancer falls down and fails to meet several of those criteria. Even if the PSA test got better, I do not think that there would be a case for the screening programme. So, the screening programme is out of the window. This is about the availability of the test if a man decides that he should have it.

[46] **Val Lloyd:** At the moment, some GPs will give the test if you go to them, or, if they have reason to think that it may be needed, they would allow you have it, but that is not a universal policy. Is that the same across the four UK countries?

[47] **Mr Barrett:** Yes.

[48] **Dr Matfield:** We receive hundreds of letters from all over the UK, including Wales, some of which say, 'I went to have the test, and I got it with no problem', and others that say, 'Oh, we do not do that here'.

[49] **Andrew R.T. Davies:** The USA figures are very compelling, but, from my limited understanding of cancer treatment in the UK, as you rightly highlighted, it is very aggressive with treatment and the level of cancer care is exceptional, in many instances. How would we compare on a European basis, which is a far closer comparator? Interestingly, the figures about what is going on in mainland Europe were not supplied.

[50] **Dr Matfield:** The answer is that we are roughly in the middle of European survival rates for prostate cancer, but I am not sure that the comparisons are that much more informative. For example, in France, which I know very well, the health system is superb. It is enormously well funded, to the point at which the French say that it is bankrupting the country. If you wanted to have an x-ray, you would get your typed-up results from the doctor in 45 minutes, but that is because a lot of money is pumped into the system. Health services are like anything else: you get what you pay for. The cancer care in France is very good, but, in other parts of Europe, where less is invested in the health service, or where the geography goes against it because it is a large country with a low population density, the survival rates are lower, because there is not the same level of investment and there are not as many hospitals. So, there are marked differences in health services across Europe, which give marked differences in survival rates.

[51] **Andrew R.T. Davies:** That is a bigger argument regarding how health services operate on the continent, especially the French model. Moving on to some of the variables in the testing system, some of the figures that I have seen show that the PSA test can throw up around 20 per cent of false results, but enormous amounts of research are being done to try to bring that variable level down. How far down that road are we of getting a PSA, or whatever, to be more accurate in its testing? From the papers that I have read, it seems that people are holding off for a better system to come through.

[52] **Mr Barrett:** We are a long way from that—up to 10 years. To be frank, let me put it to you in a different way. I lost my grandfather to this disease, and so it is very personal to me. I recently turned 50, and I have now asked for the test. From my perspective, I ask myself, which situation would I rather be in? Would I rather have the test, which says that I have a problem, get it checked again, and it still says that I have a problem, so then I have the next two or three stages of treatment, only to be told that I have it but it is not in an area that I need to worry about, and so I can go 'Phew, although that was a bit worrying', or would I rather not do anything for the next 10 years, and then suddenly find that I have a major problem as I have cancer that it is quite far advanced, there are secondary cancers, and it has spread to this, that and other parts of my body, and so my chances of survival over the next five years are zero?

1.02 p.m.

[53] I know which answer I would rather have and that for me is the point because we are not saying that we should spend huge amounts of money and ensure that everyone does it; we are saying, 'Let us inform people and tell them that the test is available and let us say to them

that if they want to have the test and to start the process, then this is it. Yes, these are the shortcomings, but at least you are doing something about it, and taking a more involved view of your own health.'

[54] **Andrew R.T. Davies:** I am going to ask you to state the obvious now, given what you have just said, but how can the other bodies that regulate this justify their position that states the exact opposite, namely that we should stand back and wait until a better test comes into existence? As I said, I have read papers that present the other side of the coin. Your argument is compelling, but—

[55] **Dr Matfield:** With respect, they are arguing about prostate-specific antigen screening—

[56] **Val Lloyd:** Could you be brief please, because we are now out of time.

[57] **Dr Matfield:** They are talking about PSA screening and not about the availability of the test. In terms of screening, their argument is good, but that is not what we are talking about—we are talking about making the test more available.

[58] **Val Lloyd:** I am sorry, but we have run out of time now. Your evidence was very interesting and there were further questions, but we keep to a 15-minute limit so that all petitioners have exactly the same care and attention. Thank you for answering the questions. While you go to the public gallery to hear our deliberations, we will move to the next item and then return to yours so that you can hear our discussion in full.

1.02 p.m.

Deisebau Newydd
New Petitions

[59] **Val Lloyd:** I thought that we would consider the new petition that has come to us, P-03-136, Heath and Birchgrove Parking, while we are waiting for the petitioners to reach the gallery. This new petition asks us to take action on three different fronts. It asks the Assembly to change planning law, and asks us to recommend issues to Cardiff Council and to advise the Cardiff and the Vale NHS Trust. So, it is quite a big petition in terms of what it asks. I will now open the discussion up for Members to make comments.

[60] **Jenny Randerson:** I have the benefit of the fact that, although this is not in my constituency, I am familiar with the issues. Some of the issues that it raises are hugely controversial, in terms of time-limited parking in streets. Plenty of people living in that area would say that the problem in some streets is caused by the fact that there is residents' parking in other streets, where residents have drives, and that is a historical thing. So, that has a massive knock-on effect on the other streets in the area.

[61] However, I understand why people feel like this and the introduction of free parking will increase the pressure on the surrounding streets in some ways because people who have been going to work and hospital appointments by bus perhaps will no longer do so because they will no longer need to seek to avoid the parking fee. However, that is some time off in the case of the University Hospital of Wales because free parking will not be introduced immediately at UHW. I think that we should write to the Minister because there is an important point here about the impact of UHW on the surrounding area. For many years, I have felt that too much is crammed in on that site, while, down the road, we have the Cardiff Royal Infirmary site that is very under-utilised—a large part of it was closed 10 years ago and is no longer being used. So, I would have great sympathy, knowing the issues, with the suggestion of writing to the Minister. However, we also ought to take up with the Minister for

Environment, Sustainability and Housing the issue of giving a right of appeal against planning permission in certain circumstances. I know that this is a hugely difficult area, but I am sure that we can all think of many examples where we would perhaps want the right of appeal once planning permission has been granted. That is a fundamental issue about the change in the law.

[62] **Andrew R.T. Davies:** I have to declare an interest in that I was asked to receive this petition on behalf of the Petitions Committee, and my office forwarded it on. I know of the level of discomfort to residents in that area—although accepting that the hospital will not go away—and it is a matter of great concern. I concur with everything that Jenny said, but the issue goes wider than that. This petition admittedly focuses on the Heath Hospital, but I would suggest that many areas with hospitals in the vicinity suffer exactly the same problems. I think that as the Petitions Committee we can take two approaches here. In the first instance, we could approach the Ministers to find out how they are being proactive in addressing this. It takes the Minister and the local health trust to work on this issue. As Jenny has highlighted, we also would benefit greatly from hearing from the petitioners exactly what the issues are. I think that that will resonate with many Members around the table in terms of what is happening in their own areas, because it is such a wide issue, which covers many areas. Hopefully, once we have the Minister's response and the petitioners' oral evidence, we can then see whether there is anything that we can do to move this forward.

[63] **Bethan Jenkins:** Are you therefore proposing that we should have the petitioners come in?

[64] **Andrew R.T. Davies:** Yes, I would like them to come in to give evidence.

[65] **Bethan Jenkins:** I am not averse to that, but perhaps we should find out about the impact assessment from the Minister before we go any further. If there are plans in the pipeline that would alleviate this problem, then that may be sufficient. If not, then I agree that the petitioners should be able to come in and give evidence.

[66] **Val Lloyd:** I agree with Bethan. I think that we need to take a staged approach to this. We are all aware of the difficulty that this causes within our own areas, and this is a specific instance that would be replicated elsewhere, although I accept that there will obviously be slight differences. We all understand the problem; it is not like some of the more complicated issues that we get. However, we could make a decision about having the petitioners in later on. I agree that, in the first instance, we should write to the Minister with regard to the impact assessment for the Heath. We could bring in Jenny's request about plans to move services from the Heath. Would you like the committee to do that as well?

[67] **Jenny Randerson:** The issue is not just the parking; the parking relates directly to the services and whether there are any plans to provide the services currently provided at UHW at other sites in Cardiff. Over the years, there has been a gradual concentration of services on that site.

[68] **Val Lloyd:** Therefore, we have that two-pronged approach to the Minister for Health and Social Services.

[69] **Bethan Jenkins:** This may not be pertinent, but I know that we have had something from the transport authority in terms of perhaps minimising the use of cars in the area and encouraging the use of public transport as opposed to cars.

[70] **Jenny Randerson:** There is good public transport already.

[71] **Val Lloyd:** Yes, there is good public transport; I have used it.

[72] **Andrew R.T. Davies:** In some respects, that is part of the problem. People park their cars and catch the bus back into Cardiff. The hospital is the core of the issue, but there is a wider issue as well. As public transport is so efficient in the area, you find that people who are looking to go into the city centre park their cars there and use the bus for their city centre jaunt.

[73] **Val Lloyd:** Jenny also raised the issue—as have the petitioners—of the planning law. Are those UK-wide planning regulations?

[74] **Jenny Randerson:** I do not know. We would need legal advice on whether it is something over which we have power. I am sure that Joanest will tell us.

1.10 p.m.

[75] **Ms Jackson:** At present, a person who applies for planning permission would have the right to appeal if permission were refused. A right of appeal per se is not available to a third party. In some instances, if a third party has sufficient standing or interest in the matter, that third party might be able to apply for leave to have the decision judicially reviewed, but bear in mind that a judicial review only deals with the decision-making process; it does not touch the decision, although a court can remit the decision back to be reconsidered. When I read this petition, I wondered whether what the petitioners are requesting in paragraph 3 is a new right of appeal for a third party to appeal when planning permission has been given. If that is the case, that is pretty radical. As a general point, planning is devolved to the Assembly and it would not be impossible to seek the competence to bring in such legislation in Wales, but that is another matter.

[76] County councils have powers to make traffic regulation orders. They can make an order that prohibits parking in a particular area for, say, one hour a day. I once worked for an authority that did that because it had a problem with commuter car parking near London underground stations. One of the approaches taken was to ask the relevant borough to make a traffic regulation order that prohibited parking between 11 a.m. and 12 p.m., which meant that a commuter could not park in the morning and leave his car there all day until he came back on the underground in the evening. So, if the petitioners come in, it might be useful to ask them whether they have explored with the county council any actions that could be considered under the relevant legislation for making a traffic regulation order.

[77] **Jenny Randerson:** I am not quite clear, from the wording of the petition, and knowing the layout of the area, whether the petitioners are asking for the current restrictions on parking—currently, most of the roads immediately surrounding that hospital are for residents-only parking for the whole day—to be done away with and replaced with time-limited parking, which is the kind of approach that Joanest is talking about, or whether they are saying that they want time-limited parking even further afield, beyond the considerable number of roads that are for residents-only parking. In the light of that, the substantive issue that we need to concentrate on is parking. Whatever approach the petitioners are taking, the issue in that area is clearly parking related to the University Hospital of Wales, and our approach would be best concentrated, I believe, on seeing whether the Minister, trust or local health board have done any reviews of services there. I think that we should concentrate on the fundamental cause rather than trying to suggest solutions, because I think that that might be the next stage for the committee with the petition.

[78] **Val Lloyd:** I suggest that as well as taking it forward with the Minister for Health and Social Services, we ask the Minister for Environment, Sustainability and Housing for her views on a change in the law regarding third-party appeals. That is just a general request. We could at least begin to explore that. We would probably not be able to take it any further,

given what Joanest has said, but we could ask for her views on the issue. It is quite contentious, is it not?

[79] **Andrew R.T. Davies:** It could be taken forward, as Joanest said, but it would be a fundamental change and it would probably not be an aspiration for some people, because once the initial consultation is over, the local authority acts on behalf of the people, so that is the third party.

[80] **Val Lloyd:** Yes, and it has to base its decisions and planning on the unitary development on planning regulations and what is in force in that area in the local development plan. It is quite a complex process.

[81] We will now go back to the first petition on the availability of the PSA test. I think that the petitioners are safely up in the gallery, so it is now over to Members to comment.

[82] **Bethan Jenkins:** On the flip side of saying that the test is available and that it would not incur costs is the fact that some general practitioners are not implementing it because of the quality of the test, which is the advice that they have been provided. If the screening committee believed that the test was effective, there would be an argument for them to say, 'Of course we will roll it out', and that GPs would be told to provide testing on a streamlined basis across the board. However, because there are issues arising from the test, they have decided not to do that. So, I would say that we should ask the Minister again to clarify her position on this, in light of the information that they just want to have a comprehensive availability of the test, as opposed to rolling out the test across Wales.

[83] **Val Lloyd:** I think that that is the point at issue, because, clearly, as Dr Mark Matfield said himself, it does not meet the requirements in the national screening programme, but the petitioners' wish is to have it available on request. Of course, that raises the issue that, once it becomes publicly known that it is available, requests for the test are bound to increase, but that is not for us to decide. It would be right for us to write to the Minister to ask for her views on this and whether she would consider putting that in guidance to local health boards in order for them to give guidance to GPs. Do you agree?

[84] **Andrew R.T. Davies:** The point that we need to make, which was made forcibly to us, is that we are not looking at the screening side of it, which, from the weight of evidence that I have seen, is where the focus has been, but at availability, which is what the petition itself requests. I endorse everything that Bethan said—it is about availability and choice at the end of the day, and guidance on that needs to emanate from this institution. At £12 a test—

[85] **Bethan Jenkins:** That is why there is a contention about making it available—because of the disparities in the evidence. That may be what will come back from the Minister, but it may not and it may be different.

[86] **Val Lloyd:** It is not precisely comparable with mammograms, but the availability issue is similar. There is a screening programme; because it has various outcomes, if you are worried or you spot a lump, you can go to your doctor and a mammogram is available. However, that does not quite apply here, and the doctor would also need to give advice to the patient about the potential false positive results and otherwise. I think that we must, as a committee, write to the Minister.

[87] **Jenny Randerson:** I am pleased that you drew that parallel, Val, because, of people recalled for further tests following a mammogram, four out of five do not have cancer. That is a similar scenario really; it is not a false positive in the same way, but getting a positive test on the mammogram does not mean that you have cancer, but that you need further tests. Once again, it is the same situation that we see so often—spend a bit of money now and you save a

great deal of money as well as many lives later. I think that we should write to the Minister, but I completely support Andrew's comment that we need to make it clear that we are not asking for screening in the traditional sense, which was the misinformation that we had in our minds. We might also suggest to the Minister that she consider other approaches to increase the numbers of men who take this test and the number of GPs who are prepared to offer it. Perhaps we can suggest that it be looked at in relation to instructions to GPs, guidance to GPs, and even the GP contract and the quality and outcomes framework.

[88] **Val Lloyd:** Fine. I believe that we have pretty universal agreement. We accept that this is not a screening programme, but we are going to ask the Minister to look at it across the piece, as we described.

1.20 p.m.

Y Wybodaeth Ddiweddaraf am Ddeisebau Blaenorol
Updates on Previous Petitions

[89] **Val Lloyd:** The first petition that we have before us is P-03-073 and it is on work permits for foreign nurses. This has been with us for some time. We have now had a response from the clerk of the Committee on Equality of Opportunity, who has confirmed, after discussions with the Chair, that the petition falls outside the inquiry's terms of reference. Therefore, that is a blind alley for us. I do not believe that we have much left to us on this, unfortunately.

[90] **Bethan Jenkins:** The Minister told us that she was keeping an eye on the Department of Health in England, which is monitoring the impact of reduced work permit provision on the workforce in terms of providing evidence for the Migration Advisory Committee. She said that she would keep us informed about that. Therefore, until we have that reply, could we keep it open? We have not had anything back from the Minister yet.

[91] **Val Lloyd:** We had that response in November, so I believe that we could write back to the Minister, asking whether she has had any further information on that. Is that acceptable to everyone? I see that it is.

[92] The next petition is P-03-081, on student loan regulations. You have a copy of the response that we have had from the Minister, dated 30 April. I suggest that we do not close this petition until the results of the consultation mentioned in the Minister's letter are known. That will mean that it will be on our books, so to speak. Otherwise, we could write back to the Minister and ask her to put the representations that we have made on these courses into the consultation. Is everyone happy with that? I see that you are.

[93] The next petition is P-03-085, on surgeries in Flintshire. I believe that we have almost closed that one now, have we not? We have had a response noting that the possibility of a primary care resource centre, developed on land adjacent to Flint Community Hospital, will be under consideration.

[94] **Bethan Jenkins:** [*Inaudible*] for the petitioners' benefit, if they think that we are closing it. The wording is 'under consideration'. There is no obligation for the Minister to say that it will happen, and if it does not happen, the petitioners may want to make that known to us.

[95] **Val Lloyd:** The petition asked us to apply pressure, and I believe that we have done that. However, we can leave it open if the committee believes that that would be helpful.

[96] **Bethan Jenkins:** Perhaps we could write back and ask whether there is a date for when they would be considering the new primary care centre.

[97] **Val Lloyd:** We could write back and ask her to let us know when a final decision is made, and keep the petition open.

[98] **Andrew R.T. Davies:** To be fair, that would ensure that it was monitored, would it not? It would, hopefully, give some satisfaction to the petitioners. It is always rather ambiguous when people use the word 'pressure'.

[99] **Val Lloyd:** I am sure that this is under consideration, and I am sure that it will be taken into account. However, we will ask to be informed when a final decision is made, so we will keep it open.

[100] The next petition is P-03-092, on the A465 relief road. This is an interesting one. This petition is a request for a relief road at Tafarnaubach. As you know, Bethan and I went on a site visit there about two weeks ago. It was very informative and clear and was well worth our time. We are sorry that you could not be with us, Andrew. Committee secretariat has drafted a helpful report, which offers us two recommendations. I draw your attention—and I am sure that Bethan will back me up on this—to the fact that the Capita Symonds report that we saw mentioned an option 7, but that was not the same as the proposal from Mr Harris. There are several similarities, but they are not identical.

[101] **Bethan Jenkins:** Yes, that is right.

[102] **Val Lloyd:** We went to four different sites relating to this petition to get a rounded view, and although option 7 had similarities with Mr Harris's suggestion, it was not identical to it.

[103] **Bethan Jenkins:** Going there gave us a clearer perspective of what the petitioners were asking for, and I would endorse recommendation 1 from the petitioners' point of view. It needs to be explored in greater detail. I know that we have had another letter from the Minister that may pose a problem in that respect, but I still think that we should write to the Minister making that recommendation.

[104] **Val Lloyd:** Yes, if option 4 is chosen, that would be all right for children being picked up by car, but children and adults who walk would be subject to the same problems with the HGV lorries. The only 'improvement' would be that there would not be so many cars parked outside, and so perhaps there would be less congestion, but there would still be some, because not everyone will park inside, and pedestrians will still be at risk.

[105] **Bethan Jenkins:** Personally, I do not think that the lay-by option is viable, because it would be eating into the school's playing fields, and it would only provide space for four cars—and it would not remove the lorries from the area near the school. So, I would not feel happy about agreeing to that. The petitioners' argument is strong.

[106] **Val Lloyd:** I must say that, although we only looked at them from outside, the playing fields were a considerable size. However, I do not think that that is the best option; a relief road would be the better option, but the playing fields were a considerable size.

[107] **Bethan Jenkins:** I do not think that it would be the best option anyway, regardless of whether it would affect the playing fields.

[108] **Andrew R.T. Davies:** I am happy to be guided by the two Members who visited the site. You have had the experience of seeing and understanding the problem.

[109] **Val Lloyd:** It was very emotive. The visit made the danger to children and pedestrians in general very clear.

[110] **Andrew R.T. Davies:** Should we include the council in our correspondence? As the Minister points out, it is the council that will make the decision—at least, I believe that that is the case—and will fund it. So, would it be pertinent to include the council in our correspondence?

[111] **Val Lloyd:** Yes, it certainly would be. The Minister, to be completely fair, has put a lot of effort into this, and has financed these option appraisals. He has done a considerable amount and he has now politely said to us that it is the council's responsibility. So, shall we clarify what we will do? We will accept recommendation 1. Are we going to accept recommendation 2?

[112] **Andrew R.T. Davies:** I am in your hands, Chair—I will go along with what you believe is best.

[113] **Val Lloyd:** We are not telling the Assembly Government and local authorities involved what to do in the recommendation; we are saying that they should take action to address the risk. It was quite clear to me that it is a dangerous situation, and conscience dictates that I would accept recommendation 2.

[114] What about the point that option 7 is not quite the same as the recommendation from Mr Harris—bearing in mind that we are not road traffic engineers?

[115] **Andrew R.T. Davies:** We can only go on the evidence before us. We have to go with what we perceive to be the most common sense approach.

1.30 p.m.

[116] **Val Lloyd:** The basic difference is in terms of access; it is still going through the same piece of land and off the same bridge that we saw, but the access is different. We can only go on what is costed there. Therefore, we accept those recommendations and we will switch this around and write to the council, not to the Minister, because it has the responsibility, but we will copy it to the Minister as a matter of courtesy. Our visit was very useful, and if we have the opportunity to do that again, as long as we can get two members of the committee to go, I would suggest that it is a practical way forward, so that we can get a feel for the issues. I recommend it to the committee.

[117] The next petition is on Aberthaw power station. We took evidence on this at the last meeting, and you will remember that the evidence was a little overwhelming; its technicality was hard to take on board. We now have a summary of what we will ask the Minister, and it has been pointed out to us that the information that we requested was already available in the papers, except for one point.

[118] **Andrew R.T. Davies:** Sadly, Chair, I was unable to be at that meeting a fortnight ago, but I took it upon myself to read all the papers and I went down to the site and had a look around its exterior—I was not on the site. Its sheer scale hit me; it is a massive operation, to say the least. The issues raised here are so scientific and technical that it is a lot to get your head around. I also noticed that the Environment Agency is unable to commit to certain things, because of the appeal structure that is currently in place. Is it on 21 June—

[119] **Val Lloyd:** Potentially. There is one outstanding question that we could ask the agency, because it has covered all the others, but it would be unable to respond until after 21

July, because it must leave it open until then for appeal.

[120] **Mr Sanchez:** It is 21 June.

[121] **Val Lloyd:** I beg your pardon, it is 21 June. Thank you, Stefan. It would not want to prejudice any decision. We can still write to the agency and ask about that point, but it would not be able to reply.

[122] **Andrew R.T. Davies:** It would be pertinent to do so, because it is such a complex issue. It is quite right that it cannot prejudice anything that might come out of an appeal. Following on from what you said, Chair, about the visit in relation to the previous petition, I found it informative to be able to see what was there. I wonder whether the committee would feel disposed to visit the site to get a better understanding of this. This information is so scientific and complex that being able to see the shape and size of the operation, and the potential impact on the surrounding and wider areas, would be helpful.

[123] **Val Lloyd:** If that is what the committee wishes, we will do so, but all that I would say, Andrew, is that we are being asked to look at the scientific issues, which you pointed out. How would we be qualified, by looking at the operation, to decide on the policy on ultrafine dust particles? I would not know how to tie that in with what I was seeing with my own eyes.

[124] **Andrew R.T. Davies:** The petition is so scientific and complex to get into, that I think that there is a benefit to physically seeing what is going on there. It would not give you any technical information and understanding. I have lived in that area all my life, but I did not realise the scale and scope of what is there or understand how it is affecting areas beyond the site. I appreciate that there is a scientific basis and a technical basis to this petition, but I believe that a visit to the site would benefit us, in understanding the whole picture, because it is specific to the Aberthaw area. It is not a Wales-wide issue.

[125] **Val Lloyd:** That would be just a visit from the committee, not a committee meeting; we would just be going to look at the site.

[126] **Andrew R.T. Davies:** Yes, we would be going to have a look, to understand what is going on there.

[127] **Mr Sanchez:** May I just say that there might be issues with access? As committee members, I do not think that you have any right of access to the site. You could obviously pull up to the perimeter fence and have a look in.

[128] **Andrew R.T. Davies:** I would leave it to the Chair, if she were in agreement, to conduct the visit in the most informative way possible. I do not know whether that would mean approaching Aberthaw power station to see whether it would permit us to go in or just looking from the outside, but I would leave it in the Chair's capable hands.

[129] **Bethan Jenkins:** I know that it would be interesting to do that, but what effect do you believe that it would have if we were to do that? When we went to Tafarnaubach, the clerk and the deputy clerk had prepared a very comprehensive study of the options. What do you think that we could get from seeing it through our own eyes?

[130] **Andrew R.T. Davies:** I hope that we could get a feel for its impact on the immediate area, the size of the operation, how it is spreading out over the area, and what the petition is asking us to address, if you like. What I witnessed and what I appreciated was that it is not just a local issue; it goes into the wider community as well. I understand that there is a scientific aspect to it and I have failed to get my head around all the science, but there is an issue in terms of appreciating the scale of the operation that is going on there, in the context

of what is being asked for in the petition.

[131] **Bethan Jenkins:** I am not sure about this. As you said, we found it quite hard to grasp the science behind it and I wonder whether writing to the Environment Agency about the one element that is outstanding—I think that it is the mono nitrogen oxides that it has not looked into—would be enough for now. If the Environment Agency cannot give us a comprehensive reply on that, perhaps we could then say whether a visit was pertinent. What advice would you give, as clerk?

[132] **Mr Sanchez:** I am not sure that a visit would add to your knowledge of the site. I can understand what Andrew is saying, that it might give you an appreciation of the scale of what is going on, but it is a very scientific petition and I am not sure that seeing the site would give you a better view on the things that they are asking for, about control levels and the various tests that the Environment Agency applies.

[133] **Andrew R.T. Davies:** It is in your hands.

[134] **Bethan Jenkins:** What is your opinion, Jenny?

[135] **Jenny Randerson:** It is such a complex issue that I do not think that a site meeting is really the solution. You can look at something that looks awful and it can be less polluting than something that looks totally benign—supposing that you had radioactivity or something like that escaping where it should not, we would not see that kind of thing. I think that there is a case for more in-depth information. Was there not a suggestion that the Countryside Council for Wales should come in?

[136] **Val Lloyd:** We knocked that one on the head at the first meeting, because CCW had commented. On balance, although visits in general are a good thing and move us forward, in this instance I do not think that we would gain anything from such a visit. I will leave it at that. I do not really want to take a vote, but if that is what Members want to do, I will. It seems a little—

[137] **Andrew R.T. Davies:** I think that I would lose the vote. [*Laughter*.]

[138] **Val Lloyd:** I am trying to be reasonable.

[139] **Bethan Jenkins:** I would like to go, if I thought that the visit would be comprehensive and that I would come back with an answer. If I could be corrected on that, I would go—I am sure that the petitioners would correct me—but, if not, I would just like to go with the action point that we have put forward.

[140] **Val Lloyd:** Yes, let us leave it at that. We will put the action point forward as regards the one piece of outstanding information.

[141] **Mr Sanchez:** So, the action point is to write to the EA to see if it could have applied tighter controls over nitrogen oxide emissions.

[142] **Val Lloyd:** Yes, but I am mindful that we will not get an answer; it cannot reply until after 21 June.

[143] **Mr Sanchez:** Thank you.

[144] **Val Lloyd:** I found the extra paper from the clerk very helpful indeed, because of the nature of the evidence.

1.40 p.m.

[145] With regard to the petition on neurosurgery in north Wales, we have had a letter. We referred this matter to Dr Hywel Francis MP, as chair of the Welsh Affairs Committee. We have previously had a reply from the Minister, pointing us towards the ongoing review and the comments being fed into it. I do not think that we can take this any further now. We had a response from Hywel to say that it was circulated to all members of the Welsh Affairs Committee and formally noted and he thanked us again for sharing the information with him and his committee. I do not think that there is anything more that we can do with this petition. So, we will formally close the petition from Merched y Wawr in north Wales.

[146] The next petition in on Tesco Junction, I do not know about other Members, but I get a wonderful vision whenever I see words 'Tesco Junction'. Clearly, there is a Tesco there, so please do not suggest a site visit. [*Laughter*.]

[147] **Jenny Randerson:** Whatever it is, it is busy.

[148] **Bethan Jenkins:** There is a review on things like this in the summer, so I think that we should just wait for that.

[149] **Val Lloyd:** The letter from the Minister?

[150] **Bethan Jenkins:** Yes.

[151] **Val Lloyd:** I think so, too. We seem to write to the Deputy First Minister and Minister for the Economy and Transport quite a lot, do we not? I think that we should wait, as suggested, until the feasibility study has been completed. Are all in agreement? I see that you are.

[152] Turning to the next petition on Welsh-medium education in the former Gwent area, we have had a very encouraging response from the Minister for Children, Education, Lifelong Learning and Skills.

[153] **Andrew R.T. Davies:** We will have to see what happens at the consortium meetings that have been proposed, as you do not want to prejudge what they are endeavouring to achieve.

[154] **Val Lloyd:** Not at all.

[155] **Bethan Jenkins:** The only thing that I noted from the letter was that 'Iaith Pawb' does not specifically question the co-operation between local authorities on this issue. Can we perhaps probe the Minister further about whether her department has any more plans to look at this issue again, considering that local authorities will have to work so much closer together in future?

[156] **Val Lloyd:** Yes, we can do that.

[157] **Jenny Randerson:** I think that there is a suggestion that they are looking at this from the point of view of future policy. The issue with 'Iaith Pawb' in relation to education is that it is relatively less detailed than it is about other aspects of the language, so there is clearly a gap to be plugged here. I happened to meet the headteacher of the school concerned last week at an event. I had last met him about five years ago, and he said, 'Oh yes, we are doing fine; we have another three huts on the site'. This year, it is grossly overcrowded. The only concern that I have about the Minister's letter is that I do not get any comfort from it that anything is going to happen this year, so that we can be absolutely sure that there will be a solution even

by September 2009.

[158] **Val Lloyd:** From what we had before, we definitely agreed that we would await the outcome. What about the letter suggested by Bethan? Do you want to deal with that?

[159] **Bethan Jenkins:** The paragraph goes on to say that the document draws attention to the need for coherence and consistency in schools planning. However, I think that it is only because, having heard the evidence, they mentioned that there were no comprehensive strategies between local authorities at the moment. Obviously, they will be building on that via the consortium, but the Minister may have plans to put that in guidance in the future from a national point of view.

[160] **Val Lloyd:** Is that on working together? You are right; we are going to need more of that, I am sure, across boundaries. Are there any views on that? Does anyone wish to write a letter to the consortium also?

[161] **Jenny Randerson:** In some way, we need to try to hurry people up a bit, to give it a sense of urgency. That is all.

[162] **Andrew R.T. Davies:** We will pop a letter in the post and wait for a reply from the consortium.

[163] **Val Lloyd:** So, what is the final decision? I know that we are all agreed on the consortium.

[164] **Bethan Jenkins:** As Jenny said, we need some urgency on it, so, if it shows that we are replying to this and taking issue with that point in 'Iaith Pawb', that would be relevant.

[165] **Val Lloyd:** We will write to the Minister for education about the 'Iaith Pawb' issue.

[166] **Mr Sanchez:** Are you asking her specifically to clarify this issue of inter-county co-operation and joint working?

[167] **Bethan Jenkins:** Yes, and whether she has any plans to issue new guidance within any new strategy in future.

[168] **Val Lloyd:** That takes us to the final formal update on petition P-03-110/111, Llandudno breast surgery and north Wales hospitals. We have received a response from the Minister. This was a dual petition. One petition was to do with continuing north Wales hospitals' links with the Walton Centre for Neurology and Neurosurgery in Liverpool rather than with Cardiff and Swansea, which we have addressed. The other petition is about the removal of breast surgery treatment provision from Llandudno, and the Minister's letter points out that she has accepted the recommendations of the Burns review, which relates to enhancing breast care at Llandudno. So, I think that we can safely close this petition, because we have achieved what the petitioners wanted. It is rather nice to be able to say that.

[169] We have received an update, and the clerk has pointed out that we now have a lot of petitions, to our credit. We were asked to pre-identify any petition that we wanted updates on. Did anyone do that?

[170] **Mr Sanchez:** No, they did not.

[171] **Val Lloyd:** I did not. I think that that is rather a good idea. It was not initiated by me, but we are now building up such a backlog of petitions—although backlog implies that we are not dealing with them, but they are coming in thick and fast—that we need to have the

information at our fingertips. We still have a number of petitions coming in, so we will not be short of work for the rest of the term. If no-one else wishes to raise anything formally, that concludes the formal part of the meeting.

Daeth y cyfarfod i ben am 1.48 p.m.
The meeting ended at 1.48 p.m.