

Plenary meeting 9 November 2011

Cwestiynau i'r Gweinidog Iechyd a Gwasanaethau Cymdeithasol Nyrsys Arbenigol

Questions to the Minister for Health and Social Services Specialist Nurses

1. Aled Roberts: A wnaiff y Gweinidog ddatganiad am ddyfodol nyrsys arbenigol yn y GIG. OAQ(4)0048(HSS)

1. Aled Roberts: Will the Minister make a statement on the future of specialist nurses in the NHS. OAQ(4)0048(HSS)

2. Mark Isherwood: A wnaiff y Gweinidog amlinellu ei chynlluniau ar gyfer dyfodol nyrsys arbenigol yn y GIG yng Nghymru. OAQ(4)0038(HSS)

2. Mark Isherwood: Will the Minister outline her plans for the future of specialist nurses in the Welsh NHS. OAQ(4)0038(HSS)

3. Alun Ffred Jones: A wnaiff y Gweinidog ddatganiad ynglŷn â dyfodol nyrsys arbenigol yn y GIG. OAQ(4)0049(HSS)

3. Alun Ffred Jones: Will the Minister make a statement regarding the future of specialist nurses in the NHS. OAQ(4)0049(HSS)

The Minister for Health and Social Services (Lesley Griffiths): Specialist nurses form an integral and important part of health services. Health boards and trusts are responsible for ensuring they have the right skill mix and level of expertise to deal with the patients that they care for. The number and type of staff is not mandated by the Welsh Government.

Aled Roberts: Multiple Sclerosis Society Cymru held a reception at lunch time, looking at the roll-out of MS specialist nurses throughout the NHS. Betsi Cadwaladr University Local Health Board only has one specialist MS nurse in north Wales, whereas the suggestion is that there should be two or three, according to the level of population. Are you involved in any discussions regarding the roll-out of specialist nurses at the health board level, given that the use of specialist nurses could avoid hospital admissions at more expensive facilities?

Lesley Griffiths: Local health boards are responsible for providing the highest standard of care possible for people with long-term complex conditions, such as MS. I agree that specialist nurses are essential as part of the package of treatment for people with neurological conditions, such as multiple sclerosis, but it is up to the LHBs to decide how many nurses they want.

Mark Isherwood: As chair of the cross-party group on neurological conditions, I was invited to sponsor and speak at the MS society event today. In our last cross-party group meeting, we heard a presentation by an epilepsy specialist nurse, as well as MS and Parkinson's specialist nurses, all of whom were worried about their jobs and futures, and particularly about the people who they care

for. Given the concern of so many groups, will you make a commitment to attend a future meeting of the cross-party group in the new year to listen to those concerns and consider them, or alternatively agree to meet representatives of the Wales Neurological Alliance and me, as chair of the group, to discuss the future of specialist nurses in Wales?

Lesley Griffiths: If you write to me with a date, I will see whether I can attend, diary permitting.

Alun Ffred Jones: Yr wyf am gyfeirio at yr adolygiad o'r ddarpariaeth addysg gofal iechyd anfeddygol gan yr Asiantaeth Genedlaethol Arwain ac Arloesi mewn Gofal Iechyd. A fydddech yn cytuno â mi fod cadw'r ddarpariaeth o hyfforddiant i nyrsys yn y gogledd yn bwysig a bod hyfforddiant dwyieithog ym maes nyrsio anabledd dysgu hefyd yn hanfodol?

Alun Ffred Jones: I wish to refer to the review of non-medical healthcare education provision by the National Leadership and Innovation Agency for Healthcare. Would you agree that it is important that the provision of nurse training is maintained in north Wales, and that bilingual training in the in the field of learning disability nursing is vital?

Lesley Griffiths: It is something that we are looking at in relation to north Wales and we need to ensure that we have the conditions and teaching that is needed right across Wales, not just in north-west Wales.

Jenny Rathbone: My question is about Parkinson's nurses. Since the launch of the latest Parkinson's report in July, I have been delighted to learn that Cardiff and Vale University Local Health Board has agreed to appoint a second nurse, increasing the ratio from one nurse per 881 patients to one per 440 patients. That is still short of one nurse per 300 patients, but it is a lot better than the absence of response from the other local health boards, who I understand have yet to appoint more nurses. How can we encourage all LHBs to ensure that there are appropriate Parkinson's nurses to support this group of people?

Lesley Griffiths: As I said in my answer to Aled Roberts, it is for local health boards to ensure that they have the highest standard of care possible for patients with complex conditions, such as MS and Parkinson's disease. In north Wales, a new Parkinson's nurse has just been appointed. It is a matter of funding and it is up to LHBs to decide where they wish to place the funding in relation to these specialist nurses. There are several conditions where people would like to see specialist nurses.

Janet Finch-Saunders: Of those suffering from Parkinson's disease in Wales, 89 per cent require primary and secondary care. This amounts to some 5,340 people. The remaining 11 per cent are also recommended access to a specialist nurse for advisory purposes, and touching on what Jenny has just said, four out of seven health boards in Wales have nurses with much higher caseloads than the recommended 300 patients per nurse. I am really heartened that that has been recognised and dealt with in Cardiff. How can you guarantee effective personalised care for Parkinson's patients when specialist nurses have such high caseloads?

Lesley Griffiths: Again, it is for the LHBs. This is one of the reasons why 'Together for Health' is so important—it is about ensuring that our services are safe and sustainable and are not stretched too far. It is obviously a concern if nurses feel that their caseloads are too large for them, and it is for the LHBs to ensure that that is not the case.

William Powell: Minister, you referred earlier to the support services of specialist nurses in areas such as multiple sclerosis as 'essential'. It was my privilege on Friday of last week to attend an MS clinic hosted in Newtown hospital, and it came to my attention that there are no dedicated MS nurses at all within the Powys Teaching Local Health Board area. The service is currently based in Telford, and the caseload for the nurses is between 420 and 440 patients. Would you consider getting in touch with Powys LHB to urge it to reconsider the decision that it has made not to commit to any provision within Powys? We have cross-border issues but we also have overload on the nurses there. It is questionable whether the quality that you seek has been delivered.

Lesley Griffiths: The local health boards are aware of my views on this, but I will write to the chief executive of Powys LHB in relation to that.

Rebecca Evans: Like William Powell, I am concerned about the approach to specialist nurses taken in my region by both Hywel Dda Local Health Board and Powys LHB. Data presented by the Royal College of Nursing and the Multiple Sclerosis Society Cymru estimates that £10 million could be saved every year in Wales by MS specialist nurses intervening early and managing MS relapses at home rather than in hospital. You have already said that you will write to the Powys health board, but, in the Hywel Dda LHB area, there is a real fear that the review of nurses will see the number reduced. Would you investigate the access that people with MS in Mid and West Wales have to treatment, support and expertise?

Lesley Griffiths: It is something that the LHBs can look at in the light of their service change plans. They can look at all their services, but it is something that I will raise with the chairs of the LHBs.

Angela Burns: Thank you for the answers that you have given to Members. Would you be more proactive in ensuring that the LHBs consider the care that they offer people in the round? We have already talked about the fact that it is the LHBs' decision whether to provide any specialist training. In Hywel Dda LHB, we already have a situation where there is no specialist nursing for people with acquired brain injury, and if this department at Morriston closes, we will have no specialist nurses for MS. We have just a few specialist nurses for the special care baby unit, given the actual amount of work there. If you are putting all that down to the LHB, they can trot out anything that they like about saving money, and you as a Government will surely need to be able to give them some underpinning level that they cannot go below. How will our constituents be able to access these services if the only answer from the Government is, 'It is up to the LHB', and the LHB chooses not to do it?

Lesley Griffiths: Well, it is up to the LHBs. We give them the budget and it is up to them to make sure that the services they provide for their local population are safe, sustainable, high-quality and effective. They have to look at that. Any service change plans that come forward, if that is what you are referring to, have to make sure that they fit in with that. The LHBs know clearly what we are expecting from them as a Government.