

Agenda – Petitions Committee

Meeting Venue: Hybrid

For further information contact:

Committee Room 3 – Senedd

Gareth Price – Committee Clerk

Meeting date: 23 May 2022

0300 200 6565

Meeting time: 14.00

Petitions@senedd.wales

1 Introduction, apologies, substitutions and declarations of interest

2 Evidence session – P-06-1253 Ban greyhound racing in Wales

Vanessa Waddn, Hope Rescue

Alain Thomas, Greyhound Rescue Wales

Alex Nilan, Almost Home Dog Rescue

3 New Petitions

3.1 P-06-1252 Calling on the Welsh Government not to vaccinate children 12 years and younger against COVID-19

(Pages 1 – 7)

3.2 P-06-1270 Make October 21st an official Memorial Day for those killed and affected by the Aberfan Disaster

(Pages 8 – 11)

3.3 P-06-1273 Drastically reduce waiting times for ambulances and at A&E departments

(Pages 12 – 22)

3.4 P-06-1274 Stop the removal of the Rapid Response Vehicle for Monmouth

(Pages 23 – 40)



- 3.5 P-06-1275 Call on the Government to reconsider its decision to withdraw from the Llanbedr bypass scheme
(Pages 41 – 50)
- 3.6 P-06-1277 Save A&E. Withybush General Hospital must retain 24 hour, 7 days a week, Consultant Led urgent care
(Pages 51 – 55)

4 Updates to previous petitions

- 4.1 P-05-924 Ensure that every school in Wales has Wellbeing Ambassadors
(Pages 56 – 57)
- 4.2 P-05-1106 Introduce Personal Health Budgets and Personalised Care in Wales
(Pages 58 – 66)
- 4.3 P-06-1213 Ban leisure use of Seadoo/jet ski in Cymru. Except in strictly controlled designated areas
(Pages 67 – 70)
- 4.4 P-06-1240 Improve health services for people with epilepsy living in Wales
(Pages 71 – 74)
- 4.5 P-06-1242 Improve Endometriosis Healthcare in Wales
(Pages 75 – 107)
- 4.6 P-06-1243 Reinstate cervical screening to every 3 years
(Page 108)

Papers to note

- 5 P-06-1207 Start referring to Welsh cities and towns by their Welsh names
(Page 109)
- 6 Motion under Standing Order 17.42(ix) to resolve to exclude the public from the remainder of the meeting

7 Discussion of evidence – P-06-1253 Ban greyhound racing in Wales

8 Discussion on the draft Annual Report

(Pages 110 – 124)

P-06-1252 Calling on the Welsh Government not to vaccinate children 12 years and younger against COVID-19

Y Pwyllgor Deisebau | 23 Mai 2022
Petitions Committee | 23 May 2022

Reference: SR22/2201-7

Petition Number: [P-06-1252](#)

Petition title: Calling on the Welsh Government not to vaccinate children 12 years and younger against COVID-19

Text of petition:

Healthy children are at low risk from COVID-19 yet face known and unknown risks from COVID-19 vaccines. Rare, but serious, adverse events and deaths are being reported to monitoring systems around the world. Official guidance is updated as the side-effects become more apparent. Giving COVID-19 vaccines to healthy children to protect adults is unethical and unjustifiable. The Government has an ethical duty to act with caution and proportionality.



Background

The Welsh Government takes its advice on immunisation from the [Joint Committee on Vaccination and Immunisation \(JCVI\)](#), which advises all four UK health departments. This includes advice on use of COVID-19 vaccines.

On 22 December 2021, the [JCVI advised](#) that children aged 5 to 11 years who are in a clinical risk group, or who are a household contact of someone who is immunosuppressed, should be offered two doses of the Pfizer-BioNTech COVID-19 vaccine (Comirnaty®), with an interval of 8 weeks between the first and second doses.

The Welsh Government accepted this advice. The [Minister for Health and Social Services, Eluned Morgan, said](#) that “NHS Wales will identify eligible 5 to 11-year-olds in the “at risk” groups and begin offering appointments in the New Year”.

At that time, the [JCVI's advice noted](#) that further advice regarding COVID-19 vaccination for other 5 to 11 year olds will be issued in due course following consideration of additional data.

[Updated advice from the JCVI](#), published on 16 February 2022, recommended that two doses of the Pfizer-BioNTech COVID-19 vaccine (Comirnaty®) should be offered to all children aged 5 to 11 years of age who are not in a clinical risk group. The two doses should be offered with an interval of at least 12 weeks between them. The intention of this offer is to “increase the immunity of vaccinated individuals against severe COVID-19 in advance of a potential future wave of COVID-19”.

The JCVI advised that the vaccine should be offered on a “non-urgent” basis, and should not displace the delivery of other childhood (non-COVID-19) immunisation programmes, or of COVID-19 vaccination for other groups. It also emphasised:

In all instances, the offer of vaccination must be accompanied by appropriate information to enable children, and those with parental responsibility, to provide informed consent prior to vaccination. Teams responsible for the implementation and deployment of COVID-19 vaccination for persons aged 5 to 11 should be appropriately trained and confident regarding the information relevant to the vaccination of these persons.

The published advice highlights a number of key considerations, including:

- Most children aged 5 to 11 have asymptomatic or mild disease following infection with SARS-CoV-2. Some may experience post-COVID-19 symptoms lasting longer than a few days. Children aged 5 to 11 years who are not in a COVID-19 clinical risk group are at extremely low risk of developing severe COVID-19 disease.
- Vaccination of children aged 5 to 11 who are not in a clinical risk group is anticipated to prevent a small number of hospitalisations and intensive care admissions in this population and would provide short-term protection against non-severe infection (asymptomatic and symptomatic infection that does not require hospital-based care).
- Vaccination of children aged 5 to 11 who are not in a clinical risk group is not expected to have an impact on the current wave of Omicron infection. The potential benefits from vaccination will apply mainly to a future wave of infection; the more severe a future wave, the greater the likely benefits from vaccination. Conversely, the less severe a future wave, the smaller the likely benefits from vaccination.

Welsh Government response

The [Welsh Government accepted the JCVI's updated advice](#) on 15 February 2022. The COVID-19 vaccination is not mandatory. The Health and Social Services Minister said:

I would encourage all families with children between the ages of five and 11, who are not in any clinical at risk groups, to visit the Public Health Wales website for information about vaccination and to begin a conversation about whether they want to take up this offer.

An updated [Welsh Government COVID-19 vaccination strategy](#) was published on 24 February 2022. Regarding vaccination of children aged 5 to 11, this states:

Children this young must have the opportunity of being accompanied by a parent or guardian during vaccination and the absence of any age priority within the advice makes it easier for eligible siblings to be vaccinated at the same time.

NHS Wales has already begun to plan the delivery of this programme to secure paediatric trained vaccinators and child-friendly vaccination centres. Health boards are building on their learning from the vaccination of clinically at risk five to 11-year-olds and 12 to 15-year-olds and are considering carefully how to ensure equity from the outset. Children have lost a significant amount of learning time during the

pandemic and, to ensure vaccine deployment does not unduly disrupt children's education further, there is no intention to vaccinate in schools.

There is work in train to ensure the necessary immunisation and clinical guidance is in place, and there is factual and trusted information on the Public Health Wales website for children and parents to help inform their decision. The vaccine is not mandatory and families can choose whether to have the vaccine or not. We would encourage families to begin to have conversations about the offer and spend time considering the information before deciding whether or not to accept.

On 16 February 2022, the governments in [England](#), [Scotland](#) and [Northern Ireland](#) also accepted the JCVI's advice.

Stakeholder response

On 17 February 2022, the [Royal College of Paediatrics and Child Health \(RCPCH\)](#) **published a statement** in response to JCVI's recommendation on offering COVID-19 vaccination to all 5 to 11 year olds. The RCPCH said it acknowledges the "careful scrutiny" the JCVI has given to assessing the health benefits and risks of healthy 5 to 11 year olds being offered the COVID-19 vaccine. It highlights the following points:

It is a priority that 5-11 year olds who are deemed to be at risk of COVID infection or who are living with family members who are immunosuppressed, receive this vaccine. [...]

Delivering a vaccination programme to 5-11 year olds will require careful planning in order to ensure a favourable experience for children. Finding child-friendly vaccination sites, staffed with appropriately trained professionals, will be important and should facilitate equal access to all children which is key to avoiding disadvantaging some families. Governments should develop information and materials that are parent-and-carer friendly, and suitable for children, to facilitate their decision making.

Measles is much more infectious than COVID-19 and potentially a serious illness for children, especially the very young. We know uptake rates of the vaccine for Measles, Mumps, Rubella (MMR) as well as other routine vaccinations are decreasing, but these are potentially life saving. In the UK we are fortunate to have a very successful childhood

immunisation programme which is highly effective. The COVID-19 vaccination must not displace others and Government must take action to ensure uptake of these routine vaccinations is increased.

A number of countries globally have been offering vaccines to 5 - 11 year olds for some months, including Australia, the USA, Canada, Japan, and across the EU. The World Health Organization (WHO) and European Central for Disease Control have both supported vaccination of this age group.

Every effort is made to ensure that the information contained in this briefing is correct at the time of publication. Readers should be aware that these briefings are not necessarily updated or otherwise amended to reflect subsequent changes.



Eich cyf/Your ref P-06-1252
Ein cyf/Our ref EM/00365/22

Jack Sargeant MS
Chair - Petitions Committee
Senedd Cymru
Cardiff Bay
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29 April 2022

Dear Jack,

Thank you for your letter of 20 January from the Petitions Committee concerning Petition P-06-1252, which asks the Welsh Government not to vaccinate children 12 years and younger against COVID-19. Please accept my sincere apologies for the delay in replying.

Following regulatory approval for use of the Pfizer COVID-19 vaccine in children aged 5 to 11, from the Medicines and Healthcare Regulatory Authority (MHRA), the Joint Committee on Vaccination and Immunisation (JCVI) advised on 22nd December 2021 that the vaccine should be offered to 5 to 11 year olds who have health conditions that put them at risk from the virus, or who are a household contact of someone who is immunosuppressed. On the 16th February 2022, JCVI extended their recommendation to offer the vaccine to all children aged 5 to 11 years. In providing this advice, the JCVI stated it was a one-off pandemic response programme and they would review whether, in the longer term, an offer of vaccination to this, and other paediatric age groups, continues to be advised.

I accepted this advice along with the other UK Health Ministers and, in Wales, we began to roll-out the “at risk” offer in January 2022 and the “universal” offer in March 2022. The key considerations around this advice can be found via this link:

[JCVI statement on vaccination of children aged 5 to 11 years old - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/news/jcvi-statement-on-vaccination-of-children-aged-5-to-11-years-old)

It should be noted the vaccine is not mandatory and families can choose whether to have the vaccine or not. The Office of the Chief Medical Officer has written to all eligible children and their families with links to trusted and factual information on the vaccine so they can make an informed choice about taking up the offer. This has been shared through school communication channels. There are also excellent age-appropriate videos and information on the Public Health Website.

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Rydym yn croesawu derbyn gohebiaeth yn Gymraeg. Byddwn yn ateb gohebiaeth a dderbynnir yn Gymraeg yn Gymraeg ac ni fydd gohebu yn Gymraeg yn arwain at oedi.

We welcome receiving correspondence in Welsh. Any correspondence received in Welsh will be answered in Welsh and corresponding in Welsh will not lead to a delay in responding.

I would encourage families to have conversations about the offer and spend time considering the information before deciding whether or not to accept the vaccine when offered.

I hope this information is helpful.

Yours sincerely,

A handwritten signature in blue ink, appearing to read 'M. E. Morgan'.

Eluned Morgan AS/MS

Y Gweinidog Iechyd a Gwasanaethau Cymdeithasol

Minister for Health and Social Services

P-06-1270 Make October 21 an official Memorial Day for those killed and affected by the Aberfan Disaster

Y Pwyllgor Deisebau | 23 Mai 2022
Petitions Committee | 23 May 2022

Reference: SR22/2716-1

Petition Number: P-06-1270

Petition title: Make October 21st an official Memorial Day for those killed and affected by the Aberfan Disaster

Text of petition: At 9.15 am on Friday, October 21, 1966, a waste tip above the mining village of Aberfan began to slide down the mountainside, firstly destroying a farm cottage and killing all its occupants. It then approached Pantglas Junior School, where the children had only just returned to their classes after singing All Things Bright and Beautiful at their morning assembly. The slide then engulfed the school and about 20 houses in the village, killing 144 people, including 116 school children.

On 26th October 1966, a tribunal was appointed to inquire into the causes of and circumstances relating to the Aberfan disaster, which was chaired by Welsh barrister and Privy Councillor Lord Justice Edmund Davies.

The Tribunal's report found that

- * The blame for the disaster rested entirely with the National Coal Board, and their "total absence of a tipping policy"
- * Repeated warnings about the dangerous condition of the tip had been ignored.
- * The tips had never been surveyed and were continuously being added to in a chaotic and unplanned manner. The disregard for the unstable geological



conditions and the NCB's failure to act after previous smaller slides were found to have been major factors that contributed to the catastrophe. This innocent people should never be forgotten and should always be remembered. The 21st October should be made a national Memorial Day to remember and never forget.

1. Background

On 21 October 1966, the worst mining-related disaster in British history took place in Aberfan, a small village in south Wales. A coal tip constructed on the hillside overlooking Aberfan village collapsed, and the ensuing avalanche destroyed mountainside farmhouses and cottages, 18 houses in the village, the primary school and part of the secondary school.

In total, 144 lives were lost, 116 of them children aged mostly between seven and ten who died in their classrooms. 109 died in the junior school. Of the 28 adults who died, five were primary school teachers.

2. Welsh Government action

The Welsh Government's response to this petition says:

Every year, on 21 October, we remember the 116 children and 28 adults killed at Pantglas School and neighbouring homes on 21 October 1966. The memory of this day will continue to live with us all in Wales. The Welsh Government has provided financial support to the Aberfan Memorial Charity to help with the maintenance of the memorial gardens and the Aberfan Education Charity for school projects in Aberfan and Merthyr Vale.

Unfortunately, we do not have the powers to designate national days – this rests with the UK Government.

Paragraph 190 of Schedule 7A to the Government of Wales Act 2006 reserves:

Timescales, time zones, the subject-matter of the Summer Time Act 1972, units of time, the calendar, bank holidays and the date of Easter.

The concept of a “*Memorial Day*” – as put forward by the Petitioner – calls for the date of the Aberfan disaster to be recognised as a memorial day across Wales, It is not calling for a particular date to be made a legally-designated Bank Holiday, therefore the reservation in Schedule 7A does not apply.

Armistice Day (celebrated on 11 November) is an example of an occasion which is recognised as a national day of remembrance, which is not designated as a Bank Holiday. The Welsh Government supports Welsh Language Music Day, a day that “celebrates all forms of Welsh language music”.

3. Welsh Parliament action

On 19 October 2016 the Senedd commemorated the 50th anniversary of the tragedy with speeches in Plenary from all the parties, led by Dawn Bowden MS, Member for Merthyr Tydfil and Rhymney.

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Ein cyf/Our ref FM -/00264/22

Jack Sargeant MS
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29 April 2022

Dear Jack,

I am writing in response to your letter regarding Petition P-06-1270 *Make October 21st an official Memorial Day for those killed and affected by the Aberfan Disaster*.

Every year, on 21 October, we remember the 116 children and 28 adults killed at Pantglas School and neighbouring homes on 21 October 1966. The memory of this day will continue to live with us all in Wales. The Welsh Government has provided financial support to the Aberfan Memorial Charity to help with the maintenance of the memorial gardens and the Aberfan Education Charity for school projects in Aberfan and Merthyr Vale.

Unfortunately, we do not have the powers to designate national days – this rests with the UK Government.

Yours sincerely,

MARK DRAKEFORD

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Drastically reduce waiting times for ambulances and at A & E departments

Y Pwyllgor Deisebau | 23 Mai 2022
Petitions Committee | 23 May 2022

Reference: SR22/2716-4

Petition Number: P-06-1273

Petition title: Drastically reduce waiting times for ambulances and at A&E departments

Text of petition:

My father had to wait 13 hours after suffering from a serious stroke. Part of the problem was ambulances stuck at A&E departments for several hours waiting to offload patients. Lack of beds and staff have been quoted as a cause. As a result of the long wait my father's chances of recovery have been reduced.

A news story was run on BBC Wales Today, BBC Radio Wales and BBC Wales website. Welsh Ambulance Service confirmed time scales with BBC news and apologised. I am waiting for response from ambulance service and call logs.



1. Background

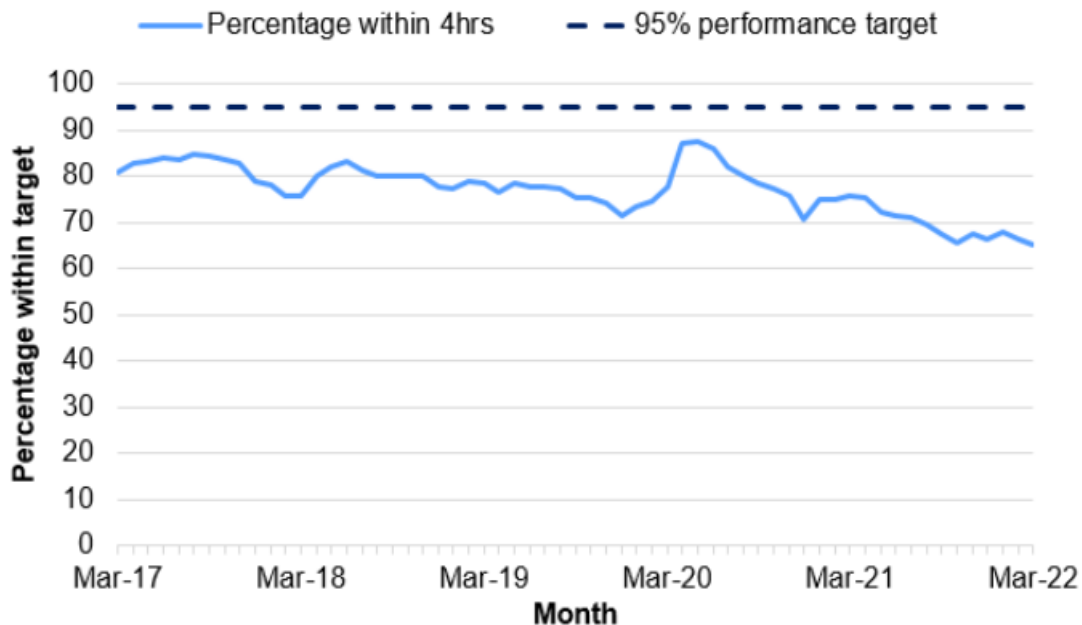
1.1. Performance against waiting times standards for Accident and Emergency departments and Ambulance services

Senedd Research has published a research article on [Health Performance Indicators in Wales](#). The targets for time spent in Accident and Emergency (A&E) departments are:

- 95 per cent of patients to spend less than 4 hours in all emergency care facilities from arrival until admission, transfer or discharge;
- No patient to spend 12 hours or more in all hospital emergency care facilities from arrival until admission, transfer or discharge.

Table 1 below sets out performance against the 4 hour target.

Table 1: Percentage of patients admitted, transferred or discharged within four hours at NHS emergency departments (all-Wales), March 2017 to March 2022



Source: Emergency department data set (EDDS), Digital Health and Care Wales (DHCW)

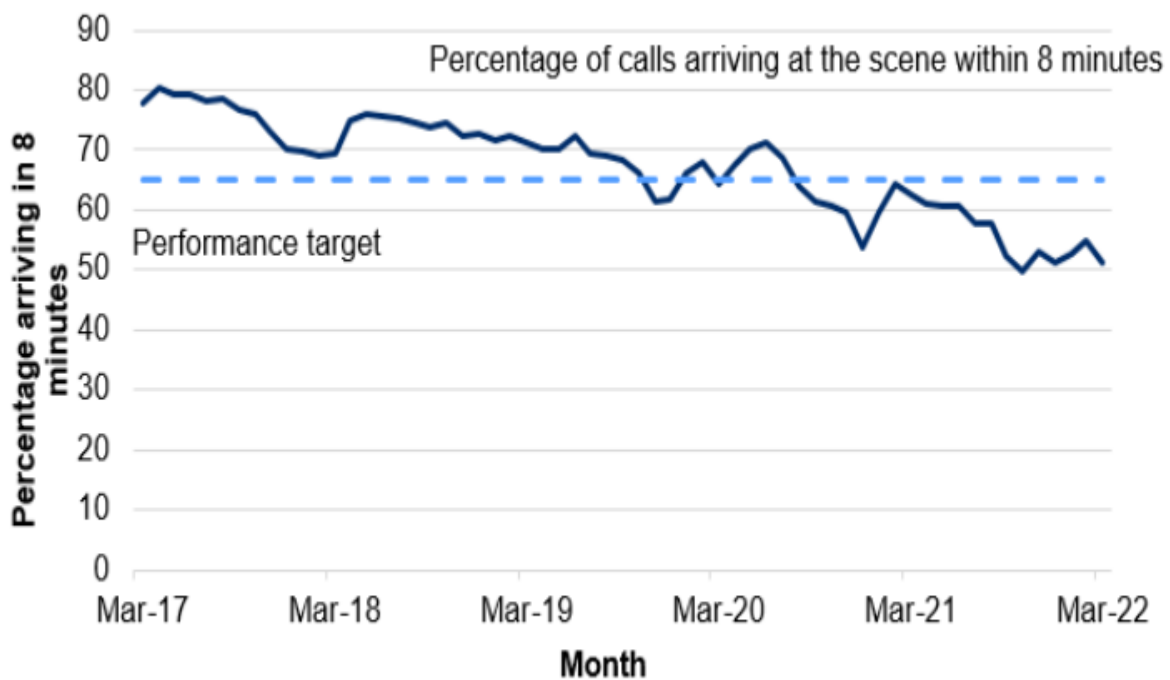
Source: Welsh Government [NHS activity and performance summary: February and March 2022](#)

The call categories and targets for **ambulance response times** are:

- **Red:** Immediately life-threatening (someone is in imminent danger of death, such as a cardiac arrest). There is an all-Wales target for 65 per cent of these calls to have a response within 8 minutes;
- **Amber:** Serious, but not immediately life-threatening. These calls will include most medical and trauma cases, such as cardiac chest pains, stroke or fracture. There is no time-based target for amber calls;
- **Green:** Non urgent, including fainting (recovered and alert), minor injuries or earache. There is no time-based target for these calls.

Table 2 below sets out performance against the red call target.

Table 2: Percentage of red calls which received an emergency response at the scene within 8 minutes (all-Wales), March 2016 to March 2022



Source: Welsh Ambulance Services NHS Trust (WAST)

Source: Welsh Government [NHS activity and performance summary: February and March 2022](#)

A broader range of Ambulance Service Quality Indicators are published by [StatsWales](#) and the NHS Wales [Emergency Ambulance Services Committee](#). Indicators 32-36 relate to the notification to handover within 15 minutes of arrival at hospital, as well as lost hours due to delays in handover, as set out in Table 3:

Table 3: Percentage of notification to handover within 15 minutes of ambulance arrival at hospital and lost hours through delayed handover – all-Wales

Month	Percentage of notification to handover within 15 minutes	Lost ambulance hours due to handover delay
October 2021	22.4%	18,234
November 2021	22.6%	18,160
December 2021	22.5%	18,773
January 2022	19.9%	22,563
February 2022	18.8%	23,232
March 2022	18.7%	24,479

Source: [Emergency Ambulance Services Committee](#).

In November 2018, the Welsh Ambulance Services NHS Trust (WAST) published [A review of calls to the Welsh Ambulance Service categorised as Amber](#). The Review Implementation Programme had [been leading work](#) to support time-based measures for stroke which was originally expected to be published ‘in early 2020’, but no findings have been published to date.

The performance against targets should be set in the context of [a sharp increase](#) in average daily attendances to A&E departments and emergency calls to ambulance services.

These performance issues are not unique to Wales, with [recent reports](#) of pressures across the UK in terms of waiting times for ambulances and delays in patient handover at A&E.

1.2. Healthcare Inspectorate Wales (HIW) review

In October 2021 Healthcare Inspectorate Wales (HIW) published their findings from a [Review of Patient Safety, Privacy, Dignity and Experience whilst Waiting in Ambulances during Delayed Handover](#). They found there were generally positive patient experiences but also identified a number of areas of concern:

Our review found that the issue of prolonged handover delays is a regular occurrence outside Emergency Departments (EDs) across Wales. It is clear that these delays and variations in process between and within

health boards are having a detrimental impact upon the ability of the healthcare system to provide responsive, safe, and dignified care to patients.

Whilst there are clear expectations and guidance for NHS Wales to follow, and a clear will to meet these guidelines, there are substantial challenges which inhibit efforts to consistently achieve these. Whilst handover processes at EDs across Wales were broadly similar, we found many examples of these processes being adapted for a range of reasons[...]

These reasons included differences in department layouts, staff roles and availability, and a lack of clarity around care responsibility ahead of handover. HIW noted that there is:

[...]significant collaborative work needed to resolve the issue of prolonged handover delays which are a symptom of wider patient flow issues throughout the NHS in Wales.

1.3. Health and Social Care Committee Inquiry on hospital discharge

The Senedd's Health and Social Care Committee has recently undertaken an inquiry into Hospital discharge and its impact on patient flow through hospitals. The Committee heard from a range of NHS and professional bodies, as well as the Minister for Health and Social Services.

Jason Killens, Chief Executive of WAST told the Committee that December 2021 was the worst month on record in terms of delays; 25 per cent of its available capacity (fleet) were lost in delayed handover in emergency departments, "with our crews waiting with patients in the back of their ambulances outside our emergency departments across Wales". WAST's submission to the Inquiry set out that the pandemic "has amplified and exacerbated the structural weaknesses already apparent in the health and care system".

WAST also said that they saw a direct impact of delayed discharge in the inability to achieve a flow of patients through the hospital and that improvements will ultimately depend on health boards, primary care, WAST, and the social care sector working jointly to deliver care collaboratively for patients. This echoed the evidence the Committee heard from other witnesses, who also stressed the need

for a collaborative approach, looking at improved support to patients in the community, reducing the need to access ambulance and A&E services.

2. Welsh Government response to the petition

On 27 April 2022 the Minister for Health and Social Services wrote to the Chair of the Petitions Committee. The Minister states that “ambulance response times are not where any of us would want them to be”, that patient handover delays “remain a significant challenge at sites across Wales, which can impact on ambulance availability”, and notes that:

A range of local and system-wide factors contribute to these delays, including reduced physical capacity within emergency departments, increased levels of demand, and pressures elsewhere in the system. These delays are often a visible symptom of wider pressures across the health and care system and require collective and collaborative action by Health Boards alongside the Welsh Ambulance Service, **to promote preventative approaches**, better management of people’s needs in the community and improved ‘flow’ of patients through hospital and home as soon as it is safe for them to do so.

The Minister notes action taking place in a number of areas, including:

- Recruitment of over 250 frontline ambulance staff and 36 clinicians for the clinical support desk;
- An additional £15m funding announced in December 2021 for 111 new emergency vehicles;
- Extending a national Same Day Emergency Care (SDEC) service across Wales, aimed at reducing the number of people requiring overnight admission for a healthcare emergency by April 2023;
- A two-week ‘national system reset’ during March 2022 to develop ways of improving performance across the unscheduled care system.

The Minister also notes that Welsh Government have recently published [Six goals for urgent and emergency care: policy handbook for 2021 to 2026](#), which set out priorities and actions for a “whole-system transformation of access to urgent and emergency care”. **Goal 4: Rapid response in physical or mental health crisis** includes the following priorities:

- Increasing ambulance availability to ensure people who access 999 and are **categorised as in danger of loss of life or with time-sensitive complaints are prioritised**, receive the right kind of rapid response and are transported to the right place for definitive care to optimise their outcomes. Median (average) response times to people in the red and amber categories will improve year-on-year to April 2026.
- Improving ambulance patient handover, **ensuring no one arriving by ambulance at an Emergency Department waits more than 60 minutes from arrival to handover to a clinician – by the end of April 2025**. The number of people waiting over this period for ambulance patient handover will reduce on an annual basis until that point.

The Six Goals strategy also reiterates the importance of a preventative approach , stressing the need to ensure that “People with urgent or emergency care needs can access appropriate and safe care close to home, and with as much continuity of care, as possible. Admission for ongoing care to an acute hospital bed should only occur if clinically necessary”, and stating:

The Emergency Ambulance Services Committee will oversee a delivery plan that will include focus on rapid delivery of alternative pathways and community-based solutions to safely reduce avoidable conveyance to emergency departments.

The strategy states that Welsh Government expectation is that priorities are progressed as quickly as possible in the context of the COVID-19 public health emergency, and within the milestones set. The Minister has stated that she will provide an update on progress made through the six goals programme before summer recess.

Every effort is made to ensure that the information contained in this briefing is correct at the time of publication. Readers should be aware that these briefings are not necessarily updated or otherwise amended to reflect subsequent changes.



Eich cyf/Your ref P-06-1273
Ein cyf/Our ref EM/01386/22

Jack Sargeant MS
Chair - Petitions committee
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27 April 2022

Dear Jack,

Thank you for your letter of 28 March regarding 'Petition P-06-1273: Drastically reduce waiting times for ambulances and at A&E departments'.

I acknowledge ambulance response times are not where any of us would want them to be. Despite significant investment and the deployment of around 230 military personnel to support the Welsh ambulance service between October 2021 and the end of March 2022, and additional support commissioned by the Welsh ambulance service from St John Ambulance Cymru, and in some cases private providers, there have been times when there has not always an ambulance available immediately to dispatch to a call, and we know this has led to some calls waiting longer for a response.

The Welsh Government continues to invest in ambulance services and over the past two years, this investment has enabled the Welsh ambulance service to recruit over 250 additional frontline ambulance staff following recommendations from an independent demand and capacity review. A further 36 frontline clinicians have also been recruited in 2021/22 to double the staffing complement on the clinical support desk to improve provision of advice over the telephone, supporting people to access the right care, in the right place, first time.

In December 2021, the Welsh Government also provided funding of £15m to enable the Welsh ambulance service to purchase 111 emergency vehicles to improve fleet reliability and availability. This includes 39 replacement emergency ambulances, 12 new emergency ambulances and 23 rapid response vehicles and forms part of an ongoing commitment to support ambulance fleet modernisation which has seen around £50m invested in ambulance vehicles over the past four years.

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Rydym yn croesawu derbyn gohebiaeth yn Gymraeg. Byddwn yn ateb gohebiaeth a dderbynnir yn Gymraeg yn Gymraeg ac ni fydd gohebu yn Gymraeg yn arwain at oedi.

We welcome receiving correspondence in Welsh. Any correspondence received in Welsh will be answered in Welsh and corresponding in Welsh will not lead to a delay in responding.

We recognise that ambulance patient handover delays also remain a significant challenge at sites across Wales, which can impact on ambulance availability. A range of local and system-wide factors contribute to these delays, including reduced physical capacity within emergency departments, increased levels of demand, and pressures elsewhere in the system. These delays are often a visible symptom of a wider pressures across the health and care system and require collective and collaborative action by Health Boards alongside the Welsh Ambulance Service, to promote preventative approaches, better management of people's needs in the community and improved 'flow' of patients through hospital and home as soon as it is safe for them to so.

Practical requirements including donning personal protective equipment (PPE) and deep cleaning of equipment and vehicles for each ambulance response, have also impacted on ambulance availability and responsiveness at times of peak demand.

We remain committed to ensuring there is equity of access to health and care services which are safe, sustainable and deliver the best possible clinical outcomes for communities across all parts of Wales. I have, therefore, made it clear to the Chief Executives of all seven Local Health Boards in Wales that, as joint commissioners of ambulance services, they must work with the Welsh Ambulance Services Trust (WAST) to understand local challenges and agree collaborative actions to ensure patients within their communities receive a safe and timely response, through a whole system approach, ensuring ambulance crews are available to respond when needed.

A number of practical measures have already been implemented to improve patient flow through hospitals to allow people to leave hospital when they are well enough to do so and reduce delays at the 'front door' of our hospitals. The Emergency Ambulance Services Committee (EASC) is also working with the Welsh ambulance service and health boards to deliver a wide range of immediate and sustainable actions to support better management of 999 demand in the community, increased ambulance capacity, improved responsiveness to people with time sensitive conditions and ambulance patient handover delays. This will including development of ambulance handover improvement plans for each site across Wales.

In light of the need for a whole system approach to drive improvement, earlier this year, I set out our strategic plans, and our expectations of Health Boards, NHS Trusts and Regional Partnership Boards, for a whole-system transformation of access to urgent and emergency care, through delivery of ['six goals for urgent and emergency care'](#). The ambition across the six goals is to ensure individuals accessing the urgent and emergency care system, for mental or physical health – or social - concerns, receive the appropriate response, in the right setting, at the right time resulting in optimal outcomes and a better experience for all.

Delivery of these goals will be driven and overseen by a national portfolio programme and £25m recurrent revenue funding has been made available to support local, regional and national delivery of key priorities. We have already made significant investment in new ways of working, such as urgent primary care centres and expanding same day emergency care services to reduce pressure on emergency and urgent care and the wider system. A national programme has also been established to support health boards and regional partnership boards to deliver optimal hospital care and improve patient flow, enabling people to return home from hospital when they are ready and freeing up bed capacity in hospitals.

Furthermore, in recognition of the need to improve ambulance and broader urgent care system performance in the immediate term, a national health and social care risk summit

was convened on 15 February to identify immediate actions to support improvement. As a product of the summit, a two-week national 'system reset' was implemented at the beginning of March, with all health and social care partners working together with renewed energy and focus to improve performance.

In preparation for the reset, health and social care system leaders agreed a small number of key local objectives, focussing on reducing the numbers of those who are medically fit for discharge in acute and community hospitals, with a view to reducing risk and improving outcomes by unlocking flow across the wider system. A range of local actions were undertaken as part of the reset and I expect health boards to work with the NHS Wales Delivery Unit to understand learning from the reset and develop plans on how they will embed any positive changes observed as a result of the system reset into business as usual.

Yours sincerely,



Eluned Morgan AS/MS

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

Stop the removal of the Rapid Response Vehicle for Monmouth

Y Pwyllgor Deisebau | 23 Mai 2022
Petitions Committee | 23 May 2022

Reference: SR22/2716-5

Petition Number: P-06-1274

Petition title: Stop the removal of the Rapid Response Vehicle for Monmouth

Text of petition: The Welsh Ambulance Service NHS Trust are considering cutting the Rapid Response Vehicle (RRV) based at Monmouth ambulance station, leaving just ONE ambulance for the area. This will result in an increase in response times. RRVs were introduced because they can reach critical, isolated, sick, and injured patients quickly, easing pain, suffering, and saving lives. This hasn't changed, and with an increasing population in the area, we need more resources not less.

The Census data for the area shows a year-on-year increase in population figures in the Monmouth Area.

Data under the Freedom of Information Act to find out how many times the RRV has been used each year has been requested, but we expect that it is in use daily based on community information. My own personal story is a family member suffered a spontaneous blood on the brain 3 years ago in Monmouth. The RRV was first on the scene, and there is no doubt that without it, they wouldn't be alive today.

In March 2012, Stuart Fletcher the then Chair of the Ambulance Trust said in a statement "I believe that they provide a very rapid response which allows immediate life saving first aid to be applied until the arrival of the ambulance."



With the recent downgrading of healthcare services in Monmouthshire such as the A&E services at Nevill Hall, Abergavenny now operating as a minor injuries unit only, we cannot allow any further deterioration of emergency resources in the area.

1. Background

As part of a national roster review, there are plans in place that could result in two Rapid Response Vehicles (RRVs) being removed from Chepstow and Monmouth ambulance stations.

The letter from the Minister for Health and Social Services to the Chair of the Petitions Committee on 27 April 2022 provides the following information relating to the proposed reduction of RRVs.

The Welsh Ambulance Services NHS Trust (WAST) initiated a national roster review in April 2021. This followed the recommendations from an independent demand and capacity review, jointly commissioned with the Emergency Ambulance Services Committee, to inform future configuration of resources and staffing across Wales. The review highlighted a requirement to better match capacity to demand through a mix of additional recruitment and the delivery of a number of operational efficiencies, including a review of existing staff rosters.

The national roster review process is intended to improve the efficiency and effectiveness of rosters and ensure staff and resources are best placed geographically to deliver a responsive and equitable emergency ambulance service across all parts of Wales. It is seen as imperative to better manage the increasing demands experienced by ambulance services in Wales and align capacity to meet current and future demand as a fundamental part of planning and delivering a 'modern, high performing service for the people of Wales'.

As part of the review, it has been recommended that the peak ambulance production (i.e. when it has most ambulances on duty) should be brought forward to align with the daily demand peak. There should be a change to the mix of ambulance resource, significantly reducing RRVs, which do not convey patients, and increasing emergency ambulances.

2. Response to the proposals

A [news article](#) on Monmouthshire County Council's website states that during the meeting of the full Council on 3 March 2022, councillors 'across the political landscape', along with its leader Councillor Richard John, condemned WAST's plans to remove the RRV's from Monmouth and Chepstow ambulance stations as part of its national roster review. The Council meeting, along with the views of Councillors, was also covered by the [South Wales Argus news website](#).

The Nation Cymru news website reported on [23 April 2022](#) that Councillor Richard John had recently held talks with the Chief Executive of WAST following concerns raised about the plans. The Councillor noted that although the meeting was constructive, he didn't get the reassurances he was seeking specifically about ambulance provision at Monmouth and Chepstow stations. Councillor Richard John went on to say:

"Their justification for removing the rapid response vehicles from our stations is that there is a relatively low level of immediately life-threatening red calls and they consider money would be better spent on new emergency ambulances, which can, unlike the rapid response vehicle convey patients to hospital.

Across Gwent they have plans to recruit 53 additional ambulance staff and increase the number of vehicles, but crucially there is no commitment for these ambulances to be based in Monmouthshire. They will be based outside our county in the larger centres of population and available to travel into Monmouthshire when required.

I don't think this is good enough given the significant travel times in a rural area."

In the same article, the Chief Executive of WAST stated:

"The Wales-wide roster review is a complex piece of work, and while we accept there is some nervousness among communities about what this means for provision in their area, the goal ultimately is to ensure that our finite resources are aligned to demand.

This is not about reducing or downgrading services; it's about working smarter with the resources we have to deliver a bespoke service to communities, based on the nature and number of calls the data tells us

we historically receive in that community, as well as what we predict that demand will look like in the future”.

A South Wales Argus news article on 10 May 2022 reported that campaigners had received responses from Freedom of Information requests, which they say shows the review does not take into account local issues for Monmouth such as population growth, geographical terrain and the number of incidents attended by the rapid response vehicle which do not require a forward visit to hospital.

3. Welsh Government response

The letter from the Minister for Health and Social Services to the Chair on 27 April 2022 explains that whilst the Minister has a role to set the strategic direction for health and care services in Wales and hold the NHS to account, ambulance resourcing is an operational matter and as such remains the responsibility of WAST. This is also in collaboration with local health boards and the Emergency Ambulance Services Committee, as the joint commissioners of ambulance services in Wales.

The Minister notes that WAST considers the shift from RRVs to emergency ambulances (EAs) to be a natural step forward as part of the clinical response model, introduced in 2015. The evidence shows that sending the right response, and early provision of definitive care, takes precedence over speed of response for the vast majority of incidents, particularly those outside the Red category and patients requiring direct conveyance to hospital.

RRVs are considered to be less productive than EAs on the basis that:

- they carry less equipment,
- the pool of incidents that they attend is smaller than EAs,
- they often require back-up support from EAs to transport patients to hospital,
- within the clinical model in operation in Wales, they do not provide a significant response time gain over EAs, and crucially
- EAs can transport patients to the definitive care they need.

Specific stations may see a reduction in their planned resource following implementation of the new rosters, but the Minister states that this is set within the context of an enhanced position across an entire locality, health board and region. It is also intended that by re-setting emergency ambulance cover, the

Trust will be able to reduce responses to calls “out of area” and improve overall availability.

The new rosters for all stations in Wales are being developed in partnership between WAST management teams and staff, facilitated by an external roster company. This work is ongoing and is being taken forward in partnership with staff, Trade Union colleagues and commissioners. The Minister expects the revised rosters to begin to be implemented in September 2022.

WAST’s Chief Executive recently issued a [letter to stakeholders](#), which included a [briefing](#) on the review and what is likely to happen across Wales as the outcome of the roster review is implemented. The Chief Executive has also offered the opportunity for local elected representatives to meet with the Trust so they can be fully conversant with the facts and any local implications for their constituencies.

The Minister highlights that as part of its commitment to delivering safe and effective services, WAST will regularly assess the effectiveness of rosters moving forward, and update and adjust them in response to changing patterns of demand, changes to clinical and operating models, modernisation of the ambulance estate, patient needs and staff welfare.

Every effort is made to ensure that the information contained in this briefing is correct at the time of publication. Readers should be aware that these briefings are not necessarily updated or otherwise amended to reflect subsequent changes.



Eich cyf/Your ref P-06-1274

Ein cyf/Our ref EM/01517/22

Jack Sargeant MS
Chair - Petitions Committee
Senedd Cymru
Cardiff Bay
Cardiff
CF99 1SN

27 April 2022

Dear Jack,

Thank you for your letter of 4 April regarding Petition P-06-1274 Stop the removal of the Rapid Response Vehicle for Monmouth.

While I have a role as Minister for Health and Social Services to set the strategic direction for health and care services in Wales and hold the NHS to account, ambulance resourcing is an operational matter and as such remains the responsibility of the Welsh Ambulance Services NHS Trust (WAST), in collaboration with local health boards and the Emergency Ambulance Services Committee (EASC), as the joint commissioners of ambulance services in Wales.

The Welsh Ambulance Services NHS Trust initiated a national roster review in April 2021 following the recommendations from an independent demand and capacity review which it jointly commissioned with the Emergency Ambulance Services Committee to inform future configuration of resources and staffing across Wales. That review highlighted a requirement to better match capacity to demand through a mix of additional recruitment and the delivery of a number of operational efficiencies, including a review of existing staff rosters.

The national roster review process is intended to improve the efficiency and effectiveness of rosters and ensure staff and resources are best placed geographically to deliver a responsive and equitable emergency ambulance service across all parts of Wales. It is imperative to better manage the increasing demands experienced by ambulance services in Wales and align capacity to meet current and future demand as a fundamental part of planning and delivering a modern, high performing service for the people of Wales.

Bae Caerdydd • Cardiff Bay
Caerdydd • Cardiff
CF99 1SN

Canolfan Cyswllt Cyntaf / First Point of Contact Centre:
0300 0604400

Gohebiaeth.Eluned.Morgan@llyw.cymru
Correspondence.Eluned.Morgan@gov.wales

Rydym yn croesawu derbyn gohebiaeth yn Gymraeg. Byddwn yn ateb gohebiaeth a dderbynnir yn Gymraeg yn Gymraeg ac ni fydd gohebu yn Gymraeg yn arwain at oedi.

We welcome receiving correspondence in Welsh. Any correspondence received in Welsh will be answered in Welsh and corresponding in Welsh will not lead to a delay in responding.

As part of the review, it has been recommended that the peak ambulance production (i.e. when it has most ambulances on duty) should be brought forward to align with the daily demand peak and there should be a change to the mix of ambulance resource, significantly reducing Rapid Response Vehicles (RRVs), which do not convey patients, and increasing emergency ambulances (EAs).

The Trust considers this shift from RRVs to EAs to be a natural step forward as part of the clinical response model, introduced in 2015, where the evidence shows that sending the right response, and early provision of definitive care, takes precedence over speed of response for the vast majority of incidents, particularly those outside the Red category and patients requiring direct conveyance to hospital.

RRVs are considered to be less productive than EAs on the basis that:

- they carry less equipment,
- the pool of incidents that they attend is smaller than EAs,
- they often require back-up support from EAs to transport patients to hospital,
- within the clinical model in operation in Wales, they do not provide a significant response time gain over EAs, and crucially
- EAs can transport patients to the definitive care they need.

Specific stations may see a reduction in their planned resource following implementation of the new rosters, but this is set within the context of an enhanced position across an entire locality, health board and region. It is also intended that by resetting emergency ambulance cover, the Trust will be able to reduce responses to calls “out of area” and improve overall availability.

The new rosters for all stations in Wales are being developed in partnership between WAST management teams and staff, facilitated by an external roster company. This work is ongoing and is being taken forward in partnership with staff, Trade Union colleagues and commissioners. I expect the revised rosters to begin to be implemented in September 2022.

Jason Killens, the Trust’s chief executive, recently issued a letter to stakeholders, which included a briefing on the review and what is likely to happen across Wales as the outcome of the roster review is implemented. He has also offered the opportunity for local elected representatives to meet with the Trust so they can be fully conversant with the facts and any local implications for their constituencies. A copy of Mr Killens’ letter and briefing to stakeholders can be found at the following links:

<https://www.ambulance.wales.nhs.uk/Media/Documents/Roster%20Review%20Stakeholder%20Letter%20March%202022.pdf>

<https://www.ambulance.wales.nhs.uk/Media/Documents/Roster%20Review%20Stakeholder%20Briefing%20March%202022.pdf>.

As part of its commitment to delivering safe and effective services, the Trust will regularly assess the effectiveness of rosters moving forward, and update and adjust them in response to changing patterns of demand, changes to clinical and operating models, modernisation of the ambulance estate, patient needs and staff welfare.

I hope this information is helpful.

Yours sincerely,

A handwritten signature in blue ink, appearing to read 'M. E. Morgan', written over a light blue horizontal line.

Eluned Morgan AS/MS

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

P-06-1274 Stop the removal of the Rapid Response Vehicle for Monmouth, Correspondence – Petitioner to Committee, 16.05.22

16th May 2022

Dear Petitions Committee,

Thank you for the opportunity to respond to the letter from the Minister of Health and Social Services, Eluned Morgan MS date 27 April 2022, and for considering our petition at your next meeting on Monday 23 May 2022.

Since this letter was received, you will be aware that we have handed in both the signed petitions (totalling 3,311 signatures) and attended a meeting with CEO of the Welsh Ambulance NHS Trust (WAST), Mr Jason Killens.

We accept that the Minister does not get involved in operational matters of WAST, however our concerns are still very relevant to the strategic direction for health and care services in Wales, and particularly for us here in Monmouthshire.

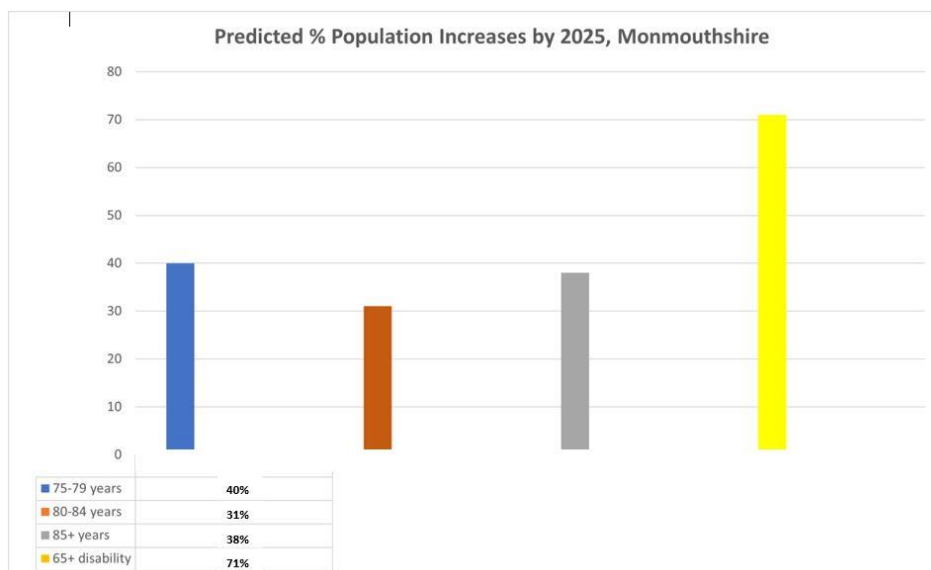
We are aware of, and have read, the publications associated with the independent demand and capacity review that the Minister details in **paragraph three** of her letter, however we wish to highlight to you, as we have to Mr Killens, what we believe to be fundamental flaws with the data used as part of this review, as follows:

Firstly, the data used for the review was on an all-Wales basis, and does not take into account issues such as rurality of areas such as Monmouthshire, specifically the rural road network, and population demographics. This can be demonstrated by the following:

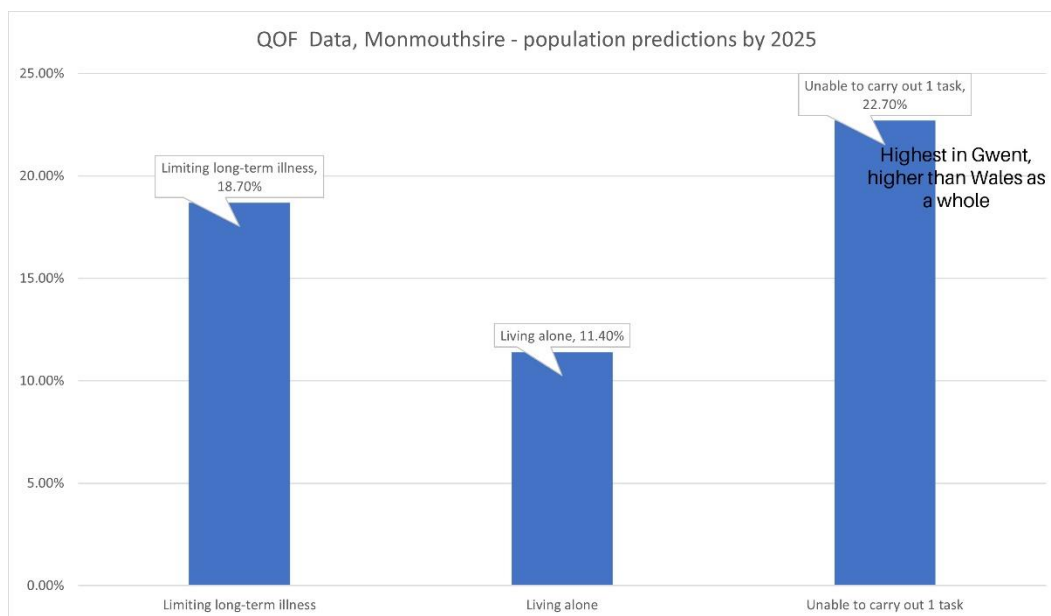
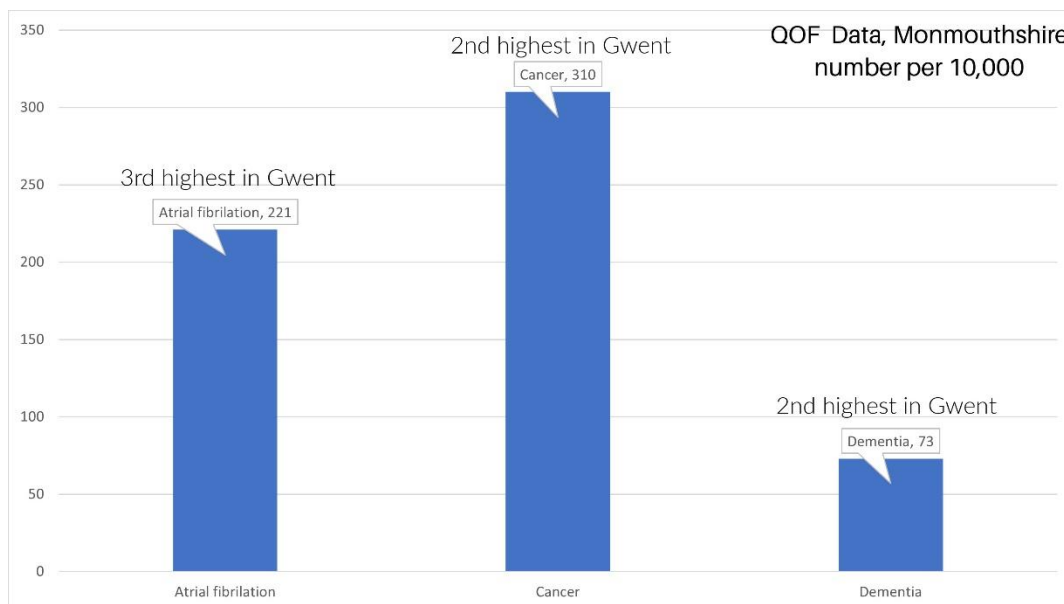
POPULATION DATA

The Demand and Capacity Review documentation states there is a *“Total population increase by 1.6% across Wales from 2018 to 2025.”*

Population data from Aneurin Bevan University Health Board (ABUHB) Neighbourhood Care Network Integrated Medium Term Plan, 2020-2023 shows there to be a **predicted increase in population by 2025 in Monmouthshire of 2.3%**. Further, an estimated **40% increase in 75-70-year-olds, 31% increase in 80–84-year-olds, and 38% increase in 85+ year olds.**



Further data from the Quality Outcomes Framework (QOF) below shows Monmouthshire as having the **2nd highest number of people per 10,000 in the whole of Gwent who have Cancer, and Dementia**, and **3rd highest number in the whole of Gwent who have Atrial Fibrillation**, along with further predicted data indicating the area will have the **highest number of people in Gwent, and higher than Wales as a whole unable to carry out at least one domestic task on their own**.



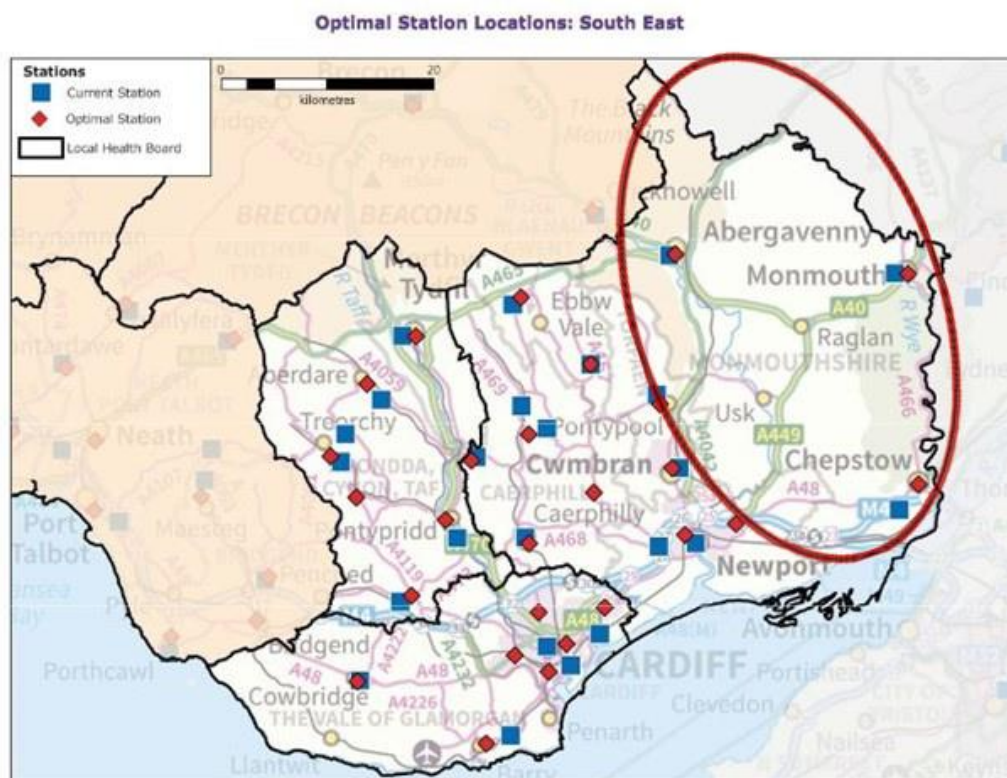
We believe that this is sufficiently compelling evidence to request as a minimum that a review of the data for Monmouthshire takes place to reconsider the decision to remove the RRV, not least because at our meeting with Mr Killens last week he confirmed that although acknowledging the **QOF data is the largest and most credible data set on public health, it had not been included in the data for analysis as part of the demand and capacity review**.

RURALITY DATA

In **paragraph four**, the Minister states that the national roster review *“is intended to improve efficiently and effectiveness of rosters and ensure staff are best placed geographically to deliver a responsive and equitable emergency ambulance service across all parts of Wales”*.

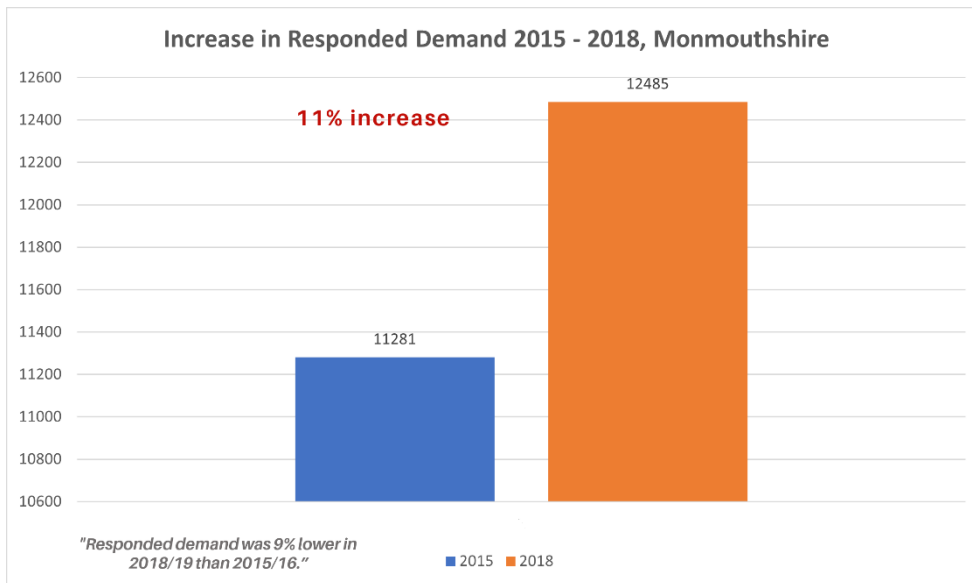
Monmouthshire is a rural NCN area **10 times the size of Newport City** where **44% of the population who live in social isolation also live in rural and semi-rural areas**¹

Removing the Rapid Response Vehicle (RRV) from Monmouth leaves just one Emergency Ambulance to cover this geographically dispersed area, and as can be seen from the map below published in the demand and capacity review document, there is an enormous gap in suitable provision of emergency care for this area which will affect not only response times with vehicles coming from further distances, but also a lack of suitable vehicles to navigate the rural road network, and crucially the quality of emergency care for the community.



In the **second half of paragraph four** of the Minister’s letter, it is stated *“... align capacity to meet current and future demand as a fundamental part of planning and delivering a modern, high performing service for the people of Wales.”* As detailed above, we believe the data used in the review process is not only inadequate, but also inaccurate. For example, if we look at the anticipated demand for the whole of Wales you will see the Demand and Capacity Review stated *“Responded demand was 9% lower in 2018/19 than 2015/16”* however comparative data obtained through Freedom of Information requests from WAST show rather than a decrease, for Monmouthshire there was actually an **11% INCREASE** in responded demand over the same period.

¹ ABUHB Neighbourhood Care Network Integrated Medium Term Plan, 2020-2023



Paragraph six of the Minister’s letter states, ***“The Trust considers this shift from RRVs to EAs to be a natural step forward as part of the clinical response model”*** and yet as was clearly evidenced during the pandemic, when EAs were prioritised over RRVs this had a significant negative impact on response times which it was agreed by WAST were wholly unacceptable².

It is further stated in the same paragraph that ***“...the clinical response model, introduced in 2015, where the evidence shows that sending the right response, and early provision of definitive care, takes precedence over speed of response for the vast majority of incidents, particularly those outside the Red category...”*** RRVs were introduced because they can reach critical, isolated, sick, and injured patients quickly, thus easing pain, suffering, and saving lives – the right response and early provision of definitive care. This purpose has not changed in the last 7 years, but the predicted population demographics and increase in responded demand most certainly has (as detailed above), and as Mr Killens himself stated in our meeting on 12th May, he is extremely concerned about the significant number of AMBER incidents not being attended to in a timely manner. If first aid/treatment is not given by the RRV, AMBER cases can quickly deteriorate to RED calls.

We accept that there are finite financial and physical resources available, and understand from our meeting with Mr Killens that WAST are looking to reduce the wait time for AMBER patients by 3½ hours, which is still woefully inadequate, not least when many won’t even receive a response or expect to be waiting for help for 8+ hours. Patients in the AMBER category in this situation will continue to deteriorate and potentially come to harm.

Currently the service consults and closes 10% of cases when a 999 call is made. We understand that the aim is to increase this to 50%. The number of calls in the community which are dispatched, seen, and treated sits at 10% which we understand WAST would like to increase to 30%, but most appallingly of all, 80% of calls are seen, treated, and then conveyed to hospital – often not necessary as Mr Killens has confirmed, and frequently turned around in A&E and sent back into the community. With an aim to decrease the volume down to 20%, surely the RRV has a most crucial part to play in supporting this, with, as we have already stated, **48% of incidents attended not then requiring a forward visit to hospital?** Indeed, we could go so far as to suggesting there

² WAST Annual Performance Document 2020/21

should be an increase in the number of RRVs rather than removing them, supporting people in their homes, managing their problems in the community whenever possible, rather than taking them to A&E.

Many medical conditions are time critical and require treated within the "golden hour" which research shows gives the best possible outcomes for the patient. We therefore ask is it appropriate to send a RRV to start treatment to stabilise a patient who is bleeding heavily, or wait a longer period of time for an EA by which time the patient may have bled to death? In cardiac arrest, brain death starts to occur within 3 minutes. Should a RRV be sent to begin resuscitation and improve patient outcomes, or should the patient wait until the EA arrives, whenever that may be? An analogy might be when discussing Monmouth's defibrillators that if they are not being used, then they would be better placed elsewhere – we can only imagine the uproar if that were to be suggested, and yet that's precisely what is being suggested here by removing the RRV, although in the case of the RRV we believe we have demonstrated through clear data from credible sources that the RRV plays a crucial part in timely and early provision of definitive care in the community. The RRV is well placed to make a rapid assessment of what is required, enabling those who do need to be transported to hospital to be prioritised, and signposting those to appropriate support who do not.

We do understand that the campaign and petition we are running is just one part of a much bigger problem that needs solving, recognising the need for significant improvements in the resourcing of social care to improve flow through hospitals, recruiting clinicians across health and social care, and everyone as citizens taking responsibility for using resources appropriately, however we do not believe that removing the RRV as a critical resource in the community is going to help with the challenges, indeed as we show further on in this response, WAST themselves have admitted the negative impact there is on emergency care by prioritising EAs over RRVs.

The Minister goes on to detail in **paragraph seven** why the RRVs are considered less productive than EAs, specifically citing that ***"they carry less equipment", "they often require back-up support from EAs to transport patients to hospital" and "...they do not provide a significant response time gain over EAs"***.

In response to each of these points we reply as follows:

Less equipment

We attach to the email accompanying this letter a detailed list of all the equipment RRVs carry at all times. The list is extensive, and includes life-saving equipment such as a defibrillator to treat patients in cardiac arrest and provide emergency treatment.

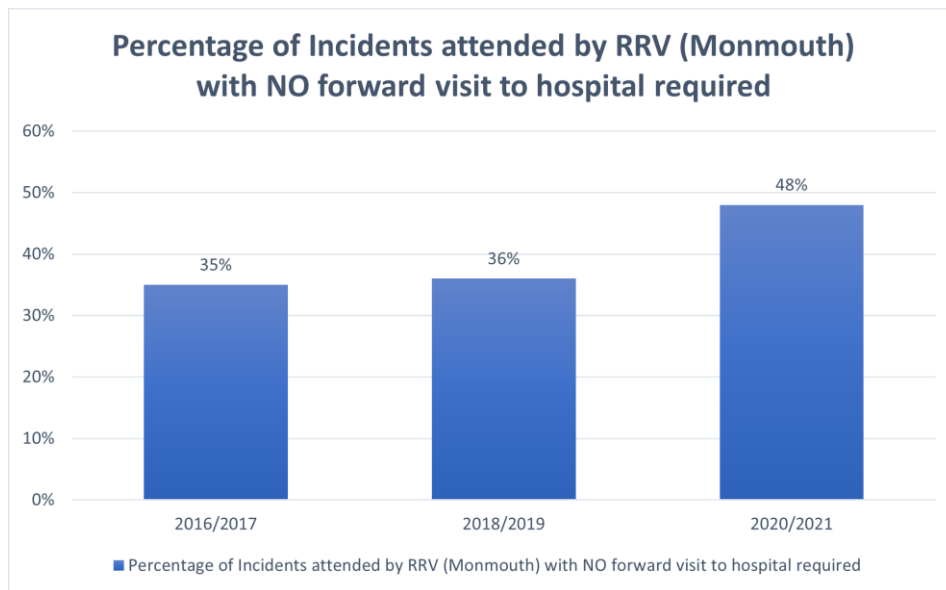
Furthermore, staff in these vehicles are ***"highly trained in all aspects of pre-hospital emergency care."***³

As detailed in the enclosed supporting letter from the GP, ***"the rapid response team will often stabilise a patient and enable us to manage them at home – better for the patient and their family, better for helping to ease the intense pressure in secondary care, where hospitals are chronically short of beds."***

³ www.ambulance.wales.nhs.uk/en/377

Requiring back-up support from EAs to transport patients to hospital

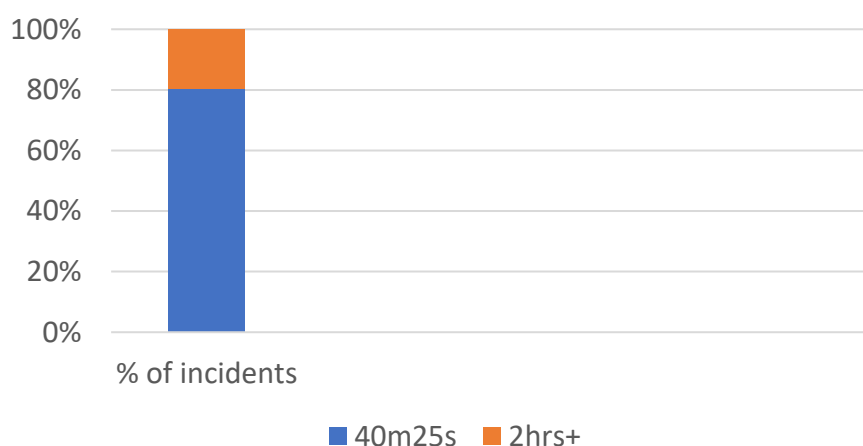
In 2020/21 the data received from WAST via Freedom of Information requests indicates that **48% of incidents attended by the RRV did NOT require a forward visit to hospital**. That's nearly half of all incidents freeing up an ambulance to attend critical incidents elsewhere.



No specific response time gain over EAs

As you'll see from the data presented below⁴ 80% of AVERAGE response times for incidents attended by Monmouth RRV between 1/2/20 and 31/1/22 were reached in 40 minutes or less, indeed **many were well below 20 minutes, often in 10 minutes or less** (full data is available). Comparing this to the ongoing issues with EA response times, let alone EA availability in the area, it's clear to see just how huge the time gain is by using RRVs.

Monmouth RRV Response Times, 1/2/20-31/1/22, 1749 incidents



Furthermore, in the WAST Annual Performance Report 2020/21 it was stated on two separate occasions (see below) that **one of the key reasons affecting RED performance times was the decision to prioritise EAs over RRVs**.

⁴ WAST Freedom of Information Request

“...the Trust prioritised emergency ambulances (patient conveying resource) over rapid response vehicles, in order to convey CoVID-19 patients to hospital. The Trust knew this would have some negative impact on RED performance times...

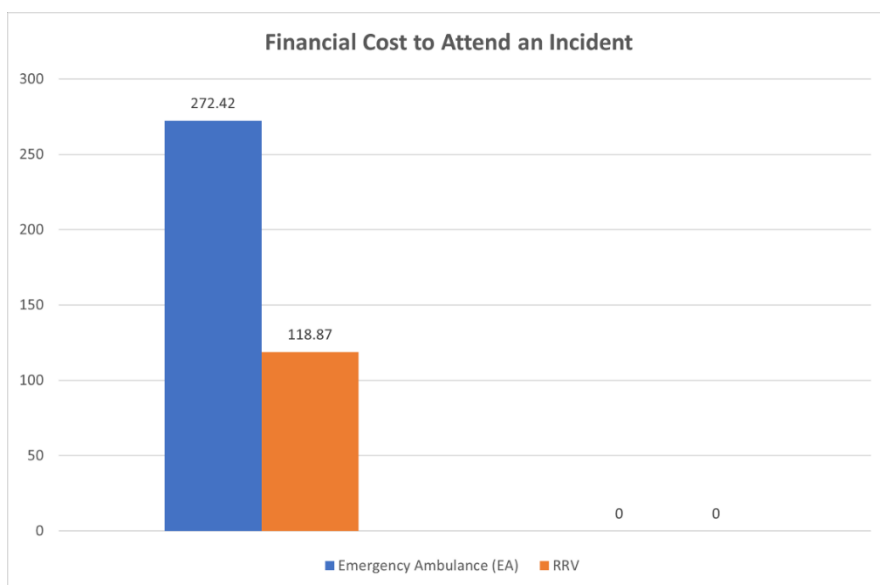
“The Trust was only able to maintain RED 8-minute performance above the 65% Welsh Government target for four months in 2020/21...Many factors (an estimated 23) affect RED performance, but key ones include...the decision to prioritise emergency ambulances over RRVs as part of the pandemic response...”

There is no doubt from all of the above that the decision to remove the RRV from Monmouth will surely have a further negative impact on both RED and AMBER performance times.

Paragraph eight of the Minister’s states *“... specific stations may see a reduction in their planned resource following implementation of new rosters, but this is set within a context of an enhanced position across an entire locality, health board and region.”* We refer again to the map published in the Demand and Capacity review documentation, and the information provided above regarding the Monmouthshire road networks.

In **paragraph nine**, the Minister states that there is a partnership approach to the development of the new rosters, which includes *“...WAST staff, Trade Union colleagues, and commissioners.”* There is no mention here of wider consultation and/or discussion with other emergency services e.g. fire, police, who rely on the rapid response vehicle attended to incidents such as RTAs very quickly, and are concerned, having spoken to representatives from these organisations, that they too will suffer as a result of the removal of the RRV. We wish to understand why the other emergency services, and indeed the wider community are not considered key stakeholders in the partnership approach, and further wish to clarify when any consultation process with key stakeholders is likely to take place.

Whilst economic reasons have not directly been cited as a reason to withdraw the RRV, we do understand that matters of ‘efficiency’ and best use of resources available play an important part, so wanted to add that there are also strong economic reasons for retaining the RRV as



shown above. The average cost for an EA to attend an incident is £153.55 higher than it is for a RRV to attend.⁵

Paragraph ten of the Minister's letter refers to correspondence and a briefing to stakeholders such as locally elected representatives. We are fully aware of this, and indeed have the full support of said local representatives who have already met with Mr Killens and had no reassurance whatsoever about the provision of the RRV here in Monmouth. They have been, and remain, fully supportive of our actions such as the signed petitions, meeting with Mr Killens, and pursuing the matter through yourselves. Similarly we have been working closely with several GP representatives with practices in Monmouthshire who fully support this petition and whose clinical opinion is to remove the RRV here will put lives at risk. We enclose a letter from Dr Rowena Christmas from The Wye Valley GP Practice, Trellech, as an example of this.

As mentioned at the start of this letter, we were able to meet with WAST CEO Jason Killens on 12th May 2022, and following that he agreed to reflect on and review the data that was presented by us. He confirmed, as we have already stated above, that the QOF data, **whilst acknowledging it to be the largest and most credible public health data available, had not been included in the data for analysis for the demand and capacity review carried out by ORH Consultants, or indeed the secondary review as part of the due diligence process carried out by another organisation (Optima) in the last few weeks.**

We question how there can be confidence in the decision to remove the RRV from Monmouth, when crucial data such as that from QOF has either not been considered at all, or is at direct odds with the whole-of-Wales approach as detailed above for areas such as anticipated demand, predicted population increases, demographics, response times, and incidents not requiring forward visits to hospitals.

We therefore believe this provides both credible and compelling evidence that the decision to remove the RRV from Monmouth will have a serious, detrimental effect on the quality of emergency care services to the Monmouthshire community, and urgently request that the decision is reviewed in the light of the above, and the RRV remains here in Monmouth.

Thank you so much for your time in considering our response, and please do come back to us if you need any clarification or further information.

Kind regards,

Lorraine Allman, and

Terry Kirton EN (G), RGN, Dip First Aid (CMA), Dip First Aid for Mental Health (CMA)

⁵ WAST Freedom of Information request

LA COPY

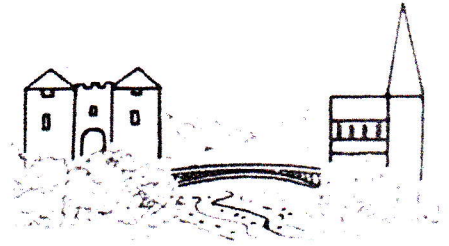
The Wye Valley Practice

Two Surgeries, One Aim: Excellence in Healthcare Bridging the Wye

Dr R Christmas MB, BS, FRCGP, DCH

Dr C E Amos MA, MB, BS, FRCGP, DRCOG, DCH, DFSRH, MAcadMED

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06 May 2022

Dear Mr. Killens,

I am partner at Wye Valley Practice in Trellech and have worked here for the past 22 years. The pressure on primary care has been increasing over the past decade, and this has only been exacerbated by the multiple pressures created by the pandemic. Across Monmouthshire we are experiencing a shortage of GPs, practice nurses and other clinicians and this, coupled with a continued increase in the need for appointments means we often lack capacity to meet demand.

We are well aware of the problems within the ambulance service. These affect our rural area hard, as patients live many miles from their nearest hospital. Waiting times for even red calls at times can be measured in hours rather than minutes and this creates terrifying situations for both patients and their doctors.

With this background, I was very concerned to learn that we may lose the Monmouthshire rapid response vehicle. I can recall countless times when this service has allowed me to leave a gravely unwell patient in capable, safe hands, allowing me to return to my surgery and a full waiting room of unwell patients who need my time. The rapid response team will often stabilise a patient and enable us to manage them at home – better for the patient and their family, better for helping to ease the intense pressure in secondary care, where hospitals are chronically short of beds.

We value our rapid response vehicle. We need it. If we lose this service, the long waits for ambulances will create even more risk, and the pressure on primary care will be even more difficult to manage. People could die. Please rethink this decision.

Yours sincerely

Dr Rowena Christmas

P-06-1275 Call on the Government to reconsider its decision to withdraw from the Llanbedr bypass scheme

Y Pwyllgor Deisebau | 23 May 2022
Petitions Committee | 23 Mai 2022

Reference: SR22/2716-6

Petition Number: P-06-1275

Petition title: Call on the Government to reconsider its decision to withdraw from the Llanbedr bypass scheme

Text of petition:

Following months of constructive discussions, the Government withdrew from the scheme to build the bypass at Llanbedr, Gwynedd, based on flawed information in their report.

Not only will abandoning the bypass be detrimental to the environment as hundreds of cars will continue to queue in the village, the decision is also a huge blow to any hopes of developing high quality jobs at the airport – the main hope of providing good work for our local people in this part of Meirionnydd.



1. Background

Roads review panel

In June 2021 in a statement to Plenary, the Deputy Minister for Climate Change announced that a roads review panel would be established to review planned Welsh Government road investments. The Deputy Minister announced a pause on all new road schemes while the existing pipeline of schemes is reviewed, except in cases where “there are currently diggers in the ground”.

Membership of the panel and its terms of reference were subsequently published in September 2021.

The panel is tasked with reviewing the Welsh Government’s pipeline of road investment to ensure alignment with priorities set out in the Wales Transport Strategy (WTS), including the sustainable transport hierarchy.

In February 2022 the panel published its initial report, setting out the criteria it will use to review each scheme along with a list of the schemes within the scope of the review. It aims to publish its final report setting out recommendations on whether each scheme should proceed this Summer.

Llanbedr Bypass

At the time the panel was established, the Welsh Government asked it to provide a specific view on the Llanbedr bypass scheme within 4 weeks. This was due to the pressing nature of the scheme’s timetable linked to European funding deadlines.

The scheme was granted planning permission in March 2020 and involved creating a bypass to the west of Llanbedr to ease traffic through the village, along with improving access to Llanbedr Airfield.

Given its request for the panel to review the scheme within 4 weeks, the Welsh Government requested the panel focus on two key questions:

Has sufficient consideration been given to non-transport solutions and solutions other than those increasing private car capacity on the road network?; and

Has sufficient consideration been given to whether the road proposal will lead to increased CO2 emissions on the road network, or cause significant impediment to achievement of... decarbonisation targets?

The Welsh Government acknowledged “this quick view may not benefit from the inputs of the full panel”.

In November 2021 the panel published its findings concluding the scheme does not align with the WTS and therefore should not be taken forward.

The Deputy Minister accepted the panel’s recommendation and announced the Welsh Government would not support any further work on the scheme. The Deputy Minister also stated he was:

...committed to providing funding for the development and implementation of an alternative package of measures to address the negative impact of traffic in Llanbedr and in other villages on the A496, whilst also encouraging modal shift and reducing CO2 emissions. The package can also consider access requirements to the airfield to support associated developments.

2. Welsh Government action

In his letter to the Chair dated 6 May 2022, the Deputy Minister states he will not amend his decision on the matter.

The letter outlines that Welsh Government officials and Transport for Wales (TfW) are working with Gwynedd Council to consider sustainable transport options and that community engagement events will be held to gather local views on alternative options.

In February 2022 it was announced that Lord Burns would lead the North Wales Transport Commission and develop recommendations for transport projects across north Wales.

3. Welsh Parliament action

In November 2021, Mabon ap Gwynfor MS raised the issue of access to services in villages like Llanbedr with the Minister for Climate Change, Julie James. The Minister stated:

...The road would've cost several million pounds. We are very, very happy to work with Gwynedd Council to see how we can invest that money in local greening services to make sure that we do have a public transport infrastructure that works for the people of Gwynedd.

Every effort is made to ensure that the information contained in this briefing is correct at the time of publication. Readers should be aware that these briefings are not necessarily updated or otherwise amended to reflect subsequent changes.



Ein cyf/Our ref LW/00765/22

Jack Sargeant MS
Chair - Petitions committee

06 May 2022

Dear Jack,

Thank you for your letter of 6 April on behalf of the Petitions Committee regarding petition P-06-1275 Call on the Government to reconsider its decision to withdraw from the Llanbedr bypass scheme.

I fully appreciate there are strong feelings within the local community, but I will not be amending my decision on this matter. I have been clear about the climate emergency that we are facing, the bold targets set out in the Wales Transport Strategy and the need to shift away from spending money on projects that encourage more people to drive, and invest in real, sustainable, alternatives that give people a meaningful choice.

On 10 February I also [announced](#) the establishment of a North Wales Transport Commission, led by Lord Burns, which will be responsible for taking an evidence-led approach to develop recommendations for multi-modal, integrated transport solutions. The year-long review will develop recommendations for road, rail, bus and active travel across the whole of north Wales.

I appreciate there is an eagerness to see progress being made to address the traffic issues in Llanbedr and my officials are currently working with Gwynedd County Council and Transport for Wales on the next steps to consider sustainable transport options. Community engagement events will be advertised in advance to ensure all interested local parties have the opportunity to provide their views.

Llanbedr Airfield remains a key asset within the region, and of significance at both Wales and the UK level. It is identified as a key enabler to support the development of future flight and space technologies, underpinning a sustainable environment and economy. Future flight (including zero and low emission aircraft) and space technologies have the potential to create high quality, well paid STEM jobs in a rural region where economic resilience and weekly wages are a challenge.

Canolfan Cyswllt Cyntaf / First Point of Contact Centre:
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Rydym yn croesawu derbyn gohebiaeth yn Gymraeg. Byddwn yn ateb gohebiaeth a dderbynnir yn Gymraeg yn Gymraeg ac ni fydd gohebu yn Gymraeg yn arwain at oedi.

We welcome receiving correspondence in Welsh. Any correspondence received in Welsh will be answered in Welsh and corresponding in Welsh will not lead to a delay in responding.

I understand why there is some frustration in the community about the decision, and concern about the current situation. The whole purpose of the Roads Review is to begin the process of responding to transport problems without automatically defaulting to road building solutions and I hope the work we can do together in Llanbedr can show the way to other communities to help find a solution that can tackle both congestion and climate change.

Yours sincerely,

A handwritten signature in black ink, appearing to read 'Lee', is positioned above the printed name. The signature is written in a cursive style with a long vertical stroke at the beginning.

Lee Waters AS/MS

Y Dirprwy Weinidog Newid Hinsawdd
Deputy Minister for Climate Change

P-06-1275 Galw ar y Llywodraeth i ail-ystyried eu penderfyniad i dynnu nôl o gynllun ffordd osgoi Llanbedr, Gohebiaeth – Deisebydd at y Pwyllgor, 16.05.22

Annwyl Y Pwyllgor Deisebau,

Diolch am gael y cyfle I ymateb l'r ddeiseb uchod ag hoffwn rhoi y sylwadau canlynol a mi wnafl eu ymateb fesul pwynt fel y maen't yn ymddangos isod –

- 1) Siomedig I ddweud y gwir yw ymateb l'r ddogfen a oedd yn atodedig oherwydd yr un ymateb mae pawb sydd wedi ysgrifennu at y Dirprwy Weinidog Newid Hinsawdd wedi ei dderbyn a nid yw wedi ymdrechu I ymateb y cwestiynau niferoedd sydd wedi cael ei ofyn iddo mewn llythyr neu e-bost ag yn bennaf pam ei fod wedi dod l'r penderfyniad I dynnu'n ol o gynllun ffordd osgoi Llanbedr. Mae yn datgan yn y ddogfen bod Maes Awyr Llanbedr, sydd dan berchnogaeth Llywodraeth Cymru yn parhau I fod yn ased allweddol o fewn y rhanbarth ag hefyd y gallai gefnogi gwaith yna yn y dyfodol a creu sywddi o ansawdd uchel ym maes STEM. Yn anffodus ni all y swyddi hyn cael eu datblygu yn y Maes Awyr heb gael mynediad gwell l'r safle yn gyntaf a nid oes pwrpas creu mynediad o un ochor oherwydd byddai trafndiaeth o'r ochor arall yn gorfod dod trwy'r Pentref.
- 2) Fel a ddywedwyd yn gynt nid yw y Gweinidog wedi ymateb I gwestiynau sydd wedi cael ei gofyn iddo yn flaenorol a sut mae yn credu byddai allyriadau carbon yn uwch wrth deithio ar hyd y ffordd osgoi a nad ydynt yn barod pam mae teithwyr yn aros mewn tagfeydd traffig am hyd at 45 munud a mwy yn disgwyl mynd drwy'r Pentref oherwydd y bont gul hanesyddol sydd yn restredig yn y canol. Mae angen l'r Gweinidog a Panel neu Gadeirydd yr Adolygiad Ffordd ddod l'r Pentref a chyfarfod a rhai o'r gymuned sydd yn gorfod byw o ddydd I ddydd gyda'r problemau sydd yn bodoli yn y Pentref a byddai hyn yn gyfle iddynt weld y broblem sydd yn bodoli yn y Pentref yn ddyddiol ond yn llawer iawn gwaeth fel mae tymor yr ymwelwyr yn cychwyn.
- 3) Hoffwn gael gwybod pam fod y Gweinidog wedi cymeryd y penderfyniad I dynnu'n ol o ddatblygu y ffordd osgoi yn Llanbedr a heb gyfarfod yn gyntaf gyda trigolion y Pentref a minnau fel yr Aelod Lleol er mwyn cael ein barn ni pam fod ffordd osgoi drwy'r Pentref mor bwysig er mwyn iddo gael darlun arall o safwbwynt y trigolion lleol ar yr hyn oedd yn meddwl l'w wneud. Pam fod Cadeirydd Panel yr Adolygiad Ffordd heb gyfarfod ar trigolion a minnau cyn ysgrifennu ei adroddiad. A oes Cynllun Argyfwng mewn lle gan y Gweinidog pan fydd tagfeydd traffic yn bodoli achos ar sawl achlysur nid yw y gwasanaethau brys yn gallu dod drwy'r Pentref ar yr adegau hyn sydd yn golygu bod bywydau yn cael eu rhoi yn y fantol

- 4) Mae pobl lleol yn enwedig yr henoed ofn cerdded dros y bont sydd hefo palmant cul a sydd ddim yn addas I rhywun hefo pram ei gerdded ag oherwydd hyn nid yw pobl lleol yn dod lawr I'r Pentref ag yn dal y bws I fynd I wneud siopao yn rhywle arall sydd yn golygu bod y siop fach leol yn colli allan. Mae sawl un wedi cael ei daro wrth gerdded ar y bont oherwydd mae cerbydau yn dod ag yn mynd ar ben y palmant I basio cerbyd arall ag felly mater o amser yw hi nes fydd rhywun wedi cael damwain difrifol oherwydd hyn. Mae mwy a mwy o drafnidiaeth trwm yn teithio drwy'r Pentref yn nawr a mae hyn yn ddyddiol drwy gydol y flwyddyn. Mae dwy ddamwain wedi digwydd yn y Pentref lle mae loriau mawr wedi taro mewn I gerbyd sydd wedi parcio ar ochor y ffordd oherwydd bod y ffordd yn gul a ddim yn addas I loriau o'r fath deithio arnynt ag wrth lwc nid oedd niwed difrifol I'r cerbydau ond gallai wedi bod yn waeth.

Oso es datblygiad sylweddol I fod yn y Maes Awyr ag I ddenu y math datblygiad mae angen mynediad gwell I'r safle ar unig opsiwn ydi cael ffordd osgoi a heb hyn ni fydd y Maes Awyr sydd dan berchnogaeth Llywodraeth Cymru yn ffynnu.

Gobeithio bod yr uchod yn help I chi

Yn gywir,
Cyng. Annwen Hughes
Ward Harlech a Llanbedr

By virtue of paragraph(s) vi of Standing Order 17.42

Document is Restricted

Save A&E: Withybush General Hospital must retain 24 hour, 7 days a week, consultant-led urgent care

Y Pwyllgor Deisebau | 23 Mai 2022
Petitions Committee | 23 May 2022

Reference: SR22/2716-8

Petition Number: P-06-1277

Petition title: Save A&E. Withybush General Hospital must retain 24 hour, 7 days a week, Consultant Led urgent care

Text of petition:

Moving care out of county puts adults & children at risk of poor outcomes or even death. It wastes crucial time, when time is not on our side.

We have 125,000 residents & millions of tourists. By implementing the downgrades, Hywel Dda University Health Board (HDUHB), will be knowingly putting their lives at risk. We re-iterate, we are a rural, widespread county, with poor roads and public transport network. Refinery, gas plant, ferry ports, firing range, extreme sports, plus one of the most dangerous professions: farming.

HDUHB may infer that the "Golden Hour" is no longer relevant, with better equipped ambulances & higher trained staff, but that is dependent on an ambulance being available to help and give that immediate care. That is increasingly not the case, as ambulances fail to attend, as they are being sent out of county, unable to offload and unable to return to county, to give the help needed.



- It is an awful feeling to know that if our relatives or our children have a life threatening asthma attack, epileptic episode, or other time critical issue, within the new plans, they are unlikely to get to help and survive;
- HDUHB have said they will make no guarantee that Urgent Care would remain in Withybush General Hospital until (and if), a new build is up and running!!! That is unacceptable;
- HDUHB should commit to rigorous recruitment policies, to keep WGH Urgent Care fully staffed;
- We have lost faith & trust in HDUHB and do not believe that they are working in the best interests of Pembrokeshire.

Note: This petition has received over 10,000 signatures.

1. Background

1.1. Current pattern of A&E services in Hywel Dda UHB

A&E services are currently provided 24 hours a day, 7 days a week in three hospitals within the Health Board:

- **Withybush Hospital** in Haverfordwest, which also has a minor injuries unit open from 8.00am-10.30pm, 7 days a week;
- **Glangwili Hospital** in Carmarthen, which also has a minor injuries service open 8.00am-8.00pm, 7 days a week;
- **Bronglais Hospital** in Aberystwyth, which also has minor injuries services from 8.00am-8.00pm, 7 days a week.

Children with illnesses are seen at Glangwili Hospital where there is an Emergency Department and co-located children's hospital services. Minor injuries services are also provided in hospitals in Llanelli, Llandovery, Cardigan and Tenby.

1.2. Proposals for the future shape of A&E services

The proposed future shape of healthcare in Hywel Dda originate from a public consultation in 2018 – Our Big NHS Change. Following on from this consultation,

the Health Board agreed A Healthier Mid and West Wales: Our Future Generations Living Well, at a Board meeting on 29 November 2018.

The key elements of plans set out in 'A Healthier Mid and West Wales' include:

- **A new Urgent and Planned Care Hospital**, somewhere between Narberth and St Clears, providing both planned and urgent care. The Hospital will function as the health board's Trauma Unit and main Emergency Department
- Re-purposing or re-build of Withybush and Glangwili Hospitals, , including GP-led minor injury units, same-day care, and beds for patients who do not need to be in an acute setting but need support;
- Improving and modernising Bronglais Hospital and Prince Philip Hospital. Bronglais Hospital will continue to provide acute emergency and planned care and Prince Philip Hospital will continue to provide GP-led minor injuries as well as acute adult medical care, consultant-led overnight beds and diagnostic support.

The Health Board has published an FAQ on 'A Healthier Mid and West Wales', which sets out the reasoning behind the proposals to move emergency care from Withybush and Glangwili to the new hospital, and how the Health Board intends to address concerns around access and patient safety.

The FAQ also outlines the **current position** on the proposed new Urgent and Planned Care Hospital, including:

- A six-week period of engagement was launched in May 2021, to identify suitable sites within the zone (between St Clears and Narberth). This included identifying the public issues and concerns which needed to be addressed in identifying the preferred site;
- A technical review and workshop in October 2021 enabled shortlisting of five potential sites. No land has been purchased and the process is expected to conclude in summer 2022 with a recommendation to the Hwyl Dda UHB board. The UHB will take further advice on whether this would need to be followed by a public consultation.

1.3. Timescale for delivering the strategy

The Health Board has now agreed and submitted a Programme Business Case to the Welsh Government. This document aims to secure Welsh Government endorsement for the programme, support the funding for more detailed work, and lead eventually to Welsh Government investment in the buildings and infrastructure needed to deliver 'A Healthier Mid and West Wales'.

The Health Board has stated that the new Urgent and Planned Care Hospital will not open till at least the end of 2029, but note in their FAQ that "if funding is available, we want to deliver these developments in advance of the new hospital". The Health Board also notes that:

Our plans do not involve closing any of our current emergency and urgent care services in advance of any new alternatives, such as a new hospital, being agreed and put in place.

At the same time, we are facing unprecedented pressures, including our response to the COVID-19 pandemic and the impact this has on our staffing and how we can deliver care safety. Our clinicians and managers will continue to make operational decisions and react to changing circumstances every day to ensure we can safely treat our patients. In this context absolute guarantees are very hard to make but it is our intention to keep the existing A&Es open ahead of the new hospital.

Every effort is made to ensure that the information contained in this briefing is correct at the time of publication. Readers should be aware that these briefings are not necessarily updated or otherwise amended to reflect subsequent changes.

Agenda Item 4.1

P-05-924 Ensure that every school in Wales has Wellbeing Ambassadors

This petition was submitted by Dŵr Y Felin School Wellbeing Ambassadors having collected a total of 297 signatures on paper.

Text of Petition

We call on the National Assembly for Wales to ensure that every school in Wales introduces trained Wellbeing Ambassadors, so that every child has an opportunity to receive peer support from role model students who have been trained to be a buddy to pupils who are vulnerable at break and lunchtimes, who will report issues of bullying and just be there as a friend to pupils who maybe feel lonely at specific times throughout the day. We hope the Wellbeing Ambassadors' Roles will develop/evolve to run initiatives in schools, within county and nationally, to ensure that a clear message of zero tolerance to bullying is campaigned and that the well being of all pupils is placed at the highest of importance at each school, to further support the rights of the child. We hope that this initiative will go to further support reducing the amount of bullying witnessed in school across Wales, to ensure every child feels safe and happy at schools throughout Wales.

Additional Information

In 2016, we were chosen to represent Wales as part of the ENABLE project, a UK initiative to pilot lessons on anti-bullying. Part of the initiative involved training pupils to peer support others. However, we decided to take this a step further by training pupils to become anti-bullying ambassadors. After much discussion with our Senedd Ysgol, we evolved the ambassador scheme, changing its name to wellbeing ambassadors. We wanted to move away from using the word bullying too often as we felt pupils didn't understand the difference between conflict and bullying. We also wanted pupils to know that at the forefront, wellbeing is our priority. Pupils who are part of the scheme surf areas around the school, spotting pupils who are alone or if they see bullying happening they report to the closest adult that they find, from Headteacher to dinner supervisors.

We meet once a month as a group and every year we evolve the scheme further. Currently we are looking at buddy benches so pupils who do feel alone can take a seat and a wellbeing ambassador will be there to support

them. Many of our ambassadors also sit on the Junior Safeguarding Board as a result.

Assembly Constituency and Region

- Neath
- South Wales West

Agenda Item 4.2

P-05-1106 Introduce Personal Health Budgets and Personalised Care in Wales

This petition was submitted by Rhys Bowler having collected a total of 779 signatures.

Text of Petition:

Rhys has Duchenne Muscular Dystrophy and lives in daily fear for his life, left alone for hours hoping the ventilator he needs to breathe doesn't break. He must choose between poorly funded social care and an NHS Continuing Healthcare package that takes away his choice over who cares for him.

If Rhys lived in England he would have a personal health budget, allowing him to use NHS Continuing Healthcare while still being able to choose who cares for him. This is not available in Wales

Additional Information:

I'm Rhys, 33 and living with Duchenne Muscular Dystrophy in Pontypridd, Wales. I have extremely limited mobility and need a ventilator to breathe.

I've employed my own care assistants for decades and have a lot of experience of training and employing them. I've had bad experiences using agencies and not having a say in who cares for me. I want to choose the care assistants I want. I want to know who is coming in my home to help me with my intimate personal care, and I want them to be people I trust and have trained in how best to provide my care. Don't let my experience go to waste!

I want a Personal Health Budget so I can have both 24 hour care and a choice over who my care assistants are. This has been available in England since 2014, it's time Wales took this seriously and started giving people real choice and control about the care they receive.

Senedd Constituency and Region

- Pontypridd
- South Wales Central

Submission to the Petitions Committee

Submission by Ann James and Luke Clements¹ further to the invitation of the Petitions Committee of the Welsh Parliament of the 31 March 2022.

We thank the Petitions Committee for its invitation of the 31 March 2022 to comment on Petition P-05-1106 'Introduce Personal Health Budgets and Personalised Care in Wales' and the issues it raises.

Background information

Over the course of the last two years, we have provided advice and clarification on the law and statutory guidance to Rhys Bowler and Sam Strickland concerning the above Petition. Both have felt threatened and powerless in the face of local authority and local health board responses to their individual needs. Their primary objective is to maintain their independence and control over their care provision through a Direct Payment either via a jointly funded (local authority / NHS) package of care or as a fully funded NHS Direct Payment when they transition to fully funded Continuing NHS Healthcare (CHC).

Rhys Bowler initiated the petition in August 2020 to 'fight' for Personal Health Budgets (PHBs) in Wales which would offer the same right to maintain choice and control over care provision when in receipt of NHS CHC funding.

In due course the Welsh Government set up a CHC and Direct Payment Working Group. Rhys Bowler and Sam Strickland were, we understand, co-opted onto this Group. In April 2021 they sought our advice in order to enable them to respond to a questionnaire that had been sent to them and a copy of their response is attached.

In the Spring of 2021, a draft revised NHS CHC Framework was published with a consultation period ending 21 August 2021. It was, in our opinion, a deeply disappointing document and we posted on the Rhydian pages a short note making this point. The note can be accessed at <http://www.lukeclements.co.uk/nhs-continuing-health-care-and-direct-payments-in-wales/>.

In August 2021 the Welsh Government published what it intended to be a 'final version' of the NHS CHC Framework, with an implementation date in 2021. This however turned out not to be the final version. In 2022 the Government indicated that minor amendments were required and a final version was then published in March 2022² with an implementation date of April 2022.

Our response to the final version has been posted on the Rhydian pages at <http://www.lukeclements.co.uk/the-end-game-continuing-nhs-healthcare-chc-in-wales/>.

¹ Ann James is a retired social worker who has worked in local government. She spent a significant part of her career as a social work academic at the University of Bangor and Luke Clements is Cerebra Professor of Law and Social Justice at the School of Law, Leeds University. Ann and Luke set up Rhydian: Social Welfare law in Wales in September 2017. Rhydian aims to be a critical commentary concerning social welfare law in Wales. The web pages provide exposition and clarification of the law in Wales <http://www.lukeclements.co.uk/rhydian-social-welfare-law-in-wales/>.

² For reasons we cannot understand, it states that it was 'published' in July 2021.

Analysis

We understand that there are strong arguments in Wales concerning the potential that PHBs may have to undermine certain underpinning principles of the NHS. We also appreciate that there are practical obstacles to introducing PHBs in Wales – as this would almost certainly necessitate new legislation. Inevitably legislative reform of this kind would take time, during which period those who believe that PHB's are vital to enable them to maintain their independence and control, would continue to be without such an arrangement.

While there are undoubtedly considerations that favour the maintenance of a prohibition on NHS Direct Payments in Wales – the current arrangements in Wales have the potential to seriously undermine the human rights of individuals such as Rhys and Sam: the right to respect for their private and family life (Article 8 of the European Convention on Human Rights) and the right to independent living (Article 19 of the UN Convention on the Rights of Persons with Disabilities). Utilitarianist arguments should not trump fundamental human rights and it is incumbent on the Welsh Government to act decisively to avoid such situations.

We believe that the current measures in Wales, for individuals in the situation that Rhys and Sam find themselves, to be wholly inadequate. In practice the working relationships between a number of health and social services bodies concerning NHS CHC funding arrangements are not good and ever greater exhortations by the Welsh Government on this question will not rectify the problem.

It is for this reason that we have argued consistently that the Welsh Government should ensure, not only that its NHS CHC Framework promotes the use of Independent User Trusts (IUTs) – but that its (current) rhetorical references to IUTs be buttressed by detailed practical / workable guidance on the process of setting up and maintaining such Trusts. In our opinion, it is essential that this guidance contains a template example of such a Trust: a template that is as simple as is possible and one that prioritises the maintenance of the individual's independence and control over their care provision and not one that prioritises the administrative convenience and priorities of the NHS body. Ideally the Trustees of the IUT would be appointed by the individual beneficiary or, if this is not practicable in a particular case, a Centre for Independent Living or similar entity would fulfil this role.

For the last five years we have been drawing attention to the potential for IUTs to be a meaningful mechanism for addressing the problems caused to individuals such as Rhys and Sam. During this period the Welsh Government **and** the local health boards have failed, in our opinion, to grasp the nettle and to develop practical / workable guidance of the kind outlined above.

We hope that the Petitions Committee and its individual members can take action to break this impasse.

Ann James

14 April 2022

Luke Clements

PURPOSE OF THE CHC & DP WORKING GROUP

As we progress this work we will need to consider the following questions.
Can you please provide your response to these questions in bullet form by **12th May 2021**

1. What are the specific issues we need to address?

The matter of NHS CHC and Direct Payments has not been attended to in the revised 'draft' framework and this is a significant oversight. Welsh Government has been aware of the impact on many disabled people of the legal constraints on providing Direct payment for NHS Continuing Care for many years as outlined by the Welsh Government Director of Social Services in his letter of February 2016.¹

The section in the draft guidance (para 6.52. – 6.55) is wholly inadequate to address the problems experienced by individuals who are eligible for NHS CHC and who wish to retain the benefits of the flexibility, choice and control provided by a direct payment arrangement.

Once an individual is eligible for NHS CHC, the terms of s47 Social Services and Well-being (Wales) Act 2014 make it unlawful for a local authority to provide support under the 2014 Act and (as the draft Framework states at para 2.10) the LHB becomes responsible for providing a 'full package of health and social care' for that individual. NHS law as it applies in Wales does not permit LHBs to make direct payments equivalent to those made by local authorities under the provisions of sections 50-53 of the 2014 Act. This is a legal '**fact**' and referred to as such in the following account.

The new framework should state this explicitly - that under the law as it exists in **Wales**, that when an individual is assessed as eligible for NHS CHC, it is unlawful for direct payments to be provided to the individual to enable them to purchase the health and social care needs that they have been assessed as requiring.

The framework should not try to disguise this fact by saying "*it is not unlawful for local authorities and health boards to work together to provide individuals with voice and control in respect of their health and social care needs. This includes the pooling of budgets and other mechanisms to ensure people experience seamless care.*"

Pack Page 62

¹ Welsh Government Director of Social Services and Integration dated 10 February 2016.

	<p>The above statement creates confusion for recipients and potential recipients of NHS CHC and creates an expectation of LHBs and LAs that they are legally constrained from delivering.</p> <p>The Framework must provide 'grown up' and explicit advice as to how this problem is to be resolved: legally resolved and resolved to maximise the well-being of individuals. The framework needs therefore to: (1) address the cultural problem within the NHS which obstructs flexibility, choice and control (2) provide practical advice as to what can be done.</p>
<p>2. What are the impacts of these issues on individuals, their families and carers?</p> <p>Pack Page 63</p>	<p>The impact of this 'legal fact' and the failure of the Welsh Government and LHBs to take positive remedial action means that many disabled people, their families and carers experience severe and unnecessary disruption / harm to their fundamental rights: harm measured in terms of loss of employment, education, training, leisure, normal independent living opportunities, distress and anxiety. This impact engages fundamental human rights for example Article 8 of the European Convention on Human Rights (respect for private and family life) and Article 19 of the UN Convention on the Rights of Persons with Disabilities ('CRPD' - the right to independent living.</p> <p>These rights enshrined in Art.8 of the HRA and the in Art 19 of the UN Convention on the Rights of Person with Disabilities require a cultural change in the NHS that can support the complex community care and support needs of disabled people as the real consequence that this failure may be that an individual is faced with no realistic option apart from institutionalisation.</p> <p>Currently disabled people who are assessed as having primary health care needs are being forced to relinquish their hard fought for rights to manage their own care in Wales.</p> <p>For many in Wales who see disabled people in England having the right to continue with managing their care through a Direct Payment this is difficult to understand and accept.</p>
<p>3. How do these issues impact LHBs and LAs?</p>	<p>Both LHBs and LAs are adversely impacted by the amount of administrative time taken trying to resolve situations where individuals are refusing to be assessed for NHS CHC – out of fear of the loss of their direct payment and with this ,the loss of the benefits this arrangement provides for them – notably flexibility, choice and control over their care arrangements. In many contexts it appears that the current inadequate arrangements mean that LHBs gain financially at the expense of LAs. This is due to the fact that many individuals who are <i>de facto</i> above the legal limits of social care (in terms of s47 of the 2014 Act) remain funded by LAs because they refuse</p>

	<p>an NHS CHC assessment and LAs feel compelled to continue their funding (albeit illegally) because of the severe impact a funding withdrawal would have on their fundamental human rights.</p> <p>This may also lead to many needs that have been identified and are eligible are not met because the LA is not able to or prepared to fund these needs and an inadequate response to assessed and eligible needs for care and support.</p>
<p>4. What are LHBs and LAs currently doing to provide solutions to these issues?</p>	<p>At present it appears that LHBs and LAs currently doing very little to provide practical solutions to this problem – but are in fact wasting a great deal of administrative time trying in some situations to resolve the individual’s concerns and to reach an inter-agency arrangement to address these problems. In other situations, the absence of a legal solution means that disabled people are left feeling anxious, threatened and accepting inappropriate care provision.</p>
<p>5. What does the revised Framework say about the delivery of person centered CHC and the interface between CHC and DPs?</p>	<p>The sections in the revised Framework concerning this problem are wholly inadequate – as noted above under section 1.</p>
<p>6. What are the barriers that stand in the way of LHBs using the current flexibilities within the Framework to provide the outcomes individuals want?</p>	<p>The barriers that stand in the way of LHBs providing direct payments to individuals who are eligible for NHS CHC do not derive from the Framework – but from the NHS legislation in Wales and the effect of Social Services and Well-being (Wales) Act 2014 s47. There are no ‘flexibilities’ proposed in the Framework for overcoming this problem. All the Framework does is to: (1) state what can be done if a person is not eligible for fully funded CHC (see below); and (2) to use meaningless platitudes to suggest that somehow a ‘spirit of co-production’ can resolve the legal problem or that somehow the loss of a right to a direct payment can be assuaged by being told that they have not in fact ‘lost their voice, choice and control over their daily lives’. This is an on utterly unacceptable approach for major guidance when there is a widespread consensus that this is an issue engaging fundamental human rights.</p>

Jointly Funded LHB and LA Packages of Care

Joint funding arises where a person is **not eligible** for fully funded NHS CHC but has substantial health care needs. These health care needs are assessed as being beyond the powers of a local authority social services department.

In these circumstances, the revised Framework should set out that a Direct Payment is a **choice** afforded to all disabled people who are assessed as having both health and social care needs that is funded by both the local authority and local health board.

This should be supported by clear and unambiguous guidance to LHBs and LAs about **funding of joint package and the mechanism** that needs to be established should people wish to continue with a Direct Payment or indeed choose a Direct Payment to organise their care and support.

5. Solutions that can be included in the Framework at this time

Welsh Government has the option of amending primary legislation to allow for NHS funding to individuals through a direct payment for NHS CHC.

In the current legal situation, it appears that there is only one uncontested way of addressing many of the problems resulting from the absence of a provision in Welsh NHS law providing for the making of direct payments – namely the use of Independent User Trusts (IUTs). IUTs were first developed as a mechanism to overcome the absence of a right to direct payment for social care (ie prior to the Community Care (Direct Payments) Act 1996.² In *Gunter v SW Staffordshire PCT* [2005] EWHC 1894 (Admin) Collins J held that there was nothing in principle in the NHS Acts to preclude a health body making direct payments to an IUT which would then make arrangements for the necessary support needs of the individual.³ The trustees in such an arrangement could be a Centre for Independent Living, the disabled person's family or friends or some other support

² See for example L Clements and P Thompson *Community Care and the Law* (Legal Action Group 6th ed 2017) paras 10.104 – 10.109.

³ See also Rhydian Social Welfare Law in Wales [Direct Payments and NHS Continuing Health Care](#) .

	<p>organisation. IUTs have been promoted by disabled people’s organisations⁴ as a way of addressing the problem of direct payments not being available from the NHS. In England, prior to the national rollout of a right to direct payments for disabled people living in the community who were eligible for NHS CHC funding, the Department of Health issued guidance on the use of IUTs.⁵ What is needed is for the Welsh Government to issue similar – but updated – guidance and for this to include a simple template example of an IUT.⁶ It is unreasonable to expect each LHB to develop separate templates – and also unlikely, since none have (so far as we are aware) notwithstanding this is a long-standing problem.</p>
8. Whether any proposals included in the Framework should first be trialled with a specific pilot cohort.	<p>The delay in providing guidance as to how IUTs can be developed and used by disabled people to enable them to enjoy their independently living entitlements (rights enshrined in Article 19 CRPD) is unconscionable and (given the widespread recognition of the role IUTs can play) there is no reason why further delay should occur through the trialling of this (already legal) option</p>

⁴ See for example, A Holman and C Bewley *Trusting Independence: a practical guide to independent living trust* (Values into Action 2001) and J Fitzgerald *Using independent user trusts to manage personal health budgets* (Mitchell James Ltd 2011)

⁵ Department of Health [Personal Health Budgets Guide. Options for managing the money](#) (DoH 2012).

⁶ A simple precedent for an IUT was, for example, provided in L Clements *Community Care and the Law* (Legal Action Group 4th ed 2017) at page 888.

Agenda Item 4.3

P-06-1213 Ban leisure use of Seadoo/jet ski in Cymru. Except in strictly controlled designated areas

This petition was submitted by Richard Jenkins, having collected a total of 1,432 signatures.

Text of Petition:

Our wildlife and their habitats are already under savage attack from creeping civilisation, resource exploitation, pollution and climate change. To allow the uncontrolled use of these noisy, dangerous, polluting leisure vehicles, to add to that damage is irresponsible! They offer no other service to mankind other than a fleeting spasm of excitement. This is both wasteful and irresponsible.

Additional Information:

There are daily recorded and unrecorded occurrences of disturbance, aggression and harm to both other sea users and wildlife. Many instances of physical harm and even death to both animals and humans. The recreational use of these dangerous high powered vehicle is almost completely uncontrolled. They must be banned from all areas excepting possible specific small areas set aside for these selfish people to damage themselves alone. This may prove too difficult. In that case ban them completely from Cymru.

Senedd Constituency and Region

- Bridgend
- South Wales West



Dr Chris Llewelyn
Prif Weithredwr / Chief Executive

Cymdeithas Llywodraeth Leol Cymru
Welsh Local Government Association

Un Rhodfa'r Gamlas
Heol Dumballs
Caerdydd
CF10 5BF
Ffôn: 029 2046 8600

One Canal Parade
Dumballs Road
Cardiff
CF10 5BF
Tel: 029 2046 8600

Ein Cyf / Our Ref:

Dyddiad / Date: 9th May 2022

Gofynnwch am / Please ask for: [REDACTED]

Llinell uniongyrchol / Direct line: [REDACTED]

Ebost / Email: [REDACTED]

Jack Sargeant MS
Chair, Petitions Committee
Welsh Parliament
Cardiff Bay
Cardiff CF99 1SN

By email

Dear Mr. Sargeant MS,

Ref P-06-1213 Petition P-06-1213 Ban leisure use of Seadoo/jet ski in Cymru. Except in strictly controlled designated areas

Thank you for your letter to the WLGA regarding the above petition, and please accept apologies for the delay in responding to the Committee. Your correspondence has been passed to officers for a response.

The WLGA recognises the increasing concerns in relation to incidents involving equipment of this type, at various coastal locations across Wales. The safety and wellbeing of the public, as part of a thriving business and visitor economy, are all of paramount concern to councils.

Although to date there has been no coordinated response from local government, we are aware that individually councils are engaged in raising their concerns about jet skis and other personal watercraft. For example, Gwynedd Council passed a motion to request the UK Government to bring forward legislation to control these dangers effectively. We understand that some coastal councils have banned jet ski from launching from council-owned slipways and jetties and a few privately

Croesawn ohebiaeth yn y Gymraeg a'r Saesneg a byddwn yn ymateb i ohebiaeth yn yr un iaith.
Ni fydd defnyddio'r naill iaith na'r llall yn arwain at oedi.

We welcome correspondence in Welsh and English and will respond to correspondence in the same language. Use of either language will not lead to a delay.

wlga.cymru

wlga.wales

@WelshLGA



Dr Chris Llewelyn
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owned frontages have done the same due to concerns over health and safety risks for swimmers.

We are also aware of the recent UK Government consultation in September 2021 and await the findings of the process, which may bring these types of craft within scope of the provisions of the Merchant Shipping Act, in terms of safe operation.

We note that a number of local authorities currently try to exercise control via registration, fees, and ensuring appropriate insurance is in place, but effective safety controls require good administrative arrangements and appropriate enforcement powers.

I hope this response is helpful to the committee.

Yours sincerely,

Director of Regeneration and Sustainable Development

Croesawn ohebiaeth yn y Gymraeg a'r Saesneg a byddwn yn ymateb i ohebiaeth yn yr un iaith.
Ni fydd defnyddio'r naill iaith na'r llall yn arwain at oedi.

We welcome correspondence in Welsh and English and will respond to correspondence in the same language. Use of either language will not lead to a delay.

wlga.cymru

wlga.wales

@WelshLGA

P-06-1213 Ban leisure use of Seadoo/jet ski in Cymru. Except in strictly controlled designated areas, Correspondence – Pembrokeshire Council to Committee, 10.05.22

The UK government approach has been that the most effective method of managing PWC is through local byelaws. However, we all know that PWC move very fast, any dangerous / anti-social behaviour in most coastal locations is sporadic and fleeting and the ability to have an enforcement officer in place at the right time, with the equipment to gather court-admissible evidence, makes this method of control near-impossible other than within ports and harbours.

Control at the point of launch remains our only effective tool but this can only be achieved where landowners are agreeable, prepared, and able take action and there is no public highway leading onto the foreshore. In a county like Pembrokeshire with upwards of 50 launch points, mostly in rural places, with no control measures in place, trying to control access to PWC via this means would be prohibitively expensive and would limit access for the many hundreds of users of the coast who cause no issues.

The impact of PWC on marine and coastal wildlife is also a matter of concern, rafting and breeding seabirds, cetaceans and seals are all easily and regularly disturbed off the Pembrokeshire coast by the speed, noise, proximity and potential for direct collision with PWC.

The Pembrokeshire Water Safety Forum has been working on this issue and members are intending to hold a multi-agency PWC awareness day this summer. One of the challenges will be reaching our intended audiences who are often not local and arrive in small groups to disparate locations

Agenda Item 4.4

P-06-1240 Improve health services for people with epilepsy living in Wales

This petition was submitted by Janet Paterson, having collected a total of 1,334 signatures.

Text of Petition:

We are concerned that the current services for people with epilepsy living in Wales are not providing people with the help and support they need.

Epilepsy Action recommends a caseload of no more than 250 people per Epilepsy Specialist Nurse (ESN), in order to minimise the effects of their condition and provide the best possible care. Currently no area in Wales is meeting this recommendation.

There is a lack of ESNs and waiting times to see neurologists are over 12 months in many areas.

Additional Information:

Increasing the number of ESNs in all health boards across Wales would help significantly improve access to services and the support that people with epilepsy receive.

ESNs are vital team members providing care to people with epilepsy. They work alongside consultant neurologists and other healthcare professionals to provide essential advice and support during and, as importantly, in-between appointments.

ESNs are often the first point of contact for people with epilepsy who require advice or support related to their condition and their contribution is invaluable. The crucial role of epilepsy specialist nurses in caring for and supporting people with epilepsy is set out in Epilepsy Action's recent ESPENTE report <https://www.epilepsy.org.uk/research/espente>

In addition to increasing the number of ESNs, all epilepsy services in Wales need more funding to ensure that people with epilepsy receive the support and care they need.

Senedd Constituency and Region

- Arfon
- North Wales

Eluned Morgan AS/MS
Y Gweinidog Iechyd a Gwasanaethau Cymdeithasol
Minister for Health and Social Services



Llywodraeth Cymru
Welsh Government

Eich cyf/Your ref P-05-1240
Ein cyf/Our ref EM/01357/22

Jack Sargeant MS
Chair - Petitions Committee
Senedd Cymru
Cardiff Bay
Cardiff
CF99 1SN

Government.Committee.Business@gov.wales

4 May 2022

Dear Jack

Thank you for your letter of 25 March regarding Petition P-05-1240 Improve health services for people with epilepsy living in Wales, and asking about plans to increase the number and spread of epilepsy specialist nurses across Wales.

I would like to reiterate what I said in my previous response of 31 January, our reference EM/14732/21, that the Welsh Government continues to work with the Neurological Conditions Implementation Group (NCIG) to improve services for all those with neurological conditions across Wales, including epilepsy.

I note the Petition is calling for the right number of epilepsy specialist nurses and health care staff in the system to meet the care needs of our population. That is also my priority as Health Minister. To achieve this we need effective system wide workforce planning and modelling along with recruitment and retention strategies for our health and care workforce. These areas are crucially important and work to progress is currently underway.

I recognise the important role specialist nurses play in supporting people with epilepsy as a core part of the multidisciplinary team. However as I said in my previous response it is a matter for health boards to ensure they have the right people with the right skills,, including epilepsy nurses and wider multi professional team, to meet the needs of their population. Health boards undertake population needs analysis to help establish required levels of staffing, including Epilepsy Specialist Nurses. I expect them to put in place services tailored to the individual needs of their population.

I hope this is helpful.

Bae Caerdydd • Cardiff Bay
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Rydym yn croesawu derbyn gohebiaeth yn Gymraeg. Byddwn yn ateb gohebiaeth a dderbynnir yn Gymraeg yn Gymraeg ac ni fydd gohebu yn Gymraeg yn arwain at oedi.

We welcome receiving correspondence in Welsh. Any correspondence received in Welsh will be answered in Welsh and corresponding in Welsh will not lead to a delay in responding.

Yours sincerely,

A handwritten signature in blue ink, appearing to read 'M. E. Morgan'.

Eluned Morgan AS/MS

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

Agenda Item 4.5

P-06-1242 Improve Endometriosis Healthcare in Wales

This petition was submitted by Beth Hales, having collected a total of 5,895 signatures.

Text of Petition:

Endometriosis devastates the lives of women and their families living in Wales with 1 in 10 suffering with the condition.

The cause of endometriosis is unknown, there is no cure, the average diagnosis time is currently 8.5 years and there's a 6 year waiting list for treatment on the NHS.

The demonstrable lack of understanding of the condition is detrimentally impacting society at all levels. Funding therefore needs to be prioritised to ensure equality of healthcare in Wales.

Additional Information:

A report commissioned by the Welsh Government in 2018 highlighted how big a problem we're facing with resources being wasted and harm currently being caused to individuals suffering with Endometriosis. Despite the findings showing impacts on healthcare, education, economic, financial and social levels within society, most recommendations haven't been adopted, and in many areas things have instead worsened for sufferers of Endometriosis.

(Below is the link to this Government report – Endometriosis care in Wales: Provision, care pathway, workforce planning and quality and outcome measures.

<https://gov.wales/sites/default/files/publications/2019-03/endometriosis-care-in-wales-provision-care-pathway-workforce-planning-and-quality-and-outcome-measures.pdf>).

Please sign this petition to help raise awareness of Endometriosis and encourage the Welsh Government to allocate the appropriate level of funding for this condition so we can take steps towards achieving equality of healthcare in Wales.

Senedd Constituency and Region

- Cardiff South and Penarth
- South Wales Central

Jane Hutt AS/MS
Y Gweinidog Cyfiawnder Cymdeithasol
Minister for Social Justice



Llywodraeth Cymru
Welsh Government

Eich cyf/Your ref
Ein cyf/Our ref JH-/00310/22

Jack Sargeant MS
Chair - Petitions committee
Senedd Cymru
Cardiff Bay
Cardiff
CF99 1SN

15 March 2022

Dear Jack,

Thank you for your letter of 2 March regarding Petition P-06-1242 Improve Endometriosis Healthcare in Wales.

Endometriosis is a condition which affects a significant number of women and, as the petition from Ms Hales highlights, the impact on quality of life can be huge and diagnosis can take a significant period of time. I am aware that, in spite of efforts to change things, there can still be a lack of understanding of endometriosis among some health professionals and that current provision sometimes falls short of what we, and service users, might expect.

Health boards have a responsibility to deliver high quality gynaecology services and it is vital they provide a robust and effective pathway, which includes early diagnosis, for the management of endometriosis in accordance with NICE guidance. The NICE guidance provides a clear pathway which lists the symptoms of endometriosis and directs healthcare professionals as to when a woman should be referred to a gynaecology service for an ultrasound or gynaecology opinion. Welsh Government officials wrote to health boards in August 2018 seeking assurance that services were being delivered in line with the NICE guidance on endometriosis and all health boards confirmed compliance.

The Women's Health Implementation Group (WHIG) was set up in March 2018 as a ministerially-directed group to consider reports into the use of synthetic tape and mesh sheets for stress urinary incontinence and pelvic organ prolapse, endometriosis and fecal incontinence. Since its establishment, WHIG has been allocated £1m a year to support its activities. This funding has been used to establish a network of pelvic health and wellbeing coordinators in each health board, who are already playing a vital role in addressing

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Correspondence.Jane.Hutt@gov.wales

Rydym yn croesawu derbyn gohebiaeth yn Gymraeg. Byddwn yn ateb gohebiaeth a dderbynnir yn Gymraeg yn Gymraeg ac ni fydd gohebu yn Gymraeg yn arwain at oedi.

We welcome receiving correspondence in Welsh. Any correspondence received in Welsh will be answered in Welsh and corresponding in Welsh will not lead to a delay in responding.

interlinking issues across areas of women's pelvic health and supporting women and sign posting them to appropriate services, including physiotherapy and pain management where appropriate.

More recently it has also allowed for the recruitment of a network of specialist endometriosis nurses in each health board to develop national pathways to help to reduce diagnostic times across Wales and again ensure women with the condition are fully supported whilst awaiting or undergoing treatment. I am aware that the Minister for Health and Social Services met with some of these nurses recently and was very impressed with their commitment and desire to improve outcomes for the women they are supporting.

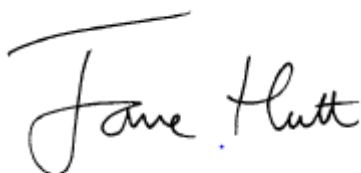
The Endometriosis Nurses are actively spending time with patients in clinic and liaising with their Multi-Disciplinary Teams to improve the endometriosis service provision within their Health Boards. The Nurses are newly in post, with a big task on their hands to improve our pathways and have a positive outcome for our endometriosis patients. The Endometriosis Nurses are working together across Wales to establish best practice and learn from each other and to help shape a better future for the endometriosis pathways in Wales. We know the situation in Wales pre-covid was not where we wanted it to be and with the additional covid pressures, we have a demanding task on our hands, but one we are making inroads to resolve, which starts with funding for the Endometriosis Nurses and supporting them as they make a difference to clinical processes and spending time with patients to improve their quality of life.

In addition to the Endometriosis Nurses, WHIG has developed a dedicated website for patients and the Nurses to use; Endometriosis Cymru which includes 'living with stories' from Welsh people and a symptom tracker which has the potential to become a diagnosis tool for patients and clinicians to speed up intervention for early diagnosis and treatment of endometriosis. NHS Wales is moving in the right direction, with the support of WHIG and Welsh Government, we are continuing to be a catalyst for change and drive Wales's efforts to deliver a fundamental change in the way that the NHS supports women.

The WHIG has also launched the *Bloody Brilliant* campaign aimed at supporting young people experiencing periods and trying to break down taboos and encourage open conversation about what is a completely natural part of life.

I am aware that the Minister for Health and Social Services has recently announced that she will be publishing a women's health Quality Statement and a women's health plan later this year. These documents will set out how Welsh Government expects services for women's health to be delivered by health boards and also our aspirations to support women who need to access those services.

Yours sincerely,

A handwritten signature in black ink that reads "Jane Hutt". The signature is written in a cursive style with a long horizontal line above the first name.

Jane Hutt AS/MS

Y Gweinidog Cyfiawnder Cymdeithasol
Minister for Social Justice



Eich cyf/Your ref P-05-1242
Ein cyf/Our ref EM/01074/22

Jack Sargeant MS
Chair - Petitions Committee
Senedd Cymru
Cardiff Bay
Cardiff
CF99 1SN

31 March 2022

Dear Jack,

Thank you for your letter of 8 March regarding Petition P-06-1242 Improve Endometriosis Healthcare in Wales.

I have noted the further comments raised by the Committee.

With regards to NHS Waiting Times, the £140m announced in August 2021 was invested through a recovery fund, to support local health boards and NHS Trusts to deliver safe services over the remainder of the year and treat the backlog of patients that has built up. It is for health boards to prioritise how best to use the funding to address the backlog of patients waiting, including gynaecology waiting lists.

As I stated in my previous correspondence, a network of specialist endometriosis nurses has been recruited in each health board and will develop national pathways and help reduce diagnostic times across Wales. The endometriosis nurses are actively spending time with patients in clinic and liaising with their Multi-Disciplinary Teams to improve the endometriosis service provision within their Health Boards. The nurses are working together across Wales to establish best practice and learn from each other and help shape a better future for the endometriosis pathways in Wales. We know the situation in Wales pre-covid was not where we want it to be and with the additional covid pressures, we have a demanding task on our hands, but one in which we are making inroads to resolve, which starts with funding for the endometriosis nurses and supporting them as they make a difference to clinical processes and spending time with patients to improve their quality of life.

In respect of specialist endometriosis services, health boards are responsible for determining the appropriate provision required to meet the needs of their local populations.

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Rydym yn croesawu derbyn gohebiaeth yn Gymraeg. Byddwn yn ateb gohebiaeth a dderbynnir yn Gymraeg yn Gymraeg ac ni fydd gohebu yn Gymraeg yn arwain at oedi.

We welcome receiving correspondence in Welsh. Any correspondence received in Welsh will be answered in Welsh and corresponding in Welsh will not lead to a delay in responding.

Where tertiary services are provided, I expect suitable conversations to take place on a regional basis to ensure appropriate funding arrangements exist and to enable pathways that provide equitable provision across the whole of Wales.

In addition, the Women's Health Implementation Group have developed a dedicated website for patients and the nurses to use. Endometriosis Cymru includes personal accounts from women across Wales and a symptom tracker which could become a diagnosis tool for patients and clinicians to speed up diagnosis and treatment.

Historically women's health services have not had equal treatment and women's voices have been ignored. I am determined that we raise the standards of all women's health services in Wales and this summer I will be publishing a Quality Statement setting out how that will be achieved.

Yours sincerely,

A handwritten signature in blue ink, appearing to read 'M. E. Morgan'.

Eluned Morgan AS/MS

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

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**Carol Shillabeer, Y Prif Weithredwr /
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**GIG
CYMRU
NHS
WALES**

**Bwrdd Iechyd
Addysgu Powys
Powys Teaching
Health Board**

16/03/2022

Mr Jack Sargeant
Chair Petitions Committee
Welsh Parliament
Cardiff Bay
Cardiff
CF99 1SN

Our Ref POW/HT/MS

Dear Mr Sargeant

Re:- Petition P-06-1242 Improve Endometriosis Healthcare in Wales

Thank you for your correspondence dated 3rd March 2022 regarding the petition committee considering endometriosis health care in Wales. As requested, we are able to provide you with an update on specific actions being taken forward by Powys Teaching Health Board to address the important issues raised in the petition regarding endometriosis health care.

The health board has an established managed clinical network, known as the Pelvic Health Steering Group, which includes membership for Third sector and voluntary groups to progress the development of the Women's Health Service local work plan in line with the All-Wales Women's Health Implementation Group (WHIG) provision for endometriosis care in Wales. The initial Welsh Government funding supported the Pelvic Health Programme Manager who provides a long-term, strategic leadership function in the development of local patient pathways in accordance with the national guidelines. The Powys Women's Team has been increased with the appointment of the Endometriosis Clinical Nurse Specialist (CNS) and Band 7 Pelvic Health Physiotherapist.

Following their appointment, the CNS workplan included engagement with stakeholders such as GP's, primary care Nurses, visiting Gynaecologists, Outpatients staff, Pelvic Health Physiotherapists, Continence Team, Pain Management Team, Psychosexual Counsellor, Sexual Health Team, All Wales Endometriosis CNSs, School Nurses: therefore, gaining skills and knowledge to develop the Endometriosis / Women's Health Service for Powys.

To help inform the service development for improving endometriosis for Powys residents, a benchmarking exercise was undertaken in November 2021 against the NICE guidelines (NG73) for Endometriosis Diagnosis and

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Rydym yn croesawu gohebiaeth Gymraeg
Bwrdd Iechyd Addysgu Powys yw enw gweithred Bwrdd Iechyd Lleol
Addysgu Powys



Pack Page 81

We welcome correspondence in Welsh
Powys Teaching Health Board is the operational name of
Powys Teaching Local Health Board

Management (2017). The benchmarking exercise highlighted the need for a Medical Lead, either Gynaecologist or GP's, to be appointed to support the service. The health board's Endometriosis / Women's Health Service is establishing a holistic MDT approach. This includes collaboratively working with the Pelvic Health Physiotherapists, Continence, Pain Management and Psychology Teams. Strong communication and triage pathways are being developed in readiness for the Women's Health Service for Powys. The collaborative working with the CNSs is providing All-Wales guidance. It is anticipated that having a network of CNSs across Wales will strengthen links with secondary care.

Further strengthening of awareness and knowledge of endometriosis has been made with the recent launch of the Women's Health page on our website. The page gives an overview on endometriosis and links to available support. Through this patient representation we have identified a local endometriosis social online support group, alongside a Virtual Endometriosis Café, which provides support for people with endometriosis or people who think they may have the condition. During March 2022, the health board has been an active participant with Endometriosis Action month. This includes providing Podcasts of general information regarding the condition, symptoms and treatment, alongside raising awareness of the Mid Wales Online Support Group and organised their Worldwide Endo March on the 26th March.

Extensive work has been undertaken on a local level to form the outcome measures for the health board. Following initial benchmarking it was clear to see that the data capturing of endometriosis in the health board was limited. The Women's Health Team has worked extensively with the Information Team to devise a robust comprehensive local structure, that will be adopted to track a patients endometriosis journey. This data structure is currently being discussed at WHIG with the aim of having a national data standard.

The consequence of the lack of data currently available impacts on the uncertainty of demand and capacity for the Endometriosis / Women's Health Service in Powys. Due to the lack of data available we are currently uncertain of demand and capacity for the service

Protocols, Standard Operational Procedures and PGDs for the Women's Health Service are currently being developed and the digital management system for the Endometriosis / Women's Health Services is also being advanced. This work needs to be concluded before a full clinical service can be established.

Yours sincerely



Hayley Thomas

Deputy Chief Executive, Powys Teaching Health Board



Bwrdd Iechyd Prifysgol
Cwm Taf Morgannwg
University Health Board

Your ref/eich cyf:
Our ref/ein cyf:
Date/Dyddiad:
Tel/ffôn:
Email/ebost:
Dept/adran:

PM/TLT
23 March 2022
01443 744803
Paul.Mears@wales.nhs.uk
Chair and Chief Executive

Mr Jack Sargeant MS
Chair
Petitions Committee
Senedd Cymru
Cardiff Bay
Cardiff
CF99 1SN

Dear Mr Sargeant

Petition P-06-1242 Improve Endometriosis Healthcare in Wales

Thank you for your letter of the 3 March 2022 informing us that the Petitions Committee is considering the above Petition.

In response to your request about specific action being taken within Cwm Taf Morgannwg University Health Board to address the issues raised in the petition regarding endometriosis healthcare, please see attached.

If there is any further information you require please do not hesitate to let me know.

Yours sincerely

Paul Mears
Prif Weithredwr/Chief Executive

Croeso i chi gyfathrebu â'r bwrdd iechyd yn y Gymraeg neu'r Saesneg. Byddwn yn ymateb yn yr un iaith a ni fydd hyn yn arwain at oedi.

You are welcome to correspond with the health board in Welsh or English. We will respond accordingly and this will not delay the response.

Cyfeiriad Dychwelyd/Return Address:

Bwrdd Iechyd Prifysgol Cwm Taf Morgannwg, Pencadlys, Parc Navigation, Abercynon, CF45 4SN
Cwm Taf Morgannwg University Health Board, Headquarters, Navigation Park, Abercynon, CF45 4SN

Cadeirydd/Chair: Emrys Elias Prif Weithredwr/Chief Executive: Paul Mears

Bwrdd Iechyd Prifysgol Cwm Taf Morgannwg ydy'r enw weithredol Bwrdd Iechyd Lleol Prifysgol Cwm Taf Morgannwg
Cwm Taf Morgannwg University Health Board is the operational name of the Cwm Taf Morgannwg University Local Health Board



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Cwm Taf Morgannwg
University Health Board

	IMPROVING ENDOMETRIOSIS HEALTHCARE IN CWM TAF MORGANNWG UNIVERSITY HEALTH BOARD
Situation	<p>Significant investment and development to the service for women diagnosed with endometriosis within the last 12 months</p> <ul style="list-style-type: none">• New appointment to Endometriosis Clinical Nurse Specialist (CNS) started in service end of January 2022• Bridgend ILG has appointed a Clinical Lead for Endometriosis• Merthyr Cynon/Rhondda Taff Ely are in the progress of appointing a Clinical Lead• Direct contact via Email to Endometriosis CNS for women to access clinical support• Forging links with the wider MDT – i.e, dieticians, physiotherapists, pain management teams, bowel and urology specialist nurses to enhance the provision of care for women with endometriosis
Background	<p>NICE and RCOG recommendations clearly established gold standard care. Gap analysis suggested these standards would be difficult to implement within CTMUHB without further investment.</p> <p>Women’s Health Implementation Group within Welsh Government successfully accessed funding for CNS in each health board (0.6 WTE in Merthyr Cynon locality, 0.6 WTE Bridgend locality)</p>
Assessment	<p>Current key objectives 2022-2023:</p> <ol style="list-style-type: none">1. Currently improving the pathway for women to be referred into the service easily and to minimise delay2. Enhancing the full multi-disciplinary approach to care provision3. The development of a Standard Operating Procedure for the Endometriosis service4. Improving the audit of care within the speciality and driving improvement5. Research opportunity within the speciality

	<ol style="list-style-type: none"> 6. Patient feed-back being requested via Social Media and analysed 7. Co-producing the referral pathways with woman within our communities 8. Full assurance and reporting within the Clinical Service Group governance process
Recommendations	<p>Future development plans 2023 onwards:</p> <ul style="list-style-type: none"> • To continue to expand the Endometriosis service • To progress to Nurse Led Services and Clinics • To ensure sustainability of all services • Raising awareness and training for all clinicians –comprehensive training and education for all health board gynaecologists and nurses within gynaecology • Improving links with primary care colleagues • Development of referral protocols with the local Specialist Endometriosis Centre

15th March 2022

Helen Jones

Senior Nurse for Gynaecology

Jonathan Pembridge

Consultant Gynaecologist

Beth Pucella

Endometriosis Clinical Nurse Specialist

Caleb Igbenehi

Consultant Gynaecologist/Clinical Lead for Endometriosis Service

Rebecca Davies

Senior Nurse for Gynaecology

Aneurin Bevan University Health Board (ABUHB) response to provide written evidence for consideration in support of the Petition P-06-1242 to Improve Endometriosis Healthcare in Wales

Endometriosis service provision in ABUHB

ABUHB has been actively working to improve the provision and access to specialist endometriosis care within the Health Board. Ms Anita Nargund is the lead consultant for endometriosis, pelvic pain and minimal access surgery. In May 2021 we were pleased to welcome Joanne Kitt as Endometriosis Clinical Nurse Specialist (CNS) into the endometriosis team to deliver a high standard of care for women with endometriosis.

In May 2018 the NHS Wales Health Collaborative established 'The Women's Health Implementation Group' (WHIG) to address specific areas of women's health requiring urgent attention and improvement.

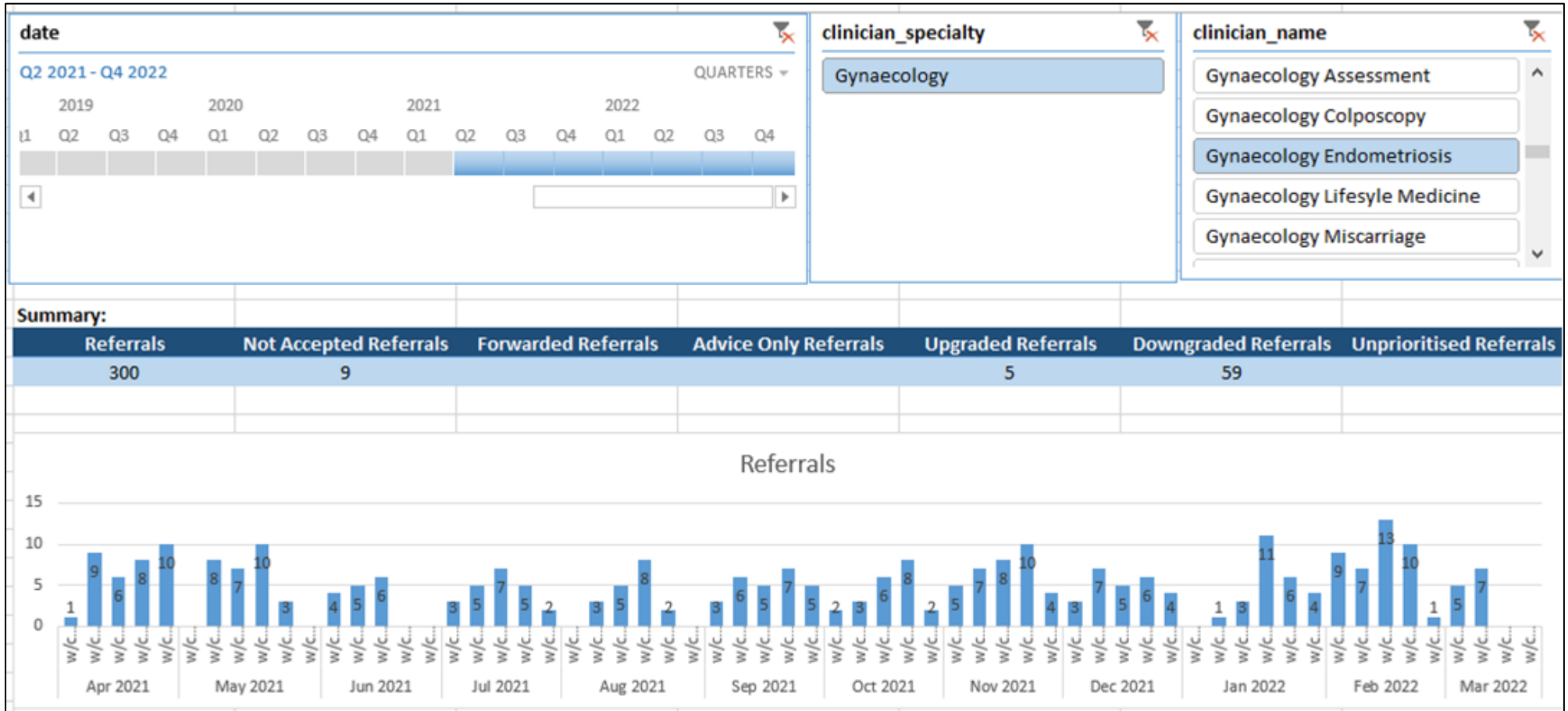
The NHS Wales Health Collaborative were directed by the Health Minister to deliver the recommendations from the following three task and finish reports as part of a five year programme of work:

- ['The use of vaginal synthetic mesh tape and sheets for stress urinary incontinence and pelvic organ prolapse'](#)
- ['Endometriosis care in Wales: Provision, care pathway, workforce planning and quality and outcome measures'](#)
- ['Report of the Welsh task and finish group for faecal incontinence'](#)

The CNS post is funded for a three-year period by WHIG.

All endometriosis referrals from primary and secondary care are triaged by Ms A Nargund, consultant gynaecologist, to be seen either in a consultant led or nurse led clinics initially.

Endometriosis referral data April 2021 to March 2022*



Attendance data for period April 2021 to March 2022*

	NEW attendances	Follow Up attendances	Email contacts related to Patient request to be seen or for advice; Post op care; Symptom advice; Advice further to MDT discussion
Anita Nargund	58	136	
Jo Kitt (CNS)	113	144	304

Waiting list position as at 22/03/2022

Due to the constraints created by the COVID 19 pandemic which resulted in a temporary suspension of face to face clinically non-urgent activity and the subsequent reduction in face to face capacity due to social distancing, the waiting list has been pressured.

	Total number on WL
NEW	162
Follow UP	113 (44 in Priority 1-3)

ABUHB has a dedicated consultant led endometriosis clinic every other Monday morning undertaken by Ms Nargund and CNS Joanne Kitt. In addition to the provision of the consultations, ultrasound scan and other diagnostic test like swabs, endometrial biopsy and insertion of Mirena IUS are undertaken.

The Health Board has received positive feedback from patients who have the support of the nurse during these appointments and for after care. A weekly multidisciplinary meeting is undertaken to discuss complex cases, and multispecialty multidisciplinary teams (MDTs) meetings are undertaken on a monthly basis for the holistic management of complex cases. The patients are informed about the outcome of the MDT. The MDT involves consultant gynaecologist, endometriosis CNS, physiotherapist, bladder CNS, Bowel CNS, pain specialist nurse, menopause CNS, psychologist.

The task and finish report (link below) recommended the following:

Endometriosis needs to be made a priority for both the training of GPs and on-going continuing professional development (CPD). Implementation group to facilitate. Primary care in Wales must be involved in implementing

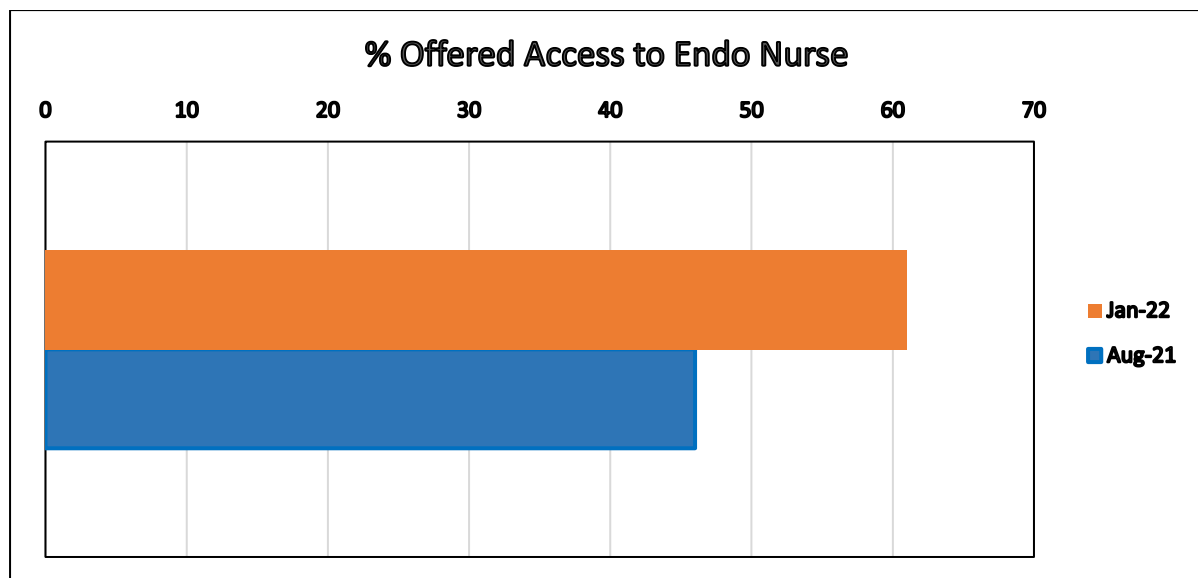
the adapted NICE guidance on endometriosis and local pathway development. (ref 3.3) Each Health Board will be responsible for training and appointing endometriosis nurse specialists who will assist in the education of GPs and practice nurses. (ref 3.3) Primary care should have direct access to resources such as psychological support, pelvic physiotherapy and pelvic pain management with relevant endometriosis expertise to assist women with a known, prior or suspected diagnosis of endometriosis. Health Boards should invest in the multi-disciplinary care of women with chronic pelvic pain / endometriosis. Services of this nature are of the sort that should meet the Prudent Healthcare principles of 'care closer to home' and with 'reduced variation'. Ideally, patients should be empowered to manage their own care where possible, so self-referral into these services should be facilitated.

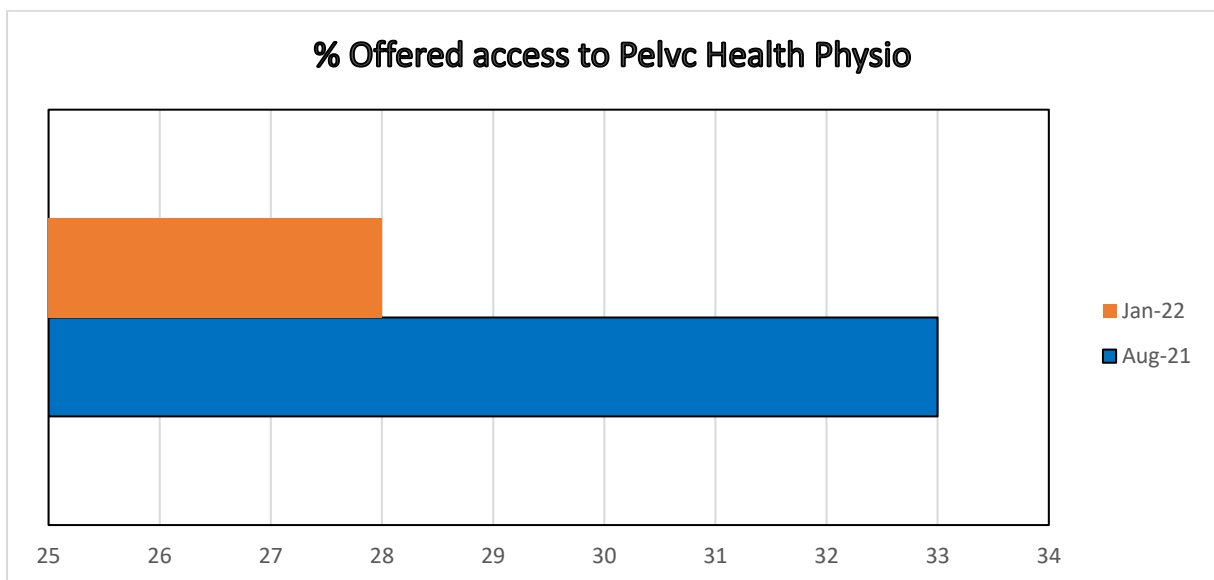
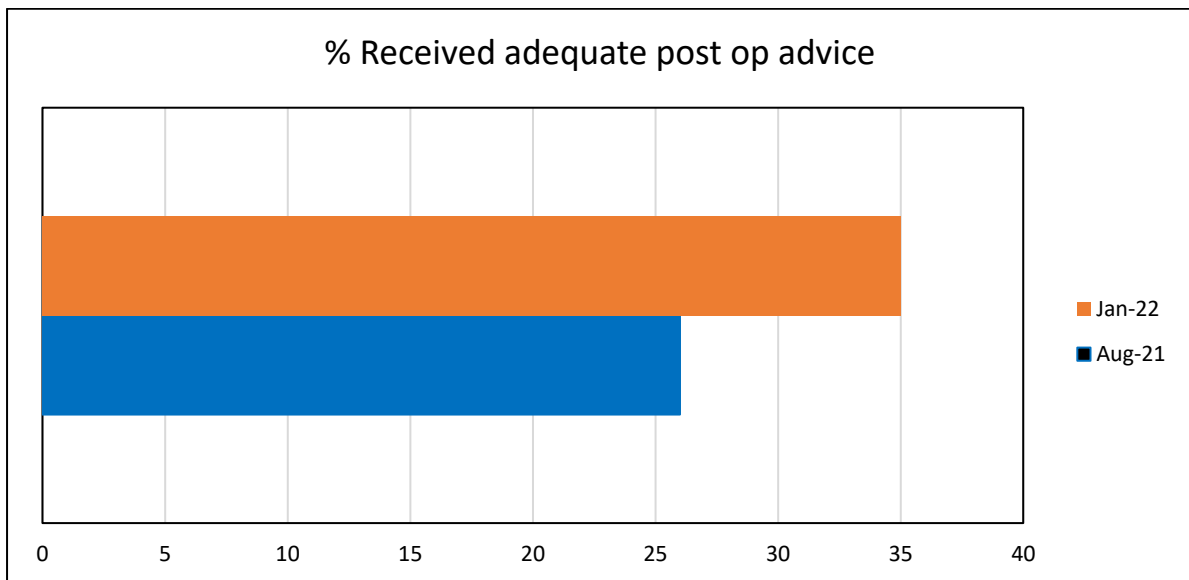
[endometriosis-care-in-wales-provision-care-pathway-workforce-planning-and-quality-and-outcome-measures.pdf \(gov.wales\)](#)

The Pelvic Pain MDT in ABUHB has been used as an example of a service that should be replicated across Wales and was a recommendation of the Vaginal Mesh for Wales published in 2018. The dedicated chronic pelvic pain consultant has recently retired without a replacement. The ABUHB Anaesthetic service have indicated that there are very few consultants with a special interest in chronic pelvic pain management and discussions are ongoing for appropriate representation at MDT.

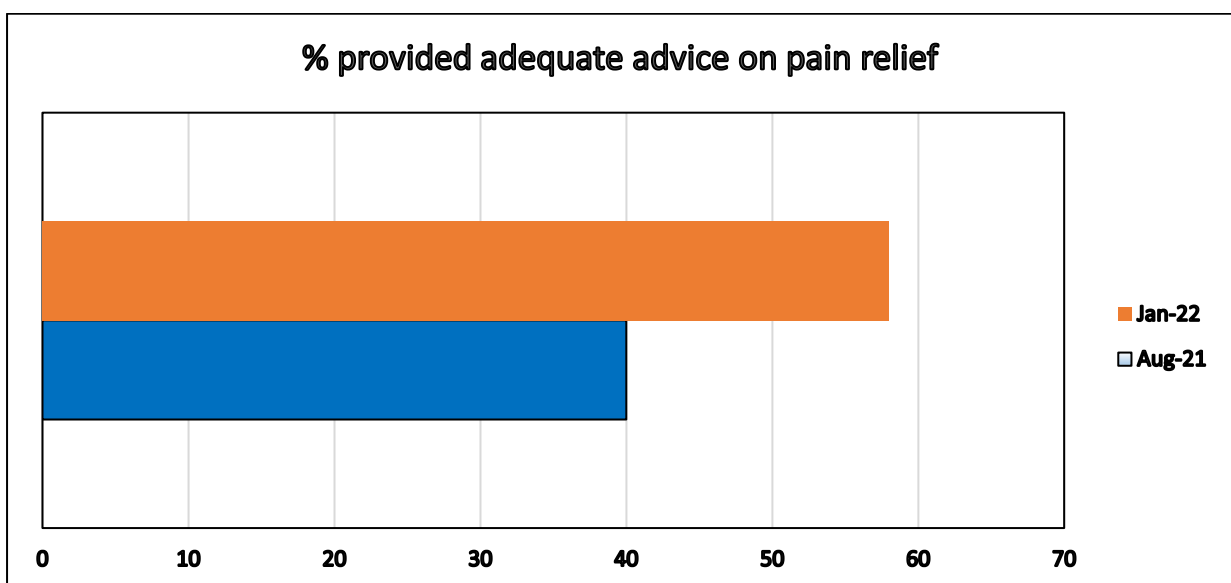
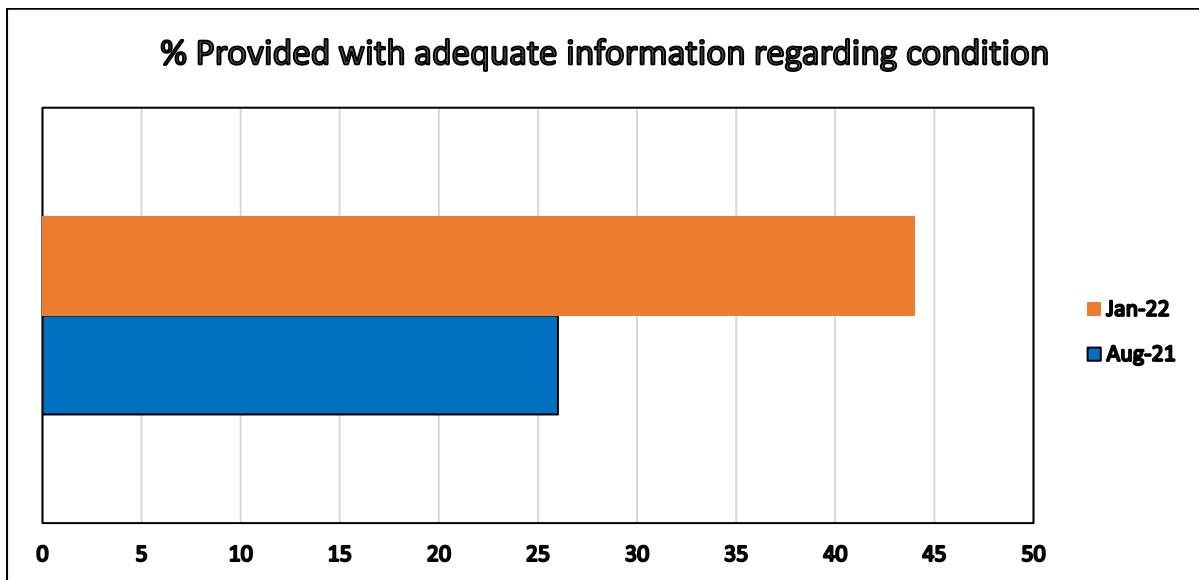
The Health Board has developed the provision of Nurse Led Endometriosis clinics and have been measuring both the PROMs and PREMs and are so far receiving positive feedback.

Data below references PREMS data comparison Aug 2021 and Jan 2022 (data comparison measured bi-annually)





***The introduction of the Endometriosis CNS has enabled more appropriate referral to a specialist nurse for wider symptom support for management of the condition rather than was previously offered by specific Pelvic Health Physio. Further to assessment onward referral to pelvic health physio is made where clinically indicated.*



Nurse led clinics offer face to face, virtual, and telephone consultations as the patient needs, and offers medical and conservative management of symptoms, and provides support and education. Investigations such as ultrasound scans can be done at face to face consultations. The aim is to provide effective communication, safe and timely management. We have established a dedicated email advice service which is open for patients referred to the endometriosis service. We aim to respond to the emails within a week and provide support. Currently we are working towards establishing a network and adopt a standardised approach across Wales.

We have established a dedicated pelvic pain referral pathway for symptomatic management of women with chronic pelvic pain. There is a dedicated ABUHB women's pelvic physio health website. This can be accessed via a QR code provided to women with an endometriosis diagnosis or chronic pelvic pain for self-help techniques.

This development/access has supported a reduction in direct referrals to the pelvic health physio from consultants**.

We have developed patient information leaflets on a multitude of topics such as pain management, dyspareunia painful intercourse, and postoperative care to provide information and support women with endometriosis. We regularly undertake teaching sessions for the staff for education. We have also started to work to establish the link with primary care providers and offer teaching and support regarding management of endometriosis and pelvic pain in the community. Our CNS has been asked to attend a community champion meeting to present and talk about endometriosis service and provide wider information to the community.

ABUHB has recently been recognised provisionally as a BSGE endometriosis centre. This allows us in enhancing the care being provided to the women with endometriosis, continuous medical education, maintaining and constantly improving the standards. We maintain a database in line with BSGE requirements.

Due to the unforeseen impact of COVID-19 pandemic there was some limitations in the provision of these services during the pandemic however, the Health Board is proud to inform that ABUHB is one of the few health boards currently offering services for routine benign gynaecology conditions.

We are happy with the progress we have made so far however we look to constantly improve our services, have a robust clinical governance framework, with regular audits of service provision, undertaking quality improvement projects, learning and education, interacting with our patients, seeking their opinion and undertaking validated quality of life questionnaires.

We will continue to work with our patients and colleagues, enhance the information provision with endometriosis cafes and use of powerful social media.

We constantly aim to achieve high standards required to gain BSGE accreditation as an endometriosis centre.

Further improvements for diagnosis and treatment of endometriosis should be prioritised nationally as the current average length of time to diagnose is 8 years (Wales and UK data). Examples are training in USS imaging and laparoscopic surgery. There are specialist centres in England such as UCL and in Southampton where the USS services are specifically designed to recognise early signs of endometriosis to avoid the need for diagnostic laparoscopies. Currently, the only centre which trains in particularly complex surgery is Cardiff, hence our aspiration to become a BSGE accredited centre.

In terms of monitoring the current services for women with endometriosis, improvements in coding would help. For example, waiting list data does not provide the functionality to specifically identify this cohort of 'suspected endometriosis'.

When a patient is listed for a laparoscopic procedure such as laparoscopic BSO, excision of endometriosis, adhesiolysis etc, there is no exact code match available on WPAS (the administrative data recording system used in ABUHB). Most women are listed for Laparoscopy (Staging Laparoscopy) T43.9.

In regard to the other elements addressed within the petition, other data that the Petitions Committee may be able to reference is the number of women using anovulant methods of contraception in Wales, the use of which may have non-contraceptive benefits for women and girls with endometriosis such as managing cyclical pain. We do not have a breakdown of this data across the ABUHB population.

In terms of education, we understand that within the curriculum, young people should receive information on conditions such as endometriosis in order to encourage access to health care for pelvic pain that interferes with normal daily functioning.

As a health board, we are committed to meeting the standards outlined on a number of guidelines as illustrated. However, we are wary of single condition emphasis in the face of current pressures and prioritisation challenges across medical and surgical specialities serving a complex population. We aim to deliver value-based healthcare across all ages and conditions.

Glyn Jones
25th March 2022



Ein cyf/Our ref: CEO.8387
Gofynnwch am/Please ask for: Katie Jenner
Rhif Ffôn /Telephone: 01267 239730
Dyddiad/Date: 31 March 2022

Swyddfeydd Corfforaethol, Adeilad Ystwyth
Hafan Derwen, Parc Dewi Sant, Heol Ffynnon Job
Caerfyrddin, Sir Gaerfyrddin, SA31 3BB

Corporate Offices, Ystwyth Building
Hafan Derwen, St Davids Park, Job's Well Road,
Carmarthen, Carmarthenshire, SA31 3BB

Jack Sargeant MS
Chair of the Petitions Committee/Cadeirydd y Pwyllgor Deisebau
Welsh Parliament/Senedd Cymru
By email: petitions@senedd.wales

Dear Chair

Re: Petition P-06-1242 Improve Endometriosis Healthcare in Wales

Thank you for your letter of 3 March 2022, in which you asked Hywel Dda University Health Board to provide feedback on action being taken within its service to address the issues raised in the petition.

The Health Board has appointed a Pelvic Health Co-ordinator, who is the first point of contact for women with pelvic health concerns and can signpost patients to the correct specialty. Furthermore, we appointed an Endometriosis Clinical Nurse Specialist (CNS) in May 2021. This has facilitated the establishment of a multi-disciplinary team approach to redesigning pathways for women referred with suspected or confirmed endometriosis.

Patients referred to the service are now directed to the CNS for initial consultation, advice, support and investigation, with two nurse led endometriosis clinics a week having been established. Dependent on symptoms, patients can be referred to the pain team, physiotherapy, dietician, psychosexual counselling and further follow up is provided with a nominated Gynaecologist, who has a specialist interest in endometriosis. The CNS also provides telephone and email support and signposting for any women contacting the service. The CNS works closely with the other newly appointed specialist nurses across the Welsh Health Boards, supported by the Women's Health Implementation Group (WHIG) and they are continuing to develop knowledge, skills, competencies and the scope of the new roles in a standardised way; ensuring that pathways meet National Institute for Health and Care Excellence (NICE) guidelines, and the needs of the local populations in Wales.

Specialist support is recognised as a core challenge, due to the only specialist centre in Wales being based within Cardiff and Vale University Health Board (CVUHB). Typically, patients requiring specialist support are referred onto the tertiary centre in CVUHB, although they are not currently accepting referrals due to their capacity challenges.

Whilst we are unable to specify the number of patients awaiting endometriosis extraction due to the lack of specific coding for this procedure, the Health Board does acknowledge a 156 week wait for routine Gynaecological surgery. Work is currently being undertaken to expand internal theatre capacity, along with a scoping exercise for understanding the possibility of outsourcing.

The improvement of services for endometriosis patients continues to be a priority for our service and we are committed to continuing to work closely with WHIG and our colleagues in NHS Wales to develop our skills, knowledge and services as a whole.

I trust this response provides the committee with the information required. Should you require any further detail, please do not hesitate to contact me once more.

Yours sincerely

A handwritten signature in black ink that reads "Steve Moore". The signature is written in a cursive style with a large, stylized 'S' at the beginning.

Steve Moore
Chief Executive



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Bwrdd Iechyd Prifysgol
Caerdydd a'r Fro
Cardiff and Vale
University Health Board

Executive Headquarters / Pencadlys
Gweithredol

Woodland House
Maes-y-Coed Road
y-Coed
Cardiff

Ty Coedtir
Ffordd Maes-
Caerdydd

Eich cyf/Your ref:
Ein cyf/Our ref: SR-jb-0422-9407
Welsh Health Telephone Network:
Direct Line/Llinell uniongychol: 029 2183

Suzanne Rankin
Chief Executive

26 April 2022

Jack Sargeant MS
Chair – Petitions Committee
Welsh Parliament
Cardiff Bay
Cardiff
CF99 1SN

Dear Mr Sargeant

Petition P-06-1242 Improve Endometriosis Healthcare in Wales

Thank you for your letter regarding this petition that is currently being considered by the petitions committee for Welsh Government, alongside correspondence from the Minister for Health and Social Services.

Cardiff and Vale University Health board (UHB) currently run a dedicated care endometriosis service within the department of obstetrics and gynaecology. Whilst the service primarily delivers clinical care for women living within Cardiff and Vale, we do also accept some tertiary referrals for non-Cardiff and Vale residents from neighbouring health boards. There is no funded tertiary care service for endometriosis within south Wales.

The endometriosis team within Cardiff and Vale UHB consists of 2 consultant gynaecologists with nurse practitioner support (1.5 whole time equivalent). The dedicated endometriosis service runs 1.5 clinics per week. In addition, there are dedicated operating lists for the service, which since the COVID 19 pandemic have been reduced to 3 all day operating lists per month. As part of our COVID recovery plan, the health board aims to increase access to operating theatre time for the endometriosis service to pre-pandemic levels by the end of 2022. There is funded consultant colo-rectal surgical support for the endometriosis service when it is required.

However, provision of a comprehensive endometriosis service is a priority for Cardiff and Vale UHB and funding for a holistic service, to include psychology, counselling and pain management is being explored by the Clinical Board for Children and Women's services. The service is being developed iteratively to align with available resources. The business case to underpin this development is anticipated to be completed within this financial year (2022/3)

Please let me know if you require any additional information to enable your consideration of the above petition.

Yours sincerely



Suzanne Rankin
Chief Executive



Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board

Bloc 5, Llys Carlton, Parc Busnes Llanelwy,
Llanelwy, LL17 0JG

Block 5, Carlton Court, St Asaph Business
Park, St Asaph, LL17 0JG

Mr Jack Sargeant MS
Chair - Petitions Committee
Welsh Parliament
Cardiff Bay
Cardiff
CF99 1SN

Ein cyf / Our ref: GH/FG/DL/CE22-427/3091

Eich cyf / Your ref:

☎: 01745 448788 ext 6364

Gofynnwch am / Ask for: [REDACTED]

E-bost / Email: [REDACTED]

Dyddiad / Date: 12th May 2022

Sent via E-mail:

petitions@senedd.wales

Dear Jack

RE: Petition P-06-1242 Improve Endometriosis Healthcare in Wales

Thank you for your invitation to respond to the Petition to Improve Endometriosis Healthcare in Wales. Please accept my sincere apologies for the delay in providing this response.

The Health Board is committed to pursuing improvements in the provision of endometriosis healthcare in North Wales. We have set out below how we are seeking to improve services, changes made to date and our future plans:

- In response to the Welsh Government Endometriosis Task and Finish Group Report 2018, the Health Board undertook a review of endometriosis services within North Wales, benchmarking services against the NICE Guidance. A service specification and clinical pathway was developed which was signed off in January 2021.
- A Pelvic Health Co-ordinator (Nurse Lead) 0.40 wte has been appointed and we are currently recruiting a Consultant to the post of Benign Lead for Gynaecology, following the retirement of the previous post holder. The objectives of the Pelvic Health Co-ordinator team include the planning and delivery of robust endometriosis services for North Wales, in order to ensure that all the recommendations of the 2018 report are addressed.
- We have appointed two Endometriosis Clinical Nurse Specialists (CNS) who will provide services for all sites across North Wales. The CNS` commenced in post in February 2022 and are currently undergoing a period of induction and training. Their job description is aligned to the national Endometriosis CNS job description. The CNS` form part of the network of Endometriosis CNS across Wales, thereby ensuring that CNS led services are consistent across all of Wales.

- A Consultant job planning exercise is currently underway to identify a named Consultant Endometriosis Lead for each respective site in East, Central and West of the Health Board. This will ensure that, working with the respective CNS` other allied health professionals such as specialist physiotherapists, these clinical teams can provide a robust and accessible pathway for patients in North Wales, enabling access to timely diagnosis and management.
- Currently, we commission tertiary level care for patients with complex endometriosis from the Wirral University Teaching Hospital. We recognise the absence of endometriosis specialists in North Wales and are endeavouring to rectify this and provide services closer to home for our population. We have agreed a three year plan which will provide three diagnostic endometriosis units (one at each site in East, Central and West) and one Specialist Endometriosis Centre in North Wales. We have recently recruited two British Society for Gynaecological Endoscopy (BSGE) accredited Specialist Endometriosis Consultants to support the training and upskilling of Gynaecologists in North Wales to increase skills in minimal access surgery to support the development of a BSGE specialist centre, as well as increasing minimal access surgery for other non-endometrioses conditions. The delivery of this plan will allow the opportunity for specialist endometriosis care to be provided in North Wales, as well as increasing the overall number of Specialist Endometriosis Consultants in Wales.
- We have established a Women's Health Implementation Group (WHIG), which aligns with the national WHIG Executive, thereby ensuring that services in North Wales are aligned to the national agenda for Womens Health. The BCUHB WHIG will both direct and monitor service priorities in North Wales, which includes the delivery of endometriosis services.
- Our Women`s Directorate have a very strong service user forum called "Gynae Voices", membership of which includes representatives of Fair Treatment for the Women of Wales (FTWW), who have been instrumental in the endometriosis work undertaken across Wales. FTWW members have been included in the BCUHB Endometriosis Task and Finish Group and in the development of the business case for the changes outlined above, with FTWW members invited to provide testimonies in support of the need for improved services. We are committed to service user engagement and co-production ensuring that the local population continue to inform service design and delivery within North Wales.

I trust that this response demonstrates our ongoing commitment to improving the services and outcomes for the population of North Wales living with endometriosis.



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board

Yours sincerely

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

Gill Harris
Dirprwy Prif Weithredwr
Deputy Chief Executive

P-06-1242 Improve Endometriosis Healthcare in Wales – Correspondence from the petitioner to the Committee, 15 May 2022.

Many thanks for sending on the responses you've received and for keeping my petition on the committee's agenda.

As seen from the recent media attention surrounding endometriosis, as well as from the Plenary debate on Women's Health in Wales being held on 18th May, this continues to be an extremely important topic. Patient voices are being heard more and more regarding the seriousness of the issue and how long waitlists currently are. This was also discussed again in the Senedd last month when Heledd Fychan raised how a constituent was told to "give up any hope of getting surgery" for endometriosis because of the current issues surrounding tertiary care in Wales.

From reading the attached correspondence this isn't surprising considering CVUHB (who have the only tertiary care facility in Wales), currently have 3 all day operating lists **a month** and are only able to "accept some referrals from neighbouring health boards". If this is the current capacity for the whole of Wales for a disease that affects **1 in 10** women and those assigned female at birth, it's no wonder patients are frequently being left with nowhere to turn.

Surgical treatment is desperately needed by so many endometriosis patients in order for them to have any sort of quality of life, yet the majority are facing up to 7 years wait for treatment unless they have access to private healthcare. It's therefore hugely concerning that the correspondence received didn't include a response on when/how the lack of endometriosis specialist consultants will be addressed.

CVUHB haven't included a reason for the recent reduction in endometriosis consultants without replacement (i.e. numbers reduced from 3 to 2 when the number recommended across Wales is 6), and HDUHB state that "typically patients requiring specialist support are referred onto the tertiary centre in CVUHB, although they are not currently accepting referrals due to capacity challenges". So with patients at best facing a 156 week wait for routine gynaecological surgery and at worst, nowhere to go, I ask that the Petitions Committee continue with their much needed support until progress is seen regarding this.

As previously discussed, the new endometriosis nurses are a fantastic and much needed resource. However, they can only signpost patients so far along a treatment pathway if there are no consultants to refer them onto for what is currently the only treatment for endometriosis (hormones and painkillers are regularly prescribed for patients, but these are used to mask the symptoms rather than treat the disease). This therefore remains a very worrying situation for the women of Wales to be faced with.

From reading through the attached correspondence I would also ask that the following points are considered by the Petitions Committee:

- **Please could my initial question regarding the lack of endometriosis specialist consultants in Wales be pressed further**, especially as this is the action that would have the biggest impact for patients. The Health Minister states that "health boards are responsible for determining the appropriate provision required to meet the needs of their local populations", however PTHB have advised that the demand for service is unknown and HDUHB have

nowhere to send patients needing surgery. The Health Minister also states that “where tertiary services are provided, I expect suitable conversations to take place on a regional basis to ensure appropriate funding arrangements exist and to enable pathways that provide equitable provision across the whole of Wales.” However the Endometriosis Task & Finish Group Report confirmed in 2018 that the funding set-up with CVUHB was “unsustainable” and needed to be urgently addressed. I hope that the Health Minister will continue to work alongside the Health Boards to help them achieve a solution regarding the tertiary care situation and ensure appropriate funding arrangements are indeed in place, as there seems to be some disconnect between the Health Minister’s expectations and the Health Board’s responses;

- **If not already planned, please could the Health Minister look at collaborating with charities such as Fair Treatment for the Women of Wales and a cross-section of patient voices when compiling her new Women’s Health Plan.** This engagement will provide critical information that could hugely benefit the plan and will help ensure that services are developed in a way that work effectively for patients. Women and girls have been suffering in silence for generations and the current inequality faced won’t be fully addressed unless their voices are heard and their lived experiences learnt from;
- **Please could the previous suggestion from the Petitions Committee for an interview to help raise awareness be used to highlight all the fantastic resources that have recently been put in place** (e.g. endometriosis nurses, bloody brilliant campaign, endometriosis Cymru website, etc). This could help raise much needed awareness of the condition and the associated resources to ensure a wider audience learns of the availability, content and most importantly, how to access them. For example, one patient interview could be undertaken per health board and promoted via the Senedd’s social media channels;
- **Please could the data gaps that have been highlighted by PTHB and ABUHB be raised with Health & Care Research Wales and the Welsh Universities to see if they could assist with implementing the suggestions made.** This could help improve the quality of research into endometriosis and lead to the development of much needed treatments;
- **Finally, please could you confirm if you’re still awaiting a response from the Betsi Cadwalader University Health Board.**

Many thanks for your continued support with this issue.

Best Wishes,

Beth Hales

Comments to the Petitions Committee **on behalf of the charity FTWW (Fair Treatment for the Women of Wales)**:

1) Note that there is no response from either Betsi Cadwaladr UHB or Swansea Bay UHB. This is disappointing and frustrating, and speaks to the wider commentary on both 'lack of data' and a lack of accountability which comes from there being no NHS Executive with statutory powers to ensure that health boards provide timely information / data where they can.

2) The HM's response - points to note:

- ***'It is for HBs to prioritise how best to use the funding to address the backlog of patients waiting'***. This is problematic, given historical lack of prioritisation and investment in women's health more generally and gynaecology specifically. The issue has been highlighted by countless evidence papers, most recently RCOG's report, '[Left for too long: understanding the scale and impact of gynaecology waiting lists | RCOG](#)' and, prior to that, the WG's Endometriosis Task & Finish Group's 2018 report. The current approach, where HBs have autonomy to decide for themselves where / how to invest, results in continuing variation and inequality for patients, nor does this approach encourage or incentivise collaboration between HBs. It is a problem compounded by a lack of investment in relevant data collection - how can HBs decide what to prioritise, if they lack meaningful data on prevalence and impact?
- ***'The endometriosis nurses are...liaising with their Multi-Disciplinary Teams'***. Please can we know who the members of these teams are / their roles? To ensure equity, each HB should be able to offer patients access to the same style MDTs. In those HBs pursuing BSGE tertiary status, it is vital that those MDTs comprise surgical interventions by colorectal and urology surgeons - can we be sure that this is happening? Data?
- ***'The endometriosis nurses...help shape a better future for the endometriosis pathways in Wales'***. The appointment of endo nurses is much-welcomed but one CNS per HB is, sadly, nowhere near sufficient (what is the equivalent provision for diabetes, a condition with similar prevalence)? Going forward, Wales needs to be investing in bespoke training opportunities to attract new recruits. Further, it is not possible for pathways to be robust unless there is additional investment in other parts of the pathway too, as Cwm Taf Morgannwg UHB's gap analysis identifies. This should include upskilling of local gynaecologists to improve their offer of minimal access surgery and laparoscopic visualisation and identification of endometriosis (see the Endometriosis T&F Group's findings and recommendations in this regard), universal access to pelvic physiotherapy and pain management MDTs (including mental health support), and then also

ensuring sustainably funded access to tertiary services from wherever the patient is located in Wales. It also means that patients (and staff) need assurances that the existing CNS posts will be funded (by the Welsh Government?) beyond the initial three years and, indeed, expanded to ensure equitable provision as is offered to conditions with similar prevalence.

- ***'Health boards are responsible for determining the appropriate provision required to meet the needs of their local populations'***. This was fraught with problems when the T&F group reported in 2018 and remains so. Several of the HBs mention a lack of data on prevalence, impact (Powys) and non-surgical management (Aneurin Bevan UHB), as well as inadequate coding when surgery is undertaken to record diagnosis / stage of disease / surgical approach (Hywel Dda UHB, Aneurin Bevan UHB). Even now, despite known national / global prevalence, endometriosis isn't included in the Quality, Assurance & Improvement Framework for Primary Care (which is where data on prevalence can be recorded and improvements to care pathways made), which links back to our first comment on the HM's letter - historical lack of prioritisation for conditions predominantly impacting women's health / gynaecology results in a lack of data, which exacerbates a failure to appreciate impact and need and consequent failure to provide appropriate services.
- ***'Where tertiary services are provided, I expect suitable conversations to take place on a regional basis to ensure appropriate funding arrangements exist'***. This could be addressed by facilitating a conversation between patient reps, the RCOG WEC (Welsh Exec Committee) / NSAG (National Specialist Advisory Group) for Obs and Gynae, and WHSSC (Welsh Health Specialised Services Committee) - as recommended by the Endo T&F Group. The fact is that current funding arrangements make it financially unviable for HBs to offer a tertiary service to complex endometriosis patients out of area and a reliance on the good will of HBs to collaborate is not working for either them or their patients as CVUHB points out, ***'There is no funded tertiary care service for endometriosis within south Wales'*** and Hywel Dda UHB confirms, ***'CVUHB (is) not currently accepting referrals due to their capacity challenges'***. A relatively straightforward solution would be for funds for tertiary services to be top-sliced by the WHSSC, ensuring an equitable service and pathway for patients across Wales. We simply need to be allowed a meeting with the Committee to discuss it!!

3) Powys Teaching Health Board's response:

- ***'The Pelvic Health Steering Group...includes membership for Third Sector and voluntary groups'*** - we'd be keen to know who these are (FTWW has one patient volunteer on the group but we don't know of

any others). With Powys being as large as it is, it is very important that patients from disparate locations are enabled to participate, something we would be pleased to help facilitate.

- **'A Band 7 Pelvic Health Physiotherapist'** - again, the size of Powys makes only having one member of staff providing this service a real challenge in terms of patient access. What is being done to address gaps in provision? Physio is one intervention where patient experiences and outcomes are improved if it is available 'closer to home'.
- **'A robust comprehensive local structure'**. The Powys response makes no mention of pathways to surgical intervention, both at a (cross-border, as Powys has no hospital) secondary and tertiary level. Presumably, there would need to be a few pathways to accommodate patients in different parts of Powys but it is surprising that there is no reference to anything of this nature. This was identified as a significant gap when the Endo T&F group reported and remains so, at least as is reported to us by residents.

4) Hywel Dda UHB's response:

- **'The Health Board does acknowledge a 156 wait for routine Gynaecological surgery'**. This does the severity and complexity of endometriosis a disservice. It isn't routine if there is a possibility of kidney loss or bowel obstruction, the chances of which increase the longer a patient waits for surgical intervention to identify the problem and treat it. Waits of this length also have implications for fertility and increased costs for the NHS as more patients are potentially forced to access fertility services.

5) Cwm Taf Morgannwg UHB's response:

- **'Research opportunity within the specialty'**. As a patient advocacy organisation, we'd like to know more about this possibility if only to ensure that any proposal, methodology, and activities are co-produced.
- **'Patient feedback (is) being requested via Social Media and analysed...Co-producing the referral pathways with women within our communities'**. As above, we would like more information on this so that FTWW can assist and ensure some degree of consistency across Wales exists, reducing variation and inequality, whilst acknowledging that pathways will vary depending on resources and location.
- **'Development of referral protocols with the local Specialist Endometriosis Centre'**. Which centre?

6) Aneurin Bevan UHB's response:

- **'We are wary of single condition emphasis in the face of current pressures'**. This condition warrants particular emphasis because of historical neglect, prevalence, and on-costs associated with it (loss of

education, employment, fertility). Again, we go back to mechanisms like the QAIF, which has some 19 disease registers, all of which are prioritised for similar reasons and, yet, endometriosis remains absent. Endometriosis warrants attention, if only to address this persistent inequality.

Agenda Item 4.6

P-06-1243 Reinstate cervical screening to every 3 years

This petition was submitted by Joanne Stroud, having collected a total of 30,133 signatures.

Text of Petition:

The announcement from Public Health Wales on January 4th 2022 stating the change from 3 to 5 year intervals for cervical screening is unacceptable. There has been no public consultation and upon release has been met with anger, sadness and serious concern for the cervical health of Welsh women. We appreciate the NHS in Wales is under pressure but this is NOT ACCEPTABLE. We the Welsh nation will not stand for this and urge you to reverse this decision immediately.

Additional Information:

This move will not save money, it will lead to later detection of cancers and therefore more aggressive, lengthy and costly treatment and ultimately lives. HPV is not the only cause of cervical cancer!

Senedd Constituency and Region

- Aberavon
- South Wales West

Jeremy Miles AS/MS
Gweinidog y Gymraeg ac Addysg
Minister for Education and Welsh Language

Agenda Item 5



Llywodraeth Cymru
Welsh Government

Eich cyf/Your ref P-06-1207
Ein cyf/Our ref JMEWL/00769/22

Jack Sargeant MS
Chair - Petitions committee
Senedd Cymru
Cardiff Bay
CF99 1SN

25 April 2022

Dear Jack,

Thank you for your letter concerning a petition calling on the Senedd, and other bodies, to start referring to Welsh cities and towns by their Welsh names. As you know, Welsh place names are currently the subject of close attention from the Welsh Government, with several processes ongoing in order to collect evidence for policy developments.

As well as analysing the many responses to our consultation on a [Welsh Language Communities Housing Plan](#) (which included proposals on safeguarding place names and house names), we are also awaiting a report and recommendations concerning the Royal Commission on the Ancient and Historical Monuments of Wales's [List of Historic Place Names](#). The information, evidence and recommendations which arise from these exercises will be valuable in steering our response in relation to Welsh language place names.

That being so, I look forward to seeing the results of your scrutiny and any policy recommendations that result from them. This will add to the wider picture in relation to place names, and will feed into the process as we consider the way forward.

I know that people feel strongly about Welsh place names, be they the names of houses, geographic features, towns or villages, and they are included in our Cooperation Agreement with Plaid Cymru because we as a Government want to make a real difference.

Yours sincerely,

Jeremy Miles AS/MS
Gweinidog y Gymraeg ac Addysg
Minister for Education and Welsh Language

Bae Caerdydd • Cardiff Bay
Caerdydd • Cardiff
CF99 1SN

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Rydym yn croesawu derbyn gohebiaeth yn Gymraeg. Byddwn yn ateb gohebiaeth a dderbynnir yn Gymraeg yn Gymraeg ac ni fydd gohebu yn Gymraeg yn arwain at oedi.

We welcome receiving correspondence in Welsh. Any correspondence received in Welsh will be answered in Welsh and corresponding in Welsh will not lead to a delay in responding.

Agenda Item 8

By virtue of paragraph(s) vi of Standing Order 17.42

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