

Health and Social Services Committee

HSS(2)-08-06(p.1)

Meeting date: Thursday 11 May 2006

Venue: Committee Room 2, Senedd, National Assembly for Wales

Title: Ministerial Report

1. Adult Protection Monitoring Report 2004-05 and Review of Adult Protection Structures 2005

2. Publication of Pay Review Body Reports

3. Joint Reviews Stocktake Exercise

New National Kidney Allocation Scheme

The Future of Paediatric Nephrology Services

6. The Distance Patients Must Travel to Access Kidney Dialysis

7. Availability of Drugs to People with Multiple Sclerosis

8. Tertiary Autism Services

9. Revision to the GMS contract

10. Update on Oxygen Contract

11. Update on Dental Contract

12. Indebtedness in Wales

1. Adult Protection Monitoring Report

1.1 For the past four years, each local authority has completed an annual Social Services Inspectorate Wales (SSIW) monitoring report on the abuse of vulnerable adults. The data is then aggregated by SSIW to provide an overall snapshot for Wales. For 2004-5, just over 2,560 allegations of abuse were reported across Wales, this represents an almost doubling of reported allegations when compared to 2003-04

(some 1,300 reported allegations).

1.2 This 2004-05 monitoring data has been considered by SSIW in conjunction with our Adult Protection Advisory Group (that brings together area adult protection chairs; the police, the voluntary sector; the NHS and other agencies). The conclusions they have reached are that the increase in reporting is more attributable to an increase in the awareness of staff working with vulnerable adults and more effective use of local reporting systems, rather than any significant increasing trend in the volume of incidents of abuse. SSIW and the Adult Protection Advisory Group will continue to monitor the position.

1.3 From April 2006, the Wales Data Unit will collate the annual monitoring report data, and will associate it with the new social services national Key Performance Indicator on the protection of vulnerable adults that will be reported on from 2007.

1.4 In 2005, SSIW also commissioned a report to review the effectiveness of the arrangements that have developed to oversee the implementation of local adult protection policies and procedures introduced in response to the SSIW guidance 'In Safe Hands'. The review report was completed earlier this year and in general terms the report indicates that these arrangements are operating satisfactorily and makes a number of recommendations to improve effectiveness. The implementation of the recommendations during 2006-07 is being overseen by SSIW and our Adult Protection Advisory Group.

2. Publication Of Pay Review Body Reports

2.1 The Welsh Assembly Government decided on 30 March that the NHS pay awards for 2006/07 should be in line with the recommendations made by the Pay Review Bodies covering doctors, dentists, nurses and other health professionals, with the exception of consultants, whose award should be staged.

2.2 The awards in each case are as follows:

Nurses and other Health Professional Staff, e.g. Physiotherapists 2.5%

Junior Doctors 2.2%

Staff and Associate Specialist Grade Doctors 2.4%

Salaried Dentists 2.4%

General Dentists 3.0%

Consultants 1.0%

(from November 2006) 2.2%

2.3 The general uplift of 2.5% for all staff covered by the Nurses and Other Health Professions Pay Review Body is also likely to underpin any award made to other staff covered by Agenda for Change (e. g. porters, cleaners, catering staff, managers etc). This is because they are on identical pay scales under the same job evaluation scheme. This will also include any staff yet to be assimilated to Agenda for Change.

Financial Implications

2.4 A pay increase of 2% was assumed in the National Agreement issued with the LHB and HCW Revenue Allocations. The increases agreed will cost an estimated extra £2.2m in 2006/07 and £9m in a full year. The 2006/07 cost equates to approximately a 0.1% increase on Trust costs which will be expected to be met from the 4.5% core uplifts to LHB and HCW revenue allocations.

2.5 The announcement strikes a balance between fairness and discipline in the fight against inflation but ensures that key front line workers are fairly rewarded.

3. Joint Review Stocktaking Exercise

3.1 The Social Services Inspectorate for Wales (SSIW) and the Wales Audit Office (WAO) have completed a stocktaking exercise on joint reviews of local authority social services, to consider the experience to date and make any appropriate modifications. The exercise included meetings with local government, lay assessors and service users and carers, and staff involved in joint reviews.

3.2 The exercise concluded that:

- the reviews have proved effective and retain a significant impact;
- the new methodology has been generally well received but the process is more burdensome than it need be;
- the direct participation of SSIW and WAO staff allows better integration with SSIW's performance evaluation and the Wales Programme for Improvement;
- the inclusion of lay assessors is welcomed, especially by service users and carers;
- service users and carers have been successfully involved – this could be developed still further.

3.3 SSIW and WAO have agreed some modifications to the process and organisation of joint reviews.

3.4 A fuller report of the exercise is available to Committee members and on the joint review website, at www.joint-reviews.gov.uk.

4. New Kidney Allocation Scheme

4.1 Following concerns over equity of access across the UK, UK Transplant began a review of its current allocation scheme September 2003. This review has led to a new scheme that came into force on 3 April 2006.

4.2 The main expectations of the new scheme are to:

- improve geographical equity of access to transplant
- increase the number of patients receiving a kidney that have waited a long time and avoid poorly matched kidney transplants
- reduce the number of kidneys transported long distances – and thus reduce cold storage times
- increase the proportion of kidneys allocated to patients from minority ethnic groups
- increase transplants for younger patients

4.3 The University Hospital of Wales is the only unit in Wales that carries out kidney transplants. North Wales patients receive their transplants from units in England. Although under the new allocation scheme, the unit in Cardiff is affected very little, there may be a slight fall in transplant activity in future years. Recent figures for Cardiff show that approximately sixty to seventy adult renal transplants from deceased donors and approximately ten to twelve transplants from live donors are carried out per year. UK Transplant predictions are that overall numbers of patients from Wales receiving a transplant are likely to change very little compared with the current scheme.

5. The Future Of Paediatric Nephrology Services

5.1 A strategic way forward has now been agreed with regards to Paediatric Nephrology, and following negotiations held over the last two years the service has been repatriated back to Wales. Health Commission Wales in partnership with Cardiff & Vale NHS Trust have repatriated the service, and a joint referral protocol has been produced as a result. The protocol addresses both emergency and non-emergency cases.

5.2 Therefore from 1st April 2006, children will no longer need to travel to Bristol for routine nephrology care.

5.3 Health Commission Wales has made substantial investment into the service, and with the co-operation of Cardiff & Vale NHS Trust the following has been achieved:

- a Team of consultants now in Cardiff is able to provide 24-hour consultant to consultant contact
- a Team of specialised nephrology nurses
- a haemodialysis and peritoneal dialysis service

5.4 This is a substantial improvement on the service available at Cardiff previously, when it was originally transferred to Bristol in January 2002.

6. The Distance Patients Have To Travel For Renal Dialysis

6.1 To improve the quality of care for those people with or at risk from renal disease, the Assembly Government has developed a National Service Framework that will define evidence-based standards of care to underpin the planning, organisation and delivery of renal services in Wales.

6.2 We want to ensure patients have access to safe and sustainable services as close to home as possible. Standard 11 of the NSF focuses on travel time and the need to ensure that services are in place or action is taken, so that 'Each patient requiring haemodialysis has access to a dialysis unit within 30 minutes travel time from their home with a flexible and responsive transport system that is an integral part of their health care package'.

6.3 The proposed NSF standard of thirty minutes is intended for the vast majority of patients in Wales but it is recognised that it will take time to implement in full.

6.4 This standard was developed in response to patient concerns and is seen as a pivotal part of establishing a patient centred service. It was based on a study of geographic access to renal services in Wales (A public health report to the South Wales renal review 2002) which demonstrated that between 13 and 22 % of the population of Wales live more than 30 minutes by road from a Renal Unit.

6.5 It is acknowledged that currently the growth of new patients requiring haemodialysis is at 7% per annum and over the next ten years this will require an expansion of dialysis facilities and the development of satellite units. To date, there has been little planning of satellite units location in relation to population need. Health Commission Wales is beginning to address this and work is currently being undertaken as part of planning the implementation of the Renal NSF with HCW to project the growth in patient numbers in relation to geographical location.

6.6 As a result of forward planning, targeted investment and service development, the NSF Project Board was confident that adequate provision can be provided in appropriate locations to meet the requirements of this standard.

6.7 Health Commission Wales, which commissions renal dialysis services, is developing a renal dialysis plan for Wales and this will need to address, over time, the implementation of this standard. There are already a number of business cases for the expansion of dialysis provision in mid, south-west and north-west Wales being considered by Trusts and Health Commission Wales.

6.8 The Assembly Government is currently inviting all those with an interest, including patients and their families, to participate in the formal consultation on the proposed NSF standards. The consultation, which will end on 16 June 2006, provides an opportunity to influence the future development of renal services. The results of this consultation will then be taken into account to produce a final set of standards to tackle renal disease across Wales.

7. Availability Of Drugs To Patients With Multiple Sclerosis

7.1 The National Institute for Health and Clinical Excellence (NICE) guidance, issued in 2001, on the use of Disease Modifying Therapies (DMTs) for Multiple Sclerosis (MS) did not recommend their use on the basis of cost effectiveness. It recommended however, that a further evaluation of DMTs should take place in the UK and the MS Risk Sharing Scheme was subsequently established. The Welsh Assembly Government has supported the provision of disease modifying therapies for Multiple Sclerosis under the MS Risk Sharing Scheme.

7.2 The Assembly has put in place arrangements to help ensure that those people with MS who meet the clinical criteria for eligibility for treatment under the scheme can be provided with DMTs. Arrangements have been made with three specialist centres to help support the provision of disease modifying therapies for MS patients in Wales. Over £2.5 million has been invested in these services across Wales for the financial year 2005-06, and caseloads are being managed within allocated resources.

7.3 The provision of DMTs to newly eligible patients has placed increased financial demands on Health Commission Wales and related services, which are having great difficulties meeting these demands within current resource allocations.

7.4 Plans are being considered to address these increased pressures in both the short and long term, based upon evidence of service needs, patient demand, clinical audit, and regular evaluations of service provision to help resolve this difficult situation.

8. Tertiary Autism Services

8.1 Assembly Ministers have been lobbied about the apparent non-commissioned and non-funded Autism "Tertiary" Service that has evolved in the Cardiff & Vale NHS Trust.

8.2 Cardiff and Vale of Glamorgan Local Health Boards have agreed to fund between them the three months' Consultant salary to allow time for a commissioner review of this service and an informed commissioner decision on the way forward. Consultant Dr. Judith Piggot has accepted an offer of extension of three months to her contract, beginning on 1 April.

8.3 The Welsh Assembly Government will continue to take an interest in this issue and will expect full briefing on the developments over the coming months.

8.4 A consultation exercise on the draft Autistic Spectrum Disorder (ASD) Action Plan for Wales will take place shortly and we anticipate that the final document will be available this summer.

8.5 The Welsh Assembly Government acknowledges the excellent work already being undertaken by Autism Cymru, the National Autistic Society and others, and recognises that there is still much to do.

9. Revision To The GMS Contract

9.1 The revised contract was implemented in Wales on 1 April 2006 at the same time as the rest of the UK. My report in March provided details of our £6.7 million investment package. The changes will ensure better services for patients.

9.2 Key to improving services has been the review of the Quality and Outcomes Framework with new indicators introduced for heart failure, palliative care, dementia, depression, chronic kidney disease and atrial fibrillation. The delivery of high quality patient care via the QOF is central to our strategy for managing chronic disease as outlined in Designed for Life. We have secured annual health checks for patients with severe learning disabilities and an enhanced service in mental health thus improving services for the most vulnerable in our society.

9.3 High levels of achievement against quality indicators has resulted in greater than planned for investment. However, effective change costs money. This new system is grounded in health improvement. The benefits to the health and well being of the people of Wales will be apparent in years to come, as we deliver the highest standard of general medical services to patients wherever they live.

10. Update On The Oxygen Contract

10.1 Following the introduction of the new home oxygen service on 1st February a number of issues have arisen that I have discussed at length in this committee and elsewhere. I continue to be grateful to the pharmacists who have provided a contingency service to patients since then.

10.2 The problems experienced are not peculiar to Wales, nor to Air Products. Other suppliers used in England continue to experience similar difficulties. My officials have maintained regular meetings with Air Products and with Department of Health throughout.

10.3 The validity of WP10s has been extended until further notice to ensure that pharmacists continue to be rewarded for their efforts. I have also confirmed that historic levels of funding will continue to be available whilst pharmacies provide the contingency service.

10.4 Officials and Air Products have been involved in two series of regional meetings with LHBs throughout March and April to discuss the principles of a transition plan. LHBs are now working with the company to populate the plan with data on pharmacies supplying specific patients to facilitate a managed orderly withdrawal of the contingency service by 31 July. The target is to populate the plan by 31 April

10.5 My officials are involved in preliminary discussions with a view to commissioning an independent evaluation of the issues arising in the first 3 months to identify weaknesses and develop appropriate procedures to prevent such issues arising in the future.

11. Update On The Dental Contract

11.1 The new contractual arrangements for NHS dentistry came into force on 1 April 2006. More than 9 out of 10 dentists providing NHS care have signed up for the new contract and are continuing to provide NHS dental services. Contracts signed by dentists account for around 95 per cent of current NHS dental services, as the small number who have chosen to either reduce the amount of NHS dentistry they provide or to stop providing NHS dental services are predominantly those who were providing a low level of NHS commitment.

11.2 Funding of the new contract will see an additional £30 million invested in NHS dentistry from 2006-07 onward and this represents an increase of the net spend in dentistry of over 89% since the Assembly was established in 1999 and 35% over the forecast expenditure for 2005-06.

12. Indebtedness In Wales

12.1 On 19 January, the Health and Social Services Committee considered a report by Huw Lewis, Deputy Minister for Communities, on Over-indebtedness in Wales. The Committee asked that the Minister for Health and Social Services consider what involvement health professionals and social services should have in implementing recommendation 4 of that report.

12.2 Recommendation 4 of the Over-indebtedness Report stated:

Contact details for Money Advice Agencies should be distributed to citizens affected by divorce or job loss. Advice should be sought on how best this may be achieved, in the instance of divorce perhaps through solicitors' organisations, and in the case of job loss through the Trade Unions, CBI and FSB.

12.3 HSSC considered that people in the health service could also have a part to play in this process.

12.4 The HSSC request raises some important issues and extends beyond the more obvious options of, for example, enlisting the support of GPs. In order therefore to ensure that this matter receives full and proper attention and that as many options as possible are explored, I have commissioned the Wales Centre for Health to consider matter. I have asked the Wales Centre for Health to include over-indebtedness in their 2006-07 work plans. Their considerations will not just be limited to recommendation 4 of the over-indebtedness report but will also consider how the health service can play a role in relation to the other recommendations contained in the report.

12.5 I have asked the Wales Centre for Health to report back to me later in the year.

Dr Brian Gibbons AM
Minister for Health and Social Services