

Gwybodaeth Ychwanegol at y Cyfarfod Llawn Information Further to Plenary

Cyhoeddir ymatebion yn yr iaith y'u darparwyd, gyda chyfieithiad Saesneg o ymatebion yn y Gymraeg.

Responses are published in the language in which they are provided, with a translation into English of responses provided in Welsh.

Gwybodaeth ychwanegol at OAQ(4)0160(HSS) a gyhoeddwyd gan Lesley Griffiths, y Gweinidog Iechyd a Gwasanaethau Cymdeithasol, ar 9 Hydref 2012 Information further to OAQ(4)0160(HSS) issued by Lesley Griffiths, the Minister for Health and Social Services, on 9 October 2012

At/To Julie James:

Further to our discussion in Plenary on 26 September regarding referral to treatment waiting times for patients moving across Health Board boundaries.

I can confirm the current position is that if a patient is seen by a consultant in a satellite clinic in one health board area, and goes on to receive treatment from the same consultant in another health board area, the patient's waiting time continues. If a patient is on a cardiac pathway, and is seen in one health board area before receiving treatment at the tertiary centre, the waiting time clock continues. In addition, specifically for Service Personnel and their immediate family, if they are on a waiting list and they are moved around the country due to different postings, their accrued waiting time goes with them.

However, if a patient is seen in one health board area, and it subsequently referred to a different consultant for clinical necessity, either in the same health board, or in a different health board area, then a new waiting time clock will start on the date the patient is referred to the new consultant responsible for their clinical care.

I have asked my officials to look into the possibility of extending the rules applied to Service Personnel, to all patients, and will write to you once this has been done.

Gwybodaeth ychwanegol at OAQ(4)0159(HSS) a gyhoeddwyd gan Lesley Griffiths, y Gweinidog Iechyd a Gwasanaethau Cymdeithasol, ar 9 Hydref 2012 Information further to OAQ(4)0159(HSS) issued by Lesley Griffiths, the Minister for Health and Social Services, on 9 October 2012

At/To Russell George:

During Oral Questions on 26 September, you raised concerns regarding the noise emanating from onshore wind turbines.

We are aware of some reports of physical and psychological illnesses allegedly related to the operation of wind farms. However, we believe properly sited wind farms, in compliance with Energy Technology Support Unit (ETSU) guidelines, do not have a direct adverse impact on public health.

The Welsh Government is not taking any specific action at the present time to assess whether there is potentially any long-term health risk for rural communities where people live, or potentially live, near large-scale wind farms. All wind farm proposals in Wales are subject to the planning process, addressing environmental, visual, noise and community impacts.

Reference is made to guidance from Technical Advisory Note 8 and from the ETSU in the determination of such applications.

A number of independent peer reviewed research studies have looked at the impacts of noise from wind farms and concluded there is no evidence of health effects arising from infrasound or low frequency noise generated by wind turbines. This position was confirmed in an independent study by medical and engineering experts published by the US Massachusetts Department of Environmental Protection and Public Health on 12 January 2012. The study reviewed existing international research on a wide range of issues including impacts from noise, vibration, shadow flicker, turbine malfunction and ice throw. It concluded 'There is no evidence for a set of health effects from exposure to wind turbines that could be characterized as a "Wind Turbine Syndrome".'

The Health Protection Agency (HPA) is about to consult on developing a workplan for noise and health at the request of the Department of Health and the Devolved Administrations. This should afford the HPA the expertise to give advice on noise issues, a topic which they do not cover at the moment.

The Institute of Acoustics are also developing a good practice guide with the engagement of the Welsh Government. This good practice guide on noise assessments should assist decision makers and local communities.

**Gwybodaeth ychwanegol at OAQ(4)0168(HSS) a gyhoeddwyd gan Lesley Griffiths, y
Gweinidog Iechyd a Gwasanaethau Cymdeithasol, ar 24 Hydref 2012
Information further to OAQ(4)0168(HSS) issued by Lesley Griffiths, the Minister for
Health and Social Services, on 24 October 2012**

At/To Aled Roberts:

During Oral Questions on 26 September you raised the issue of changes in the Wales Deanery's policy regarding trainee doctors in the Betsi Cadwaladr University and Hywel Dda Health Board areas.

The conclusion you have drawn in relation to trainees experience in the two named Health Boards is incorrect. It is important to stress the Wales Deanery does not simply pull trainees out of departments but instead works closely with Health Boards in order to find alternative solutions. Where any training is withdrawn this is only after months of planning and preparation in order to ensure patient safety is not compromised.

In order for trainee doctors to gain as much knowledge and experience as possible, they rotate their training through different departments within the NHS. The plan for the reconfiguration of services in Wales would not affect this as it is anticipated this would make jobs in Wales more attractive. The opportunity to obtain greater experience is compatible with the standards agreed with the Royal College of Paediatrics and Child Health (RCPCH).

The Deanery has advised the General Medical Council (GMC) of the results of their recent survey of trainee doctors in Wales which reported an overall higher rate of satisfaction with their training when compared with the UK as a whole. In Wales, 81.03% of junior doctors said they were happy with their training arrangements while the reported UK average was 80.4% I should also mention the Welsh Government, the Wales Deanery and the GMC are satisfied the majority of concerns which were raised in the survey have now been resolved.

In line with *Together for Health*, our five year plan for NHS Wales, there must be radical change to ensure services remain safe, accessible and sustainable. The way in which services

are organised affects our ability to recruit doctors, however, they must also demonstrate how they meet the standards of training quality which are required by the Royal Colleges and the GMC in order to approve posts for training purposes. One of the many benefits for reconfiguration is specialists in certain fields will be brought together in centres of excellence, thereby providing opportunities for better training, as well as better quality care.

We are taking robust action to recruit medical staff where there are vacancies, but it is important to note there are UK wide shortages in some specialities. Our vacancy rate of 3% is no worse than that of the rest of the UK.

Our *Work for Wales* campaign, which began in February this year, includes attendance at recruitment fairs, both at home and abroad, advertising in medical journals and the development of a new website, all of which highlight the benefits and advantages of working in the NHS in Wales. We have also engaged with doctors who are already working in Wales to highlight the opportunities available, and have held events designed to celebrate their success. We are the only part of the United Kingdom which offers free accommodation to junior doctors and we are continually looking at other opportunities to encourage doctors to work here. We will continue with this work in order to show how Wales is a desirable place to live and work.

We have also recently established an Academic Medical and Dental Board to look at developing the workforce for the future.

You also enquired about making the minutes of the Neonatal Network and the considerations of the Welsh Health Specialised Services Committee available to Assembly Members to see what their views were regarding those plans. I hope you will understand the Minutes are not the property of the Welsh Government. You will, therefore, need to approach the Network directly as an NHS body, to provide the minutes if you wish to see them.