

MINUTES

Date: Wednesday, 14 March 2001

Time: 2.00 to 5.20pm

Venue: Committee Room 3, National Assembly Building

Attendance: **Members of Health & Social Services Committee**

Kirsty Williams (Chair) Brecon & Radnorshire

Geraint Davies Rhondda

Brian Gibbons Aberavon

Brian Hancock Islwyn

Jane Hutt (Minister) Vale of Glamorgan

Ann Jones Vale of Clwyd

Dai Lloyd South Wales West

David Melding South Wales Central

Lynne Neagle Torfaen

In Attendance

Dr Norman Mills Chairman, Task and Finish Group for Prescribing

Officials

Dr Ruth Hall Chief Medical Officer

Ann Lloyd Director, NHS in Wales

Maria Michael Social Services Inspectorate, Wales

Carolyn Poulter	Primary & Community Health Division
John Sweeney	Primary & Community Health Division
Richard Tebboth	Social Services Inspectorate, Wales
Dr Sarah Watkins	Senior Medical Officer
Dr Jane Wilkinson	Senior Medical Officer
Graham Williams	Chief Inspector of Social Services
Bob Woodward	Social Services Inspectorate, Wales
Secretariat:	
Jane Westlake	Committee Clerk
Claire Morris	Deputy Committee Clerk

Item 1: Apologies and Substitutions

1.1 There were no apologies or substitutions.

1.2 Members were reminded of the requirement, under Standing Order 4.5, to declare any interests before taking part in proceedings. The following declarations were made:

Geraint Davies, Pharmacist and member of Rhondda Cynon Taff County Borough Council;

Brian Gibbons, General Practitioner;

Brian Hancock, Self-employed health, safety and environment Consultant, Registered Safety Practitioner (RSP) and married to a community midwife;

Dai Lloyd, General Practitioner, member of the Council of the City and County of Swansea, member of the Steering Committee of the Welsh Medicines Resource Centre (WeMeReC) and Diploma in Therapeutics.

Item 2: Task and Finish Group for Prescribing in Wales Paper: HSS-05-01(p.1)

2.1 The Chair welcomed Dr Norman Mills, Chairman of the Task and Finish Group, and thanked him for his input and leadership of the Group.

2.2 Dr Mills outlined the Group's terms of reference and main recommendations. He explained that the Group had not quantified costs and benefits, not only because of the difficulty in doing so but also to avoid prejudicing negotiations on contractual changes. He recommended that costs should be assessed in detail only for those recommendations which were likely to find favour in principle and which the Assembly considered should be taken forward. He also made the following points in response to members' questions:

- The task force had focused on the quality of prescribing. It had not been seen in any way as a cost cutting exercise.
- The task force had considered hospital prescribing and the use of loss-leader drugs. It was felt that closer working between the hospital and the GP was needed, and that developing formularies jointly would help reduce 'surprise' prescribing by consultants.
- National Service Frameworks (NSFs) would raise patient expectations, so it was essential that the NHS planned to meet the cost of treatment regimes that could arise out of the frameworks. It was also essential that where new therapies replaced older forms of treatment, resources were released by phasing out the older forms.
- The abolition of health authorities and the changing structure of the NHS would not affect the recommendations.
- Standardisation on 28-day patient packs would release the pharmacist to spend more time working directly with the patient.
- It was not believed that the use of district-wide or LHG formularies would stifle local innovation. It was felt that having a list of drugs that had been demonstrated to be safe and effective by a large number of professionals could only be beneficial to the patient.
- The difficulties in therapeutic substitution were recognised. It was envisaged that there would be a list of agreed substitutions and the patient should always be informed if a substitution was being made.
- Nurse prescribing for an agreed list of medication would be introduced and implemented in a properly constructed way.
- It was felt that the knowledge and skills of pharmacists had been previously under-used particularly in terms of working with doctors in monitoring the effects of medication, choice of drugs and mechanisms for repeat prescribing.
- There were benefits to be gained from drug promotion expenditure, such as training and education, and it was felt that funding arrangements should be more transparent.
- The Group had not explicitly considered the provision of domiciliary services by pharmacists but if the pharmacist were fully integral to the healthcare team, as recommended, there would be no reason why domiciliary services to advise patients on medication in the home could not be provided.
- The implications of National Institute of Clinical Excellence (NICE) recommendations on the NHS should be considered at a strategic level.

- Whilst it was not the Group's view that community pharmacists had to share premises to function well with GPs, it was believed that if they were in the same premises for at least part of the time they would be a more visible part of the healthcare team.

2.3 Members also made the following points:

- The emphasis on the needs and dignity of the patient was welcomed, as was the recognition of the need for professionals to work together.
- The role of the community pharmacist in auditing what was prescribed and what the patient actually used could be strengthened.
- Repeat dispensing pilots had been undertaken in England and there could be valuable lessons to be learned from their experiences in addition to undertaking pilots in Wales.
- Significant reduction in the levels of benzodiazepene prescribed in Wales had already been achieved. Dr Mills agreed that this was correct but the advice he had received from community pharmacist members of the task force was that it was still an issue.
- More evidence on the effectiveness of incentive schemes was needed.
- Whilst the establishment of an All Wales Forum was welcomed, reservations were expressed at the recommendation to include representation from the pharmaceutical industry, but Dr Mills explained the benefits of working with the industry, and emphasised the need for this to be done openly.
- Dr Mills confirmed that the recommendation to cease sponsorship by the industry of service-based posts related mainly to people who were directly involved in purchasing decisions through prescribing for patients.

2.4 The Chair welcomed the intention to implement the recommendations alongside the NHS Plan. She said that there was a degree of consensus in the Committee on the report but there had also been a number of areas of concern. Further information on generic and therapeutic substitution, the impact of proposed local purchasing arrangements on the Pharmaceutical Price Regulation Scheme (PPRS) and plans to include pharmacists in the NHS Wales network were requested. It was agreed that time would be built into a future agenda to consider the plans for implementing the recommendations. It was suggested that this might also provide an opportunity to discuss the sensitive issues of generic and therapeutic substitution in greater detail.

Action:

- Officials would provide further information on the effect of local purchasing arrangements on the PPRS, and on generic and therapeutic substitution.
- The Committee to consider proposals for prioritising recommendations and implementation plans.
- Costings of the recommendations would be produced as part of detailed proposals for implementation.

Item 3: Report of the Chief Inspector: Social Services Inspectorate for Wales

Paper: HSS-05-01(p.2)

3.1 Graham Williams, the Chief Inspector of Social Services, said that two precepts underpinned the Annual Report:

- a strong social service in its own right, caring for vulnerable people; and
- a strong social service working in partnership to deliver on a broader range of issues for society.

3.2 He introduced his report saying that:

- Social Services had suffered from a lot of negative publicity in recent months, and this had a detrimental impact upon recruitment.
- Lessons needed to be learnt, but it was also necessary to applaud what Social Services do well.
- Social Services would always demand additional resources, but it was important to maximise what is available.
- The workforce was at the heart of all that Social Services did.
- Social Services Inspectorate Wales (SSIW) had a central role in providing support for local authorities.
- SSIW followed up action plans following inspections; was leading work in raising standards in the work force and developing a training strategy and performance management systems; worked closely with Association of Directors of Social Services; contributed to the policy agenda and aimed to be engaged in joined up policy objectives such as the NHS Plan.
- The Joint Review Report highlighted differing standards and issues that all Local Authorities needed to address.
- It was important to be clear about the objectives of structural changes to services.
- The Chief Inspector referred to the Inspection Programme for 2001 to 2002 and the five-year Development Programme from 2001 to 2006. He said that the Inspection programme and Best Value had very different focuses. The Inspection programme went beyond Best value issues looking in depth at standard of service provided.
- The Development programme was designed to improve the quality of the service, secure its independence and safeguard vulnerable people.

3.3 In response to questions from Members, Graham Williams and Bob Woodward made the following points:

- The Minister had established a Task and Finish Group on Workforce Issues in Social Care, which the Chief Inspector which would focus on training and development, and the profile of social care.
- Surveys on Social Services staff showed the main reasons for staff leaving the profession included pay, poor induction, lack of supervision, support and development opportunities.
- Recruitment and retention would not be resolved quickly.
- To protect vulnerable adults police checks of all carers, including agency staff, were not yet in place everywhere as not all police forces were in a position to undertake them, although they did

in some places. As the Care Council for Wales was established from October 2001 this would start being implemented for particular staff groups progressively from then. A register of people unfit to work with vulnerable adults was also being established on an England and Wales basis.

- A consultation on the charging policies for the provision of domiciliary care was underway. SSIW and Social Care Policy Division were also in discussion about commissioning research on the subject with the Wales Office of Research and Development.

3.4 Members raised concerns:

- That the six joint reviews that had taken place in Wales indicated poorer standards than in England .
- The reviews highlighted management problems at capacity at a senior level; continuing shortcomings with assessment procedures and care management.
- Social services were not high on local authorities' agenda and the National Assembly needed to consider its role in giving policy direction.

3.5 Graham Williams responded to Members concerns with the following points:

- His report referred to the need for senior management, officials and politicians to question whether they had sufficient understanding of complex issues surrounding social services to make key decisions. One authority had taken up SSIW's offer of assistance with mapping out agendas, in order to overcome such problems.
- The strategic planning of social services was an important issue. Local authorities needed to challenge current practices, such as their use of resources, skills and services. They must develop partnerships with the voluntary and private organisations, and the Best Value programme would help to achieve this.

3.6 There was some criticism of the Report for its lack of analysis of the variability of service provision across Wales and its failure to capture the current mood. Figure 7.1 and table 7.1 of the report indicated that the number of households receiving services had fallen.

3.7 Graham Williams responded that:

- The report deliberately did not revisit the problems of the social services, but sought to look forward. It focused on positive aspects of the current agenda.
- The NHS Plan would bring opportunities to plan services strategically while responding to need, and to draw in the voluntary and private services.
- He stressed that out of hours emergency services exist.
- There had been improvements in staff gaining relevant qualifications, and a training support programme had been established. However with 70,000 staff employed in social care services throughout Wales the initiatives to help staff to gain qualifications, were not yet reaching all staff. Greater accessibility was required, through distance learning and NVQ's.

- The Best Value programme would identify the questions to be asked to understand the complex patterns of national variation in the provision of services. This work would enable local authorities to benefit from each other's experiences.
- Figure 7 in the report highlighted the impact of early community care funding tapering out. At present there were more intensive packages for fewer people, which means that fewer people are gaining access to the services.

3.8 The Minister thanked the Chief Inspector and his team and made the following points:

- Social services needed to remain as a priority on the Committee's agenda
- The arrangements for joint flexibilities, which would begin on 1 April, would improve services for carers and users, and provide the opportunity for more integrated service provision.
- The joint reviews had shown variations in services and provided a steer for the future.
- The role of the political leaders in local authorities was key to raising the profile and quality of social services. She had talked with Leaders about this.
- Local authorities' spend on social services should be analysed to inform this year's budget discussion.
- The creation of the Workforce Task Group sent an important message about the determination to improve standards.

3.9 The Chair thanked the Chief Inspector and his colleagues. The Committee looked forward to seeing the conclusions of the Workforce Task Group. The Committee should consider inviting representatives of local government to discuss issues and resources before it considered its budget priorities for next year.

Action

- Clerk to advise on scope for a meeting with local authority representatives

Item 4: Preliminary Results from Consultation on New All Wales Mental Health Strategy for Adults of Working Age Paper: HSS-05-01(p.3)

4.1 The Minister advised that, following complaints from members that they were not allowed to see the consultation responses, she was arranging for every resposdee to be contacted and permission sought to make their response available.

4.2 The Chair thanked the Minister for taking this action. She said that committee members felt unable to give a qualified response on the Strategy until they had had an opportunity to see the consultation responses and therefore a further discussion on this item would be scheduled at a later date.

4.3 Members made the following general points:

- The strategy needed to provide a balance between the medical and social model.
- Concern was expressed that the Advisory Group had not been re-constituted to consider the Strategy in the light of the consultation responses.
- The need for a holistic approach was recognised and reassurance sought that key interests and partners were on board.
- Concern was expressed about whether members would have time to consider the revised draft and the consultation responses prior to the Plenary debate on 3 April.
- Clarification was sought on what would be debated in Plenary: the previous strategy; the revised draft, or mental health services in general.
- The White Paper "Reforming the Mental Health Act" had been published since the original strategy was drafted and raised issues such as advocacy services and patient protection which also needed to be considered.

4.4 John Sweeney said that it was hoped to have a revised draft available for submission to the Minister within the next two weeks. The Chair of the Advisory Group had been asked for his input.

4.5 The Minister said that she hoped that the debate on 3 April would be used to discuss the needs of the people of Wales in terms of mental health services. She also confirmed that she would make arrangements for the Advisory Group to meet again to reconsider the strategy in light of the consultation responses.

4.6 The Chair said that it would be valuable to have the second draft available for the plenary debate but appreciated the pressure policy divisions were under. She thanked the Minister for her assurances regarding the Advisory Group and availability of consultation responses. There was general agreement in the about the Committee on the need to raise the profile of mental health and on the move to ring fenced resources.

Action

- A further meeting to be scheduled to discuss the strategy in the light of the responses.

Item 5: Minutes of Meeting 28 February 2001

Paper: HSS-04-01(min)

5.1 The minutes of the meeting were agreed.

Item 6: Matters Arising

6.1 The Clerk confirmed that enquiries had been made regarding the position of the Practice Premises Working Group report and a response was being chased.

