Y Pwyllgor Iechyd a Gofal Cymdeithasol

Lleoliad:
Ystafell Bwyllgora 3 - Senedd

Dyddiad:
Dydd Iau, 3 Ebrill 2014

Amser:
09.20

Cynulliad Cenedlaethol Cymru
National Assembly for Wales

I gael rhagor o wybodaeth, cysylltwch â:
Llinos Madeley
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Agenda

Cyfarfod preifat cyn y prif gyfarfod (09.20 - 09.30)

1 Cyflwyniad, ymddiheuriadau a dirprwyon (09.30)

2 Gofal heb ei drefnu—bod yn barod ar gyfer gaeaf 2013/14: Craffu ar waith y Gweinidog—sesiwn ddilynol (09.30 - 11.00) (Tudalennau 1 - 39)
Mark Drakeford AC, Y Gweinidog Iechyd a Gwasanaethau Cymdeithasol
Gwenda Thomas AC, Y Dirprwy Weinidog Gwasanaethau Cymdeithasol
Albert Heaney, Cyfarwyddwr Gwasanaethau Cymdeithasol a Integreiddiad
Dr Ruth Hussey, Prif Swyddog Meddygol
Dr Grant Robinson, Arweinydd Clinigol Gofal heb ei Drefnu

3 Cynnig i benderfynu i wahardd y cyhoedd o'r cyfarfod, o dan Reol Sefydlog 17.42 (vi) ar gyfer eitem 4, a Reol Sefydlog 17.42 (ix) ar gyfer eitem 5 (11.00)

Egwyl (11.00 - 11.15)

Preifat

4 Ystyriaeth o'r dystiolaeth a roddwyd yn y sesiwn ar ofal heb ei drefnu (11.15 - 11.30)

5 Ymchwiliad i argaeledd gwasanaethau bariatrig: trafod y prif faterion (11.30 - 12.00) (Tudalennau 40 - 47)

Cinio (12.00 - 13.00)

Cyhoeddus

6 Ymchwiliad i'r mynediad at dechnolegau meddygol yng Nghymru: Sesiwn dystiolaeth 15 (13.00 - 14.00) (Tudalennau 48 - 54)

Grŵp Strategaeth Feddyginiaethau Cymru Gyfan
Yr Athro Phil Routledge, Cadeirydd

7 Papurau i'w nodi

Cofnodion cyfarfodydd y gorffennol: 20 Mawrth and 26 Mawrth 2014 (Tudalennau 55 - 60)

Gohebiaeth gan Arolygiaeth Gofal Iechyd Cymru: cyhoeddiad ei cynllun gweithredol ar gyfer 2014-15 (Tudalen 61)

8 Cynnig o dan Reol Sefydlog 17.42 (vi) i benderfynu gwahardd y cyhoedd o'r cyfarfod ar 30 Ebrill 2014 (14.00)

Mae cyfyngiadau ar y ddogfen hon

Y Pwyllgor Iechyd a Gofal Cymdeithasol
Health and Social Care Committee

Cynulliad Cenedlaethol Cymru
National Assembly for Wales

Mark Drakeford AM
Minister for Health and Social Services
Gwenda Thomas AM
Deputy Minister for Social Services

20 December 2013

Dear Ministers,

Unscheduled care – preparedness for winter 2013/14

As you will be aware, the Health and Social Care Committee has taken a keen interest in the preparedness of the Welsh health service and social services to provide unscheduled care during winter 2013/14.

Following our evidence session with you on 9 October, the Committee requested additional information which was received during November. In light of this information and the evidence heard during our session in early October, we have identified a series of key issues we believe require further consideration and/or future monitoring. These are attached as an annex to this letter.

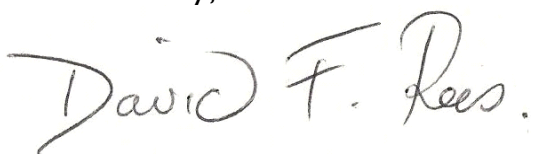
We hope the points we raise will help shape the Welsh Government's – and partner organisations' – approach to preparing for and dealing with both this winter and future winters. As noted in previous correspondence, the Committee has agreed to return to this subject during April 2014. The purpose of this follow-up session will be to consider the progress and delivery of the programme for unscheduled care and whether the actions taken this winter are likely to produce

sustainable improvements in performance. Specifically, the Committee will continue to monitor the continued high pressure on emergency departments and how this is impacting on patient safety.

The Committee would like to take this opportunity to emphasise its recognition that "winter" is neither a uniform nor standard period of time, and cannot be regarded as such. From year to year, periods of cold weather vary, winter conditions occur at unpredictable times and they have varying effects on unscheduled care. Furthermore, the Committee wishes to note that pressures on unscheduled care are not always related to – or created by – cold weather alone.

All information relating to our work on preparedness for winter 2013/2014 is available here
http://www.senedd.assemblywales.org/mgIssueHistoryHome.aspx?IId=7531

Yours sincerely,



David Rees AM
Chair, Health and Social Care Committee

ANNEX – Key issues arising from the session on unscheduled care: preparedness for winter 2013/14

Introduction

During February–March 2013 it was clear that the health service in Wales was experiencing severe difficulties dealing with unprecedented winter pressures. In light of this, and in anticipation of Winter 2013/14, the Health and Social Care Committee decided to invite the Minister for Health and Social Services and Deputy Minister for Social Services to a scrutiny session on unscheduled care. The purpose of the session was to seek assurances that the Welsh NHS and social services in Wales are better prepared to cope this winter and to ensure that the inevitable increase in demand during the winter will be managed safely.

The purpose of this annex is to highlight a series of key issues the Committee believes require further consideration and/or monitoring by the Welsh Government and partner organisations.

1. Preparedness for winter 2013-14

Last winter extended up to May and saw Health Boards reporting unprecedented demand on their services. Warnings were issued about the safety and quality of patient care being compromised.[1] Although the pressure eased somewhat during the summer months, the Welsh NHS has continued to see many pressures facing its unscheduled care services.

During the Committee's session, the Minister for Health and Social Services, Mark Drakeford AM, made it clear that despite the preparedness of the Welsh NHS and its partners for the coming winter, there are going to be challenges ahead for them this winter. The Minister explained that an underlying pattern of growth for attendances at accident and emergency departments, particularly by people over 85, is placing increasing pressure on the NHS in addition to any extra winter demand.[2] However, whilst the Minister acknowledged the challenges ahead, he believes that the NHS begins the coming winter in a better place this year than it was last year, in terms of both planning and performance.

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[1] British Medical Association website, *Emergency departments 'at the point of meltdown'* 5 April 2013 and BBC News Wales website, *A&E Consultants: Hospitals in Wales at 'meltdown point*, 28 March 2013 [accessed 3 October 2013]

[2] National Assembly for Wales, Health and Social Care Committee *RoP [para 7]* 9 October 2013

The Committee's view: A combination of challenges including increased demand for services, workforce challenges, GP out-of-hours provision, and patient flow through hospitals means that there can still be an expectation of a difficult winter ahead for the Welsh NHS and social services in Wales. Whilst we welcome the planning and preparations in place for the coming winter we remain concerned about the ability of the Welsh NHS and social services to meet the challenges they will face. We are therefore committed to returning to this subject in April 2014 to review progress during winter 2013/14 and to consider the findings of the Public Accounts Committee's current inquiry on unscheduled care and the role of local primary care. Depending on the outcomes of this follow-up session, the Committee will consider whether a wider inquiry on unscheduled care is necessary.

2. Unscheduled care plans

In planning for winter 2013/14, the Health Boards have been required to produce formal winter plans, which should provide assurances in respect of:

- accurate identification of Referral to Treatment Time (RTT) and unscheduled care demand;
- plans for the provision of RTT unscheduled care capacity to meet this demand, in particular during periods of peak workload;
- the bed occupancy levels within which they plan to operate;
- how elective capacity will be protected to minimise outliers and reduce the impact of unscheduled care on scheduled care activity; and
- how the impact of infection on their capacity will be managed.

The Minister told the Committee that the Health Boards should publish their unscheduled care plans and winter plans, and said they should be available on their websites. However, these plans were not available to view at the time of the Committee meeting.

On 11 November 2013, the Minister sent a letter to the Committee providing links to published unscheduled care and winter plans, and indicated when other Health Boards and the Welsh Ambulance Services Trust (WAST) intend to publish their plans.[3]

[3] National Assembly for Wales, Health and Social Care Committee *Letter from the Minister for Health and Social Services – unscheduled care plans and formal winter plans* 11 November 2013 [accessed 3 December 2013]

The Committee's view: It is disappointing that, by the beginning of November, only 3 of the 7 Health Boards in Wales had published their unscheduled care plans, with only one Health Board – Cwm Taf – having published its winter plan. In some cases the published plans amount to little more than bullet point summaries. This has made it difficult to assess whether Health Boards have sufficient plans in place to deliver improvements to unscheduled care services this winter. Whilst we welcome the information that has been published to date by Health Boards, we believe that plans of this nature should be available in advance of the period to which they relate and should be detailed and comprehensive documents. The Committee will expect to see evidence of how well these plans are being implemented when we return to the subject in April.

3. Planning and performance

The Health Boards' and the Welsh Ambulance Services' unscheduled care plans should describe their strategic and operational approach to drive improvements in quality, patient safety and how they will deliver against national targets.

The Welsh Government sets national targets for its emergency care services, which measure waiting times in emergency departments, ambulance response times, and handover times from ambulances to emergency departments.

There has been a general deterioration in performance against key service targets, although there have been some recent improvements[4]. Waiting times at hospital emergency departments have generally increased over recent years, with some patients, particularly older people, spending longer than 12 hours in these departments. The Minister provided a breakdown of performance delivered along the unscheduled care pathway – from emergency ambulance response performance to the number of Delayed Transfers of Care – between September 2011 and August 2013 in his written paper.[5]

In a statement on 30 September 2013, the First Minister announced that targets for treating patients in the NHS are being reviewed and could be replaced. During the Committee's session the Health Minister was not able to provide the Committee with any further detail about possible changes to how the Welsh

[4] Welsh Government, Minister for Health and Social Services, Mark Drakeford AM, Written Statement *Welsh Ambulance Services NHS Trust delivery of October 2013 eight-minute target and the introduction of the NHS Outcome Framework and development of future NHS measures* 27 November 2013 [accessed 3 December 2013]

[5] National Assembly for Wales, Health and Social Care Committee, *Written paper from the Minister for Health and Social Care Committee*, 9 October [accessed 3 December 2013]

Government, and NHS and social services bodies, will monitor unscheduled care performance across the totality of the unscheduled care pathway this winter. On 27 November, the Health Minister issued a statement on the development of future NHS measures, noting that he has asked his department to prioritise their development in the field of unscheduled care. The Minister's intention is to pilot new measures from April 2014.[6]

The Committee's view: The Committee seeks further detail about any changes to how the Welsh Government, and NHS and social services bodies, will monitor unscheduled care performance across the totality of the unscheduled care pathway this winter. Furthermore, the Committee would welcome further detail from the Ministers regarding the benchmarking they intend to apply to services in order to compare performance within – and outside – Wales.

4. Additional resource for the Welsh NHS

On 8 October 2013, the Minister announced additional funding of £150 million for the Welsh NHS for 2013-14. At the Committee meeting on the 9 October, the Minister was asked whether this funding would be used to address winter pressures over the next few months. The Minister explained that while the additional allocations to Health Boards "will allow them to strengthen the services that they plan to provide over the winter compared with the services that they would have been able to provide had that extra funding not been made available to them" he did not intend to hypothecate the money to Health Boards for particular purposes.[7]

During the session the Minister was unable to confirm how the extra funding would be distributed. However, the Minister has since published a statement[8] providing further details.

[6] Welsh Government, Minister for Health and Social Services, Mark Drakeford AM, Written Statement *Welsh Ambulance Services NHS Trust delivery of October 2013 eight-minute target and the introduction of the NHS Outcome Framework and development of future NHS measures* 27 November 2013 [accessed 3 December 2013]
[7] National Assembly for Wales, Health and Social Care Committee *RoP [para 16]* 9 October 2013
[8] Welsh Government, Minister for Health and Social Services, Mark Drakeford AM, Written Statement *Implications of the Draft Budget 2014-15 on Health and Social Services* 17 October 2013 [accessed 3 December 2013]

The Committee's view: As noted in our letter to the Ministers following our scrutiny of the draft budget 2014-15, we welcome the additional funds provided to Health Boards during this financial year. We note the fact that the Welsh Government has sought to address the historic problem of allocating funds to those LHBs who have done the least to live within their means during this financial year and that it plans to maintain this approach in future financial years.

5. Capacity

5.1. Elective capacity

Winter pressures mean that 2,600 operations were cancelled in the Welsh NHS last winter because of a lack of beds. For 2013-14, Health Boards have declared a surge capacity of around 460 beds – beds that they do not have now, but that they will be able to open if they need to do so.

The Minister made clear his intention to increase bed capacity by organising services differently, as opposed to increasing the number of beds which, he argued, is not financially viable in the longer term. The Minister highlighted the importance of reducing the length of stay in hospital and increasing day surgery or rates of operating on the day of admission, to release beds back into the system at a faster rate rather than simply creating new bed capacity.[9]

The importance of ensuring that elective operations are not postponed this year because of winter pressures was raised by Members, particularly in terms of the impact of cancelled procedures on waiting lists and ultimately on patients' health. The Minister explained that he "expects local health boards to manage both unscheduled care and elective demands and to have the capacity to do both", and that "…a number of health boards have put in extra beds to protect planned surgery."[10]

5.2. Surge capacity across the health and social care system

Members also questioned the Minister on the consideration that has been given to providing surge capacity across the health and social care system, not hospitals alone, over the winter period. The Committee heard that the overall

[9] National Assembly for Wales, Health and Social Care Committee *RoP [para 130]* 9 October 2013
[10] Ibid *RoP [para 80]*

aim is to avoid the creation of the need for a surge and that "working seven days a week, 365 days a year is really important".[11]

In his follow up evidence, the Minister confirms that winter planning has been conducted on the basis that capacity consists of more than hospital beds, and that all Health Boards have been looking at capacity in the community and working closely with partners in local government, the third sector, and others.

5.3. Out-of-hours provision and GPs services

The Minister was questioned about the weaknesses around existing out-of-hours provision and whether the Health Boards' plans made reference to increasing services provided by GPs and out-of-hours services over the winter. The Committee heard that improvements in primary care, out-of-hours services and unscheduled care are needed, and that the out-of-hours service is under "considerable pressure" and needs to be "refreshed".[12]

Furthermore, the Committee was told that improving access both to out-of-hours services and daytime GP services, together with better management of patient flow between primary and secondary care, would help reduce pressure on hospitals.

Questioning the Minister further on the issue of patient flow, Leighton Andrews AM asked the Minister to clarify what action can be taken by a Health Board if it suspects certain GP practices may be less good at managing flow into A&E and may be more risk averse. In his response, the Minister explained that the main lever Health Boards have is the QOF – the Quality and Outcomes Framework.

The Minister also stated that he sees a greater role for community pharmacists in helping to reduce the workload of GPs and other parts of the NHS in managing common ailments.

5.4. Social care – care homes and nursing homes

The Minister made the point that "it is not just GP practices that have variable performance in relation to sending people in through emergency departments", stating that care homes and nursing homes are probably a bigger part of the

[11] National Assembly for Wales, Health and Social Care Committee *RoP [para 120]* 9 October 2013
[12] Ibid *RoP [para 65]*

picture.[13] He cited work by Cwm Taf LHB to reduce the use of emergency services by care homes in its area.[14]

The Minister confirmed that there are almost no delays anywhere in Wales now where people are occupying a hospital bed while a dispute between a local authority and a Health Board is resolved. However, he explained that some of the problems, such as the closure of care homes by some large suppliers, are beyond the control of both Welsh Government and local authorities.[15] The Deputy Minister for Social Services, Gwenda Thomas AM, explained that she intends to use future legislation – as set out in the white paper on registration and inspection[16] – to require providers to produce an annual report that will require them to refer to their financial viability.

5.5. Delayed Transfers of Care

During the evidence session, the Minister explained that there is an increasing incidence of older patients being admitted via hospital A&E departments. Many of these older patients require further care which needs to be arranged before discharge, and in many cases social care is required. Difficulties accessing other forms of care can mean that hospital becomes the 'default place of safety' and can extend average length of stay, with patients spending longer in hospital than is medically necessary.

In a statement on unscheduled care on 23 April 2013[17] the Health Minister outlined some measures to address delayed discharges which included greater use of alternative short-term accommodation while patients are choosing a care home or whilst disputes between providers over responsibility for paying for care are resolved. The latest data[18] show that, in August 2013, a total of 489 patients experienced a delayed transfer, an increase of 39 (8 per cent) over August 2012. The Minister told the Committee that the median length of stay has fallen however.[19]

The Minister provided an example of whole system planning by Betsi Cadwaladr University Health Board, in which social workers are available seven days a week so that assessments can be undertaken and people who are ready to leave

[13] National Assembly for Wales, Health and Social Care Committee, *RoP [para 107]* 9 October 2013
[14] Ibid
[15] Ibid *RoP [para 63]*
[16] Welsh Government, *The future of regulation and inspection of care and support in Wales* 30 September 2013 [accessed 3 December 2013]
[17] National Assembly for Wales Plenary RoP 23 April 2013 16.16 [accessed 3 October 2013]
[18] Welsh Government Statistics, *SDR 161/2013 Delayed transfers of care*, August 2013 [accessed 3 October 2013]
[19] National Assembly for Wales, Health and Social Care Committee, *RoP [para 62]*, 9 October 2013

hospital can be discharged from over the weekend.[20] The Deputy Minister also highlighted that some emergency care can be provided in the home, rather than the patient being admitted to hospital, expressing her expectation of more integrated care in the future.[21]

In terms of health and social care integration, the Welsh Government has recently published plans[22] for better integration of health and social care services for older people with complex needs. These include integrated health and social care teams supporting frail older people at home, helping to reduce acute hospital admissions and shorten lengths of stay.

The Committee's view: The Committee would welcome further detail at individual Health Board level about what surge capacity is available and what action is being taken to balance elective and unscheduled care. The Committee is particularly keen to receive further information about how Health Boards are planning to deliver elective care during periods of high demand for unscheduled care. Furthermore, if the Welsh Government's ambition for the Welsh NHS is to move to a 24/7 service, improvements are needed to out-of-hours and GP services. We will take a keen interest in the Public Accounts Committee's report on this once its inquiry is complete.

The development of community-based alternatives to hospital needs to be expedited and efforts in the field of unscheduled care need to include work outside the hospital setting. The Committee would welcome further detail on what consideration is being given for surge capacity in the community as well as in the hospital setting.

We believe that problems with inappropriate A&E admissions, patient flow through hospitals, and delayed transfers of care will continue to put pressure on emergency departments this winter. Keeping patients out of hospital whenever possible, particularly older people, must be a priority.

6. Workforce

Members questioned the Minister about the evidence[23] that workforce challenges are putting unscheduled care services under considerable pressure.

[20] National Assembly for Wales, Health and Social Care Committee, *RoP [para 113]* 9 October 2013
[21] Ibid *RoP [para 115]*
[22] Welsh Government, *A Framework for Delivering Integrated Health and Social Care For Older People with Complex Needs* consultation July 2013 [accessed 3 December 2013]
[23] Wales Audit Office, Unscheduled Care, September 2013

The Minister explained that there are a small number of specialities where there are difficulties recruiting to the Welsh NHS, one of which is emergency medicine. The Minister explained that there are more consultants in emergency medicine than has previously been the case, but acknowledged that the Welsh NHS still struggles to meet the College of Emergency Medicine standards for consultant presence.[24] There can also be problems with the recruitment and retention of doctors to work in primary out-of-hour services.

The Minister stated that recruiting more consultants alone would not solve the problem. He suggested that better use could be made of advanced nurse practitioners working in emergency medicine and who are trained for that purpose, as well as ensuring other practitioners, for example paramedics, are exercising the full range of their clinical competencies.[25]

In responding to questions, the Minister expressed his view that "what we actually need are some generalists at the front door of our hospital"[26], as suggested by Professor David Greenaway's review of the Shape of Training.[27] That report called for more doctors who are capable of providing general care in broad specialities across a range of different settings. One of the key drivers behind this is the growing number of people with co-morbidities. The Minister stated that, in relation to unscheduled care, the number of emergency admissions and readmissions for chronic conditions in Wales has fallen substantially over the last two and half years, suggesting that improvements might have been made in terms of chronic conditions management.

The Committee's view: Workforce pressures continue to put unscheduled care services under considerable pressure. We are concerned that no A&E department in Wales currently meets the College of Emergency Medicine's standards for consultant presence in emergency departments. Progress with the consideration of Professor David Greenaway's review of medical training will be crucial to ensuring that medical professionals are better supported to work up to the level of their clinical competence. Given the impact of sickness levels in the Welsh NHS and social services on workforce pressures, the Committee would welcome further information about action the Welsh Government is taking to address these levels.

[24] National Assembly for Wales, Health and Social Care Committee *RoP [paras 89-90]* 9 October 2013
[25] Ibid
[26] Ibid *RoP [para 92]*
[27] *Securing the future of excellent patient care: Final report of the independent review Led by Professor David Greenaway*, 29 October 2013 [accessed 3 December 2013]

7. The Welsh Ambulance Service Trust (WAST)

The impact of the demand for unscheduled care on the Welsh Ambulance Service has been well documented, with reports of patients facing long waits for ambulances and ambulances needing to queue outside A&E departments to 'hand-over' patients. The Wales Audit Office report on unscheduled care, published in September 2013, noted that performance against handover targets has worsened over time since 2009.

In an oral statement to plenary on 9 July 2013[28], the Minister provided an update on the response to the strategic review of the Welsh Ambulance Services that was carried out by Professor Siobhan McClelland. During the evidence session, the Minister made reference to the reforms. These will not be put in place, however, until 1 April 2014.

The Minister reassured the Committee that, in his view, "the ambulance service goes into this winter in a better position than it went into the last one".[29] However, he went on to say that the Welsh Government does want to increase the resilience of the ambulance service for this winter.

The Minister explained that the ambulance service is recruiting to all its vacancies, which includes plans for 82 new staff, paramedics and emergency medical technicians to be in place over this winter.

In September 2013, it was announced that specialist emergency medicine doctors to help paramedic crews treat patients before they get to hospital have been hired by the Welsh Ambulance Service.[30] The scheme allows doctors to work with paramedics to look after patients in their own homes instead of taking them to hospital if it is not necessary. During the evidence session, the Minister drew attention to the recent appointment of two doctors to work with WAST over the winter.[31]

The Committee's view: The Welsh Ambulance Service is crucial to the efficient and effective handling of winter pressures. The Minister noted that he wants to increase the resilience of the ambulance service for this winter. This should be a priority over the weeks and months ahead.

[28] Minister for Health and Social Services, Mark Drakeford AM, *Update on the Response to the Strategic Review of Welsh Ambulance Services*, 9 July 2013
[29] National Assembly for Wales, Health and Social Care Committee *RoP [para 90]* 9 October 2013
[30] BBC News Wales website, Welsh Ambulance Service: *Emergency scene doctors appointed*, 15 September 2013
[31] National Assembly for Wales, Health and Social Care Committee *RoP [para 118]* 9 October 2013

8. Flu

8.1. Flu campaigns and pneumococcal immunisation programmes

During the evidence session, the Minister explained his intention for an active flu campaign during this winter, including his determination to make better use of community pharmacies. Public Health Wales figures shows that uptake of seasonal influenza immunisations was 67.7 per cent in those aged 65 years and over in Wales during 2012/13. Uptake was 49.7 per cent in patients younger than 65 years in one or more clinical risk groups.

Specifically, the Minister drew attention to the new flu nasal spray being offered to children aged 2 and 3 years olds who will be vaccinated by GPs, and school year 7 (11-12 year olds) pupils who will be vaccinated in school. When questioned about the availability of the nasal spray, the Minister stated that "we simply do not have either enough of the vaccine – manufacturers cannot manufacture it fast enough to be able to offer it to the whole of the age range – or the infrastructure to be able to do it".[32]

8.2. Vaccination of staff

The Minister highlighted the importance of ensuring that the health and social care workforce are vaccinated against preventable disease, such as flu, so that they do not pass flu on to their own patients or that they do not fall ill with flu when they do not need to, stating that "it is part of their professional obligation".[33] Dr Grant Robinson, the Clinical Lead for Unscheduled Care, explained that the British Medical Association supports the Welsh Government's approach to flu vaccination, agreeing that it should be seen to be a "professional priority".[34] However, the Minister made it clear that he would not tie funding to any particular level of uptake. When questioned about the target to measure against in terms of the percentage of the workforce in the NHS and the social care workforce that has direct contact with patients that the Welsh Government wants to see vaccinated, the Minister stated that the target is 50 per cent for this year and that this is realistic given the low base from which it has started.[35]

[32] National Assembly for Wales, Health and Social Care Committee *RoP [para 32]* 9 October 2013
[33] Ibid *RoP [para 31]*
[34] Ibid *RoP [para 35]*
[35] Ibid *RoP [paras 45-47]*

The Committee's view: We believe that the take up of seasonal influenza immunisations needs to be improved, particularly among frontline NHS and social care staff. We therefore hope that a more ambitious target will be applied next winter.

Next steps

The Committee would welcome a response from the Welsh Government to the key issues raised in this annex. As noted previously, the Committee has agreed to return to this subject during April 2014. The purpose of this follow-up session will be to consider the progress and delivery of the programme for unscheduled care and whether the actions taken this winter are likely to produce sustainable improvements in performance. Specifically, the Committee will continue to monitor the continued high pressure on emergency departments and how this is impacting on patient safety

Mark Drakeford AC / AM
Y Gweinidog Iechyd a Gwasanaethau Cymdeithasol
Minister for Health and Social Services

Llywodraeth Cymru
Welsh Government

Ein cyf/Our ref SF/MD/0180/14

David Rees AM
Chair
Health and Social Care Committee

3 February 2014

Dear David

Unscheduled care: preparedness for winter 2013-14

Thank you for your letter of 20 December 2013 in response to my appearance before the Committee on 9 October 2013 and the written information I provided on 31 October 2013. I have addressed the points you have raised as follows:-

Preparedness for winter

The Committee has expressed concern about the ability of the Welsh NHS and social services in Wales to meet the challenges they will face this winter. Local Health Boards (LHBs), Welsh Ambulance Service NHS Trust (WAST) and Local Authorities (LAs) keep their joint plans under constant review to understand how they have impacted on their performance over the winter period to date, and Welsh Government officials provide continuous scrutiny for assurance.

The ever changing nature of winter pressure on NHS services is monitored closely by Welsh Government via weekly Chief Executive level calls; daily Executive level emergency pressures conference calls attended by LHB and WAST representatives; and through the NHS Wales Unscheduled Care dashboard which provides live data and information on a range of indicators, including bed capacity, handover delays and escalation levels.

I am encouraged to report that latest data shows that significant improvements have been achieved by NHS Wales over recent months against a range of performance indicators. This includes a 49% reduction in the number of patients waiting over one hour for patient handover from ambulance crews to the care of A&E staff in December when compared to April, and the achievement of the highest proportion of patients to be admitted, transferred or discharged within 4 hours at A&E departments in Wales for the month of December (89.4%) since December 2007.

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The improvements have come as a result of implementation of innovative practices by NHS organisations, such as the *Focus on Flow Project* in Cwm Taf Health Board. This project has taken an organisational wide approach on a multi agency basis recognising the crucial links and working relationships with WAST, Local Authorities and other stakeholders. Early indications are that this is starting to show improved results in performance, as well as improved feedback from patients in the emergency department, and improvements in staff morale and sickness absence. While I recognise more work needs to be done against a number of indicators, it is testament to multi agency and robust winter planning that we have seen such improvements.

A review of the winter period will take place at the next national Seasonal Planning group meeting which will take place in March, when multi agency representatives will share good practices and any lessons learnt as part of their service planning process. This event will also mark the beginning of planning for winter 14/15, and the refinement of NHS and social care plans. I expect LHBs and WAST to publish these joint winter plans routinely in the future.

Ultimately, we remain committed to strengthening integrated primary, secondary and social care services in Wales and further improving the delivery of unscheduled care services.

Unscheduled care plans

Planning for winter began in March as part of quarterly Seasonal Planning forum. The unscheduled care plans were developed in June 2013 to ensure we are better prepared to respond to the increasing pressures and priorities faced by our health and social care services. The winter plans presented at the winter planning event in September built on the unscheduled care plans with a clear focus on the winter period.

The Committee believes plans such as these should be available in advance of the period to which they relate and should be detailed and comprehensive documents. It is the first time such plans have been published and it is important to recognise that these are ‘live’ documents which will require further developments, throughout winter and beyond, as challenges and context change. With regard to the detail of the plans, when publishing their plans the LHBs and WAST have considered the need to ensure those public plans can be easily understood by members of the public.

Planning and Performance

You have asked for further details of changes to monitoring unscheduled care performance and any benchmarking we intend to apply in order to compare performance.

The recent Wales Audit Office report on unscheduled care referenced the increased focus placed on monitoring unscheduled care performance by the Welsh Government and I can confirm that this level of scrutiny has been re-enforced. Monthly *Quality and Delivery* meetings continue to be held between senior Welsh Government officials, Local Health Board and WAST representatives where unscheduled care plans are scrutinised. Officials also work closely with NHS Delivery Unit colleagues to analyse performance at a local and national level on a fortnightly basis. As previously referenced in this letter, officials have also developed an unscheduled care dashboard which includes near live data on a number of performance indicators. The WAST Launchpad Live web tool is also monitored by officials throughout the day to understand and, where appropriate, to act upon performance issues.

The Welsh Government’s launch of the Programme for Government (PfG) contained a commitment to measure the impact (outcome) the Welsh Government is having on people’s

lives. Over recent years, there has been an intention to develop a more meaningful measurement of what the NHS delivers. An engagement exercise has been undertaken over the summer with stakeholders including patients, clinicians and partners, to identify, through co-production, what is important; to ensure that measures have clinical relevance and support and that they drive improved care and outcomes for the citizens in Wales. There has been a focus on unscheduled care as part of this exercise. Discussions are ongoing with stakeholders to ensure that both current and future measures are based on clinical evidence and follow the principles of Prudent Healthcare.

This is not a quick exercise but as measures are agreed, the NHS Delivery Framework will be updated. The next update is due April 2014. This work will not impact upon the way the performance of unscheduled care is monitored this winter.

As part of ensuring a more clinical approach to measures in the future, clinical audit of pathways will be an important part of assessment. Through a national audit programme, Wales organisations participate in a wide variety of clinical audits which allows for Wales comparability and wider. As part of this national programme there are specific ones related to unscheduled care elements of the pathway, such as acute cardiac pathway and fractured neck of femur pathways. It is important that we are clear what is comparable, and clinical audits are a way to ensure clinical practice in Wales meets the relevant standards supported by clinical evidence.

Additional resource for the Welsh NHS

I note your comments regarding the allocation of resources and am grateful for the Committee's positive support for the changes we have made.

Capacity

<u>Elective Capacity</u>

LHBs have been better prepared for the winter period this year compared to last. Applying the lessons learned from last year, LHBs have planned both their elective and emergency capacity over the winter period to be more aligned with anticipated unscheduled care demand. This is to help LHBs ensure they have had the correct staff available to deal with unscheduled care pressures, reduce the number of operations cancelled at short notice and improve patient experience. Early indications show that the number of short notice cancellations in December 2013 is 18% lower than in December 2012.

<u>Surge Capacity across the health and social care system</u>

The Committee has asked for further detail about what surge capacity is available at individual health board level, including what consideration is being given for surge capacity in the community as well as in the hospital setting.

Following the Committee hearing I provided you with details of each LHB's community initiatives to help keep patients out of hospital and facilitate early discharge. Work in this area has continued, with the Improving Unscheduled Care Programme having a workstream specifically considering integrated services across health and social care.

At the time of the Scrutiny Committee hearing in October, LHBs had planned for a mix of surge capacity, beds and bed equivalents across a range of services. Over the course of the winter, LHBs have kept their winter plans under constant review and have adjusted their capacity plans to take account of variable factors such as staffing availability, demand and

improving patient flow. LHBs are being flexible about where additional capacity is made available.

Based on current information, across Wales there is the potential for up to an additional 492 beds and bed equivalents, if needed, compared to 441 reported at the time of the Health and Social Care Committee. In addition, there are additional community services that have not been quantified as bed equivalent services.

Aneurin Bevan HB
102 surge beds capacity now open, with potential access to a further 25 beds (acute and community). Non-Health Board capacity i.e. nursing home and step-down beds is up to 31 beds.

Abertawe Bro Morgannwg UHB
71 additional in-patient bed capacity and around 45 community bed equivalent capacity (community capacity available will vary depending on the extent of the respective packages of care at any one time).

Betsi Cadwaladr UHB
Due to difficulties recruiting nursing staff, the LHB has not yet been able to open hospital based surge capacity and has developed a number of services in the community to address emergency pressures, for example:

- As part of the seasonal planning arrangements the LHB is providing spot purchase of Care Home beds for patients who require care whilst waiting for packages of care or care home placements to commence. This group of patients is quite small but it does provide additional capacity when necessary.
- The Enhanced Care Service has been developed in partnership with LAs and currently provides between 15-20 bed equivalents in each of the four localities currently involved. The service is being rolled out to all remaining localities during 2014.
- The frailty project in partnership with LAs is currently working well in 3 wards at each DGH. During 2014 the LHB will be rolling the project out to all wards and departments across BCU and to all localities

Cardiff and Vale UHB
91 beds as follows:

- 40 additional In-patient Surge Capacity (Medicine)
- 15 daily additional Flex In-patient Surge Capacity (Medicine)
- 26 commissioned planned outlier In-patient capacity (Medicine)
- 10 weekend Short Stay Surgery Inpatient capacity (Surgery/Trauma)

Cwm Taf UHB
Extended opening of 36 short stay surgical beds, keeping them open beyond midday Saturday in order to maintain the weekend flow of patients. LHB has also opened 12 additional day case surgical beds which are available Monday - Friday for 12 hours a day. Cwm Taf has shown a significant improvement in unscheduled care through measures to manage flow across the whole system.

Hywel Dda UHB
60 additional acute surgical beds with an estimated 5 additional community beds to support delayed discharges. LHB is working with social services to fund additional beds in residential care. They have also switched to day care in some areas across the acute services providing an additional 10 beds. Similarly to Cwm Taf, Hywel Dda has also seen improvements in unscheduled care as a result of measures to improve flow.

Powys tHB
4 additional community beds and a number of initiatives aimed at limiting the number of unscheduled care admissions, these include:

- GP led Community Resource Teams and Virtual Wards to care for high risk patients at home
- Local diagnostic and treatment services, including Minor Injuries Units, to prevent avoidable admission to A&E
- Emergency GP appointment systems to prevent avoidable admission to A&E in hours, and to complement the GP out of hours arrangements

Intermediate Care Fund

The recently announced £50 million Intermediate Care Fund for 2014-15 will focus on integration across social services, health and housing. The Fund includes £35 million revenue which will be within the Local Government MEG and £15 million capital funding in the Housing and Regeneration MEG. It will be used to encourage collaborative working between health, housing and social services, to support people to maintain their independence and remain in their own home. It will be used to avoid unnecessary hospital admissions, or inappropriate admission to residential care, as well as preventing delayed discharges from hospital. The focus will be on developing community-based alternatives to hospital care for older people, particularly the frail elderly. Proposals will be developed in partnership between LAs and LHBs and partners, including the third and independent sector.

Out-of-hours provision and GPs services

Out of Hours

Work is being undertaken as part of the Improving Unscheduled Care Work Programme to consider how out of hours services could be improved, taking forward the work done by the previous 111/ Out of Hours group. Quality and Monitoring Standards for the Delivery of Out of Hours Services (OoHS) have been developed and will be issued shortly.

Sustainable staffing for OoHS is an overriding objective linked to the delivery of the Standards. Steps have also been taken to address the particular issue of indemnity costs which had been raised as a significant barrier to recruitment of GPs undertaking sessional OoH services. The Welsh Risk Pool (WRP) Advisory Board has determined that it will include sessional GPs within the scope of the WRP indemnification arrangements with immediate effect for an initial period until 30th April 2014.

GP Services

The Welsh Government and GPC (Wales) have recently reached agreement on changes to the GMS contract for 2014/15. The changes to the contract, which have been developed in close collaboration with GPC (Wales), will enable GPs to spend more time caring for their most vulnerable patients, improve the delivery of local health care and address inequalities in health which exist between the most and least affluent areas of Wales.

A key change to the contract includes a new Local Service Development domain within the Quality and Outcomes Framework (QOF). As part of a three year development programme, this framework will enable GP practices to strengthen their ability to operate as a cluster with the aims to improve the co-ordination of care, to improve the integration of health and social care, and to improve collaborative working with local communities through the agreement of a GP Practice Cluster Network Plan.

The GP Practice Cluster Network Plan will enable clusters to build on the previous QOF QP work in relation to outpatient referrals, emergency admissions and risk profiling of patients at significant risk of unscheduled admissions to secondary care. In addition, as part of the new Local Service Development domain, GP practices will be required to participate in three national care pathways covering the early detection of cancer, end of life care and the frail elderly. These national care pathways will have a high impact on reducing, where appropriate and in the best interests of the patient, emergency admissions and unscheduled care admissions.

Delayed Transfers of Care

Both the number of delayed transfers and the length of delays have fallen considerably over the past 9 years, with the number of delays reducing by over 60% and the number of days delayed by 80% from their peak in 2003. However, a continuous level of improvement has not been sustained over the last two years, during which the all-Wales totals have fluctuated between 400 and 500.

The latest available data (December 2013 census period) reported a total of 423 patients whose transfer of care had been delayed. This represented an increase of 20 delays or 5% compared to the November period. However, the cumulative effect of successive decreases in the previous months was a reduction of 66 delays or 13.5% since August 2013.

The December figures showed a fall in the median length of delay, which at 23 days was lower than recent months which ranged from 28-33 days between September and December 2013. It was also lower than the December 2012 figure of 30 days.

The Intermediate Care Fund is also specifically aimed at preventing delayed transfers of care.

Workforce

The Committee has requested further information about action taken to address sickness levels. Welsh Government recognises the importance of managing sickness absence effectively and improving the health and wellbeing of NHS staff. On 1 October 2013 the Director General requested urgent action be taken to reduce sickness absence levels within the Welsh NHS by 1% by the end of 2014/15. In response, NHS organisations have developed action plans to improve the management of sickness absence within their organisations.

In addition, a co-ordinated approach was taken by Welsh Government to encourage LHBs and Trusts to develop bids to the Invest to Save Fund to support efforts to reduce levels of sickness absence in NHS Wales.

The Welsh Ambulance Service NHS Trust (WAST)

I agree that the Welsh Ambulance Services NHS Trust is fundamental to delivery of safe and effective unscheduled care services over winter. I am pleased to report that the Trust has recruited to all but five of their paramedic vacancies with additional staff recruited either before or during the winter period to complement the hard work of existing staff. I am also encouraged by further plans to recruit additional staff following the implementation of ambulance reforms.

Further, WAST is in the process of negotiating a range of new workforce policies to release additional capacity to respond to patients in the community. These include a revised rest break policy to increase the availability of front line staff to respond to patients during rest break windows and a roster review intended to match staff rotas with predicted demand and provision of relief in the rotas to cover leave, training and sickness.

Flu

You have raised concerns about the uptake of seasonal influenza immunisations and the need to improve this.

Flu campaigns and pneumococcal immunisation programmes

The first year of the childhood seasonal flu programme has gone well. As at 7 January 69.7% of school year 7 and 35.8% of 2 and 3 year olds had been vaccinated. This has required a tremendous amount of effort by all involved. Welsh Government will be examining the lessons learned this year when considering how to take the programme forward in 2014-15.

As at 7 January, 66.6% of those 65 years old and over and 48.6% of those at risk under 65 had been vaccinated; this is roughly the same as last season (67.7% and 49.7% respectively). 40.0% of pregnant women had also been vaccinated (43.6% last year).

Vaccination of Staff

As at 7 January the uptake is 37.6%. This is an improvement on last season's figure of 35.5% but still short of our current 50% target. I do not favour setting a higher target next year, though I will keep this under review and consider setting more challenging targets in the future to drive improvement.

Finally, we welcome the Committee's increased focus on winter preparedness and the additional views conveyed in the annex of your letter which will inform LAs, NHS Wales and Welsh Government arrangements for the current winter period and beyond. We have been encouraged by the significant culture shift evidenced by the partnership working across care sectors, and will review and evaluate delivery over this challenging period comprehensively to inform further improvements for winter 2014/15.

Regards,

Mark Drakeford AC/AM
Y Gweinidog Iechyd a Gwasanaethau Cymdeithasol
Minister for Health and Social Services

Mae cyfyngiadau ar y ddogfen hon

Mae cyfyngiadau ar y ddogfen hon

Response of the All Wales Medicines Strategy Group to the National Assembly for Wales' Health and Social Care Committee enquiry into access to Medical Technologies

About The All Wales Medicines Strategy Group

Established in 2002, the All Wales Medicines Strategy Group (AWMSG) provides advice on both new and existing medicines, medicines management and prescribing to the Welsh Government's Minister for Health and Social Services in an effective, efficient, and transparent manner.

AWMSG brings together an expert panel of NHS clinicians, pharmacists, academics, health economists, industry representatives, patient advocates and lay representatives to reach a consensus on the use of new medicines and on policies that promote the best use of medicines for patients in Wales. All involved work together to ensure equity of access to the most clinically appropriate and cost-effective medicines. The Group's main priorities are:

- Appraisals: To develop timely, independent and authoritative advice on new medicines.
- Medicines management: To develop resources to support prescribers and thereby maximise health gain through the safe and cost-effective use of medicines.

AWMSG works closely (via a memorandum of understanding) with NICE to complement the NICE appraisal programme and thus ensure appraisal of new medicines not on the NICE work-programme.

The following response draws on the experience gained by AWMSG in Wales since 2002, and its possible application to the area of medical technologies.

Comments in relation to the terms of Reference of the Review.

1. To examine how the NHS assesses the potential benefits of new or alternative medical technologies.

In addition to its work on the appraisal of new medicines, NICE publishes health technology appraisals (HTA's) of selected new medical technologies (including devices and diagnostics) through its Medical Technologies Evaluation Programme (MTEP). Just as NICE technology appraisals of medicines are relevant and valuable to NHS Wales, we believe that the NICE technology guidance is produced to a high standard and is likely to be highly relevant to the needs of patients in Wales. The programme is supported by a Medical Technologies Advisory Committee (MTAC) with a member (the Vice-Chair) who works in NHS Wales. Since December 2010, NICE's MTAC has approved 15 pieces of guidance on medical technologies and a further 8-9 are in preparation. The Cedar Evaluation Centre based in Wales is an active External Assessment Centre for medical technologies for NICE and has a strong track record of delivery in this area.

The difficulty with the NICE guidance on medical technologies is that unlike corresponding guidance on new medicines, it is not mandatory and so it is up to commissioners in Health Boards in NHS Wales and related organisations to make decisions on the uptake of the guidance. This can result in variation of access to clinically-effective and cost-effective technologies across Wales, or in delays in decision-making, particularly when the initial outlay may be significant, and the cost benefit to be made occur sometime into the future. In

addition, only selected medical technologies (around 5 per year to date) are assessed by NICE. A proactive approach to HTA of new medical technologies in Wales will help to inform central strategic planning and support existing or future prioritisation frameworks

We note that detailed information about clinical effectiveness and cost effectiveness of medical technologies is also more difficult to obtain than for medicines, so there are significant differences in the processes for HTA of medical technologies. Nevertheless, it is important that appraisals of such technologies adhere to the same key principles that have been identified in relation to appraisals of medicines. The ideal appraisal process should be transparent, timely, relevant, in-depth and usable (*Garrido et al.* 2008) http://www.euro.who.int/__data/assets/pdf_file/0003/90426/E91922.pdf

Transparency of the HTA process is important to ensure that all stakeholders' involvement is clear to each other, and to ensure that process issues around technology appraisal do not cloud the vitally important scientific issues. Transparency also engenders greater trust among stakeholders, since it also involves full declaration of relevant interests by decision makers

Timeliness of the HTA process ensures that clinically-effective and cost-effective health (including medical) technologies can be made available as soon as possible.

Relevance is important in ensuring that the advice produced is appropriate and applicable to the needs of the user and therefore **usable** by the service. This requires close communication with all stakeholders (particularly clinicians) throughout the HTA process.

In-depth appraisals, using all the available evidence on clinical and cost effectiveness and the expertise of health technology assessors and health economists are vital to give stakeholders confidence in the guidance produced.

Efficiency of the appraisal process for all health technologies is essential if the NHS Wales is to obtain optimum value for money and an avoidance of duplication work.

Independence of the organisation conducting the HTA process from policy-makers and government is vital ensuring that the guidance produced can be trusted, and has sufficient credibility among those working in NHS Wales.

A process for appraisal of medicines not on the NICE work programme has been available in Wales for over 10 years via the All Wales Medicines Strategy Group. AWMSG has conducted over 183 appraisals of medicines since 2002. In October 2010 the high standard of the AWMSG appraisal process was acknowledged by the award of accreditation by NICE's Accreditation Programme, NHS Evidence. This allows AWMSG to carry the Accreditation Mark on any new clinical guidance produced under the accredited process, assuring health and social care professionals that they are accessing some of the best information available online to make informed decisions about patient care. This same rigour should be applied to any future processes developed in Wales for the appraisal of medical technologies.

Several new developments in the assessment of health technologies may also be relevant. NICE are developing a process for the appraisal of **Highly Specialised Technologies (HST's)** and AWMSG has proposed that their guidance on medicines should be adopted in Wales. If medical technologies other than medicines are added to the HST work

programme, the implications to NHS Wales of this guidance in relation to medical technologies will need to be considered.

It is also anticipated that two major amendments to the current NICE methodology appraisal of medicines will be made to address **Value Based Assessment (VBA)** of medicines from September 2014. Firstly, the wider societal benefits of health technologies will be expanded beyond those falling on the NHS, e.g. costs to carers and employers. Secondly, a measure of "Burden of illness" will be considered by NICE in order reflect the severity of the illness. Burden of illness takes into account both the quality of life as well as the length of life. AWMSG has aligned its appraisal process closely with that of NICE's Technology Appraisals and so AWMSG has proposed that it will adopt these measures of value in future appraisals when appropriate. The potential implications of this approach to possible future HTA of medical technologies other than medicines in NHS Wales will also need to be considered.

Finally, an important review of the processes in Wales for appraisal of Orphan and ultra-orphan medicines has been published very recently and the possible implications of its recommendations to the appraisal of medical technologies other than medicines will require careful consideration. http://wales.gov.uk/topics/health/publications/health/reports/?lang=en

2. To examine the need for, and feasibility of, a more joined up approach to commissioning in this area.

Over the thirteen years of AWMSG's development, it has become more common (as personalised medicine starts to fulfil its potential) for certain new medicines to be linked with "companion" technology products, including companion diagnostics. In addition, the mode of delivery of some medicines is becoming increasingly sophisticated, necessitating technological developments in association with the pharmaceutical product. NICE has demonstrated by its appraisal of medical technologies that "therapeutics" in the 21st century is about much more than just medicines and it has produced critical appraisals of evidence across the whole range of therapeutic modalities. Thus there are 7 items of NICE guidance on diagnostic technologies in preparation. For these reasons we believe that certain medicines and related medical technologies need to be considered alongside each other, indicating the need for a more joined approach to assessment, appraisal and commissioning in this area. It is therefore also vital that the processes that are developed are closely aligned with the Welsh Health Specialised Services Committee, which is tasked with ensuring that the population of Wales has fair and equitable access to the full range of specialised services.

The **horizon scanning** process for new medicines in Wales has developed rapidly over recent years, linked up with other UK centres and helping to inform AWMSG's appraisal work plan. This affords NHS Wales more information to plan its future budgeting priorities in the prevailing tight economic climate. A similar coordinated approach should also be applied to new medical technologies, since some will have a major immediate impact on costs to the service.

Surveillance systems are vital in ensuring safety for patients. Wales is fortunate in that its relatively small size and well-developed communications networks can potentially ensure better rates of safety reporting. Thus in 2010, and thanks to the work of the Yellow Card Centre Wales (part of the AWMSG support network) the reporting of suspected adverse

reactions to medicines by health professionals and patients in Wales was 50% higher than in the UK overall *(Data from Yellow Card Centre Wales*). A more joined up approach to the central safety reporting of issues associated with medical technologies would provide stronger safety signal generation and thus help to inform NHS Wales of concerns at an early stage. Strong safety systems are also important in informing future commissioning priorities.

3. To examine the ways in which NHS Wales engages with those involved in the development/ manufacture of new medical technologies.

AWMSG has developed a responsive HTA process for medicines that ensures strong engagement with manufacturers before, during and after appraisal. Thus AWMSG was the first HTA body to welcome manufacturers to give evidence at the appraisal process, which takes place in public. NICE, having observed this approach, have since adopted it, and now meet in public with the manufacturers present and able to contribute.

It is recognised that some small manufacturers may have relatively limited health expertise (some health technology manufacturers fall into this category) so opportunity is given for advice from AWMSG network health economists. In addition the HTA process itself is scrutinised by a dedicated user-group which advises the AWMSG steering group about possible enhancements to the HTA process. This transparent approach, if applied to possible future medical technology HTA processes, would ensure that those developing and manufacturing medical technologies would be fully engaged and have a voice in future developments.

4. To examine the financial barriers that may prevent the timely adoption of effective new medical technologies, and innovative mechanisms by which these might be overcome.

It has become clear over the last decade that a positive recommendation by NICE or AWMSG for a medicine does not automatically result in timely adoption of the medicine by NHS Wales. This can occur despite clear mechanisms for the uptake of advice on all recommended (including high-cost) medicines. Thus the barriers to implementation of guidance are not just financial. They are also sometimes related to the slow dissemination of evidence-based advice to local decision makers and prescribers on what treatments are most effective and cost-effective. It should be noted that the majority of medicines appraised by AWMSG are recommended as an 'option for use', and a decision is made by clinicians within the health board as to how best to treat the patient. A positive recommendation does not, by default, mean that it is 'better' than other medicines already available.

The Welsh Analytical Support Unit (WAPSU, part of the AWMSG Support Network) was established in 2010 to monitor implementation of NICE and AWMSG guidance. By monitoring uptake of new medicines, it supports Health Boards in ensuring patients can rapidly access effective and cost-effective treatments in an equitable manner. It also supports Welsh Government in its central strategic planning role and it advises the procurement process in Wales. Its work has also been associated with rationalisation of medicines use and saving of significant financial resources.

We believe it is essential that any new processes for the managed introduction of medical technologies into NHS Wales are supported by robust monitoring mechanisms to ensure timely and equitable adoption of guidance.

Conclusions

We have made specific proposals on how the NHS in Wales might assess the potential benefits of new or alternative medical technologies. We believe that the processes should be more joined up, and feel that this goal is feasible. Not all the barriers to adoption are financial and we have made some suggestions on how these might be addressed. We would be pleased to provide any further details in relation to this submission, and thank the Committee for the opportunity to contribute to the enquiry.

All Wales Medicines Strategy Group, November 2013

Y Pwyllgor Iechyd a Gofal Cymdeithasol

Lleoliad:	**Ystafell Bwyllgora 1 – Y Senedd**
Dyddiad:	**Dydd Iau, 20 Mawrth 2014**
Amser:	**09.25 – 12.00**

Cynulliad Cenedlaethol Cymru
National Assembly for Wales

Gellir gwylio'r cyfarfod ar Senedd TV yn:
http://www.senedd.tv/archiveplayer.jsf?v=cy_200000_20_03_2014&t=0&l=cy

Cofnodion Cryno:

Aelodau'r Cynulliad:

David Rees AC (Cadeirydd)
Leighton Andrews AC
Rebecca Evans AC
Janet Finch-Saunders AC
Elin Jones AC
Darren Millar AC
Lynne Neagle AC
Gwyn R Price AC
Lindsay Whittle AC
Kirsty Williams AC

Tystion:

Professor Peter Barrett-Lee, Ymddiriedolaeth GIG Felindre
Dr Richard Clements, Pwyllgor Sefydlog Cymru o Goleg Brenhinol y Radiolegwyr
Dr Martin Rolles, Pwyllgor Sefydlog Cymru o Goleg Brenhinol y Radiolegwyr
Dr Alan Rees, Coleg Brenhinol y Ffisigwyr
Dr Miles Allison, Cymdeithas Gastroenteroleg ac Endoscopi Cymru
Jared Torkington, Coleg Brenhinol y Llawfeddygon
Dr Nazia Hussain, Coleg Brenhinol yr Ymarferwyr Cyffredinol

Staff y Pwyllgor:	**Llinos Madeley (Clerc)** **Chloe Davies (Dirprwy Glerc)** **Philippa Watkins (Ymchwilydd)**

1 Cyflwyniadau, ymddiheuriadau a dirprwyon

1.1. Ni chafwyd unrhyw ymddiheuriadau.

2 Trafod ymateb y Gweinidog Iechyd a Gwasanaethau Cymdeithasol i lythyr y Pwyllgor ynghylch yr ymchwiliad dilynol i leihau'r risg o strôc

2.1. Nododd y Pwyllgor ymateb y Gweinidog Iechyd a Gwasanaethau Cymdeithasol i'w lythyr.

2.2. Cytunodd aelodau'r Pwyllgor y dylai'r Cadeirydd ysgrifennu at y Gweinidog ynghylch y materion canlynol:

- i ofyn am eglurhad ynghylch yr amserlenni ar gyfer cynnal llawdriniaethau carotid;
- i fynegi gobaith y Pwyllgor y byddai'r Gweinidog yn ystyried dwyn ymlaen y dyddiad dechrau ar gyfer yr ymgyrch benodol ar ymwybyddiaeth strôc, a amlinellwyd fel 2014/15 yn y llythyr.

3 Ymchwiliad i fynediad at dechnolegau meddygol yng Nghymru: Sesiwn dystiolaeth 12

3.1. Bu'r tystion yn ateb cwestiynau gan aelodau'r Pwyllgor.

4 Ymchwiliad i fynediad at dechnolegau meddygol yng Nghymru: Sesiwn dystiolaeth 13

4.1. Bu'r tystion yn ateb cwestiynau gan aelodau'r Pwyllgor.

4.2. Gofynnodd Leighton Andrews AC am nodyn gan Lywodraeth Cymru am yr enghraifft a roddwyd gan Jared Torkington o gynllun hyfforddiant a gyflwynwyd yng Nghymru ar gyfer llawdriniaeth y colon a'r rhefr laparosgopig.

5 Ymchwiliad i fynediad at dechnolegau meddygol yng Nghymru: Sesiwn dystiolaeth 14

5.1. Bu'r tyst yn ateb cwestiynau gan aelodau'r Pwyllgor.

5.2. Dywedodd y Dr Nazia Hussain y byddai'n darparu:

- nodyn am y modd y mae Coleg Brenhinol yr Ymarferwyr Cyffredinol yn ystyried llais cleifion wrth ddatblygu ei ddulliau gweithredu yn achos technolegau ac arloesedd, a'r modd y mae'r Coleg yn credu y dylai llais cleifion gael ei ystyried yn y broses arfarnu a chomisiynu;
- nodyn yn egluro a yw'r defnydd o dechnolegau meddygol yn rhan o'r broses ailddilysu ar gyfer meddygon teulu, neu a fydd yn rhan o'r broses.

6 Papurau i'w nodi

6.1. Nododd y Pwyllgor gofnodion y cyfarfod a gynhaliwyd ar 6 Mawrth 2014.

ADRODDIAD AM WAITH AROLYGIAETH GOFAL IECHYD CYMRU

Nododd yr Aelodau eu siom sylweddol bod canfyddiadau adroddiad y Pwyllgor ar waith Arolygiaeth Gofal Iechyd Cymru wedi'u datgelu cyn pryd.

Trafododd yr Aelodau ddatganiad gan y Gweinidog a gyhoeddwyd y bore hwnnw yn ymwneud â threfniadau newydd ar gyfer ymdrin â phryderon difrifol ynghylch gwasanaethau a sefydliadau'r GIG. Holodd yr Aelodau ynghylch amseriad y datganiad, o ystyried ei fod yn berthnasol i adroddiad y Pwyllgor ar waith Arolygiaeth Gofal Iechyd Cymru. Eglurwyd ar ôl y cyfarfod bod y datganiad wedi deillio o waith a wnaed gan Swyddfa Archwilio Cymru ac Arolygiaeth Gofal Iechyd Cymru yng nghyswllt trefniadau llywodraethu ym Mwrdd Iechyd Prifysgol Betsi Cadwaladr.

7 Cynnig o dan Reol Sefydlog 17.42 i benderfynu gwahardd y cyhoedd o'r cyfarfod ar gyfer eitemau 1 a 2 o'r cyfarfod ar 26 Mawrth.

7.1. Derbyniodd y Pwyllgor y cynnig.

Y Pwyllgor Iechyd a Gofal Cymdeithasol

Lleoliad:	**Ystafell Bwyllgora 1 – Y Senedd**
Dyddiad:	**Dydd Mercher, 26 Mawrth 2014**
Amser:	**10.30 – 12.03**

Cynulliad Cenedlaethol Cymru
National Assembly for Wales

Gellir gwylio'r cyfarfod ar Senedd TV yn:
http://www.senedd.tv/archiveplayer.jsf?v=cy_200000_26_03_2014&t=0&l=cy

Cofnodion Cryno:

Aelodau'r Cynulliad:	**David Rees AC (Cadeirydd)** **Leighton Andrews AC** **Rebecca Evans AC** **Janet Finch-Saunders AC** **Elin Jones AC** **Darren Millar AC** **Lynne Neagle AC** **Gwyn R Price AC** **Lindsay Whittle AC** **Kirsty Williams AC**
Tystion:	**Mark Drakeford AC, Gweinidog Iechyd a Gwasanaethau Cymdeithasol.** **Dr Sarah Watkins, Llywodraeth Cymru** **Chris Tudor-Smith, Llywodraeth Cymru**
Staff y Pwyllgor:	**Llinos Madeley (Clerc)** **Chloe Davies (Dirprwy Glerc)** **Victoria Paris (Ymchwilydd)**

1 Trafod cynllun gwaith y Pwyllgor ar gyfer yr ymchwiliad i'r cynnydd sydd wedi'i wneud hyd yma ar weithredu Cynllun Cyflawni ar gyfer Canser Llywodraeth Cymru

1.1 Gwnaeth y Pwyllgor drafod, diwygio a chytuno ar gynllun gwaith ar gyfer yr ymchwiliad i'r cynnydd sydd wedi'i wneud hyd yma ar weithredu Cynllun Cyflawni ar gyfer Canser Llywodraeth Cymru.

2 Trafod blaenraglen waith y Pwyllgor ar gyfer tymor yr haf 2014

2.1 Bu'r Pwyllgor yn trafod ei flaenraglen waith ar gyfer Ebrill – Gorffennaf 2014.

2.2 Cytunodd y Pwyllgor i wahodd swyddogion y Llywodraeth i ddarparu papurau briffio ffeithiol, ar gyhoedd, ynghylch Papur Gwyn Iechyd y Cyhoedd sydd ar ddod a'r rheoliadau drafft ar feini prawf cymhwysedd sy'n deillio o'r Bil Gwasanaethau Cymdeithasol a Llesiant (Cymru).

2.3 Yn unol â Rheol Sefydlog 17.34(ii), pleidleisiodd y Pwyllgor ar y cynnig a ganlyn, a gynigiwyd gan Elin Jones AC, ac a dderbyniwyd gan y Cadeirydd heb rybudd yn unol â Rheol Sefydlog 17.44:

Bod y Pwyllgor Iechyd a Gofal Cymdeithasol yn neilltuo amser mewn cyfarfod yn y dyfodol i glywed tystiolaeth gan y Gwir Anrhydeddus Ann Clwyd AS, os ydyw ar gael, ynglŷn â'i gwaith mewn perthynas â chwynion ynghylch y GIG yn Lloegr a'r dystiolaeth y mae wedi cyfeirio ati yng nghyswllt cwynion ynghylch y GIG yng Nghymru.

Dyma ganlyniad y bleidlais:

O blaid	Yn erbyn	Ymatal
Elin Jones Darren Millar Janet Finch-Saunders Lindsay Whittle Kirsty Williams	Leighton Andrews Rebecca Evans Lynne Neagle Gwyn Price David Rees	0
5	5	0
Gan fod y bleidlais yn gyfartal, defnyddiodd y Cadeirydd ei bleidlais fwrw yn negyddol, yn unol â Rheol Sefydlog 6.20(ii). Felly, gwrthodwyd y cynnig.		

3 Cyflwyniadau, ymddiheuriadau a dirprwyon

1.1 Ni chafwyd ymddiheuriadau.

1.2 Croesawodd y Cadeirydd y Gweinidog Iechyd a Gwasanaethau Cymdeithasol a'i swyddogion i'r cyfarfod.

4 Ymchwiliad i argaeledd gwasanaethau bariatrig: Sesiwn dystiolaeth 2

4.1 Holodd y Pwyllgor y Gweinidog Iechyd a Gwasanaethau Cymdeithasol ynghylch argaeledd gwasanaethau bariatrig.

4.2 Yn ystod y sesiwn, awgrymodd y Gweinidog y byddai'n darparu gwybodaeth am y goblygiadau i'r GIG o ran cost y gwaith o roi llawdriniaethau cywirol i gleifion sydd wedi cael llawdriniaethau bariatrig y tu allan i Gymru.

Yn unol â Rheol Sefydlog 17.47, gohiriodd y Cadeirydd y cyfarfod rhwng 11.58 a 12.00

5 Papurau i'w nodi

5.1 Nododd y Pwyllgor y papurau o'i ymchwiliad i argaeledd gwasanaethau bariatrig a llythyrau gan sefydliadau allanol yn cynnig ymchwiliadau i'w cynnal yn y dyfodol.

5.1 Gwybodaeth ychwanegol o'r cyfarfod ar 13 Chwefror 2014

5.2 Nodyn a gofnodwyd yn y cinio i drafod gwaith gydag academyddion Prifysgol Abertawe, 13 Chwefror 2014

5.3 Nodyn a gofnodwyd yn y cyfarfod â chynrychiolwyr Sefydliad Llawdriniaeth Gordewdra a Metabolaidd Cymru, 13 Chwefror 2014

5.4 Nodyn a gofnodwyd yn y digwyddiad grŵp ffocws, Cwmbrân, 12 Mawrth 2014

5.5 Gohebiaeth gan Goleg Nyrsio Brenhinol Cymru – awgrym i gynnal ymchwiliad i nyrsio cymunedol

5.6 Gohebiaeth gan Crohn's and Colitis UK – awgrym i gynnal ymchwiliad i roi canllawiau cenedlaethol ar glefydau llid y coluddyn (IBD) ar waith

Eitem 7b

Mr David Rees
Health & Social Care Committee
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Cardiff Bay
CF99 1NA

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28 March 2014

Dear Mr Rees

The 2014-15 Operational Plan for Healthcare Inspectorate Wales has been published today and can be found here.

I would be happy to discuss this plan with you if you would find this useful.

Yours sincerely

DR KATE CHAMBERLAIN
Chief Executive

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