



**MONITORING
HEALTH POLICY DEVELOPMENT
AND ACCOUNTABILITY**

in the



**Cynulliad Cenedlaethol Cymru
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Summary

The National Health Plan for Wales: Improving Health in Wales was endorsed by the Assembly on 1 March with Labour and the Liberal Democrats voting in support, the Conservatives voting against and Plaid Cymru abstaining.

Debate is ongoing as to the benefits and the shortcomings of the plan. The main complaints have been its lack of targets compared to the English plan, its failure to increase capacity and the strategy vacuum it has created in announcing the abolition of health authorities without detail of what is going to replace them. The Conservatives were also concerned about a clause in the plan which they claimed suggested that 50% of district general hospitals would close. In response Jane Hutt accused the Conservatives of scaremongering.

Details of how the plan is to be implemented have been circulated. The programme will be led by a Steering group chaired by the Health Minister herself, whilst the actual preparation for implementing the objectives and targets set out in the plan will be undertaken by an implementation group chaired by the NHS director and nine task and finish groups. During a debate on the Queen's Speech on the 13 March, Rhodri Morgan announced that he would seek to put on the agenda for the next Queen's Speech a Health and Wellbeing Bill for Wales which would be introduced as a package of measures to allow the Assembly to implement fully the NHS plan for Wales.

Regulations approved in plenary on 29 March significantly moved Wales away from the English health regime. The regulations will introduce free dental examinations to people under 25 and those aged over 60 in Wales from 1 April 2001. Another set of regulations providing free prescriptions to those aged under 25 will come into effect at the same time.

Despite the fact that waiting lists were down in February and March pressure has been mounting on the Health Minister as the deadline for the targets she set last June approaches. Last June, she announced targets that included cutting hospital waiting lists by 15,000 patients by the end of March and allocated £40 million to achieve them. Moreover, whilst she was celebrating a fall in the lists of nearly 6000 patients in February, she was accused by opposition members of 'massaging the statistics.' This accusation followed the revelation that an estimated 3,500 of the 6,000 had been transferred to another list not included in the official statistics.

The Health and Social Services Committee produced a report in response to the BSE Phillips Enquiry Report. The report made recommendations under two main headings, 'arrangements for caring for sufferers' and 'the measures in place to protect the human food chain from the effects of BSE.' They also received an interesting interim report from the National Steering Group which is looking at alternatives to the current NHS Resource Allocation. The group proposed a more direct approach to allocating resources than the one currently in use, which they claim would be more responsive to health needs.

THE ADMINISTRATION

The National Health Plan for Wales

The National Health Plan for Wales: Improving Health in Wales did not receive a completely smooth passing through the Assembly. When it was first introduced to the plenary on 13 February the Conservatives managed to push through a motion which adjourned the debate to a later date. (see previous report, November 2000-February 2001).

However when it re-appeared in front of the Assembly on 1 March it was endorsed with the support of Labour and Liberal Democrat members with the Conservatives voting against it and Plaid Cymru members abstaining.

Debate is ongoing as to the benefits and the shortcomings of the plan. The main complaints have been its lack of targets compared to the English plan, its failure to increase capacity and the strategy vacuum it has created in announcing the abolition of health authorities without detail of what is going to replace them. However, most health professions have signed up to it.

Indeed, an article in the BMA journal, *News Review*¹ claimed that out of the English, Scottish and Welsh plans, the Welsh Plan was the most radical,

'Devolution may not have gone as far in Wales as in Scotland but, despite that, Improving Health in Wales, the Welsh healthcare plan, is arguably the most radical of all.'

The journal quoted BMA Welsh Secretary Bob Broughton who went as far as to say that the Plan was so acceptable that it will change the way some amongst the medical professions regard devolution,

¹ BMA News Review, March issue, at www.bma.org.uk

'When we had the devolution referendum, I would guess the medical profession was overwhelmingly against devolution but now we have had a chance to see how proper planning can work for the needs of Wales, I think people are warming to the concept and I think it is much more evenly split.'

It is noteworthy however, that the proposal to abolish the Health Authorities in the plan ran counter to the Partnership Agreement made between Labour and the Liberal Democrats to create the majority Coalition Administration in October 2000. Under section 3 of the Agreement, on Health and Social Care, was the following commitment:

'We will seek a period of organisational stability within the health services in Wales to allow staff to prioritise the delivery of better health care.'

It seems that Health Minister Jane Hutt consulted with the Liberal Democrat Brecon and Radnor AM Kirsty Williams, who chairs the Health and Social Services Committee, before committing to the abolition of the Health Authorities and there had been some discussion amongst the Liberal Democrat leadership before assent to the change was forthcoming.

Despite the Assembly refusing to endorse the Plan during the initial debate in February, Jane Hutt never doubted that the Plan would go ahead, she was quoted as saying in the Western Mail,

*'This is a mainstream Government of Wales document, endorsed by the cabinet. We will pick up issues and concerns from the health committee and the plenary, but I am confident that the Assembly will endorse it.'*²

This confidence was reflected also in the fact that on the 13 February, the same day as the Assembly debate on the plan was adjourned, the health department circulated their framework for implementing Improving Health in Wales.

The plan is to be implemented by a 3-tier hierarchy of groups.

The overall implementation programme is to be led by a Steering Group chaired by the Health Minister herself. It will consist of senior staff from the Assembly, representatives from the Health Authorities, Local Health Groups, Trusts professions, and members from Local Authorities, Voluntary Organisations and Community Health Councils.

Its main role will be to advise the Minister on policy and process issues relating to the implementation of the Plan and its programmes, and to monitor progress.

² The Western Mail, 15 February 2001

The direct management and oversight of the process will be undertaken by an Implementation Group chaired by the NHS Director, who is ultimately accountable for the implementation of the plan. It will be responsible for guiding and overseeing the work of the Task and Finish groups and to co-ordinate activity. The membership of this group will include the Chief Medical Officer, the Assembly's Group Directors of Social Policy and Local Government, the Chief Inspector (Social Services Inspectorate), the Chief Nursing Officer and the Chairs of the Task and Finish Groups.

Finally, there will be nine task and finish groups who will look at different aspects of the plan and will prepare in detail proposals for implementing the objectives and targets set out in the plan. The nine groups will be:

- **Structural Change**
This group will be chaired by the Director of NHS Wales. It will look at the implications of the abolition of Health Authorities and the means by which the Assembly and Local Health Groups will take on their additional responsibilities. It will also consider the development of the role of Local Health Groups and the milestones needed to guide this. It will work closely with the Service Development Group in developing the role of LHG's and with the Public Health Review Group on the structural issues affecting this function.
- **Public Health Review**
This group will be chaired by the Chief Medical Officer. It will review the role, infrastructure and development of the public health function at all levels in Wales. It will relate to the Structural Change Group on structural issues.
- **Service Development**
This Group will build on the work of Access and Excellence and will advise on the role of primary care when the current review has been completed.
- **Health Challenges**
This Group will look at the commitments in the chapter on health challenges, and advise on the process for implementing and monitoring the changes required. It will advise on any further work needed to move forward and on the performance management requirements related to its implementation.
- **Patient Focus/ Public Engagement**
The existing Patients Advocacy and Support Working Group have already made progress on this subject, and its work will be incorporated into the work of the Task and Finish Group which will now address the significant developments proposed in the Plan.

- **Joint Working**
Consideration will be given to the establishment and role of strategic partnership boards, public service accountabilities and the implications of long term care of the elderly and other issues.
- **Workforce Development**
This group will prepare a new cohesive approach for workforce development across Wales.
- **Finance and Assets**
The financial implications of the implementation of the Plan will be carefully monitored and reported by the group. It will also develop a health infrastructure map of Wales as well as a new capital development process to prioritise and manage investment. The implications of the structural changes on accommodation will also be considered. This Group will draw on the work of Professor Townsend's resource allocation review³.
- **Performance management**
This group will work on proposals for the strengthening and improvement of the performance management process which will be integral to the achievement of the objectives of the Plan.

Key stakeholders from the NHS, Local Government, the Assembly and other partner organisations will lead or be involved in these task and finish groups. Chairs of Task and Finish Groups will be accountable to the Director of NHS Wales for the achievement of their objectives against the agreed remit of their Group.

Furthermore, during a debate on the Queen's Speech on 13 March, Rhodri Morgan announced that he would seek to put on the agenda for the next Queen's Speech a Health and Wellbeing Bill for Wales. The Bill would be introduced as a package of measures to allow the Assembly to implement fully the NHS plan for Wales. It would:

- Establish local health partnerships based on existing Local Health Groups
- Establish strategic planning boards to facilitate joint working between partnerships, NHS Trusts and local authorities
- Improve patient involvement
- Reform Community Health Councils
- Establish an independent complaints panel to pursue matters that internal NHS investigations have not satisfactorily resolved
- Establish a Welsh Centre for Health, originally proposed in 'Better Health, Better Wales,' which would provide a new independent source of advice on health and

³ Resource Allocation Review - see Chapter on the Health and Social Services Committee

wellbeing, including assessment and research into actual and potential health hazards

- Create a new body to replace the Welsh National Board for Nursing, Midwifery and Health Visiting, which is to be abolished soon.

This Bill would also act as a complement to the Health and Social Care Bill which is currently going through Parliament. Although the Bill for the most part is designed to implement the NHS plan for England there are aspects to it which apply to Wales.

Long Term Care for the Elderly

The Bill contains, for example, a range of legislative changes which affect the funding of long term care for the elderly which follow the UK Government's response to the Sutherland Commission.

On 13 February, the Assembly Health Minister issued a press release which confirmed that Wales' response to the Sutherland Commission would be similar to that of England. Nursing Care would be made the responsibility of the NHS in Wales and therefore free in all settings. However, Wales would not be going as far as Scotland in introducing full free personal care for the elderly. At the same time she announced the funding of a new initiative in which older people, on discharge from hospital will be entitled to up to six weeks free home care.

In Wales the Chief Nursing Officer was tasked with taking forward the preparatory work on the provision of free nursing care. She chaired a group which included representatives from a wide range of interests, and they have been examining two options for the implementation of free nursing care in Wales, as well as looking at related issues such as training, workforce planning, operational procedures etc.

The first option would be a graduated system under which the amount which the NHS would pay for nursing care in a nursing home would vary according to the category in which an individual is placed following an assessment of their nursing needs.

The second option would be a flat-rate approach under which the NHS pays the same amount per individual irrespective of the input of registered nursing time.

The Assembly Minister for Health intends to consult on the second proposal. She claims that it holds the following advantages over the graduated model:

- It avoids problematic distinctions about who actually provides the care (as between a nurse and a care assistant) and that this is closer to 'real life' in a nursing home

- It properly distances the professional from the financial issues. It avoids the perverse financial incentives in a graduated approach to play up an individual's dependency or to 'dumb down' the role of the registered nurse
- It avoids the need for frequent re-assessments purely for funding reasons, and also disputes and appeals arrangements would be simplified. It also involves fewer transactional costs.
- It will be easier for everyone to understand and cheaper for nursing home owners and the NHS to administer.

However, some Assembly members have expressed disappointment that the Assembly is not going further in making universal care for the elderly free of charge. (see the chapter on the Committee and Accountability).

Regulations on free dental examinations and free prescriptions

Whilst we are taking a similar line to England on long term care for the elderly, regulations approved in plenary on 29 March significantly moved us away from the English health regime. The regulations will introduce free dental examinations to people under 25 and those aged over 60 or over in Wales from April 1 2001. Another set of regulations providing free prescriptions to those aged under 25 will come into effect at the same time.

Other regulations which would allow GPs to maintain electronic patient records were approved unanimously in plenary on 8 March. There were no financial implications involved for the Assembly and similar regulations had been in force in England since October last year.

Waiting lists

Waiting lists were down in January and February. In January the inpatient/daycase list fell by 2.7% with reductions in all five health authorities. There was also a fall of 5.4% in those waiting over 12 months for treatment and a fall of 2.2% in those waiting over 18 months. In February the number waiting for inpatient and day-case treatment in Wales fell by nearly 6,000 patients to 69,429.

This gave the administration some breathing space during the winter months. Jane Hutt, the Minister for Health and Social Services welcomed the news stating that it was *'a reflection on the hard work of the NHS staff in Wales and the effort that has*

*gone into managing lists better.'*⁴ However, there were complaints in February that the Minister had massaged the waiting lists inappropriately in order to exaggerate the fall in waiting lists. (see chapter on the Health Minister).

At the same time a document by the Innovations in Care Team on *Improving Access for Patients - Expected Standards for Waiting List Management in Wales* - was circulated.

This document is intended to provide practical recommendations on how waiting lists should be managed across the whole of the system from GP to specialist and back into the community. Its objective is to improve the overall management of the treatment process and to streamline the patient's journey.

Amongst its recommendations are proposals that every Health Authorities should have in place procedures to monitor performance against their waiting times strategy and forecast likely year end figures. It also recommends that Local Health Groups should be fully involved in the Health Authority's strategy for managing waiting times and achieving the Assembly's targets and that every Health Trust should have a Board member responsible for waiting list management.

Recruitment

Shortages of nurses and other medical professions continue to dominate coverage of health in the Welsh media. In an attempt to get go grips with the problem, the Health Minister has established a NHS Wales Recruitment and Retention Team with 3 members of staff in the NHS Human Resources Division . She has also allocated £175,000 for return to practice courses for nurses and a further £175,000 for general recruitment and retention initiatives in the current year.

The Minister announced in a press release on 2 March that there will be an additional £0.5 million available next year to promote recruitment and retention in the social care workforce. The funding is being made available to implement the recommendations of the Task and Finish Group on workforce issues in social care. It is expected that the Task and Finish Group will issue their report before Easter.

However, when 11 posts for nurse consultants in Wales were finally advertised there were complaints that Wales was lagging behind England who had already appointed more than 400 of these 'super' nurses. Georgina Gordon of Swansea NHS Trust was reported as saying in the Western Mail on 16 February,

⁴ Assembly press release, 28 February 2001

'If high level posts have already been advertised across the border, then we risk losing nurses from Wales.'

Each post is recommended to come with a £34,000 salary. The Assembly said that the reason they were behind England in advertising the posts was that they had decided to set a working group to standardise criteria in recruiting consultant nurses across the five health authorities.

The Health Inequalities Fund

More information on how the Health Inequalities Fund is to be spent was given in a NHS circular in February. The fund has been established to support new projects and action that will reduce inequalities in health or that will address the factors that contribute to inequalities in health, including inequities in access to health services.

The initial deployment of the fund which will be about £3m in 2001-02 will concentrate on *'addressing inequalities in health that result from coronary heart disease and the factors that cause it or contribute to it, within the framework set by the National Service Framework for Coronary Heart Disease.'*⁵

The Fund is available to support projects by the NHS, by local government and by organisations in the voluntary sector.

Furthermore, in February, the Minister of Health and Social Services announced an additional £1 million for the Fund to expand the existing dental initiative scheme and to fund a dental fissure sealant programme for children in areas of high dental decay.

Organ and Tissue Sample Retention following Post-mortems.

Following the Alder Hey organ retention scandal a Commission has been appointed in England to advise the NHS on the proper cataloguing, storage and return of any human material retained. Jane Hutt has written to the Secretary of State for Health to ask that this Commission also advises the NHS in Wales.

The aim now is to ensure that relatives who have enquired about the circumstances relating to their particular loved one will be provided with accurate and complete information as quickly as possible. However, one of the key findings of the Redfern inquiry was the inability of the Trust at Alder Hey to have reliable and complete post mortem records, to the extent that parents of those affected were given incorrect and

⁵ Welsh Health Circular: Inequalities in Health Fund, 9 February 2001

incomplete information. Thus, on the advice of the Commission the Assembly Health Minister has placed a temporary moratorium on the release of information to relatives who have enquired now, but given the smaller number of hospitals and consequent fewer retentions in Wales the Commission has stated that Wales can move this issue forward quicker. Officials at the Welsh NHS are now establishing a small number of review teams to contact each Trust to ensure that their post mortem records are as complete as they can be.

Children's Commissioner for Wales

Peter Clarke, Director of Childline Cymru, took up the Children Commissioner's post on the 1 March. He will have the power to review the effect on children in Wales of the exercise of functions by a very wide range of bodies, including the Assembly itself, Local Authorities, Health Authorities and Assembly Sponsored Public Bodies. The Commissioner will also be able to review and monitor arrangements for complaints procedures, whistleblowing and advocacy, across a wide range of bodies in Wales providing services to children.

The Children's Commissioner for Wales Bill, which will widen the scope of the Office's powers, received its Third reading in the House of Commons on 8 February and is now proceeding to the House of Lords for consideration.

New working groups

Junior Doctors Task Force

Jane Hutt re-launched the Task Force responsible for reducing junior doctors' hours in February. It was re-convened to deal with any problems arising in ensuring that doctors comply with their new contract introduced from 1 December 2000. The Task Force will work with the Trusts to ensure that junior doctors comply with the hours and rest levels which for the first time become a contractual requirement. Other parts of its remit will be to cover the areas of safety, accommodation facilities and education. Additional funding of £800,000 in 2001-02 and £1.3m in 2002-03 will be made available to the Task Force to assist Trusts with this process.

Substance Misuse Advisory Panel

The National Assembly's Substance Misuse Advisory Panel was set up as an ad hoc advisory group in July 1999. However, the Minister has decided that it should become permanent as a Tier 1 Assembly-Sponsored Public Body (one with unpaid posts).

The Panel's terms of reference will be: 'To advise on the implementation of the Welsh Substance Misuse Strategy and other issues relating to substance misuse, as requested.'

Therapy Consultants

A working group is being established to plan the strategy for NHS Wales to develop the role of Therapy Consultants within the service. This Group will include representatives from the service and the professions and will work with colleagues in England to create new career opportunities within the therapy professions which will assist in recruitment and retention.

The Development of Strategies

Strategy for education for nursing, midwifery and health visiting

A strategy for education for nursing, midwifery and health visiting was launched in March. Entitled '*Creating the Potential*' it sets the agenda and direction for nursing, midwifery and health visiting in Wales for the foreseeable future.

Delivering for Patients

Work is underway on implementing the Human Resources Strategy. Several sub-groups have met including a Strategy Implementation and Monitoring group.

Adult Mental Health Strategy

115 responses have been received following consultation and the draft strategy will be discussed in Plenary in early April.

Primary Care Strategy

Consultative document is scheduled for June this year.

Carers Strategy in Wales - Implementation Plan.

A panel to monitor, review and evaluate the Carers Strategy in Wales - Implementation Plan has been set up. Findings of this group will be reported to the Assembly in due course.

Promoting health and well-being

A document has been produced outlining how this strategy is to be implemented. It explains how health should be promoted across different policy areas from economic development to rural affairs and describes targeted action programmes on smoking, sexual health, healthy eating, physical activity, substance misuse and older people.

Telemedicine and Telecare

Two members of staff have now been appointed with the task of developing a Telemedicine Strategy for the next five to ten years. A draft for consideration will be prepared by November 2001.

Guidance

The Assembly has taken new powers under the Care Standards Act to put an end to each local authority having their own system of charging for domiciliary care services used by older and disabled people to help them continue living independently at home. With the new powers, the Assembly will be issuing statutory guidance to local authorities regarding charges for domiciliary social services. In February the document went into a 3-month consultation period.

A document offering direction on promoting breastfeeding in Wales has also gone into consultation. *'Investing in a Better Start'* aims to raise the percentage of breastfeeding mothers in Wales, and also fits into the NHS Plan, *'Improving Health in Wales'* aspiration of promoting health in Wales.

In a previous report (August-November 2000) it was reported that the results of a health impact assessment of the Objective 1 programme had been published. Now, the results have been incorporated into a guide which will advise organisations and groups applying for Objective 1 funding on how they could build health considerations into their planning.

The guide emphasises that good health is important to economic development and the regeneration of communities. Those wishing to develop and implement projects are encouraged to:

- Consider the wide range of factors (for example, economic, social, environmental, personal and cultural) that affect people's health.
- Identify the elements of their own projects that are relevant to health.
- Take positive steps to develop action within their projects to improve people's health.

School of Medicine

A meeting was held in Bangor during March between the Assembly Health Minister and representatives of the University of Wales, Bangor and NHS Trusts to discuss the potential of establishing a School of Medicine in Bangor.

The Minister called on the University of Wales, Bangor, the North-east Wales Institute, North Wales Health Authority and the three NHS Trusts in the area to form a consortium to develop proposals for such an expansion.

The proposals by the consortium would be developed in full partnership with the University of Wales College of Medicine and the High Level Strategy Group that Jane Hutt is establishing to advise her on the future of medical education and research in Wales.

FINANCE

In her monthly report to the Health and Social Services Committee dated 28 February the Minister anticipated what this year's financial position would be at the end of the current financial year.

Cash position

The Minister anticipated that the forecast cash underspend for the Health Sub Expenditure Groups would be £24.7 million due to slippage on capital programmes.

Financial (surplus/deficit) position.

The Minister reported that the forecast financial surplus now stands at an estimated £14.4 million surplus, but she conceded that there was still considerable uncertainty about the final position.

However, the Audit Commissioner found the NHS expectation of an overall surplus for 2000-01 to be optimistic. In an assessment of the 1999-2000 NHS accounts published as a complementary report to the Audit Commission's A Picture of Health, Sir John Bourne the Auditor General for Wales stated that he remained seriously concerned about the financial health of the NHS in Wales.

As well as stating that the NHS Wales's expectation of an overall surplus for 2000-01 was optimistic, pointing out that the figure will be nearer to £11m in the red after elimination of non-recurrent income and expenditure he also made the following points:⁶

- He warned the NHS directorate, the National Assembly and the NHS bodies that they needed to monitor recovery plans to ensure that they were effective. He also stated that it was essential that Assembly officials improved the quality and timeliness of financial information.
- He said that ten trusts were in the red and three - North-east Wales, Carmarthenshire and University Hospital of Wales/ Llandough - had deficits exceeding £1m.
- Another key finding was that overpayments of £5m and £6m had been made to pharmacists and would have to be recovered before the end of next year.

⁶ The Western Mail 30 March 2001

The Audit General for Wales also revealed in February that millions of pounds in taxpayers' money was being spent each year compensating Welsh patients for mistakes made by the NHS.

He disclosed that the NHS paid out £27m in 1999-2000 to settle medical-negligence claims and 1,600 cases pending could cost a further £400m. He went on to say that the NHS must ensure that avoidable mistakes are reduced, for example administrative or communication breakdown cost the NHS in Wales some £4.2 m in 1999-2000.

Allocations

On 16 March, the Minister for Health and Social Services released grants totalling some £3.5 million in each year to be made available to voluntary sector organisations over the next three years from 2001-02.

The main funding, just over £2 million will be made available under the Local Voluntary Services Scheme for Local Voluntary Councils to provide support and advice to individual groups across Wales.

Jane Hutt said: *'The award of these grants is a firm demonstration of the Assembly's commitment to work in partnership with the voluntary sector in Wales. These three-year grants will give these organisations the financial certainty they need to plan ahead properly and effectively.'*⁷

Pay Review Bodies

Pay rises for doctors and nurses were announced before Christmas for the first time. Nurses and PAMs (professions allied to medicine) will receive from 1 April an across-the-board settlement of 3.7% while some higher-grade staff will get between 5.2% and 5.7%. Doctors and dentists have been recommended an overall increase of 3.9% but general practitioners will receive a small addition to seniority payments to give an overall figure of 4%.

⁷ Assembly press release 16 March 2001.

THE MINISTER FOR HEALTH AND SOCIAL SERVICES

The Minister has been busy undertaking good news tours and visits during the winter and spring months in an effort to highlight the good things that are happening in the health service. These visits have included a visit to Brynteg Youth Centre on 2 March, the opening of a Children's unit for paediatric intensive care at the University Hospital of Wales a week later, the opening of a Diabetes Resource Centre at University Hospital of Wales and the opening of a new centre for Emergency Medical Services in Taff Ely.

She also sought to demonstrate the importance she attaches to partnership by taking part in a seminar organised by the Community Practitioners' and Health Visitors' Association (CPVA) at Singleton Hospital in Swansea. In her speech she encouraged the views of Health Visitors and Schools nurses and said,

'The newly published NHS Plan for Wales will move us towards this balance between prevention, cure and long term care in NHS Services. It is not a task for the NHS alone but one for Partnerships between local people and health, local government and voluntary agencies.'

She also joined 600 schoolchildren on No Smoking Day event at Barry Memorial Hall on 14 March which had been organised by school nurses from Cardiff and the Vale NHS trust.

However, whilst the Minister has been pursuing these good news tours and visits, pressure has been mounting on her over waiting times and lists, particularly as the deadline for the targets she set last June approaches. Last June she announced targets that included cutting hospital waiting lists by 15,000 patients by the end of March and allocated £40 million to achieve them.

Whilst the Assembly Minister was celebrating a fall in the lists of nearly 6,000 patients in February, she was accused by opposition members of 'massaging the statistics'. This accusation followed the revelation that an estimated 3,500 of the 6,000 had been transferred to another list not included in the official statistics.

Plaid Cymru AM Geraint Davies commented,

*'Changing the goal posts will obviously mean she will be nearer her target but transferring people from one list to another does not solve the problems of people waiting for treatment.'*⁸

⁸ The Western Mail 29 March

David Melding, Conservative Spokesperson for Health also condemned this move by the Minister,

*'I welcome the reduction of around 1,500 but 3,400 patients have been redesignated to other lists. This should not have been done until after the Minister's announcement on whether the target she set last summer has been met.'*⁹

Jane Hutt defended herself, claiming that some of the numbers had been removed because they were being reported inappropriately,

*'Some trusts have been recording diagnostic treatment such as endoscopies as day cases and this is not appropriate.'*¹⁰

Extremely long waiting lists and waiting times for orthopaedic patients in her own constituency was a further embarrassment to the Minister. It was reported in the Western Mail on March 15 that the wait for hip and knee surgery had exceeded 300 weeks in the Vale of Glamorgan where Jane Hutt is an Assembly member. Only a month previously the Health Minister had published targets in her NHS Plan to reduce the wait for hip and knee surgery.

Furthermore, at the beginning of February she was accused of demanding that NHS Services use PR spin to give the impression that everything was running smoothly during the winter period.

On the 6 February a BBC Wales current affairs programme; *Week in Week Out*, claimed that the Assembly Health Minister had urged health bosses to minimise the impact of a NHS winter crisis - by turning to PR spin.

The programme had obtained a memo sent by Mrs. Hutt to health bosses, telling them to *'develop a programme of positive news stories.'* The memo went on to say, *'NHS organisations will.... develop a planned programme of positive news stories during the period, to highlight the positive contribution that the service makes to people's lives.'*

The memo also directed them to, *'set PR agencies....a target of positive news stories for the period.'*

However, Jane Hutt refuted any allegations of wrongdoing,

'I've sent no memo telling anybody to do anything except to give as much information as they can,' she added, *'Obviously people who work in the service....want to know*

⁹ The Western Mail, 29 March 2001

¹⁰ Ibid.

*that there are good things happening as well...the people of Wales want to know where their money is going.*¹¹

¹¹ Week in Week Out, BBC Wales, 6 February 2001.

KEY EVENTS RECEIVING COVERAGE FROM THE MEDIA

Waiting lists, beds and the recruitment crisis continued to dominate the press's coverage of health issues in Wales. During the past two months 15 stories have appeared on these themes in the Western Mail alone.

Bed capacity

A snapshot survey by the Western Mail on 3 February found that hospital patients arriving at casualty units had to wait as long as nine hours for a bed at the University Hospital of Wales, Cardiff and the Prince Charles Hospital in Merthyr Tydfil.

Six days later, the same paper carried a front page story reporting the ordeal of an 87 year old woman who had spent 24 hours on a trolley in the accident and emergency unit of the University Hospital of Wales. During her 24 hours on the trolley, Mrs Brooks, who was suffering from a form of rheumatism had been given food but no water, a blanket but no pillow and her daughter had to wash her. Dr. Bob Broughton a spokesman for the British Medical Association in Wales commented that this problem would not be disappearing in the near future since,

*'The root of the problem is manpower and bed shortages which will take years rather than months to eliminate.'*¹²

Furthermore, on 26 February the shortage of beds for mental health patients was described as 'critical' in the Western Mail. North Glamorgan Trust had only one bed in the system for mental health patients that week whilst Cardiff and the Vale NHS Trust's mental health department was running at full capacity and sometimes even at 110% capacity.

One of the main causes of bed shortages in Wales is the so called 'bed blocking' by people who should no longer be using them. The extent of this problem in Wales was exposed in an article in February which had a front page bold headline,

'Enough beds blocked to fill a hospital.'

The article went on describe the current situation in Wales,
*'six hundred and sixty-one elderly people are blocking hospital beds in Wales because they have nowhere else to go. That is the equivalent of a large hospital such as the Royal Gwent in Newport being taken up by patients whose treatment has finished while waiting lists grow and new patients are left to wait on hospital trolleys.'*¹³

¹² The Western Mail 9 February 2001

¹³ The Western Mail 12 February 2001

Staff shortages

Shortage of staff continues to be an endemic problem in Wales. On the 9 February it was reported that chronic shortages of consultant physicians in major fields such as intensive care, cancer and diabetes meant that some consultants were working more than 65 hours a week.¹⁴ Another article described how the Ty Hafan Children's hospice in the Vale of Glamorgan needed at least 10 more qualified paediatric nurses to be able to run effectively.¹⁵

Until now the Minister for Health and Social Services has not come under personal attack from the media for the current problems in the Welsh Health Service. However, there were warnings in the Western Mail's editorial on 29 March that this could change. This followed the revelation that the Health Minister had removed 3,500 patients from a reported waiting list to a different list which was not part of the official statistics. The editorial ran the headline, *'Massage the patients, not the statistics,'* before going on to warn Ms Hutt that she should expect trouble if she continued to use these kind of tactics, *'Although there is much public concern about the state and direction of the NHS in Wales, that concern has not generally translated into animosity towards Ms. Hutt in person. But today that could all change.'*¹⁶

The media also managed to embarrass the Health Minister by highlighting extremely long waiting lists for orthopaedic patients in her own constituency. An article on the 15 March in the Western Mail highlighted the plight of Neil Cummings, a patient from the Minister's constituency who was expecting a knee operation this year. However he was told in March that the hospital where he was to get the operation had only just started dealing with patients on the 1997 waiting list. The headline was, *'Need hip surgery? See you in six years.'*¹⁷

Other stories covered

A scheme by the National Assembly to pilot emergency contraception being available to girls in a school in Bridgend was the subject of an editorial in the Western Mail in

¹⁴ The Western Mail 9 February 2001

¹⁵ The Western Mail 24 March 2001

¹⁶ The Western Mail 29 March 2001

¹⁷ The Western mail 15 March 2001

February. It expressed concerns that the plans to allow school nurses to administer emergency contraception to girls under sixteen removed the responsibility from the parents,

'The Assembly scheme may give the wrong signals to much younger people. It will not diminish - and may well increase - the peer pressures on youngsters to become sexually active. Some might regard the availability of emergency contraception in school as an official endorsement of such behaviour.

'The worst aspect of the Assembly's plans, however, is that they remove even more responsibility from parents and transfer it to our school. That is unfair on parents, family doctors, school nurses and schools themselves.'

'Instead the Assembly should try returning to that old and unfashionable notion that parents are primarily responsible for their children until they reach 16 years of age, and then come up with a set of anti-pregnancy measures on that premise.'¹⁸

An article on the 24 February reported on a survey on geographical variations in life expectancy released by the Office for National Statistics. Merthyr Tydfil in the south Wales valleys came sixth in the table of lowest life expectancy for men who can expect to live for 71.1 years and fifth in the league table for women, who can expect an average lifespan of 76.7 years.

¹⁸ The Western mail 13 February 2001

THE WORK OF THE HEALTH AND SOCIAL SERVICES COMMITTEE

The Committee has been exceptionally busy and productive during this period.

Response to the BSE Philips Enquiry Report

As was reported in the last report (November 2000-February 2001) the Health and Social Services Committee held evidence taking sessions on BSE and CJD in January. One of the sessions was a joint meeting with the Agriculture and Rural Affairs Committee.

They received evidence from members of the Human BSE Foundation, the Food Standards Agency, the national Co-ordinator for CJD and the Meat Hygiene Service amongst others.

It was decided that to save time the Health and Social Services Committee would form a sub-group to write the report. Dai Lloyd (PC) and David Melding (Con) agreed to write it on behalf of the committee. The report received unanimous approval on 28 February, 2001. David Melding commented that it had been a good example of cross-party co-operation on a sensitive issue.

The detailed and comprehensive report makes recommendations under two main headings, '*arrangements for caring for sufferers*' and '*the measures in place to protect the human food chain from the effects of BSE.*' Emerging themes in the recommendations were the need to improve diagnosis of the disease, and the need to improve support for sufferers and their families, in particular through improving joint working arrangements between the health service and social services.

Response to the Queen's Speech

During the debate on the Queen's Speech on 19 December, Plenary approved a motion remitting various bills to subject committees for further consideration as to the provisions they should make for Wales and how the National Assembly might use its powers.

The Health Committee submitted a report which considered two bills: the Health and Social Services Bill and the Children's Commissioner for Wales Bill to plenary on February 13.

The Minister for Health and Social Services had written to all Committee members on 21 December, 2000 outlining the provision of the Health and Social Care Bill.

The following points were raised in the Committee's report:

- There was unanimous support for the powers that would enable the National Assembly to determine the future of the Community Health Councils in Wales, whereas in England the proposal is that they should be abolished.
- The Committee welcomed the modernisation of prescribing and pharmaceutical services.
- Members were concerned about the difficulty in defining nursing care and the need to provide a fairer basis for the long term care of the elderly. The Minister responded by saying that the Bill provided that nursing care in nursing home would be funded by the NHS and not by local authorities, and that the Assembly could consider providing more support for the care of the elderly, but it would have to be within the context of approved budgets. However, it could not extend to the provision of universal free personal care. There were some reservations that the Bill did not include powers that would permit the Assembly to provide universal free personal care.

The Committee welcomed the Children's Commissioner for Wales Bill and the action taken by the Government in Wales and Westminster to expedite it.

Review of NHS Resource Allocation

The Committee has commissioned a review of NHS Resource Allocation. They received an interim report from the National Steering Group on their emerging conclusions during a meeting on 29 February.

The Review's terms of reference were to *'advise the Committee on the most appropriate means of allocating available resources in accordance with health need and specify a number of issues to be addressed in meeting this remit, including socio-economic disadvantage and the costs of providing services in remote or rural areas.'*

Profess Townsend (Chairman of the National Steering Group) and Dr. David Gordon (Leader of the expert research group) gave oral presentations to the Committee.

Dr. David Gordon said that one of the main emerging conclusions of the review was that the current formula for allocating money should be replaced with a more direct one.

The current formula is an indirect approach. It measures need based on statistical information about the utilisation of services by different age groups adjusted for social circumstances. The current formula is,

Amount of population x how many people die under the age of 75.

The Steering Group propose to replace this with a more direct approach to allocating resources. The direct approach would measure the relative need for health services of a particular geographic area on the basis of direct information about the health of the population, rather than using utilisation as a proxy for need.

The formula they propose is,

Area resource allocation= Amount of health needs x costs of meeting those health needs.

Thus, the resource allocation would take place through looking at a summary of Health Issues, not as previously by looking only at the Standardised Mortality under the age of 75. The Group recommends using the Welsh Health Survey to do this.

However, Lynne Neagle (Labour) was concerned about the increased use of the Welsh Health Survey since it would depend on self-reported ill health. She claimed that people in deprived areas, who are more likely to be less educated, would not fill in forms about their illness. However, Dr. Gordon assured her that this concern would be built into their recommendations, and that the non-returns were anticipated.

The Committee was unanimous in agreeing that this discussion had been an extremely valuable one. The Health Minister, Jane Hutt commented that this was perhaps one of the best discussions that they had had in the Committee.

Report of the Prescribing Practices Task and Finish Group

Dr. Norman Mills gave a presentation on the main recommendations emerging from the Advisory Group's findings. He summarised with these points;

- Greater Training and Accreditation for Pharmacists.
- Greater harmonisation of Prescription Charges throughout Wales.
- Training and Accreditation for communication skills with patients.
- Continual training for all Pharmacists - expanding the role of the Welsh Health Resource Centre.

- An All-Wales Strategy group to co-ordinate policy throughout the 22 Local Authorities and the Local Health Groups.
- Local discussion for drug use in each individual LHG - individual formulas to be professionally derived, not imposed from above.
- Better patient information leaflets - patients to have more choice in their own medication.
- Pharmacists to be integrated into the monitoring of side effects and to be considered a full member of the Primary Health Care Team.
- Standardisation of drugs carried in GPs emergency bags.
- An all-Wales Forum to provide an arena for the interaction of the NHS and Pharmaceutical Companies in a structured institutional framework - hopefully creating less concerns about vested interests of Direct Sponsorship.
- A mechanism to be created for the reporting of medication.

A number of detailed and specific questions followed, reflecting the expertise of the Committee. The Chair summarised by stating that there were a number of areas of concern in the Committee concerning this strategy. She requested that further information be presented on the following topics; generic and therapeutic substitution, the impact of proposed local purchases in arrangements on the Pharmaceutical Price Regulation Scheme (PPRS) and plans to include pharmacists in the NHS Wales network. Officials agreed to provide the information. This perhaps reflects how the Committee does participate in policy development, by demanding more information and forcing officials to look at certain issues.

Adult Mental Health Strategy

Discussion of the Adult Mental Health Strategy also demonstrated how the Committee could use its influence. The Committee had previously complained that they were not allowed to see the consultation responses to the Strategy. Jane Hutt had subsequently arranged for every respondee to be contacted and permission sought to make their response available. However, at the meeting on 14 March, all of the consultation responses were still not available and for this reason the debate was taken to be a preliminary one until the members could see the responses.

David Melding (Con) was unhappy that the consultation paper had been drafted by Civil Servants and not the Advisory body which he claimed, made it difficult to distinguish between an advisory paper and an executive paper. In response, Jane Hutt stated that the advisory body was not formed to go past the consultation stage, however she did agree to reconvene the advisory body at this stage.

Telemedicine and Telecare

The Committee ventured outside the Assembly to hold a meeting on Telemedicine at the BT Telecom Video Conferencing Suite in Cardiff International arena on the 28 of March.

An opening address was given by Andrew Davies, the Minister for Assembly Business including e-commerce.

Later, presentations were given by John Morgan from the Cornwall Minor Injuries Project and members from a Primary Health Care Team based at the Arwystli practice in Llanidloes. This was once again an example of the Committee inviting people from the outside to give presentation and to share expertise and information.

The members then discussed the draft outline for the Telemedicine strategy that is to be written in draft form by November 200. They decided to propose the following additions to the strategy:-

- Consultation with medical staff over implementation and effectiveness.
- Exploring the number of cross-cutting themes applicable to the technology
- Ensuring Standardisation of the technology
- Aiding Medical and Professional Development

The Committee's forward work programme

The Committee endorsed their draft forward work programme on the February 28. They stated that the integration of health services and social care would be the key objective in the committee's forward work programme. They also claimed that their programme addressed the major issues of tackling health inequalities and the determinants of ill health.

The committee's priorities were tabled as part of the forward work programme and included:

- **A Children's Commissioner for Wales.** The Committee will have the opportunity to comment on regulations and to monitor the progress of the commissioner's work
- **Health Improvement Programmes.** It will continue to monitor the development and implementation of these programmes as part of its work on scrutinising health authorities.
- **Hospital Waiting times.** The Committee will continue to monitor performance on hospital waiting times and pressures on the NHS.

- **Fairer funding arrangements for the NHS.** The Committee has commissioned a review of the NHS resource allocation formula. The Committee will consider the report of the National Steering Group in the context of 'Improving Health in Wales - A Plan for the NHS and its Partners.'
- **Greater protection for those receiving care.** The Committee will advise on the establishment of the Care Council for Wales to raise standards in the workforce, and also on the Care Standards Inspectorate for Wales to improve the regulation of services. It will also advise on the implementation of the Children (Leaving Care) Act.
- **A new approach to primary care.** It will continue to advise on the development of the primary care strategy.
- **A new community-led approach to health which tackles health inequalities.** The Committee will monitor the progress of Local Health Groups.
- **A Carer's Strategy for Wales.** It will continue to monitor and advise on the development of a Carers' Strategy.
- **A renewed capital programme.** The Committee wishes to be involved in early discussions on the capital programme.
- **Modernising Patient Advocacy and Support.** The Committee will review current arrangements for public liaison and patient advocacy.

In the forward work programme it is notable that the agenda for the Committee has been cut down to strictly no more than two items per committee meeting.

However, there are some inconsistencies between items on the agenda and the Committee's chosen list of priorities. For example, the Committee in its priorities state that they want to have the opportunity to comment on regulations and to monitor the progress of the Children's Commissioner's work. However, it is only included under 'other possible items for scheduling in'. In its priorities the Committee commits to continuing to advise on the development of the Primary Care Strategy, although there is no room for this item on their forward work programme. Furthermore, the priorities include the monitoring of the progress of Local Health Groups, however how is this to be done with none of them appearing in front of the Committee during the next couple of months?

This difficulty in tabling issues from all their priorities is not surprising since the Committee only meets once every two weeks. It has to prioritise its work. However, considering the current problem of Coronary Heart Disease in Wales, it might have been expected that they would discuss the National Standards Framework for Coronary Heart Disease, in fact, it is relegated to a paper to note and a 'possible item for scheduling in.'

What is encouraging is the Committee's intention to hold its own review on current arrangements for public liaison and patient advocacy which will allow it to produce distinct policy of its own. The Committee will allocate two full meetings on the 6 and 20 of June to take evidence on the issue before drawing up a report in July.

Scrutiny in the forward work programme

The Committee will be asking Carmarthenshire NHS trust to attend a meeting to present a follow-up on the Action Plan they drew up in response to the Commission for Health Improvement report mentioned in the last report. (November 2000 - February 2001). They will also be discussing the Food Standards Agency's Annual Report on 18 July.

The Committee has also committed itself to following up on their scrutiny of the Welsh Ambulance Services NHS Trust, although there is no mention of scrutinising another trust or health authority.

Scrutinising the work of the Health Minister, the Assembly's Health department and its various sub-groups and other bodies within the National Health Service is an enormous undertaking. The number of working groups and task and finish groups increases every month, for example, the implementation of the NHS Plan alone will involve nine different task and finish groups. This makes it extremely difficult if not impossible for the Health and Social Services Committee to fulfil its scrutiny role.

ACCOUNTABILITY AND SCRUTINY

Much of the debate in plenary recently has focused on or been related to the NHS Strategy.

The NHS Plan for Wales: Improving Health in Wales

Jane Hutt was given a rough ride during the initial discussion of the plan on February 13. Party spokespersons and members of the Health and Social Services Committee echoed much of what they had said in Committee a week earlier. (see previous report November 2000-February 2001).

Dai Lloyd, party spokesperson for Plaid Cymru listed a number of perceived failings in the plan,

'We have concerns about the ability to deliver the improvement that - it is claimed - can be achieved. We are concerned about the numbers of nurses, doctors and beds. There are also concerns about our local health groups' ability to respond to the expectations that they will have to shoulder, as well as concerns about the continuing commitment to the private finance initiative.'

He wanted to know, for example, how the opening of surgeries for 24 hours, seven days a week would be resourced. He also claimed that the deadlines for reviews and the setting of targets was too long, for example the commitment that *'health organisations will review the five major waiting-lists specialties by March 2002 and agree plans to tackle long waiting times,'* to which he commented, *'that is a long deadline for an action that means nothing.'*

The Conservatives wanted to know what status the Local Health Groups would be given following the abolition of Health Authorities, David Melding, Conservative Spokesperson for Health was concerned that the abolition of Health Authorities would inevitably lead to increased centralisation,

'Local Health Groups will not be given trust status. Let me spell out what that means. At the moment, Local Health Groups are sub-committees of health authorities. When health authorities go, the statutory basis for local health groups disappears. They will have to be recreated in some form, and if they are not given trust status, they will be directly controlled by the Minister.'

Perhaps what was most significant were the bold criticisms from Lynne Neagle, a Labour AM and the current Chair of the Labour Party in the Assembly. She attacked the plan for not *'representing a sufficiently clear vision of where we want the NHS to be in 10 years' time*'.

She went on to say,

'In key areas, the plan lacks detail and specific measures that are essential to address the challenges that we face in the NHS. The lack of targets, compared with the English plan, is a weakness.....Tackling health inequalities is an example of where we fall short. We will have to wait a further 16 months for an announcement on targeted measures for tackling health inequalities in Wales.'

This discontentment on the Administration's own side aided the passing of a proposal from David Melding (Conservative Party Spokesperson on Health) under Standing Order No. 6.18 that the National Assembly adjourn the debate. According to the rule, 10 votes were needed to support David Melding's motion before it could be put to the vote. Eight Conservatives indicated their support, and then Lynne Neagle and Anne Jones, Labour members of the Health and Social Services also indicated their support for the motion.

David Melding claimed that the reason he proposed the motion was that not enough time had been spent on such an important issue as the 10-year plan. However, the fact that Labour members voted for the motion demonstrated that there were serious cross-party reservations regarding the plan. The fact that Assembly Members had refused to back the plan on its first introduction to the Assembly was a defeat for the Health Minister.

When the Assembly re-addressed the issue on the first of March, David Melding once again attempted to adjourn the debate, this time on the premise that non-administration parties had not had enough opportunity to contribute to the debate, *'You would have been forgiven for believing that this debate was held in the Wales Labour Party Conference because no other political parties have taken part this morning.'*

However, the motion failed this time around and the NHS Wales Strategy was finally endorsed with Labour and Liberal Democrats members in support, the Conservatives voting against and Plaid Cymru abstaining.

It is interesting to note that one amendment to the endorsement of the Plan was approved. This was an amendment from Plaid Cymru calling for further discussion of the personal care proposals of the Royal Commission on long-term care for the elderly, chaired by Sir Stewart Sutherland. Jane Hutt had declared as part of the plan, the Administration's decision to seek an enabling rather than a restrictive definition of nursing care and the administration's decision to provide six weeks' free home care for

older people when they are discharged from hospital. Jane Hutt however supported the inclusion of the amendment because the Steering Group which has been set up to develop a strategy for older people would be bound to discuss it in the future, although she stated clearly that she did not believe that there was scope for developing a new policy on the matter.

However, if Jane Hutt thought that the fact that the Plan had been endorsed would end the debate surrounding it, she would have been wrong.

On the 22 of March the Conservatives initiated a short debate on the NHS Wales Plan: Improving Health in Wales. The reason behind this was a clause on page 16 of the Plan stating that,

'The traditional district general hospital has served a population of around 200,000 to 250,000 people. Effective planning of secondary care now requires us to look at a population base of 500,000 or more.'

And *'we will see an overall reduction in the number of traditional hospitals in Wales.'*

David Melding's point was that if the minimum catchment area for a district general hospital was to be increased to include half a million people, Wales would be facing a *'50% cut in acute general hospital provision to offer those services comprehensively on one site.'*

He also claimed that if a two-tier system of hospitals were to emerge, district general hospitals would be reduced to providing outpatient services and day care treatment and would not provide accident and emergency services.

The Conservative motion thus, called upon the Liberal Democrat/ Labour administration to:

- *Confirm that no existing accident and emergency department will be closed.*
- *Reject any plans to reduce the number of district general hospitals so as to reflect a population catchment of 500,000 or more.*
- *Confirm that the district general hospital model is not being abandoned*
- *Provide £20 million for the construction of a national children's hospital for Wales.*

In response, Jane Hutt accused David Melding of scaremongering, *'When you are trying to find other issues with which to scare people, you raise the issue of accident and emergency departments. There is nothing in the plan about accident and emergency units. We are not only keeping accident and emergency units, we are improving and investing in them.'*

The Minister even published a press release on the matter to reassure the public that the NHS Plan did not endanger the future of District General Hospitals. The press release echoed what she had said in plenary,

'Far from endangering their future (i.e. District General Hospitals) we are securing their future for the people of Wales. We all greatly value the work the staff in our DGH's carry out.'

*'The future of the health service is too important to the people of Wales to be reduced to a combination of sloganising and scaremongering. What this administration is about is the longest sustained programme of improvement in health and health services which has been possible for more than a generation.'*¹⁹

The Human Resources Strategy

Whilst lack of targets was one of the overriding concerns during the discussion of the NHS Plan for Wales, the same was the case with the Human Resource Strategy.

A motion to approve the Strategy's objectives for 2001-02 and to recognise progress made on the Strategy since it was laid in the table office in June 2000 was discussed in March.

Plaid Cymru spokesperson Dai Lloyd was unhappy since national targets for the recruitment of nurses, doctors, medical laboratory staff, scientists and those in professions allied to medicine had not been set. This was despite the fact that the Assembly had approved an amendment proposed by him on this matter during the previous debate on the Strategy in June 2000. An amendment proposed by him this time round which again called for a set of national targets to be established was accepted by Jane Hutt and subsequently by the Assembly.

Compensation for Haemophiliacs

A short debate was initiated by Plaid Cymru on compensation for Haemophiliacs infected with Hepatitis C on the eight of March. They called for the 149 haemophiliacs in Wales who have been contaminated with blood containing the Hepatitis C virus during NHS treatment to be compensated in the same manner as those who were contaminated with the HIV virus.

¹⁹ Assembly Press Release 22 March 2001

However, the Minister for Health, whilst sympathising with the sufferers, said that she had discussed this issue previously with those affected by Hepatitis C and that following the advice and the consideration given by the Department of Health had decided not to set up a compensation scheme for them. She emphasised that making sure that there was support and treatment for these sufferers would be her priority.

Statement on the achievements of the coalition government

When the First Minister made a statement on the achievement of the Coalition so far, health was a dominant issue in the questioning that followed.

Ieuan Wyn Jones, leader of the opposition asked a question about waiting times, *'It was stated in the coalition document that you want to develop and implement the Assembly's waiting times strategy. In March 1997, 28,500 people in Wales had been waiting over three months for a first outpatient appointment. By 31 January this year, that figure had risen to a massive 93,000. Has your strategy gone into reverse rather than going forward? Do you not have a long way to go to persuade the people of Wales that this coalition is making a difference to their lives?'*

In the same debate the Conservatives raised once again the issue of hospital closure in the NHS Wales plan, Nick Bourne (Con) asked, *'What about the hospital closure programme? Of course, we must not call it that because the partnership agreement refers to it as 'a reduction in the number of hospitals.'*

However, Rhodri Morgan dismissed both of their comments as 'nit-picking'.

Questions to the Minister for Health and Social Services

A prevalent issue once again during the Health and Social Services Minister question time was waiting times and the lack of bed capacity.

Helen Mary Jones (PC) used a question on flu outbreaks to ask, *'when is the emergency taskforce's recommendation of an extra 400 beds likely to be reached, to enable flu sufferers to receive the treatment they need?'*²⁰

The Minister responded that she had already provided 159 beds and that she was reviewing the impact of winter pressures on bed capacity throughout Wales to plan for next year and see where they needed to target the extra 400 bed capacity.

²⁰ Record of proceedings 22 March 2001

Whilst the extension of Dental Check ups was broadly welcomed, Plaid Cymru were concerned that the capacity on the ground to facilitate such an initiative is simply not there, Dai Lloyd commented,

'This initiative will mean that more people will want check-ups. Many people cannot register with an NHS dentist now, so what will the Minister do about the shortage of NHS dentists.....?'²¹

Recurring themes in Conservatives' line of questioning was the lack of a children's hospital in Wales, the future of Local Health Groups and the NHS Plan's proposals to reduce the number of traditional hospitals in Wales.

On the first theme, Nick Bourne commented,

'Wales is one of the few countries in the world without a children's hospital. The total cost of building a new children's hospital would be £21 million, compared with the overall cost of the new Assembly building of about £30 million.'²²

On the fifteenth of February free care for the elderly was the subject of a few questions.

Elin Jones (PC) asked, *'Do you believe that free care is an option in Wales?' Jane Hutt replied that they are discussing how they can interpret free nursing care and that the matter will be discussed further in the Strategy group that she has established.*

Mick Bates (Lib Dem) also pursued this issue during the same debate, *'On charging, do you regret that Wales will not receive the power to provide free, universal, personal care under the Health and Social Care Bill that is currently going through Parliament?'*

Jane Hutt replied that her staff were considering how to broaden the definition of free nursing care and how they could implement their promise of up to six weeks' free home and personal care.

Scrutiny and Accountability in the Committee

Scrutiny is never as robust in the Committee as it is in Plenary, however Jane Hutt is always questioned on her monthly report which take up about 45 minutes of the committees time every other meeting.

In February, the Committee welcomed the monthly fall in waiting lists numbers, however they did express concerns that it was unlikely that the figures would meet

²¹ Record of proceedings 2 march 2001

²² Record of proceedings 22 march 2001

Jane Hutt's target to be down by 65,000 by April 1 2001. It will be interesting to see how the Committee reacts to this when it next meets in May. She was also questioned in Committee about the 400 extra beds that the emergency taskforce advised that were needed since she has only supplied 139.

She dismissed calls on 7 February to follow the same route as Scotland on long term care for the elderly. She argued that Wales needed a Welsh solution to the problem, and reiterated that Brian Gibbons was heading up a working group on the issue.

However, despite the Health Minister being quite able to respond to the Committee members' scrutiny of her reports, there are examples of members of the committee pushing on issues and succeeding in forcing a more expansive response from the Minister and her officials.

For example, when Jane Hutt reported in Committee on February 28 that funds for the current carers' strategy in Wales were to be rolled over to the new Tax year if unused in the current one, Dai Lloyd(PC) expressed concern that with the Carers Strategy due to be updated this rollover option would be nullified. In response Jane Hutt promised to investigate this possibility and report back.

The Chief Medical officer is always present at the Committee meetings. The Minister and the Chief Medical Officer were pressed on the safety of the triple MMR vaccine by Ann Jones(Lab) in Committee on the 7th of February. Dr. Hall, the CMO stated that the triple vaccine was entirely safe and added that,

- There was no scientific basis that separate jabs was better than the triple jab
- That the more vaccines you have, the less take up there will be

However, she also agreed to provide a paper on the matter to the committee.

Report of the Chief Inspector of Social Services.

Graham Williams, the Chief inspector of Social Services in Wales came in front of the Committee to present his annual report. Members were concerned that the six joint reviews that had taken place in Wales indicated poorer standards than in England. There was also some criticism of his Report for its lack of analysis of the variability of service provision cross Wales and its failure to capture the current mood. Graham Williams however, responded that the report deliberately did not revisit the problems of the social services, but sought to look forward. It focused on positive aspects of the current agenda.

The Audit Commission

The Audit Commission in Wales published a report called 'A Picture of Health' in March which looked into a range of studies into value for money in the Health Authorities, Local Health Groups and NHS trusts.

The Audit Commission identified good practices including waiting time improvement in accident and emergency departments for elderly people with hip fracture.

However, they were concerned about the following shortcomings,

- A wide variation in critical care bed capacity across trusts
- Scope for trusts to improve services for diabetes sufferers with more comprehensive annual checks and improved information
- The need to improve delivery of district nursing services.
- A need for better leadership to help shape service delivery and a general need for people to work across professional and organisational boundaries so that variations can be ironed out.

Jane Hutt responded to these criticisms saying that *'The report highlights many of the challenges we have to face in Wales. Challenges that are addressed in the NHS plan such as improving strategic direction and leadership and the need to work across artificial boundaries created by professions and organisations.'*²³

²³ Assembly press release 30 March 2001.