

## Health & Social Services Committee HSS-05-00(min)

### MINUTES

**Date:** Thursday, 2 March 2000  
**Time:** 1.30pm - 5.30pm  
**Venue:** Committee Room 2, National Assembly Building

**Attendance: Members**

|                         |                      |
|-------------------------|----------------------|
| Kirsty Williams (Chair) | Brecon & Radnorshire |
| Geraint Davies          | Rhondda              |
| Brian Gibbons           | Aberavon             |
| Jane Hutt (AS)          | Vale of Glamorgan    |
| Helen Mary Jones        | Llanelli             |
| Dai Lloyd               | South Wales West     |
| David Melding           | South Wales Central  |
| Lynne Neagle            | Torfaen              |
| Gwenda Thomas           | Neath                |

**In Attendance**

|                  |   |
|------------------|---|
| Dr J A Muir Gray | National Screening Policy Team                  |
| Robert Hughes    | Federation of Ophthalmic & Dispensing Opticians |
| Brian Keefe      | Federation of Ophthalmic & Dispensing Opticians |
| Ben Lewis        | Association of Optometrists, Welsh Council      |
| Richard Carswell | Association of Optometrists, Welsh Council      |

|                   |  |
|-------------------|--|
| Joyce Chatterton  | RNIB Cymru   |
| David Groves      | RNIB Cymru   |
| Vanessa Webb      | Wales Council for the Blind  |
| Richard Roberts   | Welsh Optometric Committee   |
| Lionel Davies     | Welsh Optometric Committee   |
| Dr Sandra Payne   | North Wales Health Authority (Representing Welsh Health Authorities) |
| Dr Paulette Myers | Bro Taf Health (Representing Welsh Health Authorities)               |

### **Officials in Attendance**

|                   |                                     |
|-------------------|-------------------------------------|
| Peter Gregory     | Director NHS Wales                  |
| Dr Ruth Hall      | Chief Medical Officer               |
| Dr Jane Wilkinson | Senior Medical Officer              |
| Barrie Wilcox     | Primary & Community Health Division |
| Jane Westlake     | Clerk                               |
| Claire Morris     | Deputy Clerk                        |

## **Item 1: Apologies and Substitutions**

1.1 Apologies were received from:

Peter Rogers, North Wales. There was no substitution.

1.2 The Chair reminded members of the requirement, under Standing Order 4.5, to declare any interests before taking part in proceedings. No interests were declared.

## **Statements by Assembly Secretary**

During the course of the meeting the Assembly Secretary, made two statements.

### Statement on the Inquiries by Carmarthenshire NHS Trust and the Royal College of Surgeons

Jane Hutt made a statement about the position at Prince Philip Hospital. The full text of this statement is appended to the minutes at Annex A.

Members thanked the Assembly Secretary for her statement and extended their sympathy to the family and friends of Mr Reeves. It was felt important that the results of the enquiry were made public as quickly as possible.

### Statement on the Children's Commissioner for Wales

Jane Hutt made a statement about the Children's Commissioner. The full text of this statement is appended to the minutes at Annex B.

Members thanked the Assembly Secretary for her statement and welcomed the announcement of a change in legislation to establish a Children's Commissioner in Wales on a statutory basis. Some members expressed the belief that this should be only a first step and that further consideration be given in due course to wider statutory powers.

## **Item 2: Extensions of Categories of People Entitled to Free Eye Tests**

### **Papers: HSS-05-00(p.1) and HSS-05-00(p.2)**

The meeting opened with a short discussion of the introductory paper by Jane Hutt. Barrie Wilcox confirmed that the advice given had been neutral and had not been influenced by the views of the other Health Departments. Dr Jane Wilkinson stated that there had been very little evidence available on the benefits, or otherwise, of free eye tests. Barrie Wilcox agreed to provide figures to the Committee on the costs of administering the current exemption scheme.

Members wished to receive information on the following areas:

- Which additional groups of people, if any, should be added to the groups already receiving free tests.
- How those groups would demonstrate their entitlement.

- The evidence of significant, cost effective health gain derived from extending eligibility for free NHS eye tests to those additional groups of people.
- The estimated number of additional people likely to come forward for testing in a year if those groups were included.
- Whether there was a better, more cost effective way of delivering the desired health gain to these additional groups of people.
- Whether the extension of free NHS eye tests to those groups be high, medium or low priority, bearing in mind that the amount of money available for healthcare is inevitably finite and that the necessary resources could be found only by reducing potential expenditure on other elements of health care.
- The number of patients currently referred annually by practitioners to a GP.
- How the extension of free eye tests would affect the number of people attending opticians for an eye test.

Written submissions from each of the presenting organisations are attached at Annex C.

### National Screening Policy Team

The main points of the presentation were:

- Effective screening programmes were about reducing risk; it was essential that they were well planned, properly targeted and of high quality.
- Evidence showed that screening for diabetic retinopathy would do more good than harm at reasonable cost.
- Excellent work was undertaken in Wales on screening for diabetic retinopathy and this had contributed to a review by the National Screening Committee.
- The National Screening Committee would be interested in working with the National Assembly to set up a pilot glaucoma screening programme in Wales, but further research on the benefits of early detection would be needed first.

In response to questions from members, the following points were made:

- A screening programme was a set of activities with a common set of objectives.
- Early detection through screening could save money on treatment.
- Figures were not currently available on the likely numbers involved if free testing were extended to relatives of glaucoma sufferers, although they could be obtained from a simple modelling

exercise.

- Screening was important in detecting disease in people who were not presenting symptoms.
- For people such as diabetics, screening for diabetic retinopathy needed to be integrated with their treatment.
- The cost effectiveness of combining for other diseases with screening for glaucoma could be looked at.
- An eye test were not a significant means of detecting hypertension
- Anxiety caused by screening was risk that needed managing; there was a need to fully inform people about the choices available to them.

### Federation of Ophthalmic and Dispensing Opticians (FODO)

The main points of the presentation were:

- Optometrists were able to carry out a large amount of the work currently undertaken in hospitals and eye clinics, which could result in a cheaper service for the NHS and a more accessible service for the patient.
- Glaucoma was more prevalent in the over 40s.
- There were social costs associated with blindness or loss of sight which could, in many cases, be prevented by early detection.
- Optometrists did not currently receive feedback following referral to a general practitioner. Evaluation of the effectiveness of referrals was needed.

### Association of Optometrists, Welsh Council

The main points of the presentation were:

- Increasing the categories of people eligible for free eye tests was less of a priority than developing the role of General Ophthalmic Services in the community to take account of different patient needs.
- People with one useable eye should be considered for inclusion within any extended categories
- The referral procedure needed refinement.
- A post graduate optometric centre was required to ensure that optometrists in Wales were educated to the highest level.

In response to questions from members, the following points were made:

- FODO would provide the Committee with a graph which showed the effects charging had on the numbers attending for eye tests.
- The socio-economic benefits of extending the categories were acknowledged, but any extension should be considered more closely in clinical terms.
- The eye test as currently defined is not necessarily the most effective way of detecting disease

- GPs often referred patients to a hospital eye department as this was free of charge to the patient, the Association were endorsing a pilot scheme whereby referral to an optometrist would also be free to the patient.
- Better publicity was needed to make people aware of what services were available.
- Policing any extension to categories was not envisaged as a major problem.

## RNIB Cymru

The main points of the presentation were:

- In the absence of universally free eye tests, RNIB Cymru endorsed the extension of free eye tests to:
  - all people over 40 because there was a heightened risk of glaucoma in people over 40;
  - all people from Asian and Afro-Caribbean backgrounds because there was a heightened risk of glaucoma in people from the Afro-Caribbean community, and cataracts and diabetes in people from the Asian community.
- The cost of extending eye tests in Wales to these groups was estimated by the RNIB at £3,000,000 per year. There would be offsetting savings resulting from early detection of disease.
- There was a need to increase awareness of the importance of eye testing.
- The current structure of the eye test should not be reduced.
- Research indicated that 50% of glaucoma cases were not detected until sight loss was unrecoverable.
- Charging policies deterred people from seeking eye tests until their sight loss became acute.
- Visual loss was frequently gradual, progressive and unrecoverable.

## Wales Council for the Blind

The main points of the presentation were:

- In the absence of universally free eye tests, Wales Council for the Blind endorsed the extension of free eye tests to:
  - people with hearing impairments;
  - 16-19 year olds doing apprenticeships and training schemes as they were not currently exempt;
  - 16-19 year olds who were not in employment, not undertaking training, not in full time education and not in receipt of a jobseekers allowance.
- It was also recommended that consideration be given to extending free eye testing to sufferers, and those closely related to sufferers, of hereditary eye disease, e.g. retinitis pigmentosa
- There were significant financial implications for both health and social services in supporting people with significant, uncorrectable sight loss.
- The costs of administering selective free eye tests should be weighed against the additional costs of universally free eye tests.

In response to questions from members, the following points were made:

- There was scope for collaboration with the Commission for Racial Equality to agree a fair and equitable system of providing free eye tests to people from Asian and Afro-Caribbean communities.
- Students over 19 were not currently automatically exempt, nor were young people under the age of 19 who were not in full time education.
- One category did not outweigh the other, they were all achievable within the allocation available.
- A review of the current process and criteria for registering as blind or partially sighted was needed.
- There was not sufficient public awareness of the benefits of registration and support services available following registration.

### Welsh Optometric Committee

The main points of the presentation were:

- Recommendation to consider extension of free eye testing to:
  - people who have had a cataract removed;
  - patients who have been referred to an optometrist by their GP.
- Funding should be made available to enable GPs to refer people who required an examination of the eye to an optometrist as a primary care practitioner. This would reduce waiting time and travelling time for the patient, and relieve pressure on the secondary sector.
- Provision of services to people in the low vision category were currently inadequately funded.
- There was a need to look at health ownership. The public had a responsibility to avail themselves of the services on offer.
- Effective health promotion was important to raise awareness of the benefits of regular eye tests.
- Finite financial resources might be better used in other fields of eye examination than extension of the categories eligible for free testing.
- Optometrists could monitor patients for a number of diseases and conditions if the statutory eye test were redefined. Optometrists could undertake enhanced testing for glaucoma.

In response to questions from members, the following points were made:

- Approximately 72,000 patients in Wales were referred to secondary care by their GP. It would be cost neutral to refer them instead to optometrists.
- There would be the same degree of risk of fraud as with any other self-certifying exemption system.
- As a profession, optometrists funded their own equipment. Practitioners trained in screening could be accredited.
- It was recommended that patients with a family history of glaucoma were tested annually.
- It was hoped that incidence of detection of glaucoma would rise year by year.

- The Welsh Optometric Committee's proposals for development and utilisation of primary eye care services had already been presented to at least one Local Health Group and so there was scope for evaluation.
- The Welsh Optometric Committee considered that free eye tests should be extended only on clinical grounds.

### Welsh Health Authorities

The main points of the presentation were:

- Health Authorities had responsibility for health improvement and partnership with all other sectors, including non-statutory and voluntary, and were also charged with ensuring optimum health delivery.
- They would not wish to work with any screening programme that had not been appraised for potential impact.
- All Health Authorities had financial constraints and prioritisation issues, and needed to balance resources.
- Scope existed for shared care arrangements and integration between primary care practitioners and the primary and secondary care sector.
- If it were decided to go ahead with free eye testing there would be opportunity costs, in terms of both clinical staff and financial resources.
- Health Authorities would wish to debate with the Assembly areas which could not be developed or had to be curtailed as a result of extending the provision of free eye tests.
- Cross - border issues needed to be considered. Many patients in North Wales received treatment in England.
- Opportunities of maximising health gain needed to be considered. Current evidence did not provide a strong case for extending free eye tests to the wider population.

In response to questions from members, the following points were made:

- The deployment of additional funds should be looked at in the widest context of health gain and benefit. Developing other services may be a greater priority. It would be difficult to police the extension of categories to specific groups.
- Hospital ophthalmology departments would not have the capacity to deal with additional referrals.
- Any approach to disease prevention would need to be clearly defined and any consequences made apparent.
- Local Health Groups had an important role to play in promoting health.
- Information was not available on the age profile of undetected glaucoma cases or whether they fell within the current exempt categories.
- If funding were provided for people at greater risk it would need to be approached systematically.
- There were no guarantees that people would avail themselves of the services on offer.
- There might be other ways of targeting people who did not fall within the current exemption



categories, for example some employers offered eye tests due to the nature of work carried out.

In conclusion, Jane Hutt said that it had been a very valuable afternoon and thanked everyone for their evidence, which would be used to influence the Committee's decision on their priorities.

### Action

The Chief Medical Officer (CMO) was asked to follow up the possibility of pilot projects for glaucoma and diabetic retinopathy screening.

The legal implications of targeting ethnic minorities would need to be considered, possibly in consultation with the Commission for Racial Equality.

CMO was asked to look at the Bro Taf HA primary care referral pilot ; how referrals were followed up and how groups could be targeted more effectively.

Barrie Wilcox would provide figures on the cost of administering the current exemption scheme, and the total numbers of eye tests in Wales.

Members also requested information on the implications of not detecting a case of glaucoma in terms of social services and remedial medical costs, the age profile of glaucoma patients and the percentage already covered by the present exemption scheme.

**Annex A**

## **LLANELLI - INQUIRIES BY CARMARTHENSHIRE NHS TRUST**

### **AND THE ROYAL COLLEGE OF SURGEONS**

I have been deeply saddened by the news of Mr Reeves' death yesterday and my thoughts are with his family. Recent weeks must have been a harrowing time for them.

A special meeting of the Carmarthenshire NHS Trust Board this morning has considered the findings of the inquiry by the Royal College of Surgeons, together with the report of its own internal inquiry.

Following the sad death of Mr Reeves yesterday, the case has been reported to the Coroner. Members of the Committee will understand that this severely restricts the amount of information that can be divulged

publicly. For this reason the Trust has, on legal advice, curtailed the press conference planned for this afternoon on the findings of the inquiries. Instead, the Trust has today issued a brief press statement which states that both reports indicate that the wrong kidney was removed because of a failure to comply with established procedures and that, at the special meeting of the Trust Board, a decision was made to take formal disciplinary action against some medical members of the operating team.

I have received copies of the reports of both inquiries and will give thorough consideration to their findings and recommendations with a view to any wider implications for Wales. I shall report as soon as I can to Committee on the further action I intend to take, having regard, of course, to the legal considerations.

Our CMO, CNO and Human Resources Director will be visiting the Hospital over the coming weeks to meet staff and managers.

I intend to visit the hospital to meet members of staff later this month and to meet Trust managers and the Health Authority. I will keep the Committee updated on progress.

**Annex B**

### **Children's Commissioner for Wales**

I should like to inform the Committee that the Secretary of State for Wales has just made an important statement on the Children's Commissioner.

He has informed the House of Commons that the Government is to bring forward an amendment to the Care Standards Bill to establish an independent Children's Commissioner for Wales on a statutory basis, in line with the recommendation of Sir Ronald Waterhouse.

The Commissioner will have statutory powers of monitoring and oversight of complaints and whistleblowing for children in care.

The Commissioner will have oversight over advocacy arrangements for children in care.

And the Commissioner, as well as publishing reports, will be able to examine the handling of individual cases of children in care.

The Commissioner will be primarily concerned with children in need, looked after children and children

living away from home. But the Assembly will also be able to request the Commissioner to provide it with advice on a wider range of issues, using its powers under the Government of Wales Act.

This will be a first step; the Secretary of State also acknowledged our wish to legislate for a Commissioner with wider functions. He stated that the Government will want to consider any Assembly proposals urgently and with sympathy when they are published.

I am sure the Committee will wish to join me in welcoming this development; it should allow us to appoint a Commissioner in the financial year about to start and meet the first recommendation of Sir Ronald Waterhouse.

**Annex C**

**To Follow**