

Y Pwyllgor Deisebau – Papur briffio

PET(3)-09-10: 29 Mehefin 2010

Rhan 1: Deisebau newydd

Mae'r papur hwn yn rhoi gwybodaeth gefndir gryno am ddeisebau a gafodd eu trafod am y tro cyntaf gan y Pwyllgor ar 29 Mehefin 2010.

1. P-03-291 Datblygu Gwasanaethau Gwybodaeth am HIV a Iechyd Rhywiol

Geiriad y ddeiseb

Rydym yn galw ar Gynulliad Cenedlaethol Cymru i annog Llywodraeth Cymru i ddatblygu adnodd aml-lwyfan ar gyfer pobl ifanc yn rhoi gwybodaeth am HIV ac iechyd rhywiol, sy'n ymdebygu i ymgyrch gyffuriau "Frank".

Cefndir

Cynigiwyd y ddeiseb hon gan Speak Out Gwent a Grwp LHD Merthyr Tudful. Yn unol â gweithdrefn y Pwyllgor mae'r Cadeirydd wedi ysgrifennu at y Gweinidog dros Iechyd a Gwasanaethau Cymdeithasol. Mae copi o'r llythyr hwn wedi'i gynnwys isod a gwybodaeth bellach a ddarparwyd gan y deisebwyr.

Y Pwyllgor Deisebau

Petitions Committee

Cynulliad
Cenedlaethol
Cymru

National
Assembly for
Wales



Mrs Edwina Hart AM OStJ MBE
Minister for Health and Social
Services
Welsh Assembly Government
Cardiff Bay
CF99 1NA

Bae Caerdydd / Cardiff Bay
Caerdydd / Cardiff CF99 1NA

Our ref: P-03-291

21 June 2010

Dear Edwina

P-03-291 Developing HIV and Sexual Health Information Services

The Petitions Committee is considering a petition raised by Speak Out Gwent and Merthyr Tydfil LGB Group:

We call upon the national Assembly for Wales to urge the Welsh Government to develop a multi-platform resource for young people giving information on HIV and sexual health along the lines of the "Frank" drug campaign.

Further information has been provided by the petitioner which is enclosed. The Committee would like to seek your views on the request to develop a multi-platform resource for young people to provide health promotion information on sexual health.

Thank you for your consideration of this issue, I look forward to hearing from you

Yours sincerely

Christine Chapman AM
Chair, Petitions Committee

Enclosure: Supporting information from the petitioner

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CF99 1NA

Cardiff Bay
Cardiff
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P-03-291 Developing HIV and Sexual Health Information Services
SUPPORTING INFORMATION (PROVIDED BY THE PETITIONER)

In response to a recent THT and UNICEF UK survey, three quarters of young people currently turn to the internet for information on sexual health, whereas only 15% would seek help at school and 24% would be comfortable talking to their parents.

When questioned on which websites they visited for information, most young people said they used search engines such as Google. Having young people relying on information they gather through search engines is far from ideal. Not only is there no guarantee that that information will be accurate, but they are highly likely to come across pornographic content they were not expecting to find.

Also, many of the public computer systems contain 'net-nannies' which do not allow access to some sexual health websites.

In the survey, 83% of respondents felt that young people need a sexual health information service along the same lines as the "Talk To Frank" drugs campaign, a resource of which there were high levels of awareness and appreciation. "Frank" is a multi-platform resource which uses the internet heavily alongside other media.

2. P-03-294 Clymblaid Genedlaethol Menywod Cymru

Geiriad y ddeiseb

Rydym ni sydd wedi llofnodi isod yn galw ar Gynulliad Cenedlaethol Cymru i annog Llywodraeth Cymru i gyhoeddi cynlluniau cadarn sy'n nodi sut, yn absenoldeb Clymblaid Genedlaethol Menywod Cymru, y bydd llais, anghenion a safbwyntiau merched yng Nghymru yn cael eu hadlewyrchu mewn polisi a gwneud penderfyniadau yng Nghymru, yn y DU, Ewrop a'r Cenhedloedd Unedig.

Cefndir

Cynigiwyd y ddeiseb hon gan Glymblaid Genedlaethol Menywod Cymru a chasglodd 51 o lofnodion. Yn unol â gweithdrefnau'r Pwyllgor mae'r Cadeirydd wedi ysgrifennu at y Gweinidog dros Gyfiawnder Cymdeithasol a Llywodraeth Leol. Mae copi o'r llythyr hwn wedi'i gynnwys isod.

Y Pwyllgor Deisebau

Petitions Committee

Cynulliad
Cenedlaethol
Cymru


National
Assembly for
Wales

Carl Sargeant AM
Minister for Social Justice and Local
Government
Welsh Assembly Government
Cardiff Bay
CF99 1NA

Bae Caerdydd / Cardiff Bay
Caerdydd / Cardiff CF99 1NA

Our ref: P-03-294

21 June 2010



P-03-294 Wales Women's National Coalition


The Petitions Committee is considering a petition raised by Wales Women's National Coalition and which collected 51 signatures:

We call upon the national Assembly for Wales to urge the Welsh Government to publish firm plans which state how, in the absence of Wales Women's National Coalition, the voice, needs and views, of women in Wales will be reflected into policy and decision making in Wales, the UK, Europe and the UN.

The Committee would like to ask if you plan to publish plans on how this work will be continued in the absence of the Wales Women's National Coalition.

Thank you for your consideration of this issue. I look forward to hearing from you.

Yours sincerely



Christine Chapman AM
Chair, Petitions Committee

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Ffôn / Tel: 029 2089 8998
E-bost / Email: petition@wales.gsi.gov.uk

3. P-03-295 P-03-295 Gwasanaethau Niwroadsefydlu Paediatrig

Geiriad y ddeiseb

Rydym ni sydd wedi llofnodi isod yn galw ar Gynulliad Cenedlaethol Cymru i annog Llywodraeth Cymru i gydnabod ac i ddarparu gwasanaethau ar gyfer adsefydlu plant sydd wedi cael anafiadau i'r ymennydd. Ar hyn o bryd nid oes cyfleuster yng Nghymru i ddarparu'r gwasanaeth hanfodol hwn. Er gwaetha'r ffaith bod ysbyty benodol ar gyfer plant yn cael ei hadeiladu yng Nghaerdydd, nid oes darpariaeth o hyd wedi'i chynnwys yng nghynllun yr ysbyty hwnnw.

Cefndir

Cyflwynwyd y ddeiseb gan Kyle's Goal. Casglodd deiseb gysylltiedig â hi 128 o lofnodion. Yn unol â gweithdrefnau'r Pwyllgor mae'r Cadeirydd wedi ysgrifennu at y Gweinidog dros lechyd a Gwasanaethau Cymdeithasol. Mae copi o'r llythyr hwn wedi gynnwys isod ynghyd â gwybodaeth gefndir a ddarparwyd gan y deisebydd.

Y Pwyllgor Deisebau

Petitions Committee

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Mrs Edwina Hart AM OSTJ MBE
Minister for Health and Social
Services
Welsh Assembly Government
Cardiff Bay
CF99 1NA

Bae Caerdydd / Cardiff Bay
Caerdydd / Cardiff CF99 1NA

Our ref: P-03-295

21 June 2010

Dear Edwina

P-03-295 Paediatric Neuro-Rehabilitation Services

The Petitions Committee is considering a petition raised by Kyle's Goal:

We, the undersigned, call upon the National Assembly for Wales to urge the Welsh Government to recognise and deliver services for the rehabilitation of brain injured children. There is currently no facility in Wales to provide this vital service.

A related petition collected 9128 signatures. The petitioners have submitted supporting information, which is enclosed. The Committee would like to seek your views on the petition, and whether you would consider ensuring rehabilitation services for brain injured children are provided in Wales.

Thank you for your consideration of this issue, I look forward to hearing from you.

Yours sincerely

Christine Chapman

**Christine Chapman AM
Chair, Petitions Committee**

Enclosures: Supporting information submitted by the petitioner

Bae Caerdydd
Caerdydd
CF99 1NA

Cardiff Bay
Cardiff
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Children's rehabilitation centre for Wales and the West

Kyle was a typically fit, healthy & intelligent twelve year old boy with a promising football career in front of him. On 14th November 2009 he walked into the accident and emergency unit with a severe headache. What was unknown at the time was that he was suffering a massive brain haemorrhage caused by a rare condition called Arteriovenous Malformations (AVM) (www.brainandspine.org.uk/information/publications/brain_and_spine_booklets/vascular_malformations_of_the_brain/arteriovenous.html).

Kyle has so far had two major and two minor brain surgeries, along with a tracheostomy at the University Hospital of Wales (UHW). Thanks to his love for life and the excellent medical teams at the hospital, Kyle has defied all the odds and is making excellent progress every day. He is however, now in the unenviable position of having to **relearn** all cognitive and motor skills, e.g. learning to walk and talk again, that would have previously come naturally to him. We cannot underestimate the huge challenge that Kyle still has to face.

It has now come the time to begin his rehabilitation. Kyle's family thought this would take place at either the new Children's Hospital



for Wales at UHW or at the long established rehabilitation centre at Rookwood Hospital.

Unbelievably, Rookwood only accepts patients of 16 years or older and there is no rehabilitation facility at UHW or anywhere else in Wales and the South West.

The nearest suitable facility is in Tadworth, Surrey (www.thechildrenstrust.org.uk), but this specialist facility is limited to 49 spaces. It is also 160 miles (3 hours) away from Kyle's friends and family.

Although Kyle's condition does not always result in such a catastrophic outcome, it can remain undetected for years and even life. The type of rehabilitation needed however is exactly the same rehabilitation any child could need if they are knocked off their bike, involved in a car-crash, fallen off any playground equipment or any other possible head trauma that many children are prone to suffer.

Although we are raising funds in an attempt to rectify this obvious void in our children's care, your support is equally needed in joining this petition to improve the medical care offered to those too young to defend their own rights.

www.kylesgoal.org.uk

Part 2: Y sefyllfa ddiweddaraf ynghylch deisebau blaenorol

1. P-03-099 Llwybr ceffylau yn Nhalybont-ar-Wysg

Geiriad y ddeiseb

Rydym ni sydd wedi arwyddo isod yn gofyn i Gynulliad Cenedlaethol Cymru ddarparu llwybr ar gyfer holl ddefnyddwyr heblaw modurwyr ochr yn ochr â'r A40 rhwng y gilfan bicnic yn y Bwlch a'r gyffordd newydd yn Nhalybont-ar-Wysg, gan greu cyswllt diogel rhwng y Mynydd Du a rhwydwaith Hawliau Tramwy Bannau Brycheiniog.

Linc i'r ddeiseb: <http://www.cynulliadcymru.org/gethome/e-petitions-old/admissible-pet/p-03-99.htm>

Cynigiwyd gan: Lucienne Bennett

Nifer y deisebwyr: 18

Trafodwyd eisoes gan y Pwyllgor ar: 21 Chwefror 2008, 8 Mai 2008, 31 Mawrth 2009, 19 Mai 2009, 7 Gorffennaf 2009, 22 Medi 2009, 10 Tachwedd 2009, ac 1 Chwefror a 11 Mai 2010.

Y sefyllfa ddiweddaraf: Cafwyd gohebiaeth gan y Dirprwy Brif Weinidog ac mae wedi'i gynnwys isod.

Ieuan Wyn Jones AC/AM
Dirprwy Brif Weinidog /Deputy First Minister



Llywodraeth Cynulliad Cymru
Welsh Assembly Government

Eich cyf/Your ref P-03-099
Ein cyf/Our ref DFM/01154/10

Christine Chapman AM
Chair - Petitions Committee
National Assembly for Wales
Cardiff Bay
Cardiff
CF99 1NA

07 June 2010

Dee Christine

I am responding to your letter of 18 May regarding the petition for a Multi User Pathway at Talybont-on-Usk.

The 2010/11 funding bid included 15 cycling schemes. We ranked these to ensure that we target those that give optimal value for money. As this particular scheme came fourteenth it is unlikely that we will fund it this year, but it will be in the bid for 2011/12.

The scheme at Llansantfraedd is designed primarily for combined pedestrian and cyclist use, however equestrians would be able to use it.

Ieuan Wyn Jones

Ieuan Wyn Jones
Gweinidog dros yr Economi a Thrafnidiaeth
Minister for the Economy and Transport

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PS.DeputyFirstMinister@wales.gsi.gov.uk

2. P-03-134 System Anrhydeddau i Gymru

Geiriad y ddeiseb

'Rydym ni sydd wedi llofnodi isod, yn galw ar Gynulliad Cenedlaethol Cymru i gyflwyno system anrhydeddau i Gymru ac y dylai system o'r fath anrhydeddu'r awdur, Jan Morris,'

Linc i'r ddeiseb: <http://www.cynulliadcymru.org/gethome/e-petitions-old/eform-sign-petition-old/p-03-134.htm>

Cynigiwyd gan: Richard Owen

Nifer y deisebwyr: 38

Trafodwyd eisoes gan y Pwyllgor ar: 25 Mehefin, 02 Hydref a 20 Tachwedd 2008, 13 Ionawr, 27 Ionawr, 10 Chwefror, 2 Mawrth a 8 Rhagfyr 2009 a 23 Mawrth 2010.

Y sefyllfa ddiweddaraf: Cafwyd gohebiaeth gan Brif Weinidogion Cymru, yr Alban a Gogledd Iwerddon ac mae wedi'i gynnwys isod.

Carwyn Jones AC/AM
Prif Weinidog Cymru/First Minister of Wales



Llywodraeth Cynulliad Cymru
Welsh Assembly Government

Eich cyf/Your ref
Ein cyf/Our ref FM -/00578/10

Christine Chapman AM
Chair - Petitions Committee
National Assembly for Wales
Cardiff Bay
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20th April 2010

Dear Chris

P-03-134 Welsh Honours System

Thank you for your letter of 30 March about the establishment of a Welsh honours system. There have been exchanges on this matter between Rhodri Morgan and Val Lloyd (former Chair of the Petitions Committee) - the most recent was the attached letter dated 11 August 2009.

As that letter explained, we have established the Recognising Achievement initiative which aims to recognise significant achievements by Welsh men and women. Under this initiative there are 3 receptions every year where we recognise Welsh achievement in a particular field. In 2010 we are recognising those who promote tolerance – a theme which was carefully selected to mark the 65th anniversary of the end of World War II and the Liberation of Auschwitz. The 2010 theme recognises people in Wales who have made a positive stand against all forms of inequality and intolerance.

I had the great pleasure of hosting a Recognising Achievement reception in Caerphilly Castle on 25 March where I met some amazing people with remarkable stories. I know, from first hand, how well the initiative is being received and I think it meets the aspirations set out in the report you submitted with your letter. For the reasons set out in Rhodri's letter of 11 August 2009, the current arrangements do not include nominations from the public but that could change as Recognising Achievement becomes more established. And while recognition cannot be based predominantly on geographical location I know that the Recognising Achievement Delivery Team make every effort to ensure that as much of Wales as is feasible and appropriate is included.

I note that you will be seeking the views of the Llywydd who, I know, was previously considering the possibility of establishing a prestigious National Assembly for Wales award with a limited distribution each year.

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Unlike that proposed award, with a limited distribution, there will be between 60-70 Recognising Achievement Recipients every year and I would endorse Rhodri's comments in his letter of 11 August with regard to the need for Assembly Members from all parties to support the initiative. Those Assembly Members who have attended a reception have been extremely positive and complimentary about the initiative and the arrangements. Now that there are 3 receptions every year (in the South, West and North) the Recognising Achievement Delivery Team are able to direct invitations to the right Assembly Members e.g. Assembly Members for the areas represented in, for example, the North Wales reception.

That aside, I would like to extend my personal invitation to you, in your capacity as Chair of the Petitions Committee, to join us at the West Wales Recognising Achievement Reception at 1pm in the Dylan Thomas Centre, Swansea on 10 June.

Finally, I would like to repeat the offer made in Rhodri's letter to Val Lloyd i.e. that I would be happy to discuss the Recognising Achievement initiative with you or, alternatively, you may wish to speak to Jean Harris who heads the Public Administration Division within the Welsh Assembly Government and the Recognising Achievement Delivery Team. You can contact Jean on jean.harris@wales.gsi.gov.uk.

Yours sincerely

A handwritten signature in black ink, appearing to read 'C Jones', with a large, sweeping initial 'C'.

Carwyn Jones

Y Gwir Anrh/Rt Hon Rhodri Morgan AC/AM
Prif Weinidog Cymru/First Minister for Wales



Llywodraeth Cynulliad Cymru
Welsh Assembly Government

Ein cyf/Our ref: MB/FM/0418/09

Val Lloyd AM
Chair
Petitions Committee
National Assembly for Wales
Cardiff Bay
Cardiff

|| August 2009

Dear Val

You wrote to me a while ago in your capacity as Chair of the Petitions Committee concerning a desire to establish a Welsh Honours System. In my responses, and most recently in my letter of 19 February 2009, I explained that the Welsh Assembly Government does not have the power to establish a separate Welsh Honours System but that I planned to establish an arrangement that would enable us (i.e. Wales) to recognise significant achievements by Welsh men and women. I also said that I would write to you when our plans were firmer.

You received an e-mail from my Private Office on 4 June explaining that the first event under the Recognising Achievement banner (a Reception) was due to be held that day in Caerphilly Castle. I know that the e-mail extended an invitation to you to join me at the event. I am sorry for the lateness of this invitation and that you weren't able to attend.

The e-mail explained that I had agreed to the holding of biannual themed receptions – one in South Wales and one in North Wales. The theme for 2009 is "Helping People in Difficult Situations". The event on 4 June was, in some respects, a pilot. The Delivery Team within my Public Administration Division have since analysed the event. While I appreciate the reasons why the Delivery Team wanted to cast a critical eye over the arrangements etc., I have to say that I was delighted with the event – it went very well and those present were very complimentary about the arrangements and the initiative itself.

There were about 180 guests present on 4 June. This number included 34 of the 37 individuals from across South and West Wales who were being recognised for their work in "Helping People in Difficult Situations". The 3 other individuals who we wanted to recognise were unable to attend.

This first event was a drinks reception with a buffet. All those being recognised were able to bring up to 3 guests and we were also joined by civic dignitaries from across South and West Wales – most of whom had at least one individual from their area being recognised. At the end of the event there was a short presentation ceremony where I presented those being recognised with a memento of the occasion in the shape of an engraved Welsh crystal vase in the Pembroke style accompanied by a certificate of provenance to mark the

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occasion. The 3 individuals who weren't able to attend also received vases and certificates of provenance. I enclose a copy of the souvenir programme from the Reception.

Using the same theme, the second reception for 2009 (for North and Mid Wales) will take place in Plas Glynllifon, Caernarfon on 8 October. I appreciate that this would involve some travelling on your part but I would be delighted if you were able to join us at the event.

The Delivery Team's review and analysis of the arrangements for, and outcomes of, the Reception on 4 June resulted in a number of changes for the future (i.e. 2010 and beyond) which I have agreed. The main change is that we will be holding 3 Recognising Achievement receptions every year from 2010. The first will be in West Wales, the second in the South and the third in the North. All three will have the same theme in any given year and, generally, there will be between 60 and 70 people recognised across Wales in any particular year.

Turning to the theme for next year. 2010 will mark the 65th anniversary of the liberation of Auschwitz and the Recognising Achievement events in 2010 give us an opportunity to link the aims of the Holocaust Memorial Day Trust (who, as you probably know, raises awareness of what racism, prejudice and discrimination can lead to) with our initiative. With this in mind I have agreed that the theme for Recognising Achievement in 2010 should be "Overcoming Intolerance". Under this heading we will recognise individuals who have tackled bullying, intimidation, prejudice, racism, domestic violence etc.

The Recognising Achievement arrangements will take some time to bed in and, as explained in my letter of 19 February 2009, the current arrangements do not involve nominations from the public but could include such nominations in the future. This reflects the fact that the events are "themed" events so we are looking for achievement in a specific field. It also reflects the additional resources we would need to handle an influx of public nominations. I am sure you will appreciate that while "Recognising Achievement" is a very worthwhile initiative, we need to be mindful of the cost. Indeed, the Delivery Team are being extremely thrifty in securing the maximum effect for the minimum expense.

If this initiative is to attain the desired status i.e. a respected and prestigious "made in Wales" system (quite separate from the UK Honours System) it will need political support. I hope that "Recognising Achievement" will cross political boundaries so that local AMs (i.e. who represent the area in which a particular event is being held or who have constituents being recognised) will attend and support the initiative.

If you wish to discuss this letter or the initiative please contact my office. Alternatively, you may wish to speak to Jean Harris who Heads the Public Administration Division within the Welsh Assembly Government and who leads the Recognising Achievement Delivery Team. You can contact Jean on jean.harris@wales.gsi.gov.uk.

Yours

Rhodri

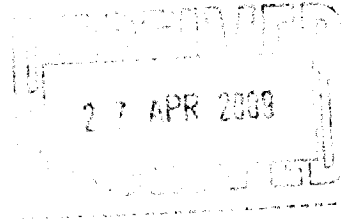
NS/AM

Rt Hon Alex Salmond MSP
First Minister of Scotland

St Andrew's House, Regent Road, Edinburgh EH1 3DG
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Christine Chapman AM
Chair, Petitions Committee
National Assembly for Wales
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Our ref: 2010/0010685
2010 April 2010

Dear Christine

Thank you for your letter of 30 March about a petition calling for the establishment of a Welsh Honours System, which your Committee is now being asked to consider.

Let me first confirm that nominations proposing individuals in Scotland for a UK national honour are dealt with under exactly the same criteria as every other part of the United Kingdom. On this reserved matter, officials in the Scottish Government's Honours Secretariat deal directly with the Cabinet Office on making their recommendations, and Scottish Ministers have no direct involvement in that process. The Scottish Parliament and the Scotland Office make separate honours recommendations.

Not surprisingly, since devolution there have been various suggestions on different ways the Scottish Government might publicly recognise the personal achievements of Scots and those who make a significant contribution to Scottish society. I believe it is right that Scottish Ministers consider the merit of whatever schemes are proposed. It is also important to point out that we have already established a range of awards in Scotland which recognise excellence in education, the arts and business. These include, by way of example, the BAFTA Scotland Awards, Scottish Education Awards, Scottish Fashion Awards, now in their fifth year, and the Asian Business Awards.

There are also certain, really quite unique circumstances which I consider merit a specific award. This was the case in 2007 when the Scottish Government decided to commission a commemorative medal in recognition of the endurance of the Scots survivors, and ultimate sacrifice of the victims, when Clyde-built HMT Lancastria was sunk by enemy action in June 1940. The ship was embarking troops and civilians off the Brittany port of Saint-Nazair, a few weeks after Dunkirk. With casualties estimated to be in excess of 4,000, Britain's worst ever maritime disaster, claiming more victims than the sinking of Titanic and Lusitania combined, and still not publicly recognised nearly 70 years after the event.

This was also the largest single loss of life for British forces during the Second World War, a disaster shrouded in wartime secrecy and an event which would have remained largely forgotten had it not been for the Lancastria Association. When I made representations to the Ministry of Defence, urging them to reciprocate the initiative taken by the Scottish Government, by rolling out the award to all those nationalities who were aboard that day, their response was to confirm that there were no plans to commemorate this disastrous wartime event.

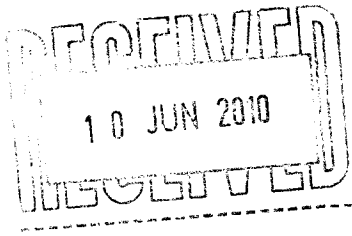
In June 2008, I was pleased to present the HMT Lancastria Commemorative Medal to the survivors and families of the victims during a special ceremony at the Scottish Parliament. I was equally delighted to later extend the award to all those others involved, regardless of their nationality. I consider it entirely appropriate for the Scottish Government to recognise, and commemorate, the courage and sacrifice of all those present that horrific day in 1940, and to this day every Scot who has made the ultimate sacrifice in defence of their nation.

In saying this, I take the view that any such Scottish award should not be considered as competing with the existing UK national honours system but I do appreciate that there might be some sensitivity around using the term "honour" in any other context.

I hope this provides your Committee with a helpful insight on the Scottish Government's approach to public recognition and the honours system.

A handwritten signature in black ink, appearing to read 'Alex Salmond', written in a cursive style.

ALEX SALMOND



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Deputy First Minister**
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Our Ref: COR/327/10

7 June 2010

Dear Ms Chapman

WELSH HONOURS SYSTEM

Thank you for your letter of 30 March in which you asked about how achievement is recognised in Northern Ireland and if we have a local civic system for doing this.

At present we have no plans to introduce a local civic award system though it is something that the Assembly might consider at a future time.

We hope this response is of help to you.

Yours sincerely

RT HON PETER D ROBINSON MLA
First Minister

MARTIN McGUINNESS MP MLA
deputy First Minister

**APPROVED BY THE MINISTERS
AND SIGNED IN THEIR ABSENCE**

3. P-03-143 Ysgol Penmaes

Geiriad y ddeiseb

'Rydym ni, y rhai sydd wedi llofnodi isod, yn galw ar y Cynulliad Cenedlaethol Cymru i annog Llywodraeth Cynulliad Cymru i fuddsoddi yng nghysylltiadau cludiant mewn rhanbarthau gwledig, fel Powys.'

Linc i'r ddeiseb: <http://www.cynulliadcymru.org/gethome/e-petitions-old/admissible-pet/p-03-143.htm>

Cynigiwyd gan: Catherine Lewis

Nifer y deisebwyr: 15

Trafodwyd eisoes gan y Pwyllgor ar: 23 Gorffennaf, 20 Tachwedd 2008 a 31 Mawrth 2009.

Y sefyllfa ddiweddaraf: Mae'r Pwyllgor yn edrych ar y ddeiseb eto i'w hystyried ymhellach.

4. P-03-216 Triniaeth IVF

Geiriad y ddeiseb

Rydym yn galw ar Gynulliad Cenedlaethol Cymru i annog Llywodraeth Cynulliad Cymru i sefydlu proses ffurfiol i arwain at weithredu'n gyflawn ganllaw clinigol NICE, CG11, ar ffrwythlondeb (a gyhoeddwyd yn 2004) yn cynnwys ei argymhelliad i ddarparu hyd at dri chylch llawn IVF. Dylai tri chylch llawn fod ar gael am ddim gan y GIG.

Linc i'r ddeiseb: <http://www.cynulliadcymru.org/gethome/e-petitions-old/admissible-pet/p-03-216.htm>

Cynigiwyd gan: Kara Ellard a Julia Enyon

Nifer y deisebwyr: 4241

Trafodwyd eisoes gan y Pwyllgor ar: 6 Hydref a 24 Tachwedd 2009

Y sefyllfa ddiweddaraf: Cafwyd gohebiaeth gan y Gweinidog dros lechyd a Gwasanaethau Cymdeithasol ac mae wedi'i gynnwys isod.

Edwina Hart MBE OStJ AM

Y Gweinidog dros Iechyd a Gwasanaethau Cymdeithasol
Minister for Health and Social Services

Our ref: EH/07362/09

Your ref: P-03-216



Llywodraeth Cynulliad Cymru
Welsh Assembly Government

Val Lloyd AM
Chair, Petitions Committee
National Assembly for Wales
Cardiff Bay
Cardiff
CF99 1NA

14 DEC 2009

AM/NS

Bae Caerdydd
Caerdydd CF99 1NA
Llinell Ymholiadau Cymraeg: 0845 010 4400
Ffacs: 029 2089 8131
E-Bost: Gohebiaeth.Edwina.Hart@cymru.gsi.gov.uk

Cardiff Bay
Cardiff CF99 1NA
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E-Mail: Correspondence.Edwina.Hart@Wales.gsi.gov.uk

11th December 2009

Dear Val

Thank you for your letter dated 1 December seeking verification that the capacity exists to deliver an additional cycle of IVF in Wales.

Further to my announcement on 11 November you will be aware that NHS funded IVF treatment in Wales will be increased from one cycle to two cycles of treatment for eligible patients from April 2010.

Health Commission Wales (HCW) is currently in discussion with the specialist fertility units to agree how to implement the new policy, including the order in which eligible patients will be re-assessed and treated and the maximum waiting time. It is expected these discussions will be concluded early January 2010 and I will be in a position to update the Petitions Committee in relation to delivering the additional cycle at this time.

[Handwritten signature]

[Faint stamp and handwritten initials]

5. P-03-221 Gwell triniaeth traed drwy'r Gwasanaeth Iechyd Gwladol

Geiriad y ddeiseb

Rydym ni, Fforwm Pobl Hyn dros 50 oed Cwm Cynon, am gyflwyno deiseb yn galw am well triniaeth traed drwy'r GIG, yn enwedig i bobl hyn sy'n gaeth i'w tai yn ardal Rhondda Cynon Taf:

Llofnodwch ein deiseb

Linc i'r ddeiseb: <http://www.cynulliadcymru.org/gethome/e-petitions-old/admissible-pet/p-03-221.htm>

Cynigiwyd gan: Fforwm Pobl Hyn dros 50 Cwm Cynon

Nifer y deisebwyr: 49

Trafodwyd eisoes gan y Pwyllgor ar: 9 Mehefin, 22 Medi a 24 Tachwedd 2009, 19 Ionawr, 23 Mawrth a 11 Mai 2010.

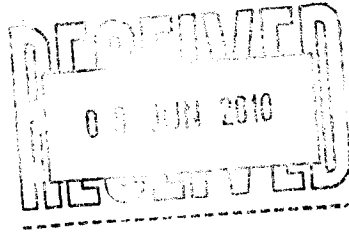
Y sefyllfa ddiweddaraf: Cafwyd gohebiaeth gan y Gweinidog dros lechyd a Gwasanaethau Cymdeithasol ac mae wedi'i gynnwys isod.

Edwina Hart MBE OStJ AM

Y Gweinidog dros Iechyd a Gwasanaethau Cymdeithasol
Minister for Health and Social Services

Our ref: EH/01689/10
Your ref: P-03-221

Christine Chapman AM
Chair
Petitions Committee
National Assembly for Wales
Ty Hywel
Cardiff Bay
Cardiff
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27 May 2010

Thank you for your letter of 18 May on behalf of the Petitions Committee about social footcare provision.

As outlined in my previous correspondence to the Committee, I have asked officials to work with the podiatry profession, voluntary sector and others to undertake a 'scoping exercise' to look at the delivery of services in these areas.

For the exercise, social footcare is defined as basic nail care for people with no specific foot pathology such as diabetes, peripheral vascular disorders and other similar conditions. The exercise will provide a population based profile of the level and nature of current provision and show where there are gaps in that provision. It will also identify what the issues are that affect current and potential future provision, and give a range of potential solutions and associated costs.

The draft report of the scoping exercise is currently being considered by the stakeholder group which includes representatives from Age Concern and Help the Aged.

I expect to receive the final report in the near future, and aim to hold a public consultation exercise on the report's findings in the summer.

6. P-03-222 Cymdeithas Genedlaethol Osteoporosis

Geiriad y ddeiseb

Mae'r Gymdeithas Osteoporosis Genedlaethol yn galw ar Gynulliad Cenedlaethol Cymru i weithredu'r safon ar gyfer cwmpo a thorri esgyrn yn y Fframwaith Gwasanaeth Cenedlaetholar gyfer Pobl Hyn yn llawn, gan sicrhau bod cleifion sydd wedi torri esgyrn oherwydd breuder, neu sydd mewn perygl o wneud hynny, yn cael eu hadnabod, eu hasesu a'u trin gan wasanaethau cyswllt torri esgyrn ym mhob un o'r Byrddau Iechyd Lleol newydd. Hoffwn weld gwasanaeth cyswllt torri esgyrn yn cael ei gysylltu â phob ysbyty sy'n trin cleifion sydd wedi torri esgyrn oherwydd breuder a gofynnwn i lywodraeth Cymru fynnu bod gwasanaethau cyswllt torri esgyrn yn cael eu darparu'n gyffredinol ar draws y gwasanaeth iechyd yng Nghymru.

Linc i'r ddeiseb: <http://www.cynulliadcymru.org/gethome/e-petitions-old/admissible-pet/p-03-222.htm>

Cynigiwyd gan: Cymdeithas Genedlaethol Osteoporosis

Nifer y deisebwyr: 28

Trafodwyd eisoes gan y Pwyllgor ar: 7 Gorffennaf, 6 Hydref a 24 Tachwedd 2009

Y sefyllaf ddiweddaraf: Cafwyd gohebiaeth gan yr Arolygiaeth Iechyd yng Nghymru a'r deisebwyr. Maent wedi'u cynnwys isod.

02920 928878

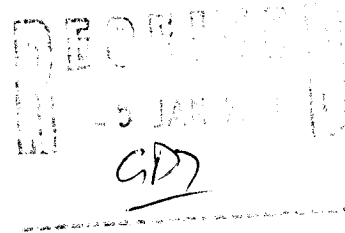
Val Lloyd AM
Chair
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Cardiff Bay
CARDIFF
CF99 1NA

Direct Line: 02920 928852

Fax: 02920 928878

E-mail: peter.higson@wales.gsi.gov.uk

Eich cyf / Your ref
Ein cyf / Our ref



23 December 2009

Dear Mrs Lloyd

RE PETITION: NATIONAL OSTEOPOROSIS SOCIETY

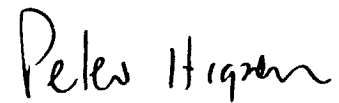
I write, further to your letter of 1 December 2009, regarding the petition from the National Osteoporosis Society to advise you of the work that Healthcare Inspectorate Wales is taking forward in relation to the falls and fractures standard of the National Service Framework for Older People.

As you will be aware, the Older People's National Service Framework (NSF) covers a wide range of issues and therefore the joint review we are taking forward with CSSIW is looking at the application of each of the NSF standards while focusing on the care and treatment of individuals with dementia. We are as part of this review looking at the role of General Practitioners in the prevention of falls and fractures through the early diagnosis and treatment of osteoporosis.

In addition to the joint review, we will be taking forward a national review of the "Management and Care of Patients with Fracture Neck of Femur" during the 2010-11 financial year. This review will look at the pathway of care for this group of patients including the prevention of future falls and fractures and consideration of whether more could have been done to prevent the initial fracture.

I hope this letter provides clarity in relation to the work Healthcare Inspectorate Wales is taking forward in relation to falls and fractures. I would be happy to meet with you should you wish to discuss our work in further detail.

Yours sincerely

A handwritten signature in black ink that reads "Peter Higson". The signature is written in a cursive style with a large initial 'P'.

PETER HIGSON
Chief Executive

P-03-222 National Osteoporosis Society 12/03/10

As part of the Petitions Committee's current consideration of P-03-222, I would be grateful if you could bring members' attention to new evidence which has emerged regarding the provision of Fracture Liaison Services in Wales.

The All-Wales Osteoporosis Advisory Group (WOAG), supported by the National Osteoporosis Society, has recently launched a report entitled the 'All-Wales Audit of Secondary Prevention of Osteoporotic Fractures 2009'. This highlights a national shortfall in services for people with osteoporosis and/or at risk of fractures in Wales. I attach a copy for the Committee's information.

The audit shows that of the Welsh NHS hospitals that receive fracture patients, only a quarter provide an FLS for outpatient fracture patients. Just 40% provide an FLS for inpatient fracture patients. The report also describes how Health Boards and local authorities can make net cost-savings over a five-year period if they implement the National Service Framework (NSF) for Older People falls and fractures standard.

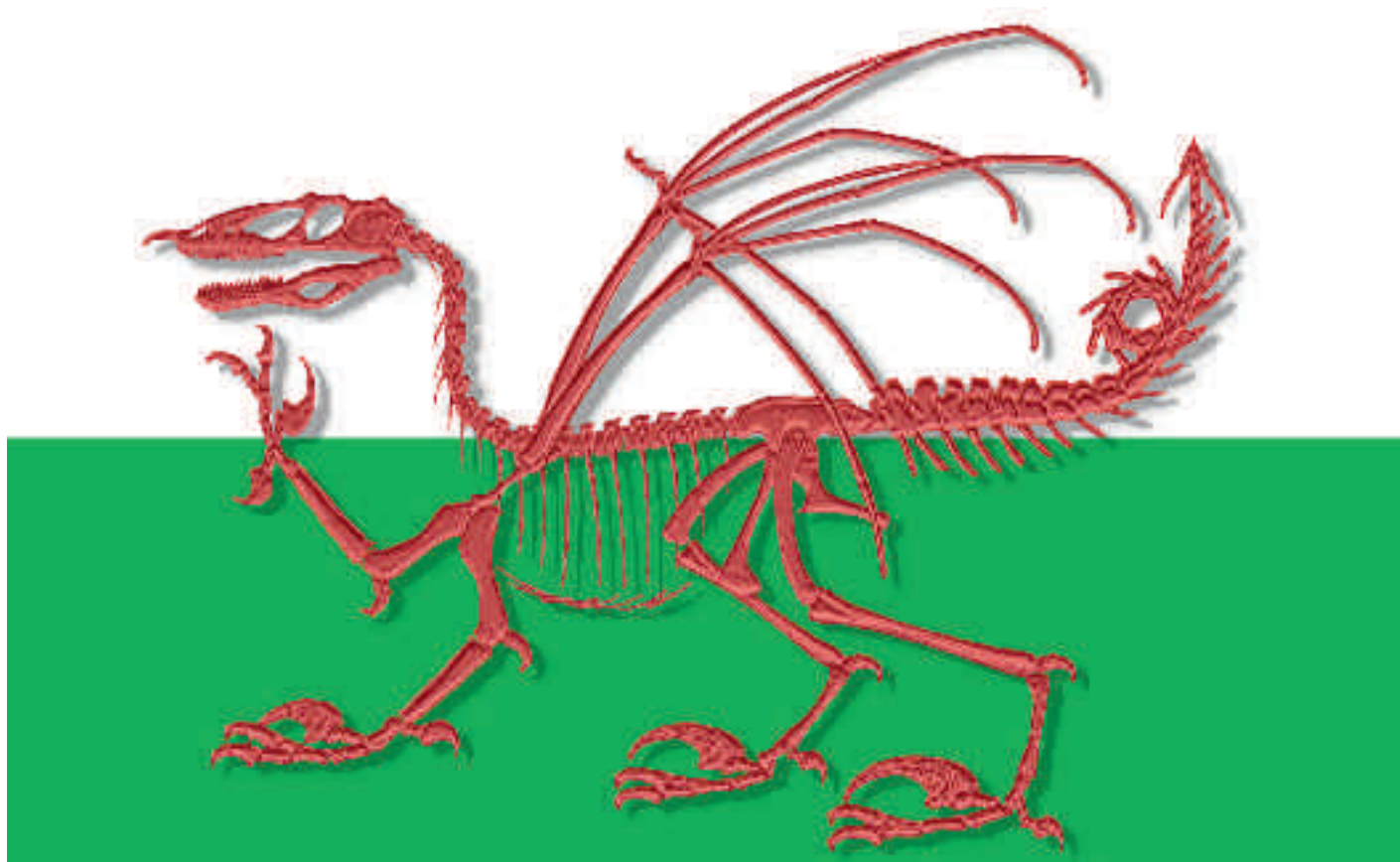
I also attach a copy of a separate information sheet: this outlines the level of fracture services currently provided at each Welsh NHS hospital currently receiving fracture patients.

I hope that the Committee finds this update useful. In light of the current review of the NSF for Older People, I have shared this information with Health Inspectorate Wales. Please do not hesitate to contact me should you have any queries or require further information.

Hospital	Location	Health Board	Funded Fracture Liaison Service in place for inpatients?	If no inpatient service, why?	Funded Fracture Liaison Service for outpatients in place?	If no outpatient service, why?	Consultant Orthogeriatrician appointed?	Local access to DXA scanners?	Does service have auditable database other than the National Hip Fracture Database?	Agreed protocol between service and primary care in place?
Bronglais Hospital Aberystwyth	Aberystwyth	Hywel Dda	Yes		Yes		No	Yes	Yes	Yes
Llandudno Hospital	Llandudno	Betsi Cadwaladr University	Yes		Yes		No	Yes	Yes	Yes
Morrison Hospital	Swansea	Abertawe Bro Morgannwg University	No	Lack of funding	No	Lack of funding	Yes	Yes	Yes	No
Neath Port Talbot Hospital	Neath Port Talbot	Abertawe Bro Morgannwg University	No	No trauma admissions	No	No comments made				
Nevill Hall	Abergavenny, Monmouthshire	Aneurin Bevan	No	Bid for FLS unsuccessful	No	Bid for FLS unsuccessful	Yes	Yes	No	No
Prince Charles Hospital Merthyr	Merthyr Tydfil	Cwm Taf	No	Lack of funding	No	Lack of funding	No	Yes	No	No
Prince Phillip Hospital	Llanelli, Carmarthenshire	Hywel Dda	No	No trauma admissions	No					
Princess of Wales Hospital Bridgend	Bridgend	Abertawe Bro Morgannwg University	No	Lack of funding	No	Lack of funding	Yes	Yes	Yes	Yes
Royal Glamorgan Hospital	Llantrisant, Rhondda Cynon Taff	Cwm Taf	Yes		No	Bid for FLS unsuccessful	Yes	Yes	No	No
Royal Gwent Hospital	Newport	Aneurin Bevan	No	Bid for FLS unsuccessful	No	Bid for FLS unsuccessful	Yes	Yes	No	No

Singleton Hospital	Sketty, Swansea	Abertawe Bro Morgannwg University	<u>No</u>	No trauma admissions	<u>No</u>					
UHW	Heath Park, Cardiff	Cardiff and Vale University	Yes		<u>No</u>	Bid for FLS unsuccessful	Yes	Yes	Yes	No
West Wales General Hospital Carmarthen	Carmarthen	Hywel Dda	Yes		<u>No</u>		No	Yes	No	No
Withybush General Hospital	Haverfordwest, Pembrokeshire	Hywel Dda	<u>No</u>	No consultant with special interest	<u>No</u>		No		No	No
Wrexham Maelor Hospital	Wrexham	Betsi Cadwaladr University	<u>No</u>		<u>No</u>		Yes	Yes	No	Yes
Ysbyty Glan Clwyd	Rhyl, Denbighshire	Betsi Cadwaladr University	Yes		Yes		No	Yes	Yes	Yes
Ysbyty Gwynedd	Bangor, Gwynedd	Betsi Cadwaladr University	Yes		Yes		Yes	Yes	Yes	Yes
Total (n)			7		4		8	13	7	6
Total (%)			41		24		47	76	41	35

All Wales Audit of Secondary Prevention of Osteoporotic Fractures 2009



All Wales Osteoporosis Advisory Group
(WOAG)

All Wales Audit of Secondary Prevention of Osteoporotic Fractures 2009

All Wales Osteoporosis Advisory Group (WOAG)

Yn ystod Awst 2009, ymgwymerwyd archwiliad gan WOAG o holl ganolfannau llem yng Nghymru sydd yn delio a chleifion toriadau bregus. Gwnaed yr archwiliad er mwyn crynhoi'r ddealltwriaeth sydd ar hyn o bryd o ran gwasanaethau toriadau ar draws Cymru. Gwelir yn Fframwaith Gwasanaeth Cenedlaethol ar gyfer Pobl Hŷn yng Nghymru bod lleihau risg toriadau yn rhan allweddol ohoni. Mae canlyniadau'r archwiliad yn rhoi darlun cywir a chyfoes o wasanaethau toriadau ar gyfer Cymry heddiw.

Corff annibynnol yw WOAG, wedi'i lunio o bobl broffesiynol o fyd gofal iechyd o ar draws Gymru gyda diddordeb mewn Osteoporosis. Mae cynrychiolydd o'r National Osteoporosis Society hefyd yn rhan o'r grŵp. Bwriad ac amcan WOAG yw darpariaeth cyngor ac arweinyddiaeth ar faterion sydd yn ymwneud ag osteoporosis, a hefyd i gyfathrebu gyda Llywodraeth Cynulliad Cymru er mwyn datblygu a gweithredu strategaethau er mwyn darparu gwasanaethau Osteoporosis amhleidiol ar draws Gymru gyfan. Ar y pwyllgor presennol mae Dr. Mike Stone (Cadeirydd), Dr. Antony Johansen (Is-gadeirydd), Sr. Debbie Stone (Ysgrifennydd) a Dr. Wil Evans (Trysorydd). Mae modd cysylltu gyda WOAG trwy'r Ysgrifennydd dros e-bost: Debbie.Stone@ceredigion-tr.wales.nhs.uk neu ar 01970 628829.

Cydnabyddiaethau

Hoffai WOAG ddiolch i'r holl aelodau a gymerodd rhan yn yr archwiliad. Cefnogwyd cynhyrchiad yr archwiliad gan gymorth grant anghyfyngedig oddi wrth yr Association of the British Pharmaceutical Industry in Wales. Ni chafodd yr ABPI unrhyw fewnbwn i broses na chwblhad yr archwiliad. Mae'r archwiliad a'i chynnwys yn parhau i fod eiddo deallus WOAG. Cafodd yr archwiliad ei awduro gan Paul Mitchell, Darlithydd ym Mhrifysgol Derby a Rheolwr Gyfarwyddwr Synthesis Medical Limited.

All Wales Audit of Secondary Prevention of Osteoporotic Fractures 2009

All Wales Osteoporosis Advisory Group (WOAG)

During August 2009, the All Wales Osteoporosis Advisory Group (WOAG) undertook an audit of all acute centres in Wales that manage fragility fracture patients. The audit was undertaken to inform the understanding of current service provision with regards to fracture liaison services across Wales. The issue of fracture risk reduction is a key part of the National Service Framework (NSF) for Older People in Wales¹. The results of the audit provide an accurate and current picture of fracture liaison services for the people of Wales.

WOAG is an independent body, comprised of healthcare professionals with an interest in Osteoporosis from across Wales. Representation from the National Osteoporosis Society is also included in the group. The aims and objectives of WOAG include the provision of advice and guidance on matters related to osteoporosis and to liaise with the Welsh Assembly Government in order to develop and implement strategies that will provide an equitable osteoporosis service across Wales. The current WOAG committee includes Dr. Mike Stone (Chair), Dr. Antony Johansen (Vice Chair), Sr. Debbie Stone (Secretary) and Dr. Wil Evans (Treasurer). WOAG can be contacted via the Secretary by email: Debbie.Stone@ceredigion-tr.wales.nhs.uk or phone: 01970 628829.

Acknowledgements

WOAG expresses thanks to all members that participated in the audit. Production of this report was supported by an unrestricted grant-in-aid from the Association of the British Pharmaceutical Industry in Wales. The ABPI in Wales had no input to the audit process or writing of this report. The audit and report remain the intellectual property of WOAG. The report was authored by Paul Mitchell, Associate Lecturer at the University of Derby and Managing Director of Synthesis Medical Limited.

Rationale for the audit

The National Service Framework (NSF) for Older People in Wales² stated that 4,200 people experience a hip fracture in Wales every year. From the sufferer's perspective, hip fractures often result in significant pain, disability and premature death. From a societal perspective, hip fractures compromise mobility and independence of older people whilst exerting a tremendous burden on health and social care budgets. Research conducted in Cardiff in the 1990s informed an estimate of the cost of hip fracture to the Welsh economy at £84 million per year^{1,3}.

The Falls and Fractures standard of the NSF states:

"The NHS, working in partnership with Local Authorities and other stakeholders, takes action to prevent falls, osteoporosis, fractures and other resulting injuries, and to maintain well being in their populations of older people. Older people who have fallen receive effective treatment and rehabilitation and, with their carers, receive advice on prevention through integration of falls and fracture services."

The NSF recognises that maximum health gain will be achieved by targeting integrated falls and osteoporosis assessment to patients at highest fracture risk. In this regard, the most readily identifiable patients at high risk of future fragility fracture are those older people presenting to hospitals with a fragility fracture; fracture begets fracture^{4,5}. Guidance from the Department of Health in England⁶, the British Orthopaedic Association - British Geriatrics Society⁷ and the National Osteoporosis Society⁸ is based upon the fact that 50% of hip fracture patients have suffered a prior fragility fracture. The governmental, professional and patient organisations all state that 50% of hip fracture sufferers will emanate from the 16% of the population that have suffered a prior fragility fracture. As such, implementation of a systematic approach to secondary fracture prevention has the potential to intervene before half of all future hip fractures ever occur.

The National Institute for Health and Clinical Excellence (NICE) published Technology Appraisals on secondary fracture prevention in 2005⁹ and 2008¹⁰, and a Clinical Guideline on falls interventions in 2004¹¹. Implementation of this guidance has been monitored by the National Clinical Audit of Falls and Bone Health for Older People conducted by the Royal College of Physicians Clinical Effectiveness and Evaluation Unit (RCP-CEEU)¹². The 2007 national clinical audit, conducted as part of the ongoing RCP-CEEU programme, found that 42% of hip fracture patients and 19% of non-hip fragility fracture patients received care according to NICE TA87¹³. These results concurred with findings of systematic reviews^{14,15} which have shown that compliance with secondary prevention guidelines in the absence of a systematic approach is universally low. The RCP-CEEU audit concluded:

*"PCTs should commission a patient care pathway for the secondary prevention of falls and fractures that includes a **Fracture Liaison Service** that targets the high risk group of patients presenting with a first fragility fracture."*

A Fracture Liaison Service (FLS)¹⁶ assumes responsibility for the secondary prevention of osteoporotic fractures by case-finding fragility fracture patients in the inpatient and outpatient settings. An FLS conducts bone health assessment and performs diagnostic evaluations, including bone densitometry, to inform specific treatment recommendations aligned to NICE guidance.

The service is usually delivered by a dedicated nurse specialist working within the orthopaedic environment under the guidance of a specialist in metabolic bone disease. The Fracture Liaison Nurse ensures that every fracture patient over 50 years (excluding high trauma and road traffic accident victims) receives a “one-stop-shop” osteoporosis assessment, by working to pre-agreed protocols. Fracture Liaison Services have been established in the NHS in Wales¹⁷, Scotland¹⁸, England¹⁹ and Northern Ireland²⁰. An audit conducted by NHS Quality Improvement Scotland found FLS to offer secondary preventative assessment to >95% of fragility fracture patients presenting to hospital versus 25% at centres with other service configurations²¹.

FLS provides the most clinically and cost-effective healthcare delivery solution to implement a systematic approach to secondary fracture prevention which is endorsed by governmental, professional and patient organisations throughout the UK:

- Department of Health in England⁵:

*“(Fragility fracture patients) constitute just 16% of the local population but it is from these clearly identifiable groups that 50% of hip fractures occur. Targeting these groups in primary care and through **fracture liaison case-finding services** based in hospital provides ready access to those at greatest risk of hip fractures.”*

- Department for Health, Social Services and Personal Safety in Northern Ireland²²:

*“A **Fracture Liaison Service** for secondary prevention of fragility fractures should be established in all Trusts that have A&E and Minor Injury Services to ensure secondary prevention is offered to all patients who have suffered a fragility fracture.”*

- British Orthopaedic Association - British Geriatrics Society⁶:

*“Establishment of an integrated **Fracture Liaison Service** in every UK hospital, which operates in close collaboration with local general practice, offers the optimal system of healthcare delivery to implement NICE guidance consistently for all patients presenting with fragility fractures.”*

- Royal College of Physicians Clinical Effectiveness and Evaluation Unit²³:

*“A service model to bridge this gap, the **Fracture Liaison Service**, has existed for over a decade and numerous research evaluations have confirmed its effectiveness in ensuring better rates of secondary prevention. Fracture Liaison Services have yet to become universally commissioned or provided.”*

- National Osteoporosis Society⁷:

*“We want a **Fracture Liaison Service** linked to every hospital that receives fragility fractures in the UK, to ensure that every fragility fracture patient gets the treatment and care they need.”*

The primary objective of this audit is to identify the number of hospitals in Wales that have a funded service which provides systematic secondary prevention to fragility fracture patients.

Audit process

During August 2009, an audit of all acute centres in Wales that manage fragility fracture patients was undertaken. The audit and its associated report were conducted under the auspices of the All Wales Osteoporosis Advisory Group (WOAG), endorsed by the National Osteoporosis Society (NOS). Appendix 1 provides a copy of the audit questionnaire which was emailed to WOAG members, where present, in all Welsh hospitals. Two hospitals which do not have a representative on WOAG participated in the audit by direct contact from the WOAG audit lead. An independent academic with experience in authorship of national policy, professional and patient organisation guidelines on fragility fracture care was commissioned to prepare the current report. The work was undertaken in an ethical, open and transparent manner with the intention of promoting the appropriate treatment of those who have sustained fragility fractures, in line with national guidance.

The report assesses the findings of the audit against the agreed standards of the Welsh Government¹, professional^{6,11} and patient organisations⁷. A costed action plan to address the shortfalls in evidence-based, guideline-orientated service at a national level is provided. This plan is informed by an analogous health economic model developed by the Department of Health in England⁵. The report will be circulated to members of the Welsh Assembly Government and Local Health Boards in Wales to guide service development. Ideally, the audit will be repeated annually to gauge progress against the standards.

Results

The 17 hospitals that participated in the audit are listed in Appendix 2. All patients that suffer fractures in Wales will initially present to one of these hospitals. The response rate to the questionnaire was 100% (15/17 by email and 2/17 by direct telephone contact).

The questionnaire (see Appendix 1) was structured into three sections:

1. Provision of **inpatient** secondary prevention service for fragility fracture patients
2. Provision of **outpatient** secondary prevention service for fragility fracture patients
3. Process of care for inpatient and/or outpatient secondary prevention services

Inpatient secondary prevention service: Seven hospitals (41%) reported having a funded service that provides routine post-fracture assessment of future fracture risk for inpatients. Three of the 10 hospitals lacking an inpatient secondary prevention service do so because they do not admit fracture patients. Of the 7 remaining hospitals that admit fracture patients but lack a funded inpatient secondary prevention service, 5 (71%) cite lack of funding as the reason for absence. Two hospitals report that business plans have been submitted to establish a Fracture Liaison Service for the last 3 years without success.

Outpatient secondary prevention service: Four hospitals (24%) reported having a funded service that provides routine post-fracture assessment of future fracture risk for outpatients.

Of the 13 remaining hospitals that provide outpatient fracture clinics but lack a funded outpatient secondary prevention service, 7 (54%) cite lack of funding as the reason for absence. Four hospitals report that repeated business plans have been submitted to establish a Fracture Liaison Service without success.

Process of care: The majority of hospitals operating inpatient and/or outpatient secondary prevention services identify patients in the fracture clinic and on orthopaedic wards. Case-finding and subsequent assessment of inpatients is conducted in broadly equal measure by Consultant Ortho-geriatricians/Physicians and Fracture Liaison Nurses/Osteoporosis Nurse Specialists. However, case-finding and subsequent assessment for the 4 hospitals with a funded outpatient secondary prevention service is exclusively delivered by Fracture Liaison Nurses/Osteoporosis Nurse Specialists. Eight hospitals (47%) have a dedicated ortho-geriatrician appointed at consultant level. Thirteen hospitals (76%) have local access to bone densitometry. Seven hospitals (41%) have an auditable database capable of monitoring implementation of national standards of care for secondary fracture prevention. Six hospitals (35%) have an agreed protocol between their secondary fracture prevention service and local primary care.

Recommendations

This audit has identified a nationwide organisational gap in the provision of services to deliver secondary prevention for the majority of patients presenting to Welsh hospitals with fragility fractures. Less than one half of hospitals have funded services for inpatient cases whilst less than a quarter have funded services for fracture patients managed as outpatients. A Health Gain Target set in the NSF for Older People in Wales is to reduce hip fractures in the 75 and over age group by 10% by 2012¹. Should the current lack of access to funded Fracture Liaison Services be allowed to persist, evidence from national audits conducted throughout the UK strongly suggests that the NHS in Wales will fall far short of meeting this key target.

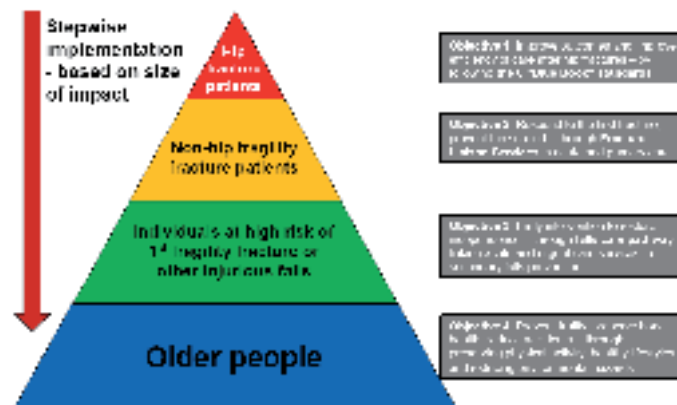
The Governments of England, Scotland and Northern Ireland have recognised that urgent action is required to improve delivery of secondary prevention for fragility fracture patients. Directed Enhanced Services launched in 2008/9 for England²⁴, Scotland²⁵ and Northern Ireland²⁶ provide incentives to general practice which are not available in Wales. Policy initiatives from the Departments of Health in all 3 countries^{5,21,27} support universal implementation of FLS as a means of reliably implementing NICE guidance⁹ on secondary prevention for patients presenting with new fragility fractures. In Scotland, significant progress has been achieved, with 78% of the Scottish population having access to a Fracture Liaison Service²⁸. As of 2009, the Department of Health in England⁵ and the Fragility Fracture Working Group of the Department for Health, Social Services and Personal Safety in Northern Ireland²¹ explicitly endorse universal access to FLS.

A pressing need exists for NHS Wales to develop analogous policy initiatives that will result in universal access to FLS throughout Wales, with ongoing support from general practitioners. The costed action plan that follows provides an estimate of the costs and benefits to the NHS in Wales of establishing and operating Fracture Liaison Services in all Welsh hospitals.

Costed action plan

The Department of Health in England published the Prevention Package for Older People in July 2009⁵. The Prevention Package provides service commissioning guidance to Primary Care Trusts in England on several areas, including falls and fracture prevention. Four specific objectives are identified to improve falls and fracture prevention services as illustrated in Figure 1 below. Objectives 1 and 2 relate to the implementation of a systematic approach to hip fracture care and prevention. Fracture Liaison Services are advocated as a clinically and cost-effective mechanism to implement NICE guidance⁹ on secondary prevention for all fragility fracture patients.

Figure 1. Department of Health in England Prevention Package for Older People⁵



A health economic impact assessment of FLS was provided in the Prevention Package for Older People²⁹. The model was based on experience from the Ipswich Fracture Liaison Service¹⁸ which serves a population of 320,000. Every year, the Ipswich FLS provides secondary preventative care for 800 patients presenting with new fragility fractures of the hip, wrist, humerus or spine. The Department of Health estimated that during a 5 year period, the intervention of the FLS would avert 18 hip, 5 wrist, 4 humerus and 6 spine fractures amongst the 800 patients seen during year 1. The consequent savings for NHS and local authority funded social care costs would be £258,000 plus an additional saving of £40,000 of self-funded social care. Accordingly, the total health and social care saving would be of the order £300,000. The cost for each year's "cohort" of 800 fracture patients, consisting of staff/diagnostic costs in year 1 and treatment costs over a 5 year period was estimated to be £281,250, rendering FLS implementation cost-neutral to marginally cost-saving²⁸:

- Staff £41,250 p.a.:
 - Fracture Liaison Nurse £30,000
 - Lead Clinician in Osteoporosis (Consultant level) input £7,500
 - Clerical Support £3,750
- Bone densitometry £29,000 (@£70 per DXA scan marginal cost)
- Treatment cost for 5 years £211,000

To estimate the cost, above current investment levels, to provide universal access to Fracture Liaison Services for all hospitals in Wales, several assumptions will be made:

- Experience from the Glasgow FLS over a decade suggests that the work-load of an FLS is equally distributed between inpatients and outpatients (this may vary between hospitals)
- Thus, delivering an FLS for inpatients could be costed as 0.5 FLS FTE and an FLS for outpatients as 0.5 FLS FTE
- The audit identified 7 hospitals that admit fragility fracture patients currently lacking an FLS
- The audit identified 13 hospitals that provide outpatient fracture clinics lacking an FLS

Accordingly, in order for the NHS in Wales to provide universal access to FLS for both inpatients and outpatients, funding for 10 new Fracture Liaison Service Full Time Equivalents is required i.e. (7 x 0.5) + (13 x 0.5). Based on the Department of Health in England's estimate²⁸, this translates to year 1 staff/diagnostic costs of £702,500 and 5 year treatment costs for the cohort of fracture patients identified during year 1 of £2,110,000. Capital expenditure may be required in the 4 hospitals that did not report having local access to bone densitometry. Ten hospitals also need to develop an auditable database to underpin the operations of the FLS.

Hip fracture care costs Wales £84 million per year. The new costs for establishing universal access to Fracture Liaison Services across Wales in 2010 and treating patients according to NICE Technology Appraisal 161 for 5 years thereafter is £2.8 million. The savings for NHS and social care attributable to fractures averted is estimated at £3.0 million, the majority being delivered during the first 3 years.

Summary

In 2005, a UK national audit of orthopaedic surgeons reported that 24% had Fracture Liaison Services in their hospitals and 47% had access to ortho-geriatric services³⁰. In August 2009, the All Wales Audit of Secondary Prevention of Osteoporotic Fractures identified remarkably similar access to FLS and ortho-geriatric services in Wales. During the intervening 4 years, the Welsh Assembly Government published the National Service Framework for Older People in Wales¹ and NICE published 2 Technology Appraisals^{8,9} on secondary fracture prevention. The ongoing Royal College of Physicians national audit has repeatedly identified a lack of FLS provision¹¹ and consequent failure to implement NICE guidance for the majority of fragility fracture patients¹².

In June 2009, a question on provision of Fracture Liaison Services was put to the Minister for Health and Social Services in the Welsh Assembly³¹. The Ministerial reply indicated that this information was not held centrally³². This audit provides the Minister for Health and Social Services, members of the Welsh Assembly Government and healthcare professionals working in NHS Wales with an accurate and current picture of FLS provision for the people of Wales.

A post-code lottery of access to Fracture Liaison Services exists across Wales. Elimination of the current inequality of access to NICE standards of care for patients with fragility fractures must be designated a priority for NHS Wales. The All Wales Osteoporosis Advisory Group commends the findings and recommendations of this report to the Minister for Health and Social Services.

7. P-03-236 Y Siarter i Wyrion a Wyresau

Geiriad y ddeiseb

Rydym yn galw ar Gynulliad Cenedlaethol Cymru i annog Llywodraeth Cymru i fabwysiadu Siarter i Wyrion ac Wyresau ac i wneud y Siarter yn orfodol i weithwyr proffesiynol a gyflogir i warchod lles plant.

Linc i'r ddeiseb: <http://www.cynulliadcymru.org/gethome/e-petitions-old/admissible-pet/p-03-236.htm>

Cynigiwyd gan: Grandparents Apart Wales

Nifer y deisebwyr: 19

Trafodwyd eisoes gan y Pwyllgor ar: 6 Hydref a 8 Rhagfyr 2009 a 27 Ebrill 2010

Y sefyllfa ddiweddaraf: Cafwyd gohebiaeth gan y Dirprwy Weinidog dros y Gwasanaethau Cymdeithasol, y Comisiynydd Plant yng Nghymru a'r Pwyllgor Plant a Phobl Ifanc. Mae'r rhain wedi'u cynnwys isod.

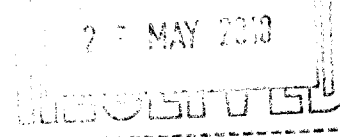
128
Gwenda Thomas AC/AM
Y Dirprwy Weinidog dros Wasanaethau Cymdeithasol
Deputy Minister for Social Services



Llywodraeth Cynulliad Cymru
Welsh Assembly Government

Eich cyf/Your ref P-03-236
Ein cyf/Our ref GT/00235/10

Christine Chapman AM
Chair, Petitions Committee
National Assembly for Wales
Cardiff Bay
CF99 1NA



27th May 2010

Dear Christine,

Thank you for your letter dated 5 May requesting the Terms of Reference of the Family Justice Review.

I have enclosed the Written Ministerial Statement I made on 20 January which appended the Terms of Reference for the Review¹. Also enclosed is my joint announcement² with Whitehall Ministers, the Rt. Hon Jack Straw MP and the Rt. Hon. Ed Balls MP, confirming that David Norgrove had been appointed as the independent Chair of the Panel. The Chair will be supported by:

- Mr Justice McFarlane, the Family Division Liaison Judge for the Midlands;
- John Coughlan CBE, Director of Children's Services at Hampshire County Council;
- Dame Gillian Pugh, Chair of the National Children's Bureau; and
- Keith Towler, the Children's Commissioner for Wales.

I am particularly pleased that Keith Towler has accepted the nomination to participate in the Review and I am confident that he will ensure that the voices and interests of children are paramount in both the Panel's deliberations and the development of any recommendations.

The Panel has been established to bring robust independent scrutiny on how the system is operating and to make recommendations on what steps can be taken to promote informed settlement and minimising conflict.

There is a shared recognition that the adversarial nature of the family justice system does not support discussion and agreement of safe, positive agreements that enable family members to continue to play a full and active part in the development of children.

Maintaining relationships with their family, enables children to adjust to the changes and upheaval associated with parental separation.

¹ <http://wales.gov.uk/about/cabinet/cabinetstatements/2010/100120fjr/?lang=en>

² <http://www.justice.gov.uk/news/newsrelease160210a.htm>

You are aware of my commitment to safeguarding children and that I have set up the Welsh Children's Safeguarding Forum which is currently chaired by the Head of Social Services in Wales. One of the guiding principles of the Family Justice Review is to ensure that the family justice system is focussed on protecting the vulnerable from abuse, victimisation and exploitation and safeguards must be at the foundation of any improvements for supporting families during this difficult time.

More broadly, I am pleased that the (previous) UK Government indicated its intention to remove the requirement for grandparents to obtain the leave of the court before making an application for a contact order. The detail and timing of the proposals are unclear at this stage but subject to there being appropriate measures to maintain safeguards for children, this would appear to be a positive step to promoting and maintaining cross generational relationships.

Yours sincerely

A handwritten signature in cursive script, appearing to read 'Gwenda Thomas'.

Gwenda Thomas AC/AM



Llywodraeth Cynulliad Cymru
Welsh Assembly Government

WRITTEN STATEMENT BY THE WELSH ASSEMBLY GOVERNMENT

Title: Family Justice Review

Date: 20 January 2010

By: Gwenda Thomas, Deputy Minister for Social Services

As part of my role as co-chair of the National Family Justice Board, I have agreed with the Lord Chancellor and Secretary of State for Justice (Jack Straw MP) and the Secretary of State for Children, Schools and Families (Ed Balls MP) a review of the family justice system in England and Wales.

The family justice system involves life changing decisions for many thousands of children and their families each year at a cost to the taxpayer of over £800m. There have been some important elements of reform in recent years. But we need to be certain that the system, as it is currently set up, supports parents as fully as possible in establishing and maintaining a co-operative approach to agreeing future arrangements when relationships break down, and does not unwittingly cause additional stress at what will already be a difficult time. It is also important to ensure that valuable court time is focused on protecting the vulnerable from abuse, victimisation and exploitation and that the system is being managed as effectively as possible.

The review will be conducted by a panel, comprising four representatives independent of UK and devolved Government and senior representatives from the Ministry of Justice, Department for Children, Schools and Families, and the Welsh Assembly Government..

The review will be asked to make recommendations in two core areas: (1) what steps can be taken to promote informed settlement and agreement; and (2) whether improvements need to be made to the way in which the family justice system is managed.

It will be guided by the following principles:

- The interests of the child should be paramount in any decision affecting them (and, linked to this, delays in determining the outcome of court applications should be kept to a minimum)
- The court's role should be focused on protecting the vulnerable from abuse, victimisation and exploitation and should avoid intervening in family life except where there is clear benefit to children and vulnerable adults in doing so
- Individuals should have the right information and support to enable them to take responsibility for the consequences of their relationship breakdown
- Mediation and similar support should be used as far as possible to support individuals themselves to reach agreement about arrangements, rather than having an arrangement imposed by the courts
- The processes for resolving family disputes and agreeing future arrangements should be easy to understand, simple and efficient
- Conflict between individuals should be minimised as far as possible

Copies of the full terms of reference are attached at Annex A.

The review will have an impact on families in Wales and CAFCASS CYMRU whose primary functions are to safeguard and promote the welfare of children involved in Family Proceedings and give advice to any court about applications made to it.

Members will recall that on 9 December 2009 the National Assembly for Wales considered the recommendations of the Health, Wellbeing and Local Government Committee's Report on the Children and Family Court Advisory and Support Service Cymru (<http://www.assemblywales.org/bus-home/bus-chamber/bus-chamber-third-assembly-rop.htm?act=dis&id=157038&ds=12/2009>).

We have asked for the review panel to provide a final report to respective Government leads in 2011.

Family Justice Review – Terms of Reference

The Secretaries of State for Justice and Children, Schools and Families and the Welsh Assembly Government Minister for Health and Social Services have commissioned a review of the family justice system in England and Wales.

The following guiding principles have been identified which are intended to provide a framework within which the review's work should be undertaken:

- The interests of the child should be paramount in any decision affecting them (and, linked to this, delays in determining the outcome of court applications should be kept to a minimum)
- The court's role should be focused on protecting the vulnerable from abuse, victimisation and exploitation and should avoid intervening in family life except where there is clear benefit to children or vulnerable adults in doing so
- Individuals should have the right information and support to enable them to take responsibility for the consequences of their relationship breakdown
- Mediation and similar support should be used as far as possible to support individuals themselves to reach agreement about arrangements, rather than having an arrangement imposed by the courts.
- The processes for resolving family disputes and agreeing future arrangements should be easy to understand, simple and efficient
- Conflict between individuals should be minimised as far as possible

The review should assess how the current system operates against these principles and make recommendations for reform in two core areas: the promotion of informed settlement and agreement; and management of the family justice system.

Specifically, this will include examination of the following issues:

- The extent to which the adversarial nature of the court system is able to promote solutions and good quality family relationships in private law family cases and what alternative arrangements would be more effective in fostering lasting and positive solutions
- Examination of the options for introducing more inquisitorial elements into the family justice system for both public and private law cases
- Whether there are areas of family work which could be dealt with more simply and effectively via an administrative, rather than court-based process, and the exploration of what that administrative process might look like

- Examination of the roles fulfilled by all of the different agencies and professionals in the family justice system, including consideration of the extent to which governance arrangements, relationships and accountabilities are clear and promote effective collaboration and operational efficiency

The review will be conducted by a Panel, comprising four independent representatives and senior representatives from MoJ, DCSF and the Welsh Assembly Government (as relevant for devolved matters). The Panel will be assisted in its work by an expert consumer and stakeholder group, made up of experts from across the family justice system, academics and consumer specialists. Membership of the Panel and Advisory Group will be approved by Ministers.

In examining these matters the Panel will be required to obtain and consider the views of key stakeholders, including children and families, the judiciary, family lawyers, Cafcass practitioners and social workers. The review will also be expected to engage in wide consultation, to draw on relevant family justice research studies and literature, consider available qualitative and quantitative data and take into account international comparisons.

The review should take account of value for money issues and resource considerations in making any recommendations. Recommendations should be costed and have regard to affordability.

Following examination of available research and evidence, the Review Panel is expected to report the likely timeframes for moving Review forward within a three-month period following the Review's announcement. A final report setting out the Review's findings is expected to be submitted to the Secretary of State for Justice, the Secretary of State for Children, Schools and Families and the Welsh Assembly Government Minister for Health and Social Services in 2011.



David Norgrove appointed as Chair of Family Justice Review Panel

16 February 2010

David Norgrove has been appointed as Chair of the government's new review of the family justice system to examine how the current system can be reformed to better support children and parents.

He will chair a review panel comprising:

- Mr Justice McFarlane, the Family Division Liaison Judge for the Midlands
- John Coughlan CBE, Director of Children's Services at Hampshire County Council
- Dame Gillian Pugh, Chair of the National Children's Bureau
- Keith Towler, the Children's Commissioner for Wales.

The remainder of the panel will be made up of three senior officials from the Ministry of Justice, the Department of Children, Schools and Families, and the Welsh Assembly Government. The panel will look at the best methods of avoiding confrontational court hearings, and resolving family disputes outside of the court system, together with management of the family justice system.

Justice Secretary Jack Straw said:

'The appointment today of five independent, highly qualified experts is the vital first step in reforming and improving our family justice system, making it less adversarial and ensuring the needs and interests of children are at the heart of the system.'

'The panel brings together invaluable knowledge of the current legal system, as well as years of experience from the field of children's services and best practice from the private sector. Members also have a wealth of experience in reform and change management, including the chair David Norgrove who has knowledge of change in both the public and private sector.'

'Together, these appointments provide the right mix of experience, skills, and commitment to improving the results for children and parents involved in the family justice system.'

Ed Balls, Secretary of State for Children, Schools and Families, said:

'The panel announced today is the right mix of legal and children's professionals. With their wealth of experience they are best placed to look at ways to reform the family justice system so that it better protects the interests of children and gives more help to families experiencing breakdown.

'The government is concerned that the confrontational nature of the private law system can sometimes inflame parental conflict, leading to greater distress for children. That is why we are asking the panel to explore whether the legal system can deal with the issues more effectively, for example out of court in certain cases, and how it can provide more mediation to resolve conflict.

'We are improving the advice and information given to parents about mediation and providing this earlier so that they can reach an agreed separation arrangement without resorting to the courts. This will help parents to agree arrangements for contact and continue to parent cooperatively, which will ultimately lead to better support for children to get through this difficult time. In our Families and Relationships Green Paper we are also consulting on what more we can do to encourage the take up of family mediation, for example making information sessions on mediation compulsory, before a parent can take court action.'

Welsh Deputy Minister for Social Services, Gwenda Thomas, added:

'I am pleased that the panel will include an independent strong advocate to represent the voice of children through the Children's Commissioner for Wales. I am sure that Keith will maintain his reputation to ensure that children's best interests are at the heart of decisions.'

The review was announced as part of the cross-government Families and Relationships Green Paper, published by the Department for Children, Schools and Families in January. It will include calls for evidence, focus groups and formal consultation as part of its work, and will also be seeking the views of children.

The panel will be asked to make recommendations in two key areas: providing better information to promote fair settlements and agreements between family members; and whether improvements need to be made to the way in which the family justice system is managed. It will be guided by the following principles:

- the interests of the child should be paramount
- the court's role should be focused on protecting the vulnerable from abuse, victimisation and exploitation
- individuals should have the right information and support to enable them to take responsibility for the consequences of their relationship breakdown
- mediation and similar support should be used as far as possible
- the processes for resolving family disputes and agreeing future arrangements should be easy to understand, simple and efficient
- conflict between individuals should be minimised as far as possible.

The panel is expected to hold monthly meetings, beginning shortly. The final report of the review panel will be published next year.

Notes to editors

1. For more information, please contact the Ministry of Justice press office on 020 3334 3536.

2. More information on the Family Justice Review, including the terms of reference <http://www.justice.gov.uk/news/newsrelease200110a.htm>

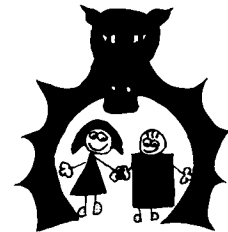
3. Information about the five panel members appointed today.

- **David Norgrove** is currently Chair of the Pensions Regulator and the Low Pay Commission and has knowledge of reform and change management in both the public and private sectors. As panel chair he will operate independently and objectively with no preconceptions about the way in which the family justice system currently operates.
- **Mr Justice McFarlane** will represent judicial and legal interests on the panel. Currently the Family Division Liaison Judge for the Midlands, McFarlane J has been a family division judge since 2005.
- **John Coughlan CBE**, Director of Children's Services Hampshire County Council. John is a respected Director of Children's Services and was influential in establishing the Association of Directors of Children's Services (ADCS) in. He formerly represented ADCS on the Ministerial Group on Care Proceedings – the forerunner to the National Family Justice Board.
- **Dame Gillian Pugh**, Chair of the National Children's Bureau. Formerly Chief Executive of Coram Family, Gillian is also a member of the Children's Workforce Development Council, a Board member of the Training and Development Agency for Schools and has held numerous advisory positions to government departments.
- **Keith Towler** is the current Children's Commissioner for Wales following his appointment in 2007. He has previously worked at Save the Children in Wales and NACRO. He will represent children's interests and will also provide a Welsh perspective on the panel's work.

NSA

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Email: post@childcomwales.org.uk
Website: www.childcomwales.org.uk

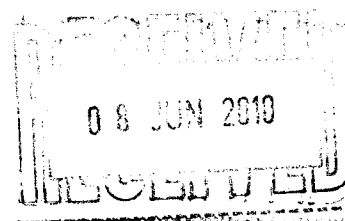
Ty Ystumllwynarth, Llys Siarter, Phoenix Way, Llansamlet, Abertawe SA7 9FS
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Gwefan: www.complantcymru.org.uk



Comisiynydd Plant Cymru
Children's Commissioner for Wales

24 May 2010

Christine Chapman AM
Chair – Petitions Committee
National Assembly for Wales
Cardiff Bay
Cardiff
CF99 1NA



Dear Christine

Petition: P-03-236 The Charter for Grandchildren

Thank you for your letter of 5th May 2010 asking for my views on the proposed charter.

I know that a great majority of children and young people benefit from their contact with their grandparents and other members of the extended family and that grandparents can be an invaluable source of family support. In the great majority of families there is no need for such a charter.

I would also question whether such a Charter is necessary when children already have rights which are afforded to them by the United Nations Convention on the Rights of the Child – in particular:

Article 5

States Parties shall respect the responsibilities, rights and duties of parents or, where applicable, the members of the extended family or community as provided for by local custom, legal guardians or other persons legally responsible for the child, to provide, in a manner consistent with the evolving capacities of the child, appropriate direction and guidance in the exercise by the child of the rights recognized in the present Convention.

And:

Article 8

1. States Parties undertake to respect the right of the child to preserve his or her identity, including nationality, name and family relations as recognized by law without unlawful interference.

Also at:
Penrhos Manor, Oak Drive, Colwyn Bay, Conwy LL29 7YW
Tel: 01492 523333 Fax: 01492 523336
Email: post@childcomwales.org.uk Website: www.childcomwales.org.uk

Hefyd yn:
Plas Penrhos, Oak Drive, Bae Colwyn, Conwy LL29 7YW
Ffôn: 01492 523333 Ffacs: 01492 523336
E-bost: post@complantcymru.org.uk Gwefan: www.complantcymru.org.uk

Christine Chapman AM

Page 2

24 May 2010

2. Where a child is illegally deprived of some or all of the elements of his or her identity, States Parties shall provide appropriate assistance and protection, with a view to re-establishing speedily his or her identity.

It is sad when relationships break down, and as a result, the child may lose contact with some members of the extended family. Many estranged couples handle this well and encourage contact with the wider family but we are aware that many do not. Indeed there are occasions where the court seeks to limit such contact, on occasion even with one parent, in the best interests of the child.

The United Nations Convention on the Rights of the Child also stresses the importance of listening to the child's wishes in decisions that affect them:

Article 12

1. States Parties shall assure to the child who is capable of forming his or her own views the right to express those views freely in all matters affecting the child, the views of the child being given due weight in accordance with the age and maturity of the child.

2. For this purpose, the child shall in particular be provided the opportunity to be heard in any judicial and administrative proceedings affecting the child, either directly, or through a representative or an appropriate body, in a manner consistent with the procedural rules of national law.

If a child wishes to have contact with grandparents, the child's views should be taken into account and such contact arranged with the consent of the parent who has care and control of the child.

It is likely that the proposed Charter, especially if made mandatory, would prove to be a hindrance to professionals in such circumstances when there are disputes over contact arrangements within families. It could be used as a tool to force

Christine Chapman AM

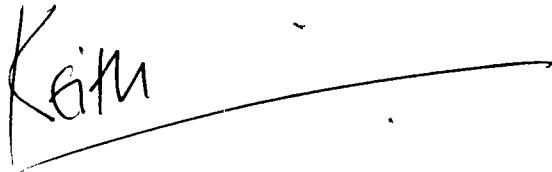
Page 3

24 May 2010

arrangements for contact that may not be in the best interests of the child and could cause considerable friction in the household in which the child lives.

I question, therefore whether the proposed charter is necessary and whether it would work in the best interests of grandchildren. It would seem to me rather to be a charter for **grandparents** than for **grandchildren**.

Yours sincerely

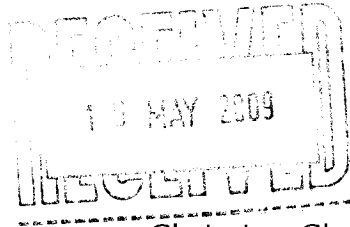
A handwritten signature in black ink that reads "Keith". The signature is written in a cursive style and is followed by a long, horizontal, slightly curved line that extends to the right.

Keith Towler
Children's Commissioner for Wales

AM

Cynulliad Cenedlaethol Cymru

National Assembly for Wales



Children and Young People Committee

Y Pwyllgor Plant a Phobl Ifanc

Christine Chapman AM
Chair, Petitions Committee
National Assembly for Wales
Cardiff Bay
Cardiff
CF99 1NA

Bae Caerdydd / Cardiff Bay
Caerdydd / Cardiff
CF99 1NA

18 May 2010

Christine Chapman

PETITION: P-03-236 The Charter for Grandchildren

Thank you for your letter dated 5 May 2010 and enclosed copy of the charter for grandchildren.

The Children and Young People Committee recognises the important part all family members play in a child's life and would welcome a charter that sets out the rights of grandchildren to have a relationship with their grandparents. Such relationships can be especially important to children and young people who experience intervention from professionals such as social workers or healthcare professionals in often stressful and destabilising situations.

The Committee will be interested to monitor progress of this petition over the coming months.

Helen Mary Jones
Helen Mary Jones
Chair, Children and Young People Committee

Ffon / Tel: 029 2089 8476
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E-bost / E-mail: Helen-mary.jones@wales.gov.uk



8. P-03-238 Llygredd ym mornant Porth Tywyn / P-03-241 Llanelli Star – Achubwch ein carthffosydd

P-03-238 Llygredd ym mornant Porth Tywyn

Geiriad y ddeiseb

Deiseb gan drigolion Sir Gaerfyrddin yn gofyn am ymchwiliad cyhoeddus gan Lywodraeth cynulliad Cymru i'r llygredd carthffosiaeth ym Mornant Porth Tywyn a Bae Caerfyrddin.

Linc i'r ddeiseb: <http://www.cynulliadcymru.org/gethome/e-petitions-old/admissible-pet/p-03-238.htm>

Cynigiwyd gan: Rhys Williams

Nifer y deisebwyr: 2240

Trafodwyd eisoes gan y Pwyllgor ar: 22 Medi 2009, 10 Tachwedd 2009, 19 Ionawr a 23 Mawrth, 11 Mai 2010

P-03-241 Achubwch ein Carthffosydd – Llanelli Star

Geiriad y ddeiseb

Rydym ni'n cefnogi ymgyrch y Llanelli Star i wella ein carthffosydd, yn paratoi'r ffordd i gannoedd o swyddi ddod i'r ardal ac yn atal carthffosiaeth rhag cael ei gollwng a rhag dinistrio ein hamgylchedd.

Linc i'r ddeiseb: <http://www.cynulliadcymru.org/gethome/e-petitions-old/admissible-pet/p-03-241.htm>

Cynigiwyd gan: Llanelli Star

Nifer y deisebwyr: 425

Trafodwyd eisoes gan y Pwyllgor ar: 22 Medi 2009 a 10 Tachwedd 2009, 19 Ionawr 2010 a 23 Mawrth, 11 Mai 2010

Y sefyllfa ddiweddaraf: Cafwyd gohebiaeth gan y Gweinidog dros yr Amgylchedd, Cynaliadwyedd a Thai ac mae wedi'i gynnwys isod.

Jane Davidson AC/AM
Y Gweinidog dros yr Amgylchedd, Cynaliadwyedd a Thai
Minister for Environment, Sustainability and Housing



Llywodraeth Cynulliad Cymru
Welsh Assembly Government

Eich cyf/Your ref P-03-238/241
Ein cyf/Our ref JD/01206/10

Christine Chapman AM
Chair - Petitions Committee
National Assembly for Wales
Cardiff Bay
Cardiff
CF99 1NA

14 June 2010

Dear Christine,

PETITIONS P-03-238 POLLUTION OF THE BURRY INLET AND PO-03-241 SAVE OUR SEWERS – LLANELLI STAR

Thank you for your letter of 21 May in which you seek clarification of when the cockle mortality investigation in the Burry Inlet will be completed and the outcome known.

The cockle mortality investigation is ongoing; the draft interim report reflected a survey campaign between March and July 2009 conducted by Professor Mike Elliott at Hull University. The key findings of the interim report include:

- there was no gross changes of water and sediment quality sufficient to stress the cockles;
- sediment accretion could have stressed the cockles by increasing their position in the tidal range although this is considered unlikely;
- the remaining benthic community did not show any adverse changes again reinforcing the above two conclusions;
- there were high but uniform mortalities of cockles in the Burry Inlet, i.e. no apparent episodic mass mortality, but these were balanced by high recruitment;
- the notable mortalities follows spawning by the cockles which in turn followed the flesh condition changes associated with gonad maturation;
- there is some evidence of a reduced flesh condition, use of body reserves and energetics, especially in the Burry Inlet, and that these are linked to spawning but it is not yet known if these were sufficient to kill the cockles;
- the high levels of some parasites could have caused mortalities in the Burry Inlet but probably only with already stressed individuals;
- there was immunological evidence of stress but this occurred at all sites, both in the Dee and Burry Inlet;
- there is evidence of faster growth and earlier reproduction in the Burry Inlet cockles but this needs further investigation;

Bae Caerdydd • Cardiff Bay
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English Enquiry Line 0845 010 3300
Llinell Ymholiadau Cymraeg 0845 010 4400
Ffacs * Fax 029 2089 8129
PS.minister.for.ESH@wales.gsi.gov.uk

Wedi'i argraffu ar bapur wedi'i ailgylchu (100%)

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- because of its older age structure, the Dee population proved not to be a suitable or valid control against which the Burry Inlet could be judged, hence comparisons have to be treated with caution.

The draft report was sent to the cockle working group and other stakeholders for their consideration. Following comments received by the cockle working group Professor Elliott produced a final report in May 2010. This final report will inform the next stages of the cockle mortality investigation. A copy of the report is attached.

I and the Minister for Rural Affairs met with the Environment Agency last month to discuss progress in the investigation. The Environment Agency advised that as the emphasis changes from the ongoing scientific investigations to longer term management of the shell fishery it is envisaged that the current Cockle Working Group will eventually wind down. It will be replaced by two new groups consisting of a management group and stakeholder forum.

The recommendations from the report have been prioritised and will be addressed in the 2010/11 ongoing investigation programme. These can broadly be summarized as follows:

- There is need to conduct statistical analysis of the results to highlight any cause and effect relationships between environmental or biological factors and the onset of mortality events, for example relationships between times of spawning, mortalities and condition of the animals in relation to their energy reserves and/or parasite infection rates.
- A significant number of scientific reports from around the world have been identified that may provide further insight into the mortality events. The need exists to expertly review these papers and to extract pertinent information that might assist with the investigation and help inform future management options.
- Carry out a management review of past and current practices and recommend options – an initial review is currently underway.
- Develop a stakeholder engagement plan and draw on local knowledge to help inform future decision making.

I hope you will find the information clarifies the future process in respect of this issue.

Yours,



Jane Davidson AM

Y Gweinidog dros yr Amgylchedd, Cynaliadwyedd a Thai
Minister for Environment, Sustainability and Housing

EXECUTIVE SUMMARY

Background

Chronic mass mortalities have been observed within the commercial cockle (*Cerastoderma edule*) beds in the Burry Inlet annually since 2002. It is estimated that between 2003 and 2007 the financial loss to the commercial fishery was £14 million. The Welsh Assembly Government (WAG) requested an investigation into the cockle mortalities and asked the Environment Agency Wales (EAW) to lead the investigation. As part of this investigation EAW (together with other funding bodies WAG, Countryside Council for Wales (CCW), and South Wales Sea Fisheries Committee (SWSFC)) proposed a two year study to investigate these mortalities. This report presents the findings of the 2009 survey campaign which was undertaken between March and July to investigate these mortalities. The survey and analysis was undertaken by the Universities of Hull, Swansea and Bangor, the Centre for Fisheries and Aquaculture Sciences (Cefas) and EAW. Funding was provided by WAG, EAW, CCW and the SWSFC with in-kind support from the cockle gatherers and processors.

The 2009 survey aimed to determine changes in cockle populations, benthic (bed) communities and individual cockle health in relation to changes in environmental parameters such as sediment composition, accretion and water quality. Surveys were undertaken on a weekly basis, for 18 weeks, at two sites in the Burry Inlet and one control site in the Dee Estuary. This initial work analysed samples for water quality (dissolved oxygen, temperature, salinity, faecal coliforms, ammonia and chlorophyll *a*), bed sediment (particle size, organic content, redox layer, accretion and station height), benthic faunal (other sandflat organisms) communities (abundance and biomass), cockle populations (abundance, size-structure, assessment of moribund/dead cockles, flesh condition index) and cockle health (parasites, sexual maturation, biochemical analysis and immunology).

Main Findings

All three sites were similar with respect to sediment type (mean and median grain size), with all the sediments classified as fine or very fine sand. Sand dominated the sediment categories and remained relatively high at both sites in the Burry (North and South); sand content in the Dee decreased across the survey period in line with an increase in mud content.

Organic concentration in the sediment ranged from 0.4% to 1.4% which is considered to be within the normal range of organic matter for sandy sediments. Although fluctuations occurred between these values, these changes are within any natural variation of the systems. A slight increase in organic content observed in the Dee reflects the increase in sediment mud content.

The redox potential discontinuity layer (RPD)¹, as an indication of the oxygen conditions in the sediment, was deeper at both Burry Inlet sites (>10cm) than would be regarded as potentially harmful; there was no sign of hydrogen sulphide (a by-product of poor oxygen conditions) toxicity at either Burry North or Burry South and the redox potential data did not indicate sufficiently anoxic conditions to cause the cockles to migrate out of the sediment. The average RPD layer varied significantly in the Dee (1 - 5.5 cm) being within 2 – 3 cm of

¹ The change from aerated (oxygen rich) surface sediments to deeper anoxic (oxygen deprived) layers.

the surface, with aerated sediment only just covering the cockles in some places. The depth of the RPD in the sediment may have contributed to the exposure of the cockle shells and consequent barnacle larvae settlement on those shells in the Dee Estuary.

The high level of sediment accretion observed in the Burry Inlet, particularly at Burry South, was the most notable feature for the environmental parameters. This confirmed observations from 2008 and anecdotal evidence from cockle gatherers over the years. Large amounts of sediment are being deposited on the cockle beds and the area is generally accreting. In comparison, very little sediment accretion was observed in the Dee.

The water quality analyses show that, apart from the impact of a storm event in July, all water quality parameters were considered to be within normal levels for such estuaries. However, initial investigations of un-ionised ammonia levels² in the Burry Inlet and Three Rivers Estuaries during 2008 indicate that unionised ammonia levels may on occasions introduce stress, although it needs to be confirmed whether the Burry concentrations differ significantly from other estuaries with sustainable cockle populations. The source of the ammonia is unknown although the cockles themselves will contribute to the levels observed.

As the benthic communities (i.e. the different species living in or on the bed) varied between sites, the benthic data were analysed on a site by site basis in order to investigate temporal trends within the data. The benthic community varied between the sites and with time. There was no evidence that any other benthic species other than the cockle showed a mass mortality. The lack of an effect in the larger-sized benthic species, and even those with the same suspension feeding habit as cockles, reinforces the conclusion that neither water nor sediment quality were responsible for the cockle mortalities.

Cockle mortalities were observed at the start of the survey, with cockle densities in the Burry Inlet declining during the investigation. 85% of cockles died during the 18 week survey with mortality rates varying between 0 and 6% per day, although moribund and dead cockles found on the sediment surface were an unreliable indicator for mortality rates. Spat (0-year class cockles) settled from June onward and reached densities of up to 6,000 per m² in the Burry Inlet.

The flesh condition index of cockles decreased from the end of April through to July, with both the mean shell and flesh weights of the cockles increasing during this period. During the same period, cockles in the Dee showed an increasing condition index, with an increase in flesh weight, but no shell weight, observed. While the condition of the cockles is expected to change over these periods (for example, cockles will normally lose condition while spawning), the changes in condition in relation to survival and growth needs to be further investigated. The initial assessment of cockle growth showed higher rates for both Burry Inlet sites compared to the Dee Estuary.

There was a high diversity of parasites in animals from both estuaries, indicating the presence of other hosts in these areas, including crabs, other bivalves and gastropods (mud snails) as well as fish and bird hosts. It is of note that the numbers, prevalence and types of infections by certain parasites are much reduced compared with previous years of sampling whereas other had higher levels in 2009.

² Total ammonia occurs in two forms: an ionised ammonium ion (NH₄⁺) and un-ionised ammonia (NH₃). Natural sources of ammonia occur mostly in the ammonium form (94-98%), however in water ammonium dissociates to un-ionised ammonia and the hydrogen ion.

There was clear evidence for maturation and subsequent spawning of cockles from all three sample sites. However, there was a size discrepancy in the cockles collected, with those from the Dee being much larger (and more mature) which was reflected in the gonad status of the animals. Those collected in the Dee showed a higher degree of maturation and appeared to spawn over a longer period compared with those from the Burry. In addition, cockles from the Dee appeared to recover more quickly following spawning. These differences may be the result of the older cockles present at the Dee than in the Burry Inlet.

The mortality rates results found in the study raise queries over whether the phenomenon described by the cockle fishermen as a sudden mass mortality is really quite sudden, and also on the accuracy of assessing the extent of the mortalities. These surveys have sampled deeper in the sediment than before and have shown much higher numbers of dead cockles below the surface than previously described. The results have confirmed that the Burry population is dominated by the younger age classes and possibly in the age of first reproduction and so the major links between changes to condition, growth during the first year, timing and extent of spawning and mortalities need to be investigated further and compared to populations elsewhere.

Conclusions

The analyses during the period March to July 2009 have produced the following conclusions:

- there were high but uniform mortalities of cockles in the Burry Inlet, i.e. no apparent episodic mass mortality, but these were balanced by high recruitment;
- the notable mortalities follows spawning by the cockles which in turn followed the flesh condition changes associated with gonad maturation;
- there is some evidence of a reduced flesh condition, use of body reserves and energetics, especially in the Burry Inlet, and that these are linked to spawning but it is not yet known if these were sufficient to kill the cockles;
- the high levels of some parasites could have caused mortalities in the Burry Inlet but probably only with already stressed individuals;
- there was immunological evidence of stress but this occurred at all sites, both in the Dee and Burry Inlet;
- there is evidence of faster growth and earlier reproduction in the Burry Inlet cockles but this needs further investigation;
- because of its older age structure, the Dee population proved not to be as suitable as expected as a control against which the Burry Inlet could be judged, hence comparisons have to be treated with caution;
- there was no gross changes of water and sediment quality sufficient to stress the cockles with perhaps the potential for ammonia stress;
- however, as the un-ionised ammonia data were not obtained concurrently with the remaining data then their value is further questionable;
- sediment accretion could have stressed the cockles by raising their position in the tidal range although this is considered unlikely;

- the remaining benthic community (i.e. apart from cockles) did not show any adverse changes again reinforcing the above conclusions.

Recommendations for Further Work

It is emphasised that this survey work is only part of the proposed investigations for the Burry Inlet and therefore some of the suggested work (below) may be ongoing or may already have the funding in place for this coming year. The recommendations below are given in order of priority and it is emphasised that the third block need not be attempted until the first two blocks have been completed. These recommendations relate to studies linked to those in the present report. They do not include links between the mortalities, the harvesting and the management of the beds.

Further work on the 2009 samples, data and information:

- The available data for 2009 should be further interrogated both to show the relationships between the environmental and biotic data but also within the biotic data (e.g. relationships between times of spawning, mortalities, condition and storage material changes).
- This could be done by undertaking a multivariate analysis on the combined data sets in order to investigate any relationships between the various factors, for example this would include an analysis of the changes during the recorded storm event and the changes in bivalve populations in relation to changes in environmental variables.
- Further investigation into the effects of water and air variables (e.g. temperature) in relation to seasonal cycles to determine environmental triggers for natural cycles.
- Further work on the age and growth of the cockles already sampled – further interrogation of the growth rates of both areas according to size-frequency histogram and growth cessation ring analysis.
- A re-evaluation of condition index changes, using other indices, and linked to the spawning and energetic information.

Further work without additional fieldwork:

- The interrogation of existing literature and data which are available for the Burry Inlet against that elsewhere. This is considered of key importance and can be easily achieved following the initial literature searches already undertaken by the EA Science Team.
- Following on from the above, an indication of growth rates for different areas in relation to population sizes and mortalities.
- An indication of maturation and spawning times and cycles for populations in different areas.
- Similarly, the modelling of the population dynamics and assessment of impact of historical management practices would be valuable especially taking into account the restrictions imposed on access to cockle beds spatially and to minimum cockle sizes only.
- The literature reviews should assess the phenomenon of apparent abnormal mass mortalities in cockles and other shellfish; this will build on the EA-coordinated survey developing across England and Wales. However, this may be constrained by lack of

staff time, base-line data, and techniques to accurately assess cockle densities and mortality rates on a routine basis.

Further field campaigns

- For future surveys, additional environmental variables may be valuable, for example turbidity could indicate the availability of phytoplankton production and thus food supply for the cockles. The EAW's environmental data buoy installed in the Burry Inlet will provide constant monitoring of environmental conditions and it is hoped that these data will be available online for all to access.
- Following on from the investigation into un-ionised ammonia, it is suggested that further monitoring and a comparison of sampling techniques for un-ionised ammonia levels are recommended for the future. There may be the opportunity to calculate unionised ammonia in other estuaries with cockle populations from archived data.
- Given the varying degree of accretion in the Dee, a more suitable measurement technique would be valuable (e.g. the establishment of metal plates across the site (after Brown, 1998)) linked to an analysis of the preferred tidal heights for the cockles.
- Further consideration of sampling frequency would be valuable to identify whether additional samples would further link cockle mortalities and environmental parameters as a species-specific phenomenon.
- The continuation of monitoring in the Burry Inlet (and the Dee to a lesser extent) over the entire year (and subsequent years) to allow both the exact timing of the mortality events to be established and an assessment of winter condition as an influence on summer mortalities and reproduction cycles.
- Further investigation of the settlement, growth and mortalities of spat across the intertidal areas and then extend this to growth and productivity of the cockles in their first 2 years.
- It is suggested that bacterial work, such as DNA fingerprinting of flora from various organs and the surrounding environment, may be a useful field to investigate. An assessment of bacteria which are known to cause mortality in cockles would also be useful.
- While field survey approaches provide valuable information, the repercussions of the health of the cockles in relation to long term survival may require an experimental approach, for example to determine the density-dependent influences in the populations.
- Given the uncertainties, it would be valuable to understand the hydrographical changes in the Burry Inlet - to determine whether all the dead cockles actually come from the area in which they are found or have been transferred from elsewhere especially as many bivalves move by hydrographic concentration. Similarly, the origin of the spat is unclear.

9. P-03-247 Achubwch Gartref Hedd Wyn

Geiriad y ddeiseb

Rydym yn galw ar Gynulliad Cenedlaethol Cymru i annog Llywodraeth y Cynulliad i gydnabod pwysigrwydd diwylliannol a hanesyddol cyn gartref Hedd Wyn ac i chwilio am ffyrdd y gellir diogelu'r rhan bwysig hon o hanes Cymru ar gyfer y genedl.

Linc i'r ddeiseb: <http://www.cynulliadcymru.org/gethome/e-petitions-old/admissible-pet/p-03-247.htm>

Cynigiwyd gan: Keith Underdown

Nifer y deisebwyr: 25

Trafodwyd eisoes gan y Pwyllgor ar: 19 Ionawr 2010 a 23 Mawrth 2010

Y sefyllfa ddiweddaraf: Bydd y Pwyllgor yn ystyried y sefyllfa ddiweddaraf ynghylch y ddeiseb hon.

10. P-03-254 Sylwadau trydydd parti mewn cyfarfodydd cynllunio

Geiriad y ddeiseb

Rydym yn galw ar Gynulliad Cenedlaethol Cymru i annog Llywodraeth Cymru i gyflwyno hawliau i drydydd parti lefaru mewn cyfarfodydd Awdurdodau Cynllunio Lleol drwy Gymru

Linc i'r ddeiseb: <http://www.cynulliadcymru.org/gethome/e-petitions-old/admissible-pet/p-03-254.htm>

Cynigiwyd gan: Cynghorydd Nic Hodges

Nifer y deisebwyr: 94

Trafodwyd eisoes gan y Pwyllgor ar: 24 Tachwedd 2009 a 19 Ionawr 2010 a 23 Mawrth 2010

Y sefyllfa ddiweddaraf: Cafwyd gohebiaeth gan y Gweinidog dros yr Amgylchedd, Cynaliadwyedd a Thai ac mae wedi'i gynnwys isod.

Jane Davidson AC/AM

Y Gweinidog dros yr Amgylchedd, Cynaliadwyedd a Thai
Minister for Environment, Sustainability and Housing



Llywodraeth Cynulliad Cymru
Welsh Assembly Government

Eich cyf/Your ref P-03-254
Ein cyf/Our ref JD/00845/10

Christine Chapman AM
Chair - Petitions Committee
National Assembly for Wales
Cardiff Bay
Cardiff
CF99 1NA

19 April 2010

Dear Chris,

Thank you for your letter of 30 March concerning draft Technical Advice Note 17: "Planning and Managing Development".

The TAN will be an important tool in support of making improvements to the application process as identified in the forthcoming GVA Grimley study of the Planning Application Process, which is due to be published in May.

My officials will be working to finalise the TAN in the light of consultation comments received, and the recommendations in the GVA Grimley study. The aim is to publish the TAN early next year.

Yours,

A handwritten signature in black ink, appearing to read 'Jane'.

Jane Davidson AM

Y Gweinidog dros yr Amgylchedd, Cynaliadwyedd a Thai
Minister for Environment, Sustainability and Housing

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Wedi'i argraffu ar bapur wedi'i ailgylchu (100%)

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11. P-03-268 Adran Ddamweiniau ac Achosion Brys yn Ysbyty Aneurin Bevan

Geiriad y ddeiseb

Rydym ni, y rhai sydd wedi llofnodi isod, yn galw ar Gynulliad Cenedlaethol Cymru i annog Llywodraeth Cynulliad Cymru i ddarparu Uned Damweiniau ac Achosion Brys yn Ysbyty newydd Aneurin Bevan - Ysbyty Blaenau Gwent.

Linc i'r ddeiseb: <http://www.cynulliadcymru.org/gethome/e-petitions-old/admissible-pet/p-03-268.htm>

Cynigiwyd gan: Rhianydd Williams

Nifer y deisebwyr: 16 (ac hefyd, casglodd deiseb gysylltiedig â hi 302 o lofnodion)

Trafodwyd eisoes gan y Pwyllgor ar: 8 Rhagfyr 2009 a 23 Mawrth

Y sefyllfa ddiweddaraf: Cafwyd gohebiaeth gan y Gweinidog dros Iechyd a Gwasanaethau Cymdeithasol a chan Fwrdd Iechyd Lleol Aneurin Bevan ac Alun Davies AC. Mae'r rhain wedi'u cynnwys isod.

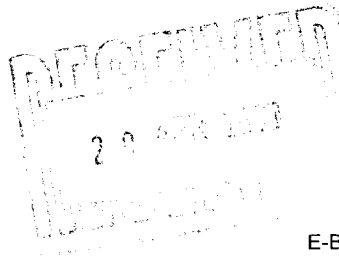
Edwina Hart MBE OStJ AM

Y Gweinidog dros Iechyd a Gwasanaethau Cymdeithasol
Minister for Health and Social Services

Our ref: EH/01149/10

Your ref: P-03-268

Christine Chapman AM
Chair - Petitions Committee
National Assembly for Wales
Cardiff Bay
Cardiff
CF99 1NA



Llywodraeth Cynulliad Cymru
Welsh Assembly Government

Bae Caerdydd
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E-Mail: Correspondence.Edwina.Hart@Wales.gsi.gov.uk

Dear Chris

19 April 2010

Thank you for your letter of 31 March, sent on behalf of the Petitions Committee, in which you request further information on how Minor Injury Units and Major Accident and Emergency Departments are publicised, amongst other issues.

It is clear that effective public engagement and communication can help the public make better choices about how to access unscheduled care services, and this includes making the distinction between Major A&E Departments and Minor Injury Units. Consequently, the Assembly Government is working in partnership with the NHS to develop a national communication and information strategy for the public and for services across Wales.

This forms a key element of a proposed Unscheduled Care programme to be taken forward as one of the national programmes identified for delivery by the NHS. It is intended that this work will complement local initiatives, including the 'Choose Well' campaign which is designed to provide people with clear information about what different services are available to them, and when they are most appropriately used. This campaign is currently being piloted by three LHBs with a view to national implementation. For ease of reference I have provided a link to literature on the campaign run by Betsi Cadwaladr ULHB below:

<http://www.wales.nhs.uk/sitesplus/861/page/41534>

Further, as noted in my previous response, NHS Direct Wales provides assistance to the public in making informed decisions about their healthcare through its website and telephony service. The website provides information on

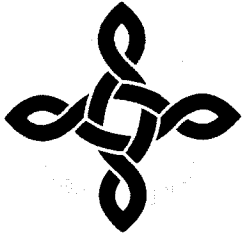
a range of local services that can be accessed by patients at any time of day or night, and this acts as a useful guide to choosing the right NHS service, whether that is a Minor injuries facility or a Major Accident and Emergency Department. For ease of reference, the website can be accessed via the below address. Information about the availability of services is also advertised in GP surgeries, community centres, libraries and in local newspapers.

<http://www.nhsdirect.wales.nhs.uk/>

With regard to your query about the action taken if an individual attempts to access a service when another may be more appropriate, I can tell you that the overwhelming majority of patients will be seen and treated regardless of the service that they choose to access. I would expect NHS staff to provide advice on alternative care pathways should the patient present at an inappropriate department or access an unsuitable service, although it is the jurisdiction of the NHS as to whether they do so.

Finally, in response to your question about GP out of hours services linking with others, I expect Local Health Boards to fully consider in their service planning processes how services such as GP out of hours care, minor injuries services and acute medical services fit together to provide a comprehensive service for patients.

A handwritten signature in black ink, appearing to be a stylized name or initials.



GIG
NHS

Bwrdd Iechyd
Aneurin Bevan
Health Board

27 MAY 2010

Ref: AG/JP/EH-law

Direct Line: 01495 765072

19 May 2010

Ms Val Lloyd
Chair - Petitions Committee
National Assembly for Wales
Cardiff Bay
Cardiff
CF99 1NA

Dear Ms Lloyd

Re: Petition P-03-268: Accident and Emergency Unit at Ysbyty Aneurin Bevan

Many thanks for your letter dated 31 March 2010 received by my office on 6 April 2010. In that letter you have asked for supplementary information following my initial correspondence dated 27 January 2010 in response to the above petition.

You specifically requested this response address the following issues: -

- Details of the steps taken to ensure that the public present themselves at the unit which will provide the most appropriate service
- Actions taken if an individual presents at the wrong location
- How the Out of Hours Service links into the provision of acute and minor injury services locally

With respect to the questions you have raised in your letter, I have addressed each issue in turn.

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Bwrdd Iechyd Aneurin Bevan yw enw gweithredol Bwrdd Iechyd Lleol Aneurin Bevan
Aneurin Bevan Health Board is the operational name of Aneurin Bevan Local Health Board

1. Steps to ensure that the public present themselves at the most appropriate unit to meet their needs

Local Information (within Blaenau Gwent County Borough)

The Local Health Board publishes a leaflet entitled "Your Guide to Blaenau Gwent Health Service" which contains information about local health care services and access to emergency services. This leaflet is updated regularly (copy of latest version attached for information marked **Appendix 1**) and circulated via:-

- All GP practices
- All dental surgeries
- All community pharmacies
- All optometrists premises (Opticians)
- Libraries
- Post Offices
- Community First Offices
- Local businesses

We also have a small section about Health in Blaenau Gwent in the Street Maps Guide published and widely distributed by Blaenau Gwent County Borough Council. The Health Section provides information on registering with a GP, Out of Hours Services, Pharmacy Helpline, Minor Injuries Unit, Emergency Out-of-Hours dental service, NHS Direct, A&E Units.

In addition our Blaenau Locality Office run a poster and advertising campaign each year detailing how to access services over holiday periods (specifically the Christmas and New Year period). These posters are displayed on all primary care sites, published in the Gwent Gazette and also published in "Connect" Blaenau Gwent CBC's magazine which is distributed to every household in the borough.

Our website also publishes local pharmacy rotas, together with a range of information on Local Health Services.

Gwent Out of Hours Services

ABHB is currently in the process of redesigning the front pages of its website to provide additional information on how to access Gwent GP Out-of-Hours Services and we are also in the process of transferring information from the former Gwent Health Care NHS Trust website to the new Aneurin Bevan Health Board website which was established on 1 October 2009.

In addition the Out of Hours Service has developed and published a laminated poster which has been widely circulated to all GP practices, A&E departments, Minor Injury Units and libraries. This poster is a guide to service users on which healthcare service is best placed to deal with particular acute health needs/ conditions.

The Out of Hours service also issues press releases at holiday periods (Christmas/Easter) detailing how patients can access emergency services. Local press publications and Local Authority Free Press are the main vehicles for these releases.

All GP practices provide an answer phone message on how to access the Out of Hours Service.

General Comment

Nationally it is accepted that more must be done to educate and inform the general public in relation to unscheduled - urgent and emergency care. A core component of this agenda will be empowering people to feel more confident about dealing, safely, with minor conditions thereby reducing over-reliance on emergency services for conditions which, though urgent to the individual, are not immediately life threatening or indeed clinically urgent. The current situation is nobody's 'fault' but is just the product of an unscheduled care system with multiple points of access.

Aneurin Bevan Health Board recognises that we are embarking on a journey with our public and our clinicians, where together we will develop and implement a safe, high quality sustainable unscheduled care service model that enables as much care as possible to be provided in a planned and scheduled way by amongst other measures, systematically developing and delivering services that support the patient in managing their own health and ill health (e.g. Chronic Disease Management Services, Frailty Services) and reducing inappropriate variance in access to primary and community services (in particular General Practice). These measures would have the effect of reducing the need for the public to access unscheduled care services in the way they have historically relied upon them.

2. Actions taken if an individual presents at the wrong location

Inappropriate Attendances at Minor Injury Unit

All Minor Injury Units across Aneurin Bevan Health Board will operate within a standard Operational Policy (copy attached for information marked **Appendix 2**). Historically these units have worked within similar operational policies and the one attached is the draft policy for the new organisation that will be implemented consistently across all of ABHB minor injury units.

This policy clearly specifies conditions/presenting symptoms that can be safely treated within a Minor Injury Unit, and those conditions/presenting symptoms that are excluded and require transfer to another healthcare provider.

a) Transfer to Primary Care/Community Based Service

In the context of patients whose needs are best place in primary and community care settings, the MIU clinical staff will following assessment and initial treatment liaise with the appropriate GP practice/community service on behalf of the patient and arrange a follow up appointment within a timeframe that is commensurate with the patients' clinical needs.

Out of Hours, where a primary care assessment is indicated, patients are transferred to the Out of Hours service.

b) Transfer to District General Hospital

For those who require transfer to a District General Hospital, the MIU clinical staff will ensure the safe transfer of the patient, which will include: -

- Transport appropriate to the clinical needs of the patient (own transport to blue light – 999 response)
- Full and concise handover of the patient to the receiving hospital
- Documentation will transfer with the patient

Attendances at A&E**a) Transfer to Primary Care/Community Based Service**

Similarly, A&E Departments work within agreed Operational Policies when a patient presents with symptoms that are better served (both from the point of view of quality and efficiency) by a different health professional. Following an appropriate assessment Accident and Emergency Department staff will:

- Liaise with the appropriate GP/community service (both in hours and out of hours) on behalf of the patient and arrange a follow up appointment within a timeframe that is commensurate with the patient's clinical need.
- Advise the patient to make an appointment with their General Practice and forward an electronic discharge/transfer summary to the General Practice

2) Transfer to Tertiary Centres

If the patient requires transfer to tertiary services (e.g. Cardiff, Bristol or Swansea) agreed protocols are in place between ABHB District General Hospitals and each of these tertiary centres. The A&E clinical staff will ensure the safe transfer of the patient in line with these protocols.

3. How the Out of Hours Service links into the provision of acute and minor injury services locally

The Out of Hours Service provides a Primary Care service for the triage, assessment, treatment and (where indicated) transfer of care for patients with conditions that would normally be dealt with by their core hours GP Practice. The management of minor injuries is a relatively specialised skill and, when done without the relevant expertise, can deliver a sub standard service. The Out of Hours service will deal with the level of minor injury that the day time GP Practice would. However, when a clinician recognises a condition that is not within their scope of normal practice she/he will refer on to another clinician (appropriately trained in minor injury provision) in Ysbyty Aneurin Bevan or (for more complex needs) an appropriate District General Hospital.

This is similar to the principle above where a patient with medical problems requiring a primary care assessment is transferred to the Out of Hours service i.e. to the most appropriate clinician for the medical condition.

The key clinical relationship for clinicians administering minor injury care is with A&E Consultants at District General Hospitals. These senior clinicians have the expertise, knowledge and experience to support and oversee the delivery of care through the whole Minor Injury Unit network. They will oversee the quality of the overall service and provide advice, if needed, to minor injury clinicians in satellite units.

I trust that I have answered the specific queries that you have raised. Please do not hesitate to contact me if I can be of any further assistance.

Yours sincerely



Dr Andrew Goodall
Prif Weithredwr/ Chief Executive
Bwrdd Iechyd Aneurin Bevan/ Aneurin Bevan Health Board



GIG
NHS

Bwrdd Iechyd
Aneurin Bevan
Health Board

**Blaenau Gwent Locality Office
Aneurin Bevan Health Board
Your Guide to Blaenau Gwent Health Services
April 2010**

Aneurin Bevan Health Board

On 1st October 2009, as a result of the NHS restructuring in Wales, Aneurin Bevan Health Board was established to bring together services and staff from Blaenau Gwent, Caerphilly, Monmouthshire, Newport and Torfaen LHBs and Gwent Healthcare NHS Trust.

Aneurin Bevan Health Board has a Blaenau Gwent Locality Office, which is situated at:

Anvil Court
Church Street
Abertillery
Blaenau Gwent
NP13 1DB
Tel: 01495 325400
Fax: 01495 325425
E-mail: abhb.enquiries@wales.nhs.uk
Website: www.aneurinbevanhb.wales.nhs.uk



The Locality Director is Mrs Bobby Bolt.

The purpose of this leaflet

This leaflet contains useful information, including contact addresses and telephone numbers. Please keep it handy for future reference or if you need to contact us.

How do I get involved?



If you are interested in improving the health of people in Blaenau Gwent then why not:

- Join the Blaenau Gwent Local Health Watch Group (contact the Blaenau Gwent Locality Office for details).
- Take part in any health surveys or public engagement that may take place.
- Join a local Patients' Participation Group, or talk to us about starting a patient group (contact the Blaenau Gwent Locality Office for details).
- Attend the Public Board meetings of Aneurin Bevan Health Board to gain an insight into how we function (details are published on our website: www.aneurinbevanhb.wales.nhs.uk)
- Visit our website, www.aneurinbevanhb.wales.nhs.uk, and use the feedback form to make comments – feedback is vital to us for improving the quality of our services.
- **If you would like to find out more about how you can make a difference, why not contact Sharon Harford, Communications Manager, on 01495 325427.**

Complaints Procedure:



We can learn from complaints and use your experience to provide better services. Please contact the Blaenau Gwent Locality Office to request a copy of our Complaints Policy and our 'Guide to Making Complaints'.

Local Health Services

Self Care

Many illnesses can be treated at home by using over the counter medicine, taking plenty of fluids and having plenty of rest. Self care is the best choice to treat very minor illnesses and injuries.

GPs and Out of Hours Services

How do I register with a General Practice?

Once you have decided on the practice you wish to register with you should telephone/visit the surgery to register with them and make an appointment for a medical check-up. A list of GP Practices is contained on pages 7 to 9 of this leaflet. If you have difficulty in registering with a practice, contact Blaenau Gwent Locality Office (Tel: 01495 325400).

GP Out of Hours Services: This service covers the hours of 6.30 pm to 8.00 am on weekdays, the whole of weekends, Bank Holidays and Public Holidays.

For your convenience, this is an appointment only service. Please make sure you have an agreed appointment time before you arrive at the Primary Care Centre.

How do I access the GP Out of Hours Service? If you need to see a doctor urgently **between the hours of 6.30 pm and 8.00 am on weekdays, the whole of weekends, Bank Holidays or on Public Holidays** and can not wait until the next working day, please dial: **0845 600 1231**.

Please do NOT use this number for prescriptions, test results or routine enquiries.

What happens when I ring the Out of Hours telephone number?

Specially trained NHS staff will answer your call. They will ask you some questions, for example your name, address, name of your GP and reason for your call. All information is regarded as confidential.

You will then be advised that you will receive a call back. Calls are prioritised so that more urgent callers are dealt with first. When you are called back, it will be by a professional - either a doctor or a nurse. They will seek further information on your problem and either:

- give you advice over the telephone
- refer you to a Primary Care Centre for an appointment to be seen by a doctor or nurse as appropriate
- arrange a home visit
- refer the call to the Ambulance Service

Transport is available for those who, for reasons of infirmity or illness, cannot attend a Primary Care Centre. However, if you can arrange for a relative or friend to drive you to the Centre, this will ensure that those most at need receive the transport service.

Dental Services:

Dental Out of Hours Services: You will be able to receive the appropriate dental health advice from this service, by telephoning **0845 6020252**. This service covers the hours of 6.30 pm to 8.00 am on weekdays, the whole of the weekends, Bank Holidays and Public Holidays,

Emergency Out of Hours surgeries are also held on Saturdays/Sundays and Bank Holidays. This is an **appointment only** service and the surgeries are for urgent treatment only. Normal NHS charges apply.

A list of dental practices can be found on page 11 of this leaflet. If you need help finding an NHS dentist for your ongoing treatment, contact Blaenau Gwent Local Health Board on 01495 325400.

A dental helpline is available on **01633 488389** during working hours.

Where else can I get advice and treatment?

- **Pharmacy:** Please ask your local pharmacist for advice about common illnesses. Check notices at your local pharmacy or contact NHS Direct on **0845 46 47** to find out which chemists are open outside normal hours. A list of pharmacies can be found on page 10 of this leaflet.
- **Minor Injuries Unit:** There is a minor injuries unit currently based at Tredegar Hospital, which can treat people with minor injuries. This will be relocated to Ysbyty Aneurin Bevan in the Autumn of 2010.
- **NHS Direct Wales:**
For 24 hour confidential healthcare advice or information call **Tel: 0845 46 47**



Calls are charged at a local rate and there is a confidential translation service available.

NHS Direct Wales is a 24 hour nurse-led, confidential helpline providing advice and information on:

- What to do if you're feeling ill
- Health concerns for you and your family
- Local health services
- Self-help and support organisations

Website: www.nhsdirect.wales.nhs.uk

When should I contact the emergency services?

A medical emergency is a critical or life threatening situation where an ambulance and treatment in an Accident and Emergency Department is required. Examples of situations where you should call 999 for an ambulance include:

- If someone is unconscious.
- If someone is bleeding heavily.
- If you suspect broken bones.
- A deep wound – such as a stab wound.
- Suspect heart attack/severe chest pains.
- Difficulty in breathing.

Social Care

Social Care covers a range of activities from accommodation through to personal care. Blaenau Gwent County Borough Council has a duty to assess, via its Social Services Department, and arrange for the provision of services for those deemed to be in greatest need following such an assessment. These services include Residential Care, assistance with maintaining independence, such as Home Care, and a range of Day Service activities. The Authority also has a duty to protect vulnerable children and adults and arrange services for children in need. Social Services Headquarters office is based at: Anvil Court, Church Street, Abertillery, NP13 1DB. Tel: (01495) 354680.

Aneurin Bevan Community Health Council

Aneurin Bevan Community Health Council - The Health Service Watchdogs for Gwent:

Public Involvement Officer: David Kenny
Complaints Advocates:
Sonia Thomas-McQuade and Liz Warren



Contacting Aneurin Bevan CHC:

Tel: 01633 838516 (24-hour answering service)

Fax number: 01633 484623

Email address: abchc@chc.org.uk

Website: www.communityhealthcouncils.org.uk

Address:

Aneurin Bevan Community Health Council, Raglan House, 6-8 William Brown Close, Llantarnam Business Park, Cwmbran, NP44 3AB

Office hours: Monday to Thursday, 9.00am - 4.30pm
Friday, 9.00 am - 4.00 pm

Aneurin Bevan CHC will be able to help you with general advice on health services, advice and help on complaints about the NHS and links to other agencies.



GIC
NHS

Bwrdd Iechyd
Aneurin Bevan
Health Board

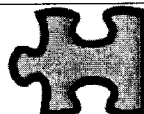
Aneurin Bevan Health Board has three large district general hospitals that serve people from the Blaenau Gwent locality, providing the full range of acute surgical and medical services:

- **Nevill Hall Hospital,
Abergavenny, Gwent, NP7 7EG
Tel: 01873 732732**
- **Royal Gwent Hospital,
Cardiff Road, Newport, Gwent, NP20 2UB
Tel: 01633 234234**
- **Caerphilly District Miners' Hospital,
St Martin's Road, Caerphilly, CF83 2WW
Tel: 029 20 851 811**

These are supported by a network of community and mental health hospitals and day care premises.

- **Blaina and District Hospital, Hospital Road, Blaina, Blaenau Gwent, NP23 4LY
Tel: 01495 293250**
- **Dan-y-Bryn Unit, Eureka Place, Ebbw Vale, Blaenau Gwent, NP23 6PN
Tel: 01495 353700**
- **Tredegar General Hospital, Park Row, Tredegar, Blaenau Gwent, NP22 3XP
Tel: 01495 722271**
- **Ysbyty'r Tri Chwm, College Road, Ebbw Vale, Blaenau Gwent, NP23 6HA
Tel: 01495 353200**

Gwent Association of Voluntary Organisations (GAVO):



G WENT
A NEURIN BEVAN
VOLUNTARY
ORGANISATIONS

GAVO supports voluntary organisations through training, funding, advice and information; recruits volunteers and provides a comprehensive service to both volunteers and voluntary organisations; encourages voluntary and statutory organisations to work together in planning and participation. GAVO can provide you with contact details for a range of local organisations, including Citizens' Advice Bureau, carers and other health and social care related organisations.



GIG
NHS

Bwrdd Iechyd
Aneurin Bevan
Health Board



GP Practices: Main and Branch Surgeries

GPs	Practice/Address	Tel No
Abertillery		
Dr Narang	Aberbeeg Medical Centre The Square, Aberbeeg, Abertillery, NP13 2AB	01495 320520
Dr Akhtar* Dr Hossain Dr Ismaili	Six Bells Medical Centre Eastville Road, Six Bells, Abertillery, NP13 2PB Branch Surgery: Medical Centre, Institute House, Llanhilleth Institute, Llanhilleth, NP13 2JH	08444 778564 01495 214923
Practice managed directly by the LHB Dr Jones Dr Rudling*	Abernant Surgery The Bridge Centre, Foundry Bridge, Abertillery, NP13 1BQ Branch Surgery: Trinant Health Centre, The Square, Trinant Terrace, Trinant, Crumlin, NP11 3JJ	01495 322632 01495 214315
Dr Dexter Dr C Venn Dr S Venn* Dr Magaw*	The Bridge Centre Foundry Bridge, Abertillery, NP13 1BQ	01495 322682
Dr Roy	The Bridge Centre Foundry Bridge, Abertillery, NP13 1BQ	01495 322635
Dr Southan (Tuesdays only) Dr James	The Surgery Llanhilleth Institute , Llanhilleth, Blaenau Gwent, NP13 2JH	01495 214255

* Female doctor



GP Practices: Main and Branch Surgeries

GP's	Practice/Address	Tel No
Blaina/Nantyglo		
Dr Godwin Dr Davies	Blaina Medical Practice High Street, Blaina, NP13 3AT	01495 290325
Brynmawr		
Dr Wells Dr Grant Dr Rani* Dr O'Brien* Dr Chouhan Dr Abbey* Dr Jenkins*	Blaen-y-Cwm Group Practice Blaina Road, Brynmawr, NP23 4PS	01495 312909
	Branch Surgery: Nantyglo Medical Centre, Queen Street, Nantyglo, NP23 4LW	01495 310381
	Essendene Surgery Worcester Street, Brynmawr, NP23 4EY	01495 310217
Mr Sinha Dr Datta Dr Stewart* Dr Vijayan	Aparajita Surgery, 68 Worcester Street, Brynmawr, NP23 4EZ	01495 310266
	Branch Surgery: The Health Centre, Bridge Street, Ebbw Vale, NP23 6EY	01495 302268

* Female doctor



GP Practices: Main and Branch Surgeries

Ebbw Vale	Practice/Address	Tel No
Mohindru A C	Cwm Health Centre , Canning Street, Cwm, Ebbw Vale, NP23 6RW	01495 370209
Dr Lewis* Dr C Jones Dr Bradbury* Dr Taylor* Dr Treasure	Glan Rhyd Surgery Riverside, Beaufort, Ebbw Vale, NP23 5NU Branch Surgery: New Braeside Surgery Needhams Row, Beaufort, NP23 4LW	01495 301210
Dr Kunju Dr Hussain Dr Wasim Dr Velupillai	Glyn Ebwy Surgery James Street, Ebbw Vale, NP23 6JG Branch Surgery: 79 Excelsior Street, Waunlwyd, Ebbw Vale, NP23 6UD	01495 302716 01495 370888
Dr Donovan Dr Williams* Dr Cadbury* Dr Francis	Pen Y Cae Surgery The Health Centre, Bridge Street, Ebbw Vale, NP23 6EY	01495 304076
Tredeggar		
Dr Syal Dr Sinha Dr Singh Dr Murugan*	Glan Yr Afon Surgery Shop Row, Tredeggar, NP22 4LB	01495 722460
Dr Khan Dr Ahmed	Health Centre Park Row, Tredeggar, NP22 3XP	01495 722530

* Female doctor



Pharmacies:

Pharmacy	Address	Tel No
Boots the Chemist Ltd	9 Church Street, Abertillery, NP13 1DA	01495 320189
Boots the Chemist Ltd	11 Market Street, Ebbw Vale, NP23 6HL	01495 302159
Boots the Chemist Ltd	Unit 5/6, Gwent Shopping Centre, Tredegar, NP22 3EJ	01495 722532
Ebbw Vale Consortium	The Health Centre, Bridge Street, Ebbw Vale, NP23 6EY	01495 305183
Jones F M	21/23 Commercial Road, Llanhilleth, Abertillery, NP13 2JA	01495 214286
Lloyds Pharmacy	3-4 Market Street, Ebbw Vale, Gwent, NP23 6HJ	01495 307709
National Co-op Chemist Ltd	44 Beaufort Street, Brynmawr, NP23 4AG	01495 310338
National Co-op Chemists Ltd	6 Marine Street, Cwm, Ebbw Vale, NP23 6ST	01495 370273
National Co-op Chemists Ltd	New Health Centre, James Street, Ebbw Vale, NP23 6HQ	01495 302032
Nelson's Pharmacy	4 Morgan Street, Tredegar, NP22 3NA	01495 722347
Pritchard T H & Son Ltd	103 High Street, Blaina, NP13 3AE	01495 290214
Pritchard T H & Son Ltd	Medical Hall, 31 Somerset Street, Abertillery, NP13 1XT	01495 212368
Pritchard T H & Son Ltd	48 Church Street, Abertillery, NP13 1DB	01495 212780
Shackleton H & Co	Cwm Hir Road, Riverside, Beaufort, NP23 5PB	01495 304899
Tredegar Health Centre Chemist	Park Row, Tredegar, NP22 3XP	01495 717217
Williams John F H	41 Beaufort Street, Brynmawr, NP23 4AQ	01495 310258

Pharmacy Helpline: 01495 765066

This is a recorded message, which gives details of pharmacies across Gwent that have extended opening times. For details of Pharmacy hours of opening, contact NHS Direct on 0845 46 47, or alternatively you can contact Blaenau Gwent Locality Office, Monday to Friday, between 9.00 am and 5.00 pm on 01495 325400.

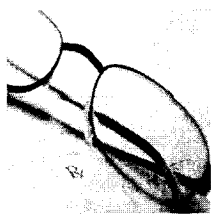


Dental Practices

Dentist	Address	Tel No
Dass A K	Blaina Dental Surgery, High Street, Blaina, NP13 3AT	01495 290098
Holding L T	97 Bethcar Street, Ebbw Vale, NP23 6BB	01495 302078
Hastings K	24 King Street, Abertillery, NP13 1AD	01495 212592
Hull J D	Bethcar Street Dental Practice, 51 Bethcar Street, Ebbw Vale, NP23 6HW	01495 303888
Hull J D	Unit 21, Gwent Shopping Centre, Tredegar, NP22 3EJ	01495 725229
Thomas J	Worcester House Dental Surgery, 11/12 Worcester Street, Brynmawr, NP23 4DA	01495 310828
Jahanfar A Appah R	24 Castle Street, Tredegar, NP22 3DG	01495 723021
Rafiei S	Dental Dept, 1st Floor, Bridge Centre, Foundry Bridge, Abertillery, NP13 1BQ	01495 322731
Woodward J	89 Bailey Street, Brynmawr, NP23 4AN	01495 310646
Davies J	1a Church Street, Abertillery, NP13 1DA	01495 212445

Dental Helpline: 01633 488389

This is a staffed service, which provides details of where you can register with a NHS dentist or obtain emergency treatment if you are unregistered. If you contact your own dentist out of hours, and your dentist is in the All Gwent rota, you will be told to contact 0845 6020252, the Out of Hours Dental Contact Number.



Ophthalmic Practices:

Optician	Address	Tel No
Danter John A	9B Beaufort Street, Ebbw Vale, NP23 4AR	01495 312552
Darlington Opticians	2/4 Bethcar Street, Ebbw Vale, NP23 6HQ	01495 303380
Darlington Opticians	37 Commercial Street, Tredegar, NP22 3DJ	01495 722874
Gwynns Opticians	90 Queen Victoria Street, Tredegar, NP22 3PY	01495 722756
Philip Leeb Opticians	Unit 7, Blaenau Gwent Business Centre, Pond Road, Nantyglo, NP23 4BL	01495 315444
Lewis Opticians	7 Church Street, Abertillery, NP13 1DA	01495 216898
Rayners Opticians	15 Church Street, Abertillery, NP13 1DA	01495 212291
Rayners Opticians	33 Bethcar Street, Ebbw Vale, NP23 6HW	01495 302584
Specsavers Opticians	24 Bethcar Street, Ebbw Vale, NP23 6HQ	01495 350545
Wangler Ltd	50 Church Street, Abertillery, NP13 1DB	01495 213979
Wangler Ltd	16 Beaufort Street, Brynmawr, NP23 4AG	01495 311555

Please do not hesitate to contact Blaenau Gwent Locality Office if you require information on any organisation/local advisory group which is not referred to in this leaflet.

For further copies of this leaflet, or for copies in an alternative format, contact Blaenau Gwent Locality Office at:

Address: Blaenau Gwent Locality Office
 Aneurin Bevan Health Board
 Church Street
 Abertillery
 Blaenau Gwent
 NP13 1DB

Telephone: 01495 325400

Fax: 01495 325425

E-mail: abhb.enquiries@wales.nhs.uk

Web Site: www.aneurinbevanhb.wales.nhs.uk



Bwrdd Iechyd Aneurin Bevan yw enw gweithredol Bwrdd Iechyd Lleol Aneurin Bevan
Aneurin Bevan Health Board is the operational name of Aneurin Bevan Local Health Board



Aneurin Bevan Health Board

Operational Policy:

Minor Injury Units Pan Gwent

(Unscheduled Care)

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1 Executive Summary

The purpose of this document is to identify to relevant parties, the structure, process and scope of Nurse led Minor Injury Units Pan Gwent. The operational policy sets out the processes and procedures that are being developed by Aneurin Bevan Health Board to enable the Minor Injury Units Pan Gwent to meet local public health needs efficiently and effectively.

Minor injury Units (MIU) are described as services delivered locally, to patients who's injuries are not serious enough to require treatment in a main Emergency department, but cannot be treated at home. Minor Injury Units cannot be considered capable of providing the same level of service and same standards of resuscitation facilities as a fully equipped Emergency Department.

Unscheduled care is described as ' any episode of care provided for patients which is unplanned and may require prompt action'.(DECS 2008)

The focus of this policy is to ensure MIU's provide a consistent, high quality service, within recognised standards, ensuring consistency in approach.

1.1 Scope of policy

This policy applies to Nurse led Minor Injury Units within the unscheduled care directorate of the organisation and to include Bank and Agency staff.

This document aims to set out standard operating procedures within MIU's. It describes how Minor Injury services are planned and delivered, describing also, how these services are expected to influence the service user's experience and what service users can expect to be treated within these units.

The policy will demonstrate compliance with Welsh Risk Pool Standards (2009/2010), Healthcare Standards for Wales (2005) and recommendations made by BAEM (2009).

1.2 Essential Implementation Criteria

In order for the operational policy to be implemented, the following must occur:
There must be agreement by:-

- Clinical Lead
- General manager for Unscheduled Care Directorate
- Nurse Director for Aneurin Bevan Health Board
- Ratification of policy through Unscheduled Care Board

2 Aims

The policy aims to ensure that the provision of healthcare meets the standards as set out in Healthcare Standards for Wales (2005) and recommendations for unscheduled care services CEM 2009.

2.1 The Patient Experience

- Healthcare is delivered in partnership with patients, service users, their carers and relatives.
- Care is based on plans and decisions that respect diverse needs and preferences.
- Services are user friendly and patient centered.
- The environment promotes patient and staff wellbeing and respects individual patients needs and preferences in that they are designed for the effective and safe delivery of treatment and care.
- The unit is well maintained and cleaned to optimise health outcomes for patients.

2.2 Clinical Outcomes

Healthcare decisions and services are based on best available evidence, providing optimum outcomes for patients and service users, taking into account individual needs and preferences.

Patients and service users will receive services as promptly as possible, and will not receive unexplained, unreasonable delay at any stage of service delivery or of their care pathway.

2.3 Healthcare Governance.

Existing systems will be developed and strengthened to support both managerial and clinical leadership and accountability. Systems will centre on patient and service user needs and preferences. Working practices will support clinical prioritisation, quality assurance, quality improvements, with patient safety being central to all processes, routines and activities.

2.4 Public Health.

Minor Injury Units will collaborate with relevant organisations and local communities to ensure the design and delivery of care programmes and services promote, protect and improve health.

3 MIU Profile

Aneurin Bevan Health Board currently supports 6 Minor Injury Units. Opening hours, staffing structures and skill mix, and support services including access to X-ray varies considerably across units.

The Nurse Director is leading a review of Minor Injury Units across Gwent with a view to reducing variation between MIUs and standardisation of service models, staffing models (skills, competencies and workforce) and clinical support infrastructure (including clinical governance) in order to develop sustainable local services.

The following principles underpin this draft operational policy:-

- Minor Injury units do not treat patients who are seriously injured or require full resuscitation facilities. Minor Injury Units should not be deemed a place of safety by ambulance services unless by agreed and ratified protocols between WAST and ABHB
- Minor injury Units will be nurse led units, staffed by dedicated Emergency Nurse Practitioners or Autonomous MIU practitioners who have enhanced knowledge , extended skills and competency required to manage minor injury patients. For the purpose of this document these nurses will be referred to as Minor Injury Practitioner (MIP).
- Minor Injury Units Pan Gwent **will not** operate a lone working Policy. The units will require a minimum staffing provision of **two** Health professionals per shift, **one of which must be a registered Minor Injury Nurse. (CEM 2009)**
- Minor Injury Units will operate a See and Treat service; however in times of increased demand, patient treatments will be prioritised using the Manchester Triage Tool.

4. Facilities.

Facilities available in MIU's should consist of the following:-

- An examination/treatment area for adults
- An examination/treatment area for children
- Resuscitation Equipment (Resus Trolley List B) appropriate to the skills of the MIN's staffing the Unit, and to include AED, Oxygen, portable suction, ECG machine and Medications to treat complications of routine care.
- Plaster Room or Trolley
- X-ray facility with PACS Digital Imaging system is available

- Telemedicine facilities are available with supporting protocols
- Administration of simple Analgesia and essential Medication by competent MIN under Patient Group Directives or, competent Nurse prescribers.
- Sterile wound cleansing and suture packs
- Access to specialist Medical Advice and opinion from A&E departments in both Nevill Hall Hospital and Royal Gwent Hospital.
- Access to Trust interpreter service
- Toilet Facilities
- A designated Waiting Area
- A reception area

5. Management Structure

Aneurin Bevan Health Board is corporately accountable and responsible for Minor Injury Services Pan Gwent.



The General Manager is operationally and strategically accountable and responsible for these unscheduled care services.



The Clinical Lead has Clinical accountability and responsibility for the delivery of care within these services.



The Unscheduled Care Services Manager is both operationally and strategically accountable and responsible for service provision to the General Manager.



The Senior Nurse is accountable and responsible for the implementation of strategic, operational and clinical developments, necessary for service delivery and is accountable to the Unscheduled Care Services Manager and Clinical Director.



Unit Managers (Band 7 sisters) are professionally and clinically accountable to the Senior Nurse



Minor Injury Practitioners are clinically and professionally accountable to Unit managers (Band 7 Sisters)

6. Staff Profile

A minimum, dedicated staffing provision of two minor injury personnel per shift, one of which will be a Registered Nurse, competent in the assessment, examination and management of adult and paediatric injury.

6.1 Minor Injury Practitioners.

Minor Injury Practitioners will have Emergency Nurse / Nurse practitioner qualifications or the enhanced knowledge, expanded skills and competence to manage Minor Injuries in both adults and children.

As a minimum, Minor Injury Practitioners will have undertaken training and competency in the following:-

- Adult Basic Life Support
- Paediatric Life support
- Intermediate Life Support
- Paediatric Intermediate Life Support - to include recognition of seriously ill child.
- Alert
- History taking , examination, formulation of diagnosis and treatment plan
- symphony
- Cannulation and Intravenous administration.
- Venapuncture
- IRMER and Image Appreciation
- Anaphylaxis
- Self Harm
- Violence and Aggression
- Drug and alcohol abuse
- Routine Enquiry for Domestic Violence
- Triage
- Wound Management.
- Suturing
- Infiltration of lidocaine
- Plastering
- Management of Head Injury
- Management of Musculoskeletal injuries
- Protection of Vulnerable adults
- Recognition of Child Abuse.
- Administration of Medication under Patient Group Directives

6.2 Support Staff

Portering staff and domestic staff have some specific duties which include:-

- Daily cleaning of treatment rooms and waiting rooms
- Cleaning of an area if requested to do so
- Transporting of patients who require assistance

6.3 Radiology Staff

The radiology Directorate will provide appropriate training for identified members of the Minor Injury Nursing service and update as determined in line with Aneurin Bevan health Board Medical use of ionising Radiation Policy.

6.4. Collaborative Working

Minor Injury Units have close working relationships with major Emergency Departments in both the Royal Gwent Hospital and Nevill Hall Hospital. MIU staff rotates into these units to ensure enhanced theoretical knowledge and clinical skills, facilitation and continued clinical competency.

Policies are in place to enable Minor Injury Practitioners to refer to agreed clinical specialities, Primary care facilities and community therapy services.

Policies are in place and ratified between Welsh Ambulance Service Trust and Aneurin Bevan Health Board for the Transportation of patients to Minor Injury Units Pan Gwent.

7. Patient Profile

Minor injury Units (MIU) are described as services delivered locally, to patients who's injuries are not serious enough to require treatment in a main Emergency department, but cannot be treated at home.

7.1 Inclusion Criteria

Minor Injury Units provide management of less serious injuries by nurses with enhanced knowledge and extended skills in the management of minor injuries. Those injuries that can be appropriately and safely managed within these units are as follows:-

- Uncomplicated wounds which include, Abrasions and minor lacerations
- Soft tissue sprains
- Undisplaced bony injuries in patients >5yrs
- Mammalian and Human Bites
- Burns and Scalds
- Minor head injury in patients > 3yrs age
- Minor eye injuries
- Falls from a standing height

- Removal of rings from swollen digits
- Foreign objects from minor wounds
- Minor crush injuries to extremities (distal to wrist or ankle)
- Redressing/review of wounds and injuries for patients who have been managed within the MIU

7.2 Exclusion Criteria

Nurse led Minor Injury units should not receive patients who are seriously injured or acutely ill. These Units do not treat minor illness.

Where acute patients self present, staff are competent in first line management of these patients and there are protocols in place to ensure rapid transfer to the Emergency Department.

Conditions that nurse led minor injury units **cannot** treat include:-

- Chest Pain
- Back pain (non traumatic or non recent trauma)
- Inhalation injuries
- Choking
- Convulsions / fitting
- Diabetic problems
- Near drowning/diving/scuba incident
- Electrocution
- Headaches
- Respiratory problems
- Abdominal Pain
- Gynaecological problems
- Pregnancy/childbirth/miscarriage problems
- Drug overdose.
- Stabbing / gunshot wounds/penetrating trauma
- Stroke / CVA
- Unconscious / Collapse
- Unknown Collapse.
- Alcohol related problems
- Mental Health problems
- Health conditions that would normally be treated by your GP or Secondary Care facility.

Nurse led Minor Injury Units do not treat:-

- Children under 5 years of age with undisplaced bony injury
- Children under 1 year of age who have sustained a head injury

- Adults > 65yrs age who have sustained a head injury and who trigger one or more of the NICE Guidelines clinical indicators for referral to secondary care facilities.

7.3 Patient Pathway

Most patients self refer to Minor Injury Services, but Pre-hospital staff may refer patients to the service according to agreement with ABHB, such as:-

- Welsh Ambulance Service Trust
- Medical Professionals such as G.P's
- District General Hospitals for continuing Injury care or follow up
- Another professional such as teacher, school nurse, police officer or practice nurse.

All patients are assessed in a timely manner (BEAM 2009). If there are delays assessing the patient then an initial assessment is performed to detect those at risk of deterioration or potentially serious conditions. The assessment tool used in Minor Injury units is that of the Manchester Triage Tool.

Following assessment and initial treatment , patients might require prompt referral and transfer by ambulance if necessary to other Health Care service providers, For example:-

- An Emergency Department
- The Nearest DGH for specialist care such as Ophthalmology, ENT, Orthopaedic and Facial maxillary services.
- A specialist service such as a Burns and Plastics Unit
- The G.P or Practice Nurse
- The G.P Out of Hour service
- A Medical or Surgical assessment Unit.

Patients may also be referred for follow up in a number of different settings, these might include:-

- An Out patient clinic such as Trauma and Orthopaedic
- Day Hospital services
- G.P or Practice Nurse
- Physiotherapy
- Occupational Therapy

Local policies exist in order that Minor Injury Practitioners have referral rights to agreed clinical specialities, Primary Care services, community therapy services, for example :-

- Medical and surgical assessment unit.
- Fracture and Orthopaedic out patient services

- Community based professionals such as O.T and Physiotherapy.

This can enhance the patient experience by avoiding unnecessary delays and repetition of assessment; it can also reduce pressures on Emergency Department services in secondary care facilities.

Minor Injury practitioners have referral rights to GP and Out of Hours GP services by adhering to Aneurin Bevan Health Board Redirection policy.

Procedures are in place with local Ambulance Trusts to ensure timely response and transfer of patients according to clinical need. (Appendix)

7.4 Discharge / Referral Arrangements

All patients attending the minor injury unit will be informed as to whether the care they have received is complete or whether further attention or follow – up is required.

The patient who has been treated by the MIP, will be given both verbal and written advice concerning their after care.

Written advice is available in minor injury units and include the following:-

- Bites: Human & Animal
- Burns and Scalds
- Sub-Conjunctival Haemorrhage
- Conjunctivitis
- Eye Injury/Eye Care
- Head injury Instructions – Carers of adults
- Head Injury instructions – Children Over 12 Years
- Head Injury Instructions – Carers of a child
- Wound care advice
- Pre-Tibial Laceration advice
- Tetanus Information
- Care of Plaster Cast
- Care of Sprains

In the event that referral is required to another agency, the following actions apply:-

To the GP or Out of hours GP service

The MIP will liaise with the appropriate G.P practice on behalf of the patient and disclose information on a need to know basis. If indicated, a referral document will accompany the patient from the MIU service to their G.P practice.

To District General Hospitals

The MIP referring patients to District General Hospitals will ensure the most appropriate mode of transfer is available to ensure the safe transfer of the patient. This may be:-

- Patients own arranged transport
- Patient transfer Vehicle – Welsh Ambulance Service Trust (WAST)
- Emergency Ambulance – WAST

At all times, the MIP will give a full and concise handover of the patient to the receiving agency. Documented transfer details will accompany the patient to the receiving agency. This document will be generated by Symphony.

The MIP will book ambulance transfers in the timeliest manner appropriate to the patients needs. Nurse escorts are not provided.

If a patient with Multiple Trauma self presents or is brought to the Unit – The Unit dial 9999, and will notify the nearest District General Hospital Accident and emergency department of the patients impending arrival when appropriate to do so.

The MIP's on duty are responsible for the management of the patient until the arrival of a paramedic crew and until the patient is officially handed over to the receiving crew.

7.5 Information to Patients

Information to patients attending the Minor Injury Service will include:-

- Leaflets and brochures displayed in the designated waiting area on aspects of health and safety, preventative care and topical issues.
- The quality standards for the unit will be displayed and will include details on compliance with the relevant requirements of the Trust Standards.
- Information on the MIU service will also be available in G.P surgeries, Schools, District General Hospitals and Public places.

7.6 Recording Systems

Recording systems in Minor Injury Units will be in accordance with local and statutory requirements.

The Electronic Patient System (SYMPHONY) assists in the access of information and documentation at point of care, it consists of:-

- Patient administration system which is interfaced into Aneurin Bevan Health Board's (ABHB) PAS system..
- Patient Triage and Tracking
- Clinical documentation and nursing notes
- Electronic prescribing
- Data collection for audit purposes
- Electronic discharge summary and advice letters

8. Associated Guidelines and Procedures.

Staff providing Minor Injury services will, at all times, endeavour to ensure that the service complies with the requirements of Healthcare Standards, Welsh Risk Pool standards and ABHB policies and guidelines.

In particular, the staff will ensure they are familiar with all policies relating to the Minor Injury service and ABHB which are accessible via the Boards Intranet .

Clinical policies/guidelines and protocols will be available to MIP's on the following topics:-

- Management of Head Injuries
- Management of Wounds
- Management of Epistaxis
- Management of Eye injuries
- Management of Mammalian Bites
- Management of Human Bites
- Management of Burns and Scalds
- Management of Sprains
- Management of Ectopic Pregnancy
- Management of Suspected Myocardial Infarction
- Management of Suspected Fractured Neck of Femur
- Management of Hyperglycaemia and Diabetic KetoAcidosis
- Anaphylaxis
- Compartment Syndrome
- Paracetamol Overdose
- Fitting Patient
- Cardiac arrest
- Major Trauma
- Asthma
- AAA
- Shock
- Epiglottitis

- Bronchiolitis
- Back Pain
- Meningococcal Septicaemia
- Protocol for Minor Injury Nurses to refer to Radiology

(Appendix 5)

9. Responsibilities

9.1 Clinical Leads for Medicine and Nursing are responsible for ensuring that the operational procedures and practices within the Minor Injury services adhere to clinical governance standards.

9.2 The Senior Nurse for Minor Injury Services Pan Gwent is responsible for service provision .

9.3 The Unit Manager is responsible for;-

- Ensuring staff have access to this policy
- Ensuring staff have read and understood the policy
- Collecting signatures from staff to record that they have read and understood the document (Appendix)
- Ensuring staff refer regularly to the policy to remind staff of their responsibilities.
- Maintenance of an archive of all current and historical versions of the policy
- Forwarding the document to relevant groups and committees for approval
- Audit of the policy

The Unit Manager has responsibility for effective leadership and management of the unit.

9.4 All staff are required to

- Read and understand the policy
- Adhere to the policy
- Where paper copies of such documents are held, all staff have a responsibility to ensure that they are up to date versions
- All staff have a responsibility to ensure that, aside from the essential archived copy, out of date paper copies of all such documents are destroyed.
- Work to the professional standards set out by their respective governing body

10. Training

Training Needs Analysis is undertaken annually to ensure the staff have the requisite skills and competence. Provision is made for protected teaching and Clinical Supervision for all staff

Minor Injury Practitioners regularly rotate to an acute secondary care department to ensure enhanced clinical facilitation and continued clinical competence.

Minor Injury Practitioners will update annually their first line management skills, by collaborative working with colleagues in WAST .

This life long learning occurs at agreed intervals, in accordance with professional appraisals and for an agreed time frame.

All staff should undertake Corporate and Local Induction to ensure they are aware of the policy and the requirements to comply with its contents. (Appendix 6)

11. Extended Skills

Minor Injury Practitioners may undertake extended roles and should receive additional training to gain competence as non medical prescribers.

Policies should be agreed to support this, however there are a sufficient range of Patient Group Directives to support the treatment of common Injuries, and policies are in place to support this. As a minimum the following PGD's should be available to competent MIP to administer:-

- Clorphenamine Maleate
- Glyceryl Trinitrate for Chest pain of probable Cardiac origin
- Co-Amoxiclav
- Co-Codamol
- Ibuprofen for pyrexia or pain relief
- Salbutamol Inhaler
- Salbutamol Nebulised
- Entonox
- Tetracaine 0.5% eye drops
- Activated Charcoal for poisoning or drug overdose
- Glucagon 1mg injection
- Fluorescein 1% eye drops
- Sodium Chloride injection for IV cannula patency
- Glucose gel
- Oxygen
- Paracetamol

- Asprin
- Chloramphenicol eye ointment 1%
- Lidocaine 1%
- Co-dydramol

(Appendix 7)

Competency will be achieved by:-

- Completion of distance learning pack
- Power point presentation
- Completion of clinical competency framework (Appendix)

12. Training Records

Computer held training records are held in individual Minor injury units in accordance with ABHB policy for maintaining staff records.

Each Unit manager has overall responsibility for ensuring the records are updated and stored correctly.

ABHB maintains records of all on-line and Mandatory and statutory Training

13. Monitoring and Effectiveness

In order to ensure effectiveness of the policy the unit manager will undertake audit of the document to ensure compliance, monitor the need for change to the document and monitor the need for changes to service delivery.

A formal review is undertaken every two years, however, the owners of the policy are required to ensure that the contents of the policy are reviewed for accuracy as required. The owners of the policy is expected to maintain an up to date knowledge of the policy and make changes as required to ensure the policy is current and adheres to recognised standards and best practice.

Service user involvement is used to shape and develop and maintain optimum service delivery

14. Quality Assurance

There is collaboration with Primary, Secondary Care and the local populous, to promote the Minor Injury service and explain its role within the community.

Opinions of service users, through Satisfaction questionnaires will be sought and fed back to Minor Injury Forum for action.

Minor Injury Services should meet local public health needs, prove to be cost effective and support the public health agenda.

15. Further Information

General Manager Unscheduled Care – Mr Steve Curry
Chief Nurse Unscheduled Care – Mr Craydon Proudman
Clinical Lead for Minor Injury Services Pan Gwent Mr N H Jenkins
Senior Nurse Minor Injury Units Pan Gwent

16 References

1. Emergency triage Manchester Triage Group 1998
2. NICE *Acutely ill patients in hospital: recognition of and response to acute illness in adults in hospital (CG50)* July 2007
3. The College of Emergency Medicine: *Unscheduled Care Facilities, Minimum requirements for units which see the less seriously ill or injured* July 2009
4. NHS London *A Framework for Action* July 2007
5. The College of Emergency Medicine *The Way Ahead 2008-2012: Strategy and guidance for Emergency Medicine in the United Kingdom and Republic of Ireland* Dec 2008
6. NHS London *A Framework for Action* July 2007 accordance with Healthcare Commission guidance (2007/08)4.
7. Royal College of Paediatrics & Child Health *Service for Children in Emergency Departments: Report of the Intercollegiate Committee for Services for Children in Emergency Departments* April 2007
8. Institute of Innovation and Improvement, NHS *Focus on Young People and Children: Emergency & Urgent Care Pathway* 2008
9. NICE *Triage, assessment, investigation & early management of head injury in infants, children & adults[CG56]* September 2007
10. HMSO *Ionising, Radiation (Medical Exposure) Regulations* Statutory instrument 2000 No. 1059
11. The Royal College of Radiologists *Standards for the communication of critical, urgent and unexpected significant radiological finding* 2008

-
12. Delivering emergency Care services. *An integrated approach for delivering Unscheduled Care in Wales* .February 2008. Welsh Assembly Government
 13. Health Care Standards for Wales: *Making the Connections designed for life*. May 2005

This policy has undergone an equality impact assessment screening process using the toolkit designed by the NHS Centre Equality & Human Rights. Details of the screening process for this policy are available from the policy owner.

E-mail received 14/06/2010 From Alun Davies AM to Chair

14 June 2010

Chris Chapman AM
Chair
Petitions Committee
National Assembly for Wales
Cardiff Bay

Dear Chris,

Ysbyty Aneurin Bevan Ebbw Vale

I have now had an opportunity to discuss the response of the Health Board with the petitioners in Ebbw Vale. They are grateful for the way in which the Petitions Committee has given this issue its careful and supportive consideration over the past few months.

The response of the Health Board is very useful in that it outlines the cases where the minor injuries unit would be able to deal with specific cases and this has given some greater understanding and reassurance to people living in Blaenau Gwent.

However whilst the Health Board explains why it would not be possible to site a fully-functional A&E department at the new hospital, it is disappointing that it does not appear to have considered other options. The most obvious is that of re-locating the out-of-hours GP service for Blaenau Gwent from Nevill Hall to Ysbyty Aneurin Bevan. At present people requiring out-of-hours treatment have to attend the centre in Abergavenny. This is very difficult for people in Blaenau Gwent and the opening of the new hospital would appear to be an opportunity to relocate this service much closer to the people it serves. This would be an intelligent and sensible option which would provide a great enhancement of the services to be offered by the hospital.

At the same time it would be useful if the Aneurin Bevan Health Board carried out an audit of those services which may be offered from the new facility in Ebbw Vale, services such renal dialysis and chemotherapy are two services where it would be both possible and cost-effective to provide services in a much more local setting.

I do hope that the Committee would therefore consider the following proposal in taking forward this petition: To ask the Health

E-mail received 14/06/2010 From Alun Davies AM to Chair

Board to relocate out-of-hours GP services for Blaenau Gwent to the new Ysbyty Aneurin Bevan.

Thank you again for the time that you have taken in reviewing this petition. The petitioners are very grateful for this consideration and have been most impressed with the work of the Committee.

Please let me know if you would like to discuss any of these matters prior to your next meeting.

Best wishes,

Alun

ALUN DAVIES AC - AM

12. P-03-271 Ardrethi Busnes Arberth / P-03-286 Ardrethi Busnes Ceredigion

P-03-271 Ardrethi Busnes Arberth

Geiriad y ddeiseb

Rydym ni, sy'n talu ardrethi busnes yn Arberth yn galw ar Gynulliad Cenedlaethol Cymru i annog Llywodraeth Cynulliad Cymru i asesu effaith y newidiadau mewn gwerthoedd ardrethol ar fusnesau'r dref. Dylai'r asesiad hwn gynnwys yr effaith ar swyddi ac ar gau busnesau.

Linc i'r ddeiseb: <http://www.cynulliadcymru.org/gethome/e-petitions-old/admissible-pet/p-03-271.htm>

Cynigiwyd gan: Siambr Fasnach Arberth

Nifer y llofnodwyr: 91

Trafodwyd eisoes gan y Pwyllgor ar: 19 Ionawr, 1 Chwefror a 27 Ebrill 2010

P-03-286 Arthredi Busnes Ceredigion

Geiriad y ddeiseb

Rydym ni, sy'n talu ardrethi busnes yng Ngheredigion, yn galw ar Gynulliad Cenedlaethol Cymru i annog Llywodraeth Cynulliad Cymru i asesu effaith y newidiadau mewn gwerthoedd ardrethol ar fusnesau Ceredigion.

Dylai'r asesiad hwn gynnwys yr effaith ar swyddi ac ar gau busnesau.

Linc i'r ddeiseb: <http://www.cynulliadcymru.org/gethome/e-petitions-old/admissible-pet/p-03-286.htm>

Cynigiwyd gan: Luke Evetts

Nifer y deisebwyr: 68

Trafodwyd eisoes gan y Pwyllgor ar: 27 Ebrill 2010

Y sefyllfa ddiweddaraf: Cafwyd gohebiaeth gan y Gweinidog dros Gyfiawnder Cymdeithasol a Llywodraeth Leol ac mae wedi'i gynnwys isod.

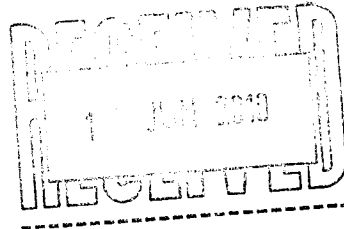
Carl Sargeant AC/AM
Y Gweinidog dros Gyfiawnder Cymdeithasol a Llywodraeth
Leol
Minister for Social Justice and Local Government



Llywodraeth Cynulliad Cymru
Welsh Assembly Government

Eich cyf/Your ref P-03-271/286
Ein cyf/Our ref CS/00852/10

Christine Chapman AM
Chair
Petitions Committee
National Assembly for Wales
Cardiff Bay
CF99 1NA



June 2010

Dear Christine

Thank you for your letter dated 28 May on behalf of the Petitions Committee regarding business rates.

The business rates multiplier is prevented by primary legislation from being increased in any financial year by more than the preceding September Retail Price Index. It is likely that on 1 April 2011 it will increase in line with the September 2010 Retail Price Index. The multiplier for next year can only be set after the Local Government Finance Report has been approved by the National Assembly, or on or after 1 March 2011.

There is no evidence that rural areas have been increased by more than the average, although there will inevitably be local hotspots where valuations have increased by significantly more than average, but this reflects local rental values, which form the basis of non domestic rating valuations.

The previous UK Government agreed to fund a temporary enhancement of rates relief for small businesses in England and Wales from 1 October 2010 until 30 September 2011. The details are currently being developed, and will be subject to confirmation from the Chancellor that funding will remain available – the budget will be on 22 June. As the relief will be funded by the UK Government, its duration and value must therefore be similar to that applied in England.

The study by the University of Cumbria on the effectiveness of small business rates relief will be completed by the autumn, and the results will be published.

Yours sincerely

Carl Sargeant

Carl Sargeant AM/AC

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Wedi'i argraffu ar bapur wedi'i ailgylchu (100%)

13. P-03-274 Cynllun Sgrapio Boeleri

Geiriad y ddeiseb

Rydym yn galw ar Gynulliad Cenedlaethol Cymru i annog Llywodraeth Cymru i gyflwyno cynllun sgrapio boeleri, sy'n cyfateb i'r cynllun a gyflwynwyd yn Lloegr.

Linc i'r ddeiseb: <http://www.cynulliadcymru.org/gethome/e-petitions-old/admissible-pet/p-03-274.htm>

Cynigiwyd gan: John Jacobs

Nifer y deisebwyr: 112

Trafodwyd eisoes gan y Pwyllgor ar: 23 Mawrth 2010

Y sefyllfa ddiweddaraf: Cafwyd gohebiaeth gan y Gweinidog dros yr Amgylchedd, Cynaliadwyedd a Thai ac mae wedi'i gynnwys isod.

Jane Davidson AC/AM
Y Gweinidog dros yr Amgylchedd, Cynaliadwyedd a Thai
Minister for Environment, Sustainability and Housing



Llywodraeth Cynulliad Cymru
Welsh Assembly Government

Eich cyf/Your ref p-03-274
Ein cyf/Our ref JD/00603/10

Christine Chapman AM
Chair - Petitions Committee
National Assembly for Wales
Cardiff Bay
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22 March 2010

Dear Christine,

Thank you for your letter which invites my views on the petition on the Boiler Scrappage Scheme (P-03/274). I am aware that the England-only boiler scrappage scheme has been very popular with a large proportion of the 125,000 vouchers already taken up. The England-only scheme offers eligible households a voucher worth £400 which can be used towards replacing a G-rated boiler with an A-rated boiler.

Last month Cabinet agreed that a Welsh boiler scrappage scheme should target households vulnerable to fuel poverty, to reflect the policy set out in the Fuel Poverty Strategy. The Welsh boiler scrappage scheme is due to be launched on 6 April and is open to homeowners over the age of 60. They will be offered a voucher worth £500 which can be used towards the cost of replacing a G-rated boiler with an A-rated boiler.

The business case for developing a boiler scrappage scheme for Wales highlighted that the 2004 Living in Wales Survey, the most recent fuel poverty statistics, showed that 20.2% of pensioners were fuel poor. Overall, energy prices in 2009 were 77% higher in real terms than at their low point in 2003, and we expect the 2008 fuel poverty statistics to show that pensioner households have been particularly affected. Many pensioner households are on fixed incomes and often spend large parts of their day at home. This, and the higher number of excess winter deaths last winter, informed the decision to target the scheme on pensioner households.

Yours,

Jane Davidson AM
Y Gweinidog dros yr Amgylchedd, Cynaliadwyedd a Thai
Minister for Environment, Sustainability and Housing

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14. P-03-285 Gwrthwyneb wch y cynllun i ddifa Moch Daear

Geiriad y ddeiseb

Rydym ni, sydd wedi llofnodi isod, yn galw ar Gynulliad Cenedlaethol Cymru i annog Llywodraeth Cymru i adolygu'r penderfyniad i ymgymryd â chynllun peilot i ddifa moch daear yng ngogledd Sir Benfro, sydd i ddechrau ym mis Mai 2010. Dylid ymgymryd â'r adolygiad hwn yn sgil adroddiad diweddar a gyhoeddwyd gan y Coleg Imperial sy'n cwestiynu effeithiolrwydd difa moch daear i leihau TB buchol yn yr hir dymor. Rydym yn galw ar y cynllun peilot i ganolbwyntio ar wella diogelwch bioamrywiaeth ffermydd a mesurau eraill yn hytrach na difa.

Linc i'r ddeiseb: <http://www.cynulliadcymru.org/gethome/e-petitions-old/admissible-pet/p-03-285.htm>

Cynigiwyd gan: Pat Underwood

Nifer y deisebwyr: 1467

Trafodwyd eisoes gan y Pwyllgor ar: 11 Mai 2010

Y sefyllfa ddiweddaraf: Cafwyd gohebiaeth oddi wrth y Gweinidog dros Faterion Gwledig ac mae wedi'i gynnwys isod.

Elin Jones AM/AC
Y Gweinidog dros Faterion Gwledig
Minister for Rural Affairs



Llywodraeth Cynulliad Cymru
Welsh Assembly Government

Eich cyf/Your ref P-03-285
Ein cyf/Our ref EJ/00573/10

Christine Chapman AM
Chair - Petitions Committee
National Assembly for Wales
Cardiff Bay
Cardiff
CF99 1NA

8 June 2010

Dear Christine,

Thank you for your letter of 4 May 2010 regarding a petition opposing the culling of badgers which was submitted to the Petitions Committee by Pat Underwood.

I am aware of the publication of the report of the Imperial College, London and the Institute of Zoology, London which concerned the results of the Randomised Badger Culling Trial (RBCT) undertaken in England in February 2010. An update to this paper, published on 14 May 2010, has shown that the beneficial effect on herd breakdowns has unexpectedly reappeared, contradicting the earlier findings that the effect had disappeared within 4 years. Monitoring of the effects on cattle herd breakdowns will continue.

As I have explained previously, what we are proposing is to combine a limited cull of badgers with strict cattle control measures within a defined area and over a sustained period. This approach is different from that undertaken in the RBCT and, in fact, has never been done in the UK before. Although there are similarities between the RBCT and the pilot area, the differences are so significant to prevent true comparison of the results and we are confident of a much longer-term success rate as a result.

I believe that we need to deal with both sources of infection in order to eradicate bovine TB and this is why we have adopted a comprehensive approach to TB eradication. We are dealing with the disease on all fronts; tackling cattle, wildlife, biosecurity, non-bovines, vaccination and compensation. The TB (Wales) Order 2010 which will come into force later this month enables changes to both Pre-Movement Testing exemptions and compensation arrangements, so that farmers who do not comply with TB testing regulations and Veterinary Improvement Notices see their compensation reduced.

Elin Jones AC/AM
Y Gweinidog dros Faterion Gwledig
Minister for Rural Affairs

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15. P-03-290 Pwerdy Dowlais

Geiriad y ddeiseb

Rydym yn galw ar Gynulliad Cenedlaethol Cymru i annog Llywodraeth Cymru i ddod i benderfyniad ynglyn â chais Pwerdy Dowlais am arian.

Linc i'r ddeiseb: <http://www.cynulliadcymru.org/gethome/e-petitions-old/admissible-pet/p-03-290.htm>

Cynigiwyd gan: Clwb Bechgyn a Merched Pant a Dowlais

Nifer y deisebwyr: Cyflwynwyd y ddeiseb gan y clwb. Casglodd deiseb gysylltiedig â hi 921 o lofnodion.

Trafodwyd eisoes gan y Pwyllgor ar: 11 Mai 2010

Y sefyllfa ddiweddaraf: Cafwyd gohebiaeth gan y Gweinidog dros Gyfiawnder Cymdeithasol a Llywodraeth Leol a'r deisebwyr. Mae'r rhain wedi'u cynnwys isod.

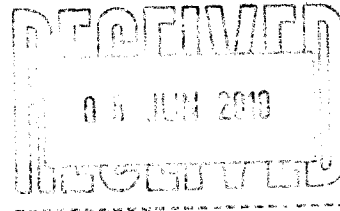
Carl Sargeant AC/AM
Y Gweinidog dros Gyfiawnder Cymdeithasol a Llywodraeth
Leol
Minister for Social Justice and Local Government



Llywodraeth Cynulliad Cymru
Welsh Assembly Government

Eich cyf/Your ref P-03-290
Ein cyf/Our ref CS/00695/10

Christine Chapman AM
Chair - Petitions Committee
National Assembly for Wales
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May 2010

Dear Chris,

Thank you for your letter of 5 May regarding a petition received by the Petitions Committee regarding the Dowlais Engine House project in Merthyr Tydfil.

Merthyr Tydfil County Borough Council's application to the Assembly Government for Communities First (CF) Outcomes Funding as the grant recipient body for this project is still under consideration. There are a number of significant areas of concern in relation to this application which were clearly identified in a letter sent to the Council and Engine House Trustees on 1 April. It is these issues, rather than any wider concerns relating to the Communities First programme, that have caused the current hiatus. Briefly, these concerns can be summarised as follows;

- officials have yet to receive evidence of unequivocal support for the project from individual CF Partnerships in Merthyr or from the Merthyr Tydfil CF Partnership Support Network (PSN). Support from at least one CF Partnership is an essential requirement for any application to the Outcomes Fund, and in this case I would hope to see strong support from across the area;
- linked to this, officials are aware of e-mails which have been sent by the Engine House Project Manager which are openly critical of individual CF Co-ordinators in Merthyr. Clearly, such comments about the CF Partnerships in Merthyr will not have helped the project in gaining support from them for this application, nor will it encourage CF Chairs and Co-ordinators to take up invitations to visit the project;
- officials also remain concerned at the lack of tangible support from the council for what is clearly a borough wide project. Officials have had a useful meeting with council officers to discuss the necessary level of support required from the council to progress this application, and to assure the longer term sustainability of the project

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given the high reliance upon matched funding. Following this meeting, officials have received a summary of the support the council has provided for the project; and

- confirmation is needed that the Engine House has dealt with the issues raised by the Children and Young Peoples Partnership and the local Safeguarding Children Board in relation to their qualified support for the application.

The Council and the Trustees are aware that until these outstanding issues have been resolved there cannot be a positive decision on the application. In order to clarify whether it is possible to satisfactorily address these matters, officials met Council officers and Engine House trustees on 29 April, and had a useful discussion about these outstanding issues.

Also, you may be aware that I have made it clear that I am not prepared to commit substantial further CF funding ahead of receiving specific assurances on governance and financial arrangements, and the governance assurance exercise to which I referred in my recent statement will need to be completed before a decision can be reached. The meeting on 29 April was the first stage of this process in respect of the Engine House and I understand that there was agreement at the meeting about actions which are now needed to address the issues mentioned above.

Yours sincerely

A handwritten signature in black ink, appearing to read 'Carl', written in a cursive style.

Carl Sargeant AM/AC

Dear Chair,

The Engine House project is extraordinarily successful and we believe unique in the way it delivers and engages with young people.

It has raised funds from many sources but the main element of its funding has over the last couple of years been from the WAG and lately the outcomes fund and indeed much of the other funding is matched funding and therefore us receiving that depends upon receiving the outcomes bid.

The trustees were under the belief that the current funding regime would continue for the next few years and indeed a bid had been submitted for two years. At the same time we were looking at how we could make the Engine House less dependent on grant funding.

For the last two months this process has been but on hold because we have been desperately been trying to hold off the funding gap we are suffering.

The Engine House has had to make some people redundant, some people have foregone their salary and are still working as volunteers and we have reduced the hours and level of service we provide, basically everybody is just trying to keep the operation going.

It has been given a whole list of things to comply with and is working furiously to achieve these. There is not a problem with this but rather than say lets work together and get all the processes to the point we want them to be over the next few months the funding was just stopped. The Engine House has now cleared almost all the points the outstanding ones are:

- 1) There are a few points to clear to get the Children and Young People's Partnership (CYPP) guideline up to the standard the local authority want them to be. The project is still operating and no one is suggesting that it is working outside the law; it is just being moved to the very best practice.
- 2) The trustees have been told they need the Communities' 1st partnerships to demonstrate support for our project. Whilst all those in Merthyr state that the Engine House is a good project and they would not seek to criticise it, they will not support it and individually they will not engage with the Engine House. We cannot get to the bottom of this reason for this lack of support.
- 3) The project has asked the Communities' 1st partnership in Fochriw if they will support us in the bid and they have indicated that they are likely to give a positive response.

In the meantime everyone is working as hard as they can with reduced resources and cannot get a straight answer from anyone about what the outcome will be.

No one believes (for reasons of their own) the Communities 1st partnerships in Merthyr will support us.

The trustees do not believe there are any governance issues outstanding.

The Engine House is in the process of upgrading the child protection processes to a level that will comply with all the requirements of the legislation to be implemented in October.

Until we get there the CYPP will not sign us off.

In the meantime the WAG has cut off the funding.

We all need to know urgently

- 1) Given the above will the minister please reinstate the funding?
- 2) If he needs to wait and see will he give us the first three months funding to get through to that point?

As you can see from the petition Communities 1st might not want us, but the community do. We believe our offering is unique and I would challenge any Communities 1st project or any other project to show that they deliver more outcomes for every £1 of WAG funding. We offer fantastic value for money.

Please bring your committee up to see us in action, even on a shoe string, being supported by a few donations and with people working for nothing, we will knock your socks off.

Come and talk to the trustees and managers about their vision for the Engine House, you will find it innovative, practical and awesome. Help us to make the biggest difference to our young people of any project in WALES.

If you want anything ask, or even better come and see.

Yours hopefully

Luke Jones

For and on behalf of the Engine House Trustees & Young People