

Date: Wednesday, 19 January 2000
Venue: Committee Room 2, National Assembly Building
Title: Assembly Secretary Monthly Report

STRATEGIC ISSUES

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IMPROVING HEALTH AND TACKLING INEQUALITIES

Health Act 1999

1. We have achieved much in implementing the aims and objectives set out in Putting Patients First and the Health Act 1999. We have Local Health Groups in place; health authorities are leading the work on Health Improvement Programmes; and we are working up proposals to make best use of the partnership provisions between health and local authorities. There is still much to do, and I now have in train another Order which will abolish GP Fundholding in Wales. Further Orders will be brought forward to

introduce a new duty of co-operation between NHS bodies and between NHS bodies and local authorities, and to provide a statutory basis for the increased flexibilities between health and local authorities and to extend the scope of Section 28 provisions.

Health Improvement Programmes

2. Guidance on Health Improvement Programmes came to Committee on 8 December. Officials have further refined it to take on board the discussions at Committee and further discussion with the Commission for Racial Equality to take on their views and it has now been published. This guidance will provide a framework for health authorities, working with local authorities, NHS trusts, the voluntary sector, Community Health Councils, the public and other partners. Health authorities have been asked to submit their Health Improvement Programmes to the National Assembly by 31 March.

Joint Planning and Priorities Guidance

3. Draft joint health and social care planning and priorities guidance is scheduled to come to Committee on 2 February, before it goes out for wide ranging consultation. This guidance, when fully developed, will be a vital tool to enable us to focus on measurable objectives based on key areas at the health/social care interface. We aim to target a number of areas where health and social services, working together in partnership across boundaries, can deliver better outcomes for individuals, their families and carers.

Food Standards Agency

4. The First Secretary announced on 12 January that Ann Hemingway is to be the Food Standards Agency Member with special responsibility for Wales, and will chair the Advisory Committee for Wales. Ann has a wealth of experience in dealing with sensitive consumer issues in an open and effective way and I am looking forward to working with her. Her appointment has been welcomed by this Committee's nominated spokespersons on appointments, and I hope that she will be able to attend our discussion of FSA issues, which is planned for March.

5. The Chairman, Deputy Chairman and Chief Executive of the Food Standards Agency were also announced on 12 January.

6. Professor Sir John Krebs - formerly Chief Executive of the Natural Environment Research Council, and a Royal Society Research Professor in the Department of Zoology, Oxford University - has been appointed Chairman. His Deputy will be Ms Suzi Leather, who has twenty years of experience in consumer representation. The Chief Executive will be Mr. Geoffrey Podger, the Head of the Joint Food Safety and Standards Group (JFSSG) of the Department of Health and the Ministry of Agriculture, Fisheries and Food. I welcome these appointments.

7. Functions under the Food Standards Act 1999 were delegated to the First Secretary on 21 December. The appointments process for the Advisory Committee for Wales and the Welsh Director are now

underway. The Advisory Committee will have 5-8 members, covering a balance of relevant interests, but not representing any particular sector. I hope that we shall be making appointments to the committee within the next few months, and I shall be involving this committee's spokespersons in the process.

NHS Wales Hospital Waiting List Figures and Hospital Activity

8. The waiting list figures for November 1999 were published on 22 December. These figures show a 2% rise in the numbers waiting for inpatient/day case treatment during the month, bringing the total number waiting to 71,232. The number of patients waiting over 12 or 18 months also rose by 3.2% and 0.2% respectively.

9. The number of patients waiting over 18 months for inpatient/day case treatment rose very slightly (0.2 per cent) during November; whilst the number of patients waiting over three months for a first outpatient appointment fell by 3.4 per cent and the numbers waiting over six months increased only slightly by 0.6 per cent.

10. The numbers waiting for their first outpatient appointment rose during November by 1% to 153,813. The total number of patients waiting more than three months for their first appointment fell by 3.4% to 68,780, whilst the number waiting more than six months for their first appointment rose slightly by 0.6% to 31,767.

11. Despite the increases in the numbers of patients waiting for inpatient/day case treatment, inpatient/day case activity also increased by 36,000 over the year to September 1999 and new outpatient attendances increased by 17,468. This shows that NHS Wales has responded well to these continued pressures and is treating ever rising numbers of patients.

12. Though disappointing, these are significant improvements on the larger rises we saw in recent months. This is encouraging in the light of the creation of the Waiting Times Strategy Development Group which has been set up to develop a Waiting Times Strategy for Wales with Committee support.

Winter Pressures and Emergency Admissions

13. The situation is very tight across Wales, due to the increased pressures placed on NHS Wales from the mid-Winter holiday, which has been particularly long this year, and the current problems with influenza and related respiratory infections. However, I would like to pay tribute to the hard-working staff of the NHS who are working under increased pressures at this time. Hospital activity levels have increased and it is a credit to NHS staff that people are continuing to receive the emergency treatment they need.

14. I met with representatives from health authorities, trusts, local health groups and local government on 12 January to hear how they are managing the current situation. I intend to set up a task force to look

at managing pressures on the NHS and partner organisations.

15. I have been closely monitoring the situation on a daily basis and will continue to do so. I have visited a number of hospitals and out of hours services to discuss with staff how they believe the NHS has coped and what can be done to alleviate the situation. In addition to this, in February I will be meeting with clinicians and nurses who have been at the sharp end of these pressures.

16. The flu figures show that there were 190 cases per 100,000 population in the first week of January. I will be giving a verbal update on 19th January as to the latest position in health authorities and trusts throughout Wales and the current flu figures.

Waiting Times Strategy Development Group

17. The Waiting Times Strategy Development Group held its first meeting on 9 December 1999. At the meeting, the group agreed a series of monthly meetings around Wales until June 2000 and identified key themes for further examination. A short note of this meeting has been published on the Internet, Intranet and CymruWeb, as will notes of future meetings. The second meeting is scheduled for 18 January 2000 in Bronllys. Party nominees will be forwarded full minutes of meetings.

PRIMARY CARE

NHS Eye-sight Tests

18. Following the representations made by Assembly members to extend NHS eye sight tests to all in Wales, legal advice was received to the effect that it is possible to extend free NHS eye sight tests only to named groups of people. A consultation has been arranged with professional and voluntary groups to help Assembly Members determine to which groups of people, if any, to extend NHS sight tests. The consultation began on 7 January and ends on 18 February. The responses to the consultation exercise will be summarised for Members at the Committee meeting to be held on 2 March. A copy of the consultation letter is attached.

QUALITY/REGULATION/INSPECTION

Inspection of Services to Children in Need Living at Home: Wrexham County Borough Council

19. The above report was published and distributed on 21 December 1999. It is generally positive, showing that Wrexham Social Services Department had made considerable efforts to provide a wide

range of resources for children in need, and had good links with the voluntary sector and other public services. More work was needed to give a constant service to all families.

BUDGETING

Update on Financial Position

20. The NHS trusts and health authorities' latest forecasts suggests an overall net operating deficit of some £28 million in 1999-00. There are still a number of uncertainties which may affect the final outturn. These include the costs of the meningitis campaign, uncertainty about primary care prescribed drugs expenditure, the level of provisions for personal injury and clinical negligence, and some unresolved income issues.

ANNEX 1

ISSUES OF INTEREST

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IMPROVING HEALTH AND TACKLING INEQUALITIES

Bro Taf Health Authority's Proposals to Transfer Services from Talygarn Rehabilitation Centre to the Royal Glamorgan

1. Following formal public consultation in 1998, Bro Taf Health Authority was unable to secure the agreement of Taff Ely and Rhondda Community Health Council for its proposals to transfer services from Talygarn Rehabilitation Centre to the Royal Glamorgan Hospital. In line with Welsh Office guidance, these proposals were referred to the Secretary of State for Wales, and then the Assembly, for decision.
2. On 14 December, I announced my decision to approve the Health Authority's proposals having given very careful and detailed consideration to all the issues. As part of my decision making process, I met representatives of those opposed to the transfer, including the Community Health Council and the Talygarn Forum to hear their concerns. I also met representatives from the Health Authority and the Pontypridd and Rhondda NHS Trust.
3. Although this was a difficult decision, I believe the service at the Royal Glamorgan Hospital will better serve the people of Taff Ely and Rhondda with the establishment of a fully multi-disciplinary service with improved access to a wide range of clinical support services. I have made it clear, however, that the transfer should not be carried out until the additional gymnasium space being provided by the Trust is available.

Partnership Council Task and Finish Group to Consider Better Health and Well-Being

4. When it met on 11 October, the Partnership Council agreed in principle that there should be a Task and Finish Group to look at "Better Health". The Council asked that the Group's remit and composition should be further considered in discussions between officials from the Welsh Local Government Association (WLGA) and officials from the National Assembly. These discussions have proceeded well and I have had a very constructive discussions with representatives of the WLGA and the NHS about the important part the Group can play. I was very happy to agree to the WLGA's suggestion that I should chair the Group myself.
5. Subject to final discussions with the WLGA and endorsement by the Partnership Council, we envisage that the Group's terms of reference will be on the following lines:
6. "To identify the health-improving roles currently played by potential partners in working community alliances to improve health and well-being under the new agenda, and to pinpoint ways in which those

roles can be facilitated and maximised."

7. We envisage that the Group will focus on ways in which we can maximise the potential for co-operation between the very wide range of potential partners all of whom need to be engaged if deep-seated health problems are to be tackled. The Group's membership will include representatives from the Partnership Council, the NHS and local authorities, the TUC and CBI, and from the voluntary sector. It will be expected to report within 12 months.

QUALITY/REGULATION/INSPECTION

Joint Reviews of Local Authority Social Services

8. Joint reviews are carried out by a specialist team on behalf of the Social Services Inspectorate for Wales and the Audit Commission. They examine the overall functioning of the social services authority as a whole, to ask how well local citizens are served. All 22 Welsh local authorities will be reviewed in a five-year programme.

9. Reports of the first two reviews in Wales, on Torfaen and Powys, were published on 13 December 1999. Copies have been distributed to Committee members. They present a mixed picture. While services in Powys were described as adequate, with some confidence for future development, the report on Torfaen showed serious problems in overall leadership and management.

10. The emphasis now is on using the reports to improve services. Both authorities have been preparing action plans to respond to the findings of the reviews. The Social Services Inspectorate and the District Audit service will monitor progress. Because of the particular concerns about Torfaen, I have met Council representatives to assure myself they are taking appropriate action. I have written to Powys to underline the main messages of their review.

11. The next two reports, on Carmarthenshire and Rhondda Cynon Taff, are due in the Spring. Two further joint reviews are currently under way in the Isle of Anglesey and the Vale of Glamorgan. Once six reviews have been completed, a summary report will be produced on issues emerging for social services in Wales as a whole.

URGENT POLICY AND OPERATIONAL ISSUES

Millennium Date Change

12. The date change has now taken place and no 'millennium bug' related incidents have been reported by the NHS in Wales. The monitoring arrangements established from 31 December 1999 to 1 January 2000 worked well with regular reports received from all areas of the NHS. Whilst the greatest pressures were on intensive therapy units, with several units reporting no bed availability at times, the NHS coped with these pressures. Accident & Emergency departments also reported increased workload compared to normal New Years activity, but the arrangements in place allowed this extra activity to be dealt with. Finally, the Welsh Ambulance Trust also reported that it was able to cope with the demands placed upon it. The NHS deserves to be commended for the way it planned and managed these issues.

13. Now that the date change is passed we cannot yet relax as 29 February, also a potential source of problems, is approaching and some date change problems may be slow to manifest themselves.

NHS Appointments

14. Jane Perrin has been appointed as Chief Executive of Iechyd Morgannwg Health. Ms Perrin is currently Chief Executive of the Whittington Hospital NHS Trust, having been appointed to that position in January 1996.

Concordat with the Department of Health

15. On 9 December, a Concordat on health and social care was agreed by the Department of Health, the Scottish Executives and the National Assembly for Wales. This sets out a framework for close co-operation and good communication between officials in the three administrations. The Northern Ireland Executive Committee is expected to adopt the concordat in due course. A copy of the Concordat has been placed on the internet.

Concordat between the Assembly Cabinet and the Department of Social Security

16. A concordat between the Cabinet of the National Assembly and the Department of Social Security was agreed by the DSS and the First Secretary on 5 January. There are many interactions between social security matters and Assembly responsibilities on which the two administrations need to keep in close touch. The concordat builds on the practices set out in the Memorandum of Understanding published on 1st October 1999 and is consistent with HM Treasury's Statement of Funding Policy. It establishes an agreed framework for co-operation and good working relationships between the two administrations. Bilingual copies of the concordat will be available on the Internet and Intranet (during week commencing 10 January).

Prescription Pricing Delays

17. The last report referred to delays in pricing prescriptions due to shortages and price rises of some generic drugs which requires different pricing arrangements to be adopted (known as Category D.) The backlog is expected to continue to grow for the next few months (Health Solutions Wales are currently

pricing August prescriptions instead of November). However the number of items in category D has fallen significantly over the last two months. Providing this trend continues, Health Solutions Wales should be pricing a month within a month around next April. We are maintaining contact with the Department of Health and are working with the profession and the health authorities to minimise the effect on community pharmacists and to control the budgetary and audit effects on health authorities themselves. We are also considering ways in which the backlog which will have accumulated by next April can be speedily eliminated.

Integration of the Wales Office of Research & Development into the Assembly

18. Work has been ongoing at looking at the health and social care research strategic framework and the role of the Welsh Office of Research & Development. The Office manages on our behalf some £14m to fund health and social care research activities in Wales.

19. The First Secretary and I have received and accepted a report which recommends that the Wales Office of Research & Development needs to be brought into the Assembly to bring its functions closer to the heart of policy development on both health and social care areas. The move took place on 6 December, but staff will not formally transfer as employees of the Assembly until 1 April 2000.

20. We have also accepted another key recommendation to set up a new National Advisory Committee of external key stakeholders to advise us on the strategy and priorities for health and social care research and development and to keep them under review. In due course we will be going out to consult with all interested parties on the new Committee's role and membership and I will keep you informed on progress.

21. Linked to the work that we are doing on the strategic front and the role of the Wales Office of Research & Development for Health and Social Care (WORD), we are also reviewing a major research programme, the NHS provider Scheme. The Wales Office of Research and Development for Health and Social Care has commissioned the review, and its findings will inform its advice to the Assembly on a strategy for the future operation of the scheme in Wales. The review is well underway and the NHS in Wales are fully involved in the process. The full report is due in March 2000.

ACCESSIBILITY AND PARTNERSHIP

Visit to the Machynlleth and District Care Centre and the British Red Cross Canolfan Dyffryn Dyfi

22. I opened the Machynlleth and District Care Centre and the British Red Cross Canolfan Dyffryn Dyfi, Machynlleth on Monday 6 December.

23. Occupying the site of the former Machynlleth, Corris and District Hospital, the purpose of the centre is to provide a high quality facility which could be used by a large number of groups to provide services and meeting places for people in an isolated part of Wales.

Visit to Institute of Rural Health

24. On Friday 10 December 1999 I visited the offices of the Institute of Rural Health (IRH) in Gregynog, Powys. Mr Mick Bates, AM for Montgomeryshire was also present. Following a presentation by the IRH of their work, I participated in live video conference meetings with Dr Curt Made in Sweden and Staff from the Centre for Health Informatics, Aberystwyth which examined future use and potential benefits of technology in the Rural health and social care arena. I finished my visit with a tour of the Institute and concluded with a discussion with the Chairman, the Director and Staff of the Institute on their future role and involvement in a wide range of areas involving information and communications technology which support rural communities.



Parc Cathays / Cathays Park
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7 January 2000

Dear Colleague

FREE EYE TESTS IN WALES

I am writing to seek your views on a possible extension to the groups of people who are eligible to

receive a free NHS eye test.

Background

NHS eye tests are free of charge but are restricted to certain eligible groups of people. In the recent Budget Planning Round, the Health and Social Services Committee of the National Assembly for Wales put forward the view that free eye tests have preventative value and should be more widely available. The Assembly Secretary for Health and Social Services has agreed to explore this issue further with the Committee, with interest groups, with the clinicians involved and with expert medical opinion. In addition, the Committee will need to consider the vital question of the relative priority of extending free eye tests against other competing demands for health care resources that must also be funded from the same Health and Social Services budget.

Legal position

Legal advice is that, whilst the Assembly may have power to extend the categories of people who are entitled to NHS eye tests, it does not have the power to provide NHS eye tests for everyone. That would require a change in the primary legislation which is beyond the power of the National Assembly. Any extension of eligibility would therefore have to be to clearly identifiable groups of people.

The duties required to be performed by optometrists when undertaking sight tests have not been devolved to the Assembly. The regulations are made under the Opticians Act 1958 and apply to all sight tests (both NHS and private). The relevant extract from the regulations is reproduced at Annex A.

Views sought

I attach at Annex B a list of those groups which are at present eligible for NHS eye tests and I should be grateful if you would let me know :

1. what additional groups of people, if any, you consider should be added to that list, defining those groups as precisely as possible;
2. why you consider extension of NHS eye tests to that group would be justified;
3. how many people are likely to be affected in any year;
4. whether you regard an extension of NHS eye tests as being high, medium or low priority, bearing in mind that the amount of money available for health care is inevitably finite and that the necessary resources could be found only by reducing potential expenditure on other elements of health care.

Any other comment you may care to make would also be appreciated. Please ensure that your comments arrive no later than 18 February.

Consideration by Health and Social Services Committee

A report on the results of this consultation will be put before the Health and Social Services Committee to assist them in their consideration of this matter at a special meeting scheduled for 2 March 2000.

Screening

The purpose of the consultation exercise is primarily to determine views on the possible extension of the categories for free eye tests. There have also been calls by some to institute a population screening programme for glaucoma, and the National Screening Committee is proposing to consider the potential benefits of such a programme later this year. In the meantime, any views that you may have on this issue would also be welcomed.

A list of those consulted is at Annex C.

Yours faithfully

BARRIE WILCOX
Director, Primary and Community Health

ANNEX A

1. The Sight Testing (Examination and Prescription) (No 2) Regulations 1989 made "provision as to the requirements to be met by registered medical practitioners and ophthalmic opticians (optometrists) on testing a person's sight".
2. They require the sight tester to perform certain examinations and to give the patient a statement that he has carried out the examinations and as to whether the patient is being referred to a registered medical practitioner, although there is an exception where the sight test is carried out in the course of diagnosing or treating injury or disease in hospital or at a clinic.
3. These Regulations are made under the Opticians Act 1958 and apply to all such sight tests and not just to those done under General Ophthalmic Service arrangements.
4. The pertinent paragraph states that

"... when a doctor or optician tests the sight of another person, it shall be his duty:

a) to perform, for the purpose of detecting signs of injury, disease or abnormality in the eye or elsewhere:-

- i. an examination of the external surface of the eye and its immediate vicinity,
- ii. an intra-ocular examination, either by means of an ophthalmoscope or by such other means as the doctor or optician considers appropriate,
- iii. such additional examinations as appear to the doctor or optician to be clinically necessary;"

ANNEX B

NHS SIGHT TESTS

NHS sight tests are free of charge but, since 1 April 1989 are not available to all.

NHS sight tests are now available for :

- those under 16 and (since 1 April 1999) those over 60;
- young people under 19 if in full time education;
- those (or those whose partners are) in receipt of Income Support, Income-based Jobseekers' Allowance or Family Credit;
- those (or those whose partners are) in receipt of Working Families Tax Credit or Disabled Persons Tax Credit with less than £70 withdrawn;
- those who have (or those whose partners have) a certificate for full help with health costs from the NHS Low Income Scheme;
- those who are registered blind or partially sighted;
- those who need complex lenses;
- diagnosed diabetic or glaucoma patients; or those who are advised by an ophthalmologist that they are predisposed to developing glaucoma;
- those persons aged 40 and over who are closely related to diagnosed glaucoma patients; and
- people whose sight test is carried out through the Hospital Eye Department as part of the management of their eye condition.

ANNEX C

PROFESSIONAL BODIES AND INTERESTS

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