

Health & Social Services Committee

Minutes (HSS(2)-10-06)

Meeting date: Thursday 15 June 2006

Meeting time: 9.30 am to 12.35 pm

Meeting venue: Committee Room 3, Senedd, National Assembly for Wales

Assembly Members in Attendance

Assembly Member	Constituency
Rhodri Glyn Thomas (Chair)	Carmarthen East & Dinefwr
Brian Gibbons (Minister)	Aberavon
John Griffiths	Newport East
Helen Mary Jones	Mid & West Wales
Jonathan Morgan	South Wales Central
Lynne Neagle	Torfaen
Jenny Randerson	Cardiff Central
Karen Sinclair	Clwyd South

Officials in Attendance

Name	Job title
Ann Lloyd	Head Department for Health and Social Services
Dr Tony Jewell	Chief Medical Officer
Phil Chick	Department for Health and Social Services
Christine Daws	Department for Health and Social Services
Richard Tebboth	Social Services Inspectorate for Wales

In Attendance

Name	Organisation
Shan Davies	Hafal
Lee McCabe	Hafal
Alun Thomas	Hafal

In Attendance via video link

Name	Organisation
John Crompton	Cam Ymlaen
Tracy Jones	Cam Ymlaen
Peter Manning	Cam Ymlaen
Susan Meaden	Cam Ymlaen
Darrel Musgrove	Cam Ymlaen
John Yates	Cam Ymlaen

Assembly Parliamentary Service

Name	Job title
Jane Westlake	Committee Clerk
Catherine Lewis	Deputy Committee Clerk
Kathryn Potter	Members Research Service
Carolyn Eason	Members Research Service

Item 1: Apologies and Substitutions and Declarations of Interest

1.1 There were no apologies or substitutions.

1.2 There were no declarations of interest.

1.3 A verbatim record of the meeting will be available.

Item 2: Minister's Report

HSS(2)-10-06(p1)

2.1 The Minister issued a statement on the draft guidance published by NICE on Trastuzumab (herceptin). A copy of the statement is at annex A.

2.2 The Minister announced that he had appointed John Griffiths, the Deputy Minister as a champion for carers in Wales.

2.3 The Minister and Deputy Minister responded to questions from members on the announcements.

2.4 The Committee considered the Minister's report.

2.5 The Minister responded to questions from Members.

Action

Section 1 - The Minister would provide a paper to note on the toolkit for sustainable development

Section 3 - The Minister would provide an update in his next report to the Committee on the waiting list for bone marrow transplants.

Section 13 – The Minister would provide a paper to note detailing the criteria currently applied in determining the success of projects applying for the Inequalities in Health Fund.

Section 14 – The Deputy Minister would provide a paper to note on his attendance at the International Federation on Ageing conference, specifically including details on the models being used by other countries on how they were planning for an ageing society.

Item 4: Men's Mental Health and Wellbeing

HSS(2)-10-06(p3) and HSS(2)-10-06(p3a)

3.1 The Chair welcomed representatives from Hafal and Cam Ymlaen.

3.2 The representatives responded to questions from Committee members.

Item 3: Schedule of Secondary legislation

HSS(2)-10-06(p2a) & HSS(2)-10-06(p2b)

4.1 Members agreed that the NHS (Charges for Drugs and Appliances) Regulations (HSS-23(06)) and NHS (Travelling Expenses and Remission of Charges) Regulations 2006 (HSS-24-(06)) be scrutinised in detail.

Action

The NHS (Charges for Drugs and Appliances) Regulations (HSS-23(06)) and NHS (Travelling Expenses and Remission of Charges) Regulations 2006 (HSS-24-(06)) to be scheduled for detailed scrutiny.

Item 5: Budget Proposals for 2007 - 2008

HSS(2)-10-06(p4)

5.1 The Committee identified the ambulance service, child and adolescent mental health, the delivery of primary care services within the community, the drugs budget and the Townsend formula as priorities for funding in 2007 – 2008 budget.

Action

The Chair would write to the Minister setting out the Committee's budget priorities by 7 July.

Item 6: In-year changes to 2006 – 2007 Budgets

HSS(2)-09-06(p5)

6.1 The Minister responded to questions from Members.

6.2 The Minister would provide an update in his report on the continuity of funding for the Welsh Neuro-muscular Network.

Action

Minister to provide an update on the continuity of funding for the Welsh Neuro-muscular Network.

Papers to Note

Oxygen Contract – Transitional Plan

HSS(2)-10-06(p5)

Palliative Care – Trends in Expenditure and Staffing

HSS(2)-10-06(p6)

FSA Signpost labelling Scheme – Additional Information

HSS(2)-10-06(p7)

The Health Bill

HSS(2)-10-06(p8)

Update on the European Working Times Directive

HSS(2)-10-06(p9)

Update on the ‘Hospital at Night’ projects

HSS(2)-10-06(p10)

European Issues

HSS(2)-10-06(p11)

Minutes of the meeting on 24 May 2006

HSS(2)-09-06-min

Committee Service

June 2006

Annex A

Statement by the Minister for Health and Social Services

On 24 May Roche, the manufacturers of Trastuzumab (herceptin), announced that the European Commission had granted a licence extension for Herceptin to include use in patients with HER2 positive early breast cancer.

On 9 June NICE published its draft guidance on Trastuzumab (herceptin). This recommends the drug for women with early stage HER2-positive breast cancer, except where there are concerns about cardiac function. The full draft recommendations are as follows:

Trastuzumab, given at 3-week intervals for 1 year or until disease recurrence (whichever is the shorter period), is recommended as a treatment option for women with early-stage HER2-positive breast cancer following surgery, chemotherapy (neoadjuvant or adjuvant) and radiotherapy (if applicable).

Cardiac function should be assessed prior to the commencement of therapy and trastuzumab treatment should not be offered to women who have a left ventricular ejection fraction (LVEF) of 55% or less, or who have any of the following:

- a history of documented congestive heart failure
- high-risk uncontrolled arrhythmias
- angina pectoris requiring medication
- clinically significant valvular disease
- evidence of transmural infarction on electrocardiograph (ECG)
- poorly controlled hypertension.

Cardiac functional assessments should be repeated every 3 months during trastuzumab treatment. If the LVEF drops by 10% from baseline and to below 50% then trastuzumab treatment should be suspended. A decision to resume trastuzumab therapy should be based on a further cardiac assessment and a fully informed discussion of the risks and benefits between the individual patient and their clinician.

These recommendations are subject to an appeal period which closes on 28 June 2006. During this period registered stakeholder organisations including those representing healthcare professionals, patients and carers can appeal against the draft guidance. Final guidance is expected to be issued at the beginning of July 2006, assuming there are no appeals.

If the final NICE guidance approves the use of this drug, then Local Health Boards will be under a statutory requirement to fund its provision. However, women newly diagnosed with breast cancer in Wales already have access to Trastuzumab (herceptin) if their clinician assesses they will benefit from the drug and they meet defined clinical criteria developed by the three Cancer Networks in Wales.

In anticipation of licensing and positive appraisal by NICE, the All Wales Medicines Strategy Group issued guidance to the NHS to help plan for the implementation of this drug. In response to this guidance, the Cancer Networks have been working to ensure that current HER 2 testing arrangements are optimised.

I would like to thank NICE on issuing its draft recommendations on Trastuzumab (herceptin) just two weeks after the drug was licensed for use in early breast cancer. This shows how the new single technology appraisal process allows NICE to issue guidance within weeks of a licence being granted.

I would also like to report that I am currently considering a wide range of measures to help speed up the appraisal of new drugs and to improve medicines management across the NHS in Wales generally. These include proposals from the Welsh Medicines Partnership to increase the efficiency and output of

the All Wales Medicines Strategy Group by a factor of four through increased capacity and closer collaborative working with NICE and the Scottish Medicines Consortium.

June 15th - 2006