Agenda – Y Pwyllgor Iechyd a Gofal Cymdeithasol

Lleoliad:
Ystafell Bwyllgora 4, Tŷ Hywel a fideogynadledda drwy Zoom
Dyddiad: 14 Mawrth 2024
Amser: 09.30

I gael rhagor o wybodaeth cysylltwch a:
Sarah Beasley
Clerc y Pwyllgor
0300 200 6565
Seneddlechyd@senedd.cymru

Rhag-gyfarfod preifat (09.00-09.30)

1 Cyflwyniadau, ymddiheuriadau, dirprwyon a datgan buddiannau

(09.30)

2 Cefnogi pobl sydd â chyflyrau cronig: sesiwn dystiolaeth gyda ADSS Cymru a BASW Cymru

(09.30-10.30) (Tudalennau 1 – 27)

Jacqueline Davies, Is-gadeirydd – Grŵp Penaethiaid Gwasanaethau i Oedolion Cymru Gyfan (AWASH) a Phennaeth Gofal Cymdeithasol Oedolion, Cyngor Bwrdeistref Sirol Pen-y-Bont ar Ogwr – ADSS Cymru

Fon Roberts, Aelod o Grŵp Penaethiaid Gwasanaethau Plant Cymru Gyfan (AWHOCS) a Phennaeth Gwasanaethau Plant, Cyngor Sir Ynys Môn – ADSS Cymru

Sarah Jane Waters, Aelod BASW Cymru

Briff ymchwil

Papur 1 – ADSS Cymru

Egwyl (10.30 – 10.40)

3 Cefnogi pobl sydd â chyflyrau cronig: sesiwn dystiolaeth gyda Chymdeithas Geriatreg Prydain, Diabetes UK Cymru a Choleg Brenhinol Pediatreg ac Iechyd Plant Cymru

(10.40-11.40) (Tudalennau 28 – 54)

Dr Nicky Leopold, Geriatregydd Ymgynghorol – Bwrdd Iechyd Prifysgol Bae Abertawe ac Is-gadeirydd Cyngor Cymdeithas Geriatreg Prydain yng Nghymru
Mathew Norman, Dirprwy Gyfarwyddwr Cymru – Diabetes UK Cymru
Dr Nick Wilkinson, Swyddog Coleg Brenhinol Pediatreg ac Iechyd Plant (RCPCH) Cymru

Papur 2 – Cyngor Cymdeithas Geriatreg Prydain yng Nghymru
Papur 3 – Diabetes UK Cymru
Papur 4 – Coleg Brenhinol Pediatreg ac Iechyd Plant Cymru

Egwyl (11.40 - 11.50)

4 Cefnogi pobl sydd â chyflyrau cronig: sesiwn dystiolaeth gyda'r Gymdeithas Fferyllol Frenhinol

(11.50-12.30) (Tudalennau 55 - 58)

Chris Brown, Aelod Arbenigol o'r Gymdeithas Fferyllol Frenhinol
Elen Jones, Cyfarwyddwr y Gymdeithas Fferyllol Frenhinol yng Nghymru

Papur 5 – Y Gymdeithas Fferyllol Frenhinol

5 Papurau i'w nodi

(12.30)

5.1 Llythyr gan y Cadeirydd at y Gwir Anrhydeddus David TC Davies AS, Ysgrifennydd Gwladol Cymru, ynghylch cyllideb ddrafft Llywodraeth Cymru ar gyfer 2024-25

(Tudalen 59)

5.2 Ymateb gan y Gwir Anrhydeddus David TC Davies AS, Ysgrifennydd Gwladol Cymru, at y Cadeirydd ynghylch cyllideb ddrafft Llywodraeth Cymru ar gyfer 2024-25

(Tudalen 60)

5.3 Llythyr gan Gadeiryddion y Pwyllgor Iechyd a Gofal Cymdeithasol a'r Pwyllgor Cyfrifon Cyhoeddus a Gweinyddiaeth Gyhoeddus gan y Gweinidog Iechyd a Gwasanaethau Cymdeithasol ynghylch y Fframwaith Goruchwylio ac Uwchgyfeirio

(Tudalennau 61 - 62)

5.4 Llythyrau at y Cadeirydd gan Goleg Nyrsio Brenhinol Cymru ynghylch cyflwyno rôl Cydymaith Nyrsio Cofrestredig yng Nghymru

(Tudalennau 63 - 75)

5.5 Llythyr at y Cadeirydd gan y Gweinidog Iechyd a Gwasanaethau Cymdeithasol ynghylch lansio ymgynghoriad 'Gweithio i Wella'

(Tudalen 76)

5.6 Llythyr at y Llywydd a Chadeirydd y Pwyllgor Busnes gan Gadeirydd Pwyllgor yr Economi, Masnach a Materion Gwledig ynghylch cynnal cyfarfod ychwanegol ar 14 Mawrth 2024

(Tudalennau 77 - 78)

5.7 Ymateb dilynol gan Iechyd a Gofal Digidol Cymru at Gadeiryddion y Pwyllgor Iechyd a Gofal Cymdeithasol a'r Pwyllgor Cyfrifon Cyhoeddus a Gweinyddiaeth Gyhoeddus ynghylch craffu ar Iechyd a Gofal Digidol Cymru

(Tudalennau 79 - 80)

5.8 Llythyr at y Cadeirydd gan y Gweinidog Iechyd a Gofal Cymdeithasol, y Dirprwy Weinidog Gwasanaethau Cymdeithasol a'r Dirprwy Weinidog Iechyd Meddwl a Llesiant yn dilyn y sesiwn graffu ar gyllideb ddrafft Llywodraeth Cymru ar gyfer 2024-25

(Tudalennau 81 - 87)

5.9 Llythyr at y Cadeirydd gan y Dirprwy Weinidog Iechyd Meddwl a Llesiant yn dilyn y sesiwn graffu ar gyllideb ddrafft Llywodraeth Cymru ar gyfer 2024-25

(Tudalennau 88 - 90)

6 Cynnig o dan Reolau Sefydlog 17.42 (ix) i benderfynu gwahardd y cyhoedd o weddill cyfarfod heddiw

(12.30)

7 Cefnogi pobl sydd â chyflyrau cronig: trafod y dystiolaeth

(12.30-12.40)

8 Meysydd o Ddiddordeb Ymchwil: arloesi i wella gofal iechyd

(12.40-12.45) (Tudalennau 91 - 92)

Papur 6 - Meysydd o Ddiddordeb Ymchwil: arloesi i wella gofal iechyd

9 Blaenraglen Waith

(12.45-13.00) (Tudalennau 93 - 115)

Papur 7 – Blaenraglen waith

10 Adroddiad monitro amseroedd aros y GIG

(13.00-13.10) (Tudalennau 116 - 132)

Papur 8 – adroddiad monitro amseroedd aros y GIG

11 Canserau gynaecolegol: trafod ymateb Llywodraeth Cymru

(13.10-13.30) (Tudalennau 133 - 158)

Papur 9 – Ymateb Llywodraeth Cymru

Papur 10 – Briff ymchwil – dadansoddiad o ymateb Llywodraeth Cymru

12 Deddf Lefelau Staff Nyrsio (Cymru) 2016: craffu ar ôl deddfu: trafod yr adroddiad drafft

(13.30-14.00) (Tudalennau 159 - 202)

Papur 11 – adroddiad drafft

Mae cyfyngiadau ar y ddogfen hon

Senedd Health and Social Care Committee Inquiry:

Supporting people with chronic conditions

ADSS Cymru
Yn arwain Gwasanaethau Cymdeithasol yng Nghymru
Leading Social Services in Wales

The Association of Directors of Social Services (ADSS) Cymru is the professional and strategic leadership organisation for social services in Wales and is composed of statutory directors of social services, the All-Wales Heads of Children's Service (AWHOCs), the All-Wales Adult Service Heads (AWASH) and tier three managers who support them in delivering statutory responsibilities: a group which consists of over 300 social services leaders across the 22 local authorities in Wales.

The role of ADSS Cymru is to represent the collective, authoritative voice of senior social care leaders who support vulnerable adults and children, their families, and communities, on a range of national and regional issues in relation to social care policy, practice, and resourcing. It is the only national body that articulates the view of those professionals who lead our social care services.

As a member-led organisation, ADSS Cymru is committed to using the wealth of its members' experience and expertise. We work in partnership with a wide range of partners and stakeholders to influence the important strategic decisions around the development of health, social care, and public service delivery. Ultimately, our aim is to benefit the people our services support and the people who work within those services.

General Comment

ADSS Cymru welcomes the opportunity to contribute to the Health and Social Care Committee's inquiry into supporting people with chronic conditions. A key driver within both the *Parliamentary Review of Health and Social Care in Wales* and *A Healthier Wales*, was that a medical/clinical model of health, and a separate system of social care, is not a model for delivering high quality, person-centred care fit for the future. Moreover, the expectation in both documents, whether that is the focus on the 'Quadruple Aim' in the Parliamentary Review or on the set of 'Once for Wales' design principles in a Healthier Wales, is that the most significant opportunity to create a system fit for the future is if we shift the balance of our health and care system towards earlier detection and intervention, which is designed to prevent illness and prolong independence. By doing this and ensuring people have a greater stake in managing their own health and wellbeing in the process, we will have a more sustainable and resilient health and care system, as well as improved public health outcomes for the citizens of Wales.

Lifestyles and people's expectations of wanting to do and achieve more in life has continued to progress and evolve. People with complex health conditions, physical disability or impairment, are living longer because medicine is doing so much more to allow them to live and experience good quality of life. Coupled with this is the fact that technology is also transforming the way we live, allowing diagnostics, treatment and monitoring to take place

away from clinical settings and into hubs in the community and even into people's own homes. Treating people in hospitals when they are symptomatic is only a small part of a modern health and social care system. Keeping people well, independent and resilient at home, in their community, is an outcome a fully integrated health and social system must strive to achieve.

What is the role of social care in supporting people with chronic conditions?

As leaders in social care, we know the sector plays a crucial role in supporting both children and adults with chronic health conditions, by providing a range of services that aim to enhance their overall well-being, independence, and quality of life. Some of the ways in which social care supports individuals with chronic health conditions, includes:

1. Assessment and Care Planning: Social care professionals assess the strengths, capabilities and needs of individuals with chronic health conditions to develop personalised care plans. These plans take into account the specific challenges posed by the condition and outline the support required, such as assistance with personal care, mobility, medication management, and emotional support.

2. Personal Care: Social care providers offer assistance with daily activities such as bathing, dressing, meal preparation, and managing medication. This support helps individuals with chronic health conditions maintain their personal hygiene, nutrition, and medication adherence.

3. Coordination of Care: Social care professionals communicate and collaborate with healthcare providers, community third sector organisations, and other relevant stakeholders to ensure a coordinated and holistic approach to care. They help individuals navigate the healthcare system, manage appointments, and coordinate different aspects of their care to promote continuity and effectiveness.

4. Emotional and Psychological Support: Living with a chronic health condition can be emotionally challenging. Social care workers provide emotional support, counselling, and personal empathy to help individuals cope with the psychological impact of their condition. They may also facilitate support groups or connect individuals with appropriate mental health services.

5. Socialisation and Community Integration: Social isolation is a common issue for individuals with chronic health conditions. Social care services offer a range of day opportunity activities and support groups to encourage socialisation and combat

loneliness. They may also help individuals connect with local community resources and organisations that cater to their specific needs.

6. Support for Carers and Family Members: Social care recognises the important role of unpaid carers and family members in supporting individuals with chronic health conditions. They assess individual need and provide guidance, respite care, and training for unpaid carers to ensure they have the necessary skills and knowledge to provide effective care while also addressing their own well-being.

7. Advocacy, Information and Advice: Social care professionals can act as advocates for individuals with chronic health conditions, helping them access appropriate healthcare services, benefits, and support systems. They provide information and guidance on available resources, rights, and entitlements, empowering individuals to make informed decisions about their care.

8. Housing and Accommodation Support: Social care services can work collaboratively with colleagues in other local government departments, to assist individuals in finding suitable housing options that accommodate their specific needs, such as accessible housing or supported living arrangements. They may also provide support with home modifications or assistive technology to promote independent living.

All these elements focus on enabling people to live and, in some circumstances, die well, with their chronic conditions.

New models of care have been developed which recognise the complexities of managing care where there is overlap between the wider community, the health care system and provider organisations, for example, the Expert Patient Programme. These new models indicate a shift away from the idea of chronically ill people as passive recipients of care, towards active engagement, in partnership with health and social care professionals, in managing their own personal care needs.

This partnership, ideally, involves collaborative care and self-management education because for effective person-centred care to be established, individuals should be able to discuss their own ideas about self-care actions, including lifestyle management, in an open and thorough way. If they are unable to achieve that independently, then they should be enabled to have these What Matters conversations through the supported advocacy.

Crucial to enabling personalised, self-managed care, is the need for individuals to have information from the point of diagnosis. It is important that the individual, and where appropriate, their unpaid carers and family members, have active participation during those

initial encounters with health and care practitioners. For self-care needs to be addressed, opportunities for individuals to talk about their diet, routines and lifestyle management, need to be incorporated into the encounter. Care plans can help to facilitate this discussion. However, what is vitally important to support individuals with their self-care management is the recognition of the value of the person's knowledge and experiences.

Supporting a child with chronic health conditions

It is essential that we understand the daily lived experiences of a child to inform care planning. Whilst the voice of the child is important in developing self-managed care support, in the context of their age and stage of development, the voice of the carer is also crucial. Managing the physical and emotional needs of a child with a long-term health condition can be highly demanding for unpaid parent carers, particularly for older parents, who may have health issues of their own and parent carers who have other children they have a caring responsibility for. Young carers also play an important role in supporting siblings with chronic health conditions which can have a significant impact of their health and wellbeing.

Children with common chronic health conditions are twice as likely to suffer from emotional problems or disturbed behaviour especially if their condition affects their brain. There are also specific challenges for children who have suffered neglectful childhoods. These children are more frequently diagnosed with chronic conditions linked to poor parental care. Many will also have other behavioural needs as a result of attachment issues and traumatic experiences they have faced.

There is an increasing recognition that some long-term conditions caused by neglect and abuse, such as Foetal Alcohol Syndrome, are under diagnosed. Such health conditions can be difficult to diagnose, and it can be impossible to predict their long-term impact or what support might be needed in the future. Under diagnosis can be a barrier to children and their carers accessing the right support at the right time.

Children with long-term health conditions often need daily on-going medication and monitoring. Their condition can lead to them being away from school for long periods of time which can result in their learning being delayed.

At school and around other children, a child might feel that their condition makes them different to others and as a result develop anxieties about their condition and compromise their mental health. They might have fewer opportunities to learn everyday skills and to develop their interests and hobbies. Some children have barriers to engaging in treatment or care due to their traumatic experiences. As they move into adolescence, their behaviour can become unpredictable and unsafe, which leaves them at risk to complications of not taking medication or following treatment. Moreover, not accessing diagnosis and treatment in a

timely way can increase their likelihood of involvement with the criminal justice system, which can have a detrimental impact in their future adult life. Therefore, it is crucial that a multi-Disciplinary approach is undertaken between health and social care professionals so that the child and their parent-carer/guardian feel supported.

Identification of key themes for the Committee to explore

ADSS Cymru believes that the inquiry needs to examine a number of key themes and factors in its work to ascertain whether the mechanisms that are in place to support both children and adults with chronic conditions are robust, sufficient and operate well in practice.

Understanding the myriad of complexities that are at play is crucial. Chronic diseases, including cardiovascular disease, cancer, chronic respiratory diseases and metabolic syndrome (hypertension, diabetes, dyslipidaemia) have been on the increase in the UK over recent decades and result in a substantial economic and social burden.

Added to this is the expediential rise of people will chronic mental ill-health and poor mental well-being. This has been exacerbated following the impact of the COVID-19 pandemic. The knock-on impact to society is that for many of our children, we have seen an increase in traumatic stress, leading to more behaviours that challenge and for our young people, the taking of greater lifestyle risks, like substance misuse. For adults, particularly older adults, we are seeing higher levels of substance use disorders, emanating from the impact of the abuse of alcohol, as well as a wide range of social and prescription drugs.

These factors not only directly contribute to additional demand in the system, which has been considerably outstripping the supply of health and care support that can be provided but they also provide health and social care professionals with complex scenarios that need to be overcome with resolutions broader than just lifestyle advice and signposting.

What are the barriers to optimised levels of support?

COVID-19 Impact

The COVID-19 pandemic has brought into sharp focus not just the essential value that social care plays to society but also the myriad of challenges that currently face the whole social care sector in Wales.

It is widely accepted that key areas of social service functions are experiencing challenges in a system that is facing unprecedented levels of complexity and demand. This, combined with fundamental workforce shortages, has exposed an already fragile situation. The reasons for this include:

- Pent up demand suppressed during the COVID-19 pandemic and periods of Lockdown causing significant pressures on systems and escalations in need when demand is not met in a timely preventative manner.
- Increased complexity and frailty in older people from reduced prevention, medical care, increased waiting lists and a greater level of community isolation
- Pressures in the primary care system restricting access to key healthcare professionals and timely diagnostics that can reduce the escalation of healthcare need through early intervention
- A vicious cycle of delay and deconditioning/decompensation in hospital because of delays and shortages in key healthcare roles to ensure timely discharge
- Exhaustion across the social care workforce with more frequent early retirements and people leaving the sector to pursue other careers
- Increased wages and competition from sectors such as retail and hospitality
- Difficulty in recruiting and retaining social workers – particularly in children's services - in sufficient numbers across the sector and systemic challenges in working with agencies both in terms of cost and competence.

Specifically in children's services, we have seen not just an increased demand for services but the sheer complexity of those support needs, particularly in mental health and emotional well-being, is vast. These issues are now being further exacerbated by the cost-of-living crisis, which is placing extreme pressure on individual and family finances. We are already seeing the associated increases in poverty, unemployment, isolation, domestic abuse, family breakdown, anti-social behaviour and homelessness. These issues make it very difficult to effectively support and manage the needs of children with chronic conditions. The consequence is that more children, young people, and parents will require more services across the spectrum of need.

Financial Pressures

The Welsh Government have identified that the health and social care system is under significant pressure. Whilst we welcomed the increased uplift of £165m, accompanied with the recurrent provision of £70m for the Real Living Wage in the Government's 2023-24 budget, it is evident that very difficult choices will have to be made in relation to continued service provision.

We know from survey work undertaken in the autumn of 2022 by the Welsh Local Government Association (WLGA) in collaboration with our members and the Society of Welsh Treasurers (SWT), that forecasts indicate that social care across Wales is facing a considerable financial challenge in 2023-24 and 2024-25. The pressure in both adults' and children's

services includes the challenge of recruitment and retention of staff with this issue also affecting commissioned services from providers.

Local authorities are projecting an estimated total cumulative pressure for social services of £407.8m for 2023-24 and 2024-25. Within this overall social services total, the estimated total commissioning cost and demand pressures are £288.4m, with a pay inflation pressure totalling £75.8m for the two years.

Summary of Social Services Pressure 2023-24 and 2024-25

	2023-24	2024-25	Total
	£000s	£000s	£000s
Pay inflation pressures	51,858	23,918	75,776
Non pay inflation pressures	20,712	12,423	33,135
Fees/charges inflation	(2,677)	(2,192)	(4,869)
Commissioning cost pressures - Adults	86,939	55,201	142,140
Commissioning cost pressures - Children's	14,066	10,449	24,515
Demand related pressures - Adults	35,980	29,462	65,442
Demand related pressures – Children's	37,235	19,104	56,339
Reduction in specific grants	5,914	1,646	7,560
Local priorities	4,418	1,651	6,069
Other	1,699	0	1,699
Overall Total	**256,144**	**151,662**	**407,806**

Source: WLGA/SWT Survey September 2022

Further detail and commentary on our financial concerns can be found in our response to the Senedd's Finance Committee scrutiny of the Welsh Government's Budget of 2023-24.

However, it is clear that with wider concerns about NHS financial pressures due to waiting list demand, acute care demand and the increases in day-to-day running costs due to inflation, energy increases etc., a whole systems change is required. We need to move away from dealing with acute need to the effective management of chronic conditions in the community – in its broadest sense. There needs to be a focus on early access to health and social care professionals, so that timely diagnosis can be made, leading to the right size package of care and support being put in place quickly. Essentially, right time, right place, right professional at pace.

Workforce

The impact that the COVID-19 pandemic has had on the social care workforce has been wide-ranging and profound. The lustre of public support during the pandemic has long since faded and the workforce that remains feel exhausted, unappreciated and are questioning their long-term future in the sector. The issue of workforce recruitment and retention is widely regarded as an unprecedented, existential crisis for the whole social care sector; a crisis which has the

potential to hinder and undermined the sector's renewal and lead to suboptimal outcomes for individuals with chronic conditions.

This is not just a crisis facing in-house service provision, but it is also impacting independent commissioned provision as well. For example, there is a lack of capacity to undertake assessments to provide packages of care that are needed and there is a lack of Occupational Therapists and other multi-Disciplinary professionals to support people to live well and independently in the community.

Social care departments within local government have maintained a constant recruitment programme across Wales which has seen some success, but the market remains very volatile for both qualified and unqualified positions. Moreover, the resilience of the current workforce supporting children's services is also of significant concern. The challenges include:

- Difficulties in recruiting qualified childcare social workers - a recurrent theme over many years but this has markedly worsened
- Difficulties in finding quality agency social workers and ever-increasing agency fee levels
- A lack of both educational psychologists and mental health practitioners
- Competition between local authorities and other statutory services for key social worker roles
- Newly qualified social workers having to take on incredibly complex caseloads because of a lack of team capacity
- Significant pressures in respect of high levels of unexpected absence and staff sickness; none of which could have been predicted or planned for.
- Social workers stepping down from the profession into non-professional roles due the immense strain – consequently adding to the strain on the remaining workforce
- Staff that remain in the system becoming increasingly fatigued, both emotionally and physically.

The consequential impact of this capacity shortfall is an increase in agency related costs, which has added further financial pressure to local authority budgets, and we have seen a greater burden of responsibility and expectation fall on the shoulders of unpaid carers.

We believe workforce pressures in health and social care need to be examined as part of this inquiry because it is hampering the system's ability to deliver high-quality, integrated, person-centred support to individuals with a chronic condition.

Seamless Integration - the relationship between health and social care

The relationship between the NHS and social care is an important one when it comes to helping an individual manage their chronic condition. Without well planned care and the right interventions by the right professionals at the right time, people's conditions can quickly become destabilised. The consequence is often the individual experiencing acute need and requiring significant intervention to rebalance both physical health and mental wellbeing. Such episodes can severely damage people's confidence to live independently. This then creates a knock-on effect on so many other health and social care services already under intense pressure.

At the same time, a lack of capacity and resources in health also has implications for local authorities. For example, a lack of resources to progress individuals with a high level of complex needs where consideration of Continuing Health Care (CHC) is required; some of these packages are £150k to £250k per annum. There is a similar situation in children's services, where there are an increased number of children with complex care needs in need of assessment for Children and Young People's Continuing Care (CYPCC). Local authorities have reported that health boards' capacity to assess and arrange provision for these children and young people means that local authorities continue to have to meet their needs, requiring the use of specialist children looked after placements. We believe that operational delivery and governance functions around CHC and CYPCC needs to be examined in this inquiry because we believe it is damaging partnership relationships and ultimately, hampering care outcomes for individuals with chronic conditions, even for those in receipt of end of life care.

A significant investment into social care is required to help resolve some of these issues, but it is essential that social care is not just seen as a service simply there to support the NHS. There is a need to recognise the value social care has in its own right. However, where the NHS and social care work well together, there is potential to keep people well and reduce demand on secondary health services. There is also evidence that interventions like reablement have the potential to prolong people's ability to live at home and reduce or even remove the need for care. However, greater clarity on joint funding arrangements and their governance is required to ensure that people are front and centre of service provision not budgets.

Social care is also essential because it links to a wide range of other services that can support people's wellbeing such as work, housing, social interaction and a good environment. Ultimately, the greatest impact on health and wellbeing is in addressing the wider determinants of health and ensuring that local government has the power, flexibility and resources to fulfil its core purpose of ensuring that all our residents have the opportunities to have the best start in life, to live well and age well.

Conclusion

The inquiry Terms of Reference rightly point out the complex nature of supporting people with chronic conditions. The perspective of social care leaders post-pandemic is that we need to refocus on the key principles in the Social Services and Well-being (Wales) Act 2014 and in A Healthier Wales. That means statutory providers and associated partners concentrating solely on the individual to deliver, high-quality, strengths-based and seamless care and support. However, we need a health and care system that moves away from acute, symptomatic, reactive care to one based on earlier detection and intervention. Only by ensuring that people see the right professional, at the right place, at the right time, we will see improved self-management of personal health and well-being, as well a health and social care system more resilient and able to provide that support.

Eitem 3

British Geriatrics Society
Improving healthcare for older people

Marjory Warren House
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Website www.bgs.org.uk

Russell George MS

Chair, Health and Social Care Committee

Senedd Cymru

Cardiff Bay

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CF99 1SN

25 May 2023

Dear Mr George,

Supporting people with chronic conditions – response from the British Geriatrics Society

The British Geriatrics Society (BGS) welcomes the opportunity to contribute to this important consultation about supporting people with chronic conditions. The BGS is the membership organisation for all healthcare professionals engaged in the treatment and care of older people across the UK. Since 1947 our members have been at the forefront of transforming the quality of care available to older people. Our vision is for a society where all older people receive high-quality patient-centred care where and when they need it. We currently have over 4,600 members across the UK, including around 200 in Wales. This submission has been developed by members of the BGS Wales Council which is comprised of healthcare professionals working with older people across Wales. We have structured our response around the broad areas set out in the consultation document.

NHS and social care services

- *The readiness of local NHS and social care services to treat people with chronic conditions within the community.*

Many NHS services are focused around the acute hospital, which is not where most people with chronic conditions are or need to be. There is a need to move more services into the community to be provided to people in the place they call home or near to it. While there have been moves in recent

years to provide more services closer to home through community resource teams, Hospital at Home and virtual wards services, there is a well-documented need for further investment in this type of care.[1] Many areas, however, do not have the workforce required to provide these services in the community. The NHS and social care workforce are already stretched beyond capacity and without addressing this, it will be impossible for the NHS and social care to provide good-quality care in the community to people living with chronic conditions. The services need to acknowledge care giver burden. Care giver burden is the perception of strain and stress resulting from perceived obligation to provide care to loved ones. Careful consideration needs to be given to support given to families while providing care and support near to their homes.

- *Access to essential services and ongoing treatment, and any barriers faced by certain groups, including women, people from ethnic minority backgrounds and disabled people.*

While chronic conditions can affect people of any age, it must be acknowledged that the vast majority of people with chronic conditions are older people – 58% of people over 60 are affected by a chronic condition compared to only 14% of those under 40.[2] It is therefore essential that access to services for people with chronic conditions is set up with older people in mind. Many older people have limited mobility and therefore may struggle to travel to appointments. In addition, many older people have more than one chronic condition and will struggle to travel to multiple appointments for each condition.

It is also important to note that around 20% of pensioners in Wales live in relative income poverty.[3] People living in poverty are also more likely to have chronic conditions with a 60% higher prevalence of chronic conditions in the poorest social class when compared to the richest social class.[2] Those living in poverty are likely to experience more challenges in accessing care for their conditions.

While IT solutions such as virtual appointments for clinical review and assessments may be an option for some people, older people with chronic conditions may not have the equipment or knowledge to access services in this way. While digital literacy among older people is increasing, this group is still one of the most likely groups to be digitally excluded. It is important that digital solutions are not relied upon and that older people who do not have access to digital technology are still able to access the care that they need, in a format that is appropriate to them.

Multiple conditions

- *The ability of NHS and social care providers to respond to individuals with multimorbidity rather than focusing on single conditions in isolation.*

The NHS has been set up to treat people on a condition-by-condition basis and, in most cases, still operates in this way. This particularly applies to hospital care which is arranged on a specialty basis. This is not conducive to providing high-quality, patient-centred care as it can mean that patients are required to attend multiple appointments and repeat themselves constantly to different healthcare professionals. Comprehensive geriatric assessment (CGA) should be available to older people with chronic conditions to ensure that their treatment is appropriate to them. CGA is a multidimensional approach which includes physical, cognitive, functional, social and psychological components and is the gold-standard of assessment for older people. Systems should have the capacity to deliver CGA to all older patients.[4]

In addition, there needs to be a recognition across the NHS in Wales that most healthcare professionals (with the exceptions of those working in child and maternal health) will be caring for older people more than any other patient group. For this reason, healthcare professionals across all specialties and disciplines should know how to care for people with frailty, cognitive impairments and other conditions associated with ageing, alongside their own area of expertise.

- *The interaction between mental health conditions and long-term physical health conditions.*

People with chronic or long-term conditions are more likely to experience serious mental health problems, and vice versa. More than a quarter of those with one or more long-term physical health condition will also have a mental health condition and of those with symptoms of serious mental health problems, 37.6% also have long-term physical conditions.[5] As the BGS highlighted in our submission to this Committee's inquiry into mental health inequalities,[6] mental health services for older people in Wales are currently in crisis. Services are not currently available to guarantee people who have mental health conditions alongside long-term physical conditions are able to access the care and support they need to manage both their mental and physical health adequately.

Prevention and lifestyle

- *Action to improve prevention and early intervention (to stop people's health and wellbeing deteriorating).*

It is important to recognise that prevention and early intervention are important at all stages of the life course, not just in younger age groups. Prevention is a cornerstone of geriatric medicine with experts in older people's healthcare continuously working to prevent their older patients from becoming ill, being admitted to hospital or returning to hospital once they have been discharged. There is also good evidence that interventions through 'anticipatory' or 'proactive' care can be beneficial for many older people. These services work to identify people at risk of developing frailty or people with mild frailty

who are at risk of deteriorating and provide proactive care to prevent or reverse the onset of frailty. This enables people to live independently for longer.

- *Effectiveness of current measures to tackle lifestyle/behavioural factors (obesity, smoking etc); and to address inequalities and barriers faced by certain groups.*

While it is never too late for older people to make positive changes to their lifestyles, they may face challenges to doing so. For example, older people who drink alcohol at a harmful level may experience difficulty in accessing the services that they need and may not be identified as drinking too much. This issue exists both with NHS staff failing to assess for alcohol problems when - for instance - an older person attends an emergency department after a fall, and with family members who may excuse excess alcohol consumption as a comfort later in life.[7]

Physical activity is incredibly important for older people as it helps to reduce incidence of frailty, prevent falls and prevent other illness. People who are physically active are also more likely to recover quickly from periods of ill health and have improved mental health and cognition. However, many older people are not regularly physically active and are not sufficiently supported to be physically active. It is important that older people are able to access physical activity that is appropriate to them and are supported to be active as often as they are able.[7]

While there is understandably a focus on a prevention of obesity across the population, it is important to note that many older people face a loss of appetite as they age and may lose more weight than is healthy. Older people must be supported to continue to shop for nutritious food and to eat well as they approach later life.[7]

Impact of additional factors

- *The impact of the rising cost of living on people with chronic conditions in terms of their health and wellbeing.*

BGS members report that the cost of living crisis is having an impact on many older people, particularly during the last winter. As described above, many older people in Wales are living in poverty and this will have worsened over the last year as many people across the country have experienced extreme financial hardship. BGS members report older people failing to attend appointments as they are unable to afford the bus fare to travel there, limiting the number of meals they eat every day and heating only one room in their home.[8] The cost of travelling to appointments is of particular concern for those with multiple chronic conditions as they may be required to attend numerous appointments with the cost of travel becoming prohibitive for some.

- *The extent to which services will have the capacity to meet future demand with an ageing population.*

Current services do not have the capacity to meet the demand that is already being created by the ageing population. The number of people in Wales aged 65 and older is projected to increase by 16.1% between mid-2020 and mid-2030 with the over 75 population projected to increase by 23.9% in the same period.[9] One in three people aged over 85 require support with one or more activities of daily living.[10] Currently there are not enough people working in the NHS and social care to provide care for this growing population group. In order to provide high-quality care to all older people who need it, the older people's healthcare workforce will need to be increased significantly. As the Welsh Government considers how the NHS and social care services are staffed in the future, the needs of older people should be kept central to their thinking. Older people are the biggest user group of health and care services and if services work well for older people, they are more likely to work well for other groups. The BGS welcomes the Welsh Government's publication of *Six goals for urgent and emergency care*[11] and would like to emphasise the need to support people with right care at right place when they are acutely unwell and investment in the establishment of adequate Frailty services across the NHS in Wales.

Thank you for the opportunity to contribute to this important inquiry. If you wish to discuss any aspect of our submission or to invite a member of our Wales Council to give oral evidence to the committee, please contact our Policy Manager, Sally Greenbrook [redacted] to make arrangements.

Yours sincerely,

Professor Sam Abraham
Chair, BGS Wales Council.

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Diabetes UK Response

Written by: Mathew Norman, Deputy Director (Wales)

Submitted as: Submission as an organisation.

Authorisation to publish the submission: Happy for the submission to be published as Diabetes UK Cymru.

About us

Diabetes UK's vision is a world where diabetes can do no harm. We lead the fight against Wales' largest growing health crisis, which involves us all sharing knowledge and taking on diabetes together.

Over 207,295 people live with diabetes in Wales, equivalent to 1 in 13 people, the highest level of prevalence of any of the UK Nations. The last twenty years have seen a rapid increase in the diagnosis of diabetes; this is due in part to a growing rate of type 2 diabetes diagnoses, with an estimated 65,000 people in Wales living with undiagnosed type 2 diabetes. The biggest cause of

The continued prevalence of obesity suggests that an estimated 580,000 people in Wales could be at risk of developing type 2 diabetes, the most common form of diabetes, accounting for 90% of all cases. By 2030 the number of adults with diabetes in Wales will likely grow from 8% to 11%.

Further information on diabetes can be found on our website.

Response

We thank the Committee for the opportunity to respond to the inquiry into Supporting People with Chronic Conditions. To assist the Committee, we have responded under headings identified in the consultation:

- NHS and Social Care Services
- Multiple Conditions
- Impact of Additional Factors, Prevention and Lifestyle

In our response, we would like to note our thanks and support for the continued hard work and dedication that our NHS and Social Care workers provide. We highlight the experiences of people living with diabetes and the current data available and note that this is not a reflection on the dedicated workers of the NHS who support people living with diabetes and aim to deliver excellent level of care.

NHS and Social Care Services

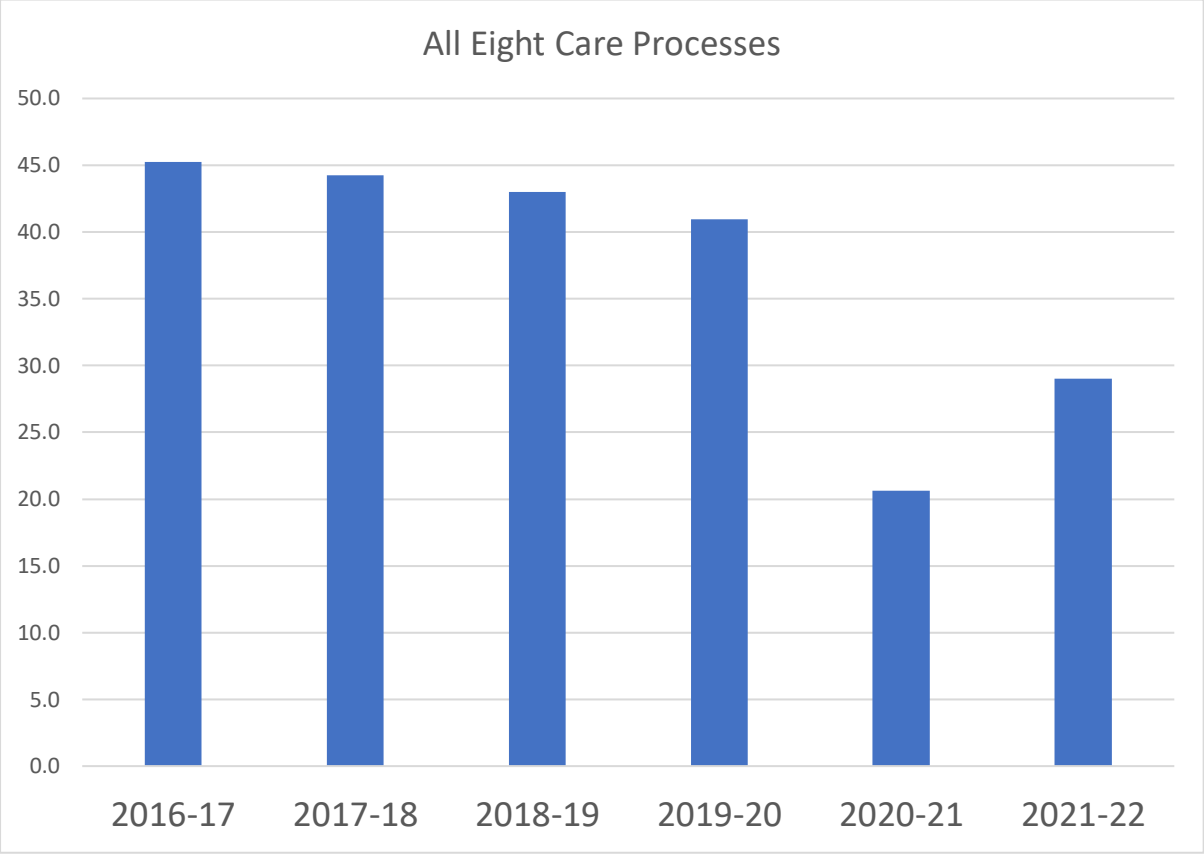
One of the means and ways to review the current level and status of care for people living with diabetes in Wales is the National Diabetes Audit (NDA). NDA data is a measure of the effectiveness of delivery of diabetes care against NICE guidelines; the data is crucial in monitoring, identifying, and recognising good and less good care across Wales. With the most recent report from the National Diabetes Audit to be published in a month, the most recent comprehensive review of diabetes care in England and Wales was published in July 2022.[i]

The National Institute for Health and Care Excellence (NICE) recommends nine care processes for people living with type 1 and type 2 diabetes. However, due to temporary service closures during the pandemic retinal screening is not compared. Therefore, eight care processes compared across both type 1[ii] and type 2[iii] diabetes are highlighted in the latest NDA report.

Unfortunately, combining care management results of people living with both type 1 and type 2 diabetes shows that less than a third (29%) received all of their vital checks in 2021/22. Before the pandemic in 2019/20, the figure was 41%.

England has recovered much more quickly, where the same measurement of checks currently sits at 47% in 2021/22 compared to 57.3% in 2019. The recovery rate in Wales to meet management checks for people living with diabetes is not the same as in England and is falling behind.

Diabetes UK Cymru is concerned by the lack of recovery compared to trusts across the border and notes that a declining trend in meeting the care processes in Wales was apparent before the pandemic. The graph below notes the results of the last six annual NDA reports for Wales, from 2016/17 to the most recent 2021/22.



*Compiled from NDA reports[iv]

What is apparent is the downward trend in meeting the care processes in Wales and the challenge ahead of not only restoring the overall percentage of people living with diabetes managing their diabetes well to pre-pandemic levels but also reversing the downward trend seen before the pandemic began. Failing to meet these essential yearly checks can cause further complications and problems for people living with diabetes, such as sight loss and amputations which in turn reduces the quality of life of people living with diabetes and increases pressures on the NHS and Social Care Services. When completed, any potential early warning signs can be acted on quickly, and referrals

can be made to new treatments and support, such as access to new technologies. This can improve the overall well-being of someone living with diabetes and support clinicians in managing a person's diabetes.

Further, the NDA report noted:

- Risk ratios of mortality compared to those without diabetes continue to increase in Wales for men and women living with type 1 and type 2 diabetes.[v] The mortality risk rates correlate with Diabetic Ketoacidosis (DKA) mortality rates which also continue to increase and have done so significantly in the three most recent available data sets for Wales (2017 – 2020).[vi]
- Recorded high levels (86 mmol/mol or greater) of HbA1c (average blood glucose levels) continue to be recorded higher in young adults in Wales compared to England, whilst Wales and England are on par for recorded lower safer levels (58 mmol/mol or less).[vii]
- The risk of Angina for males living with type 1 and type 2 and females with type 2 diabetes continues to increase compared to the general population. Levels of risk for females with type 1 diabetes have decreased compared to the general population.
- Whilst risk for stroke has increased for men and women living with type 2 diabetes compared to the general population and decreased for people living with type 1 diabetes.
- Women living with type 1 diabetes saw an increase in the level of risk of CVD (Cardio Vascular Disease) compared to the general population.[viii]

Earlier this year, Diabetes UK asked people living with diabetes to complete a survey as part of its Diabetes is Serious Campaign (DIS). The survey was open from the 25th of January 2023 until the 20th of February 2023 and was pan UK. In Wales, 698 responses were received, with 520 providing a valid postcode for analysis.[ix] One aspect of the survey was asking people living with diabetes about their diabetes management.

Unfortunately, over half of the respondents (55%) experienced difficulties managing their diabetes in 2022. Respondents from the most deprived areas were more likely to record difficulties, with these respondents more likely to attribute these difficulties to the rising cost of living.

When asked what difficulties they faced when managing their diabetes, the most common cause was lack of access to healthcare teams, including lack of access to emotional and psychological support. Our respondents' reports of lack of access to their healthcare teams support the data presented by the NDA since core processes to manage their diabetes are not being met.

To elaborate further, we asked respondents in our DIS survey to respond on their access to care. Unfortunately, we found that:

- More than a third (41.0%) of respondents found it difficult to make appointments for their diabetes checkups.
- More than half (52.4%) who had tried to get emotional or psychological support faced difficulties doing so.
- People in the most deprived quintile were 30% more likely to have had no contact with their healthcare team in over a year than those in the least deprived.
- In over a year, 1 in 8 people in the most deprived areas reported no contact with their healthcare team.

When asked for the reason why there was a lack of contact, 60% of respondents noted that they had not been contacted by their healthcare professional regarding their diabetes, with over 40% noting that when appointments were arranged, they were either delayed or cancelled.

One of the most effective ways and means for someone living with diabetes (primarily type 1 diabetes and type 2 dependent on insulin) to manage their diabetes well is access to technology. These can vary from Flash Glucose Monitoring, Continuous Glucose Monitoring (CGM), Insulin Pumps, Hybrid Close Loop, and open source /DIY closed-loop technology.[x]

Our DIS survey asked our respondents (living with type 1 diabetes) how technology helped them manage their diabetes. 85.0% of respondents with type 1 diabetes using technology agreed it helped them to manage their diabetes in 2022, and 75.4% said it improved their overall well-being. Furthermore, 60.0% of respondents informed us that diabetes technology made remote consultations with their diabetes team easier. Technology is changing the way that people living with diabetes live their lives and reduces pressures associated with the condition that can further cause complications.

Sensor technology for Type 1 diabetes has been available in the Welsh NHS since November 2017. What some may find challenging in obtaining monitoring technology in Wales will be the eligibility criteria. For example, referral to Flash glucose testing is an option that requires consideration of several factors, such as the frequency of blood glucose testing in a day, more than one episode of severe hypoglycaemia, or frequent asymptomatic hypoglycaemia.

On the 31st of March 2022, NICE guidelines were updated, which changed the eligibility criteria.[xi] Changes in NICE guidelines will support referrals for this monitoring technology; in essence, it is a shift in thinking that recognises technology as an integral part of diabetes management. The choice will be based (according to NICE) on shared decision-making with the individual based on preferences, needs, characteristics and the functionality of the devices available.

However, new NICE guidelines don't immediately translate into the latest recommendations being adopted as policy. In a written question response to Hefin David MS on the 22nd of April 2022, the Minister for Health and Social Services, Eluned Morgan MS, cited staff training obligations as a possible obstacle to implementing the updated NICE guidelines.[xii]

On the 8th of November 2022, Joel James MS asked if the First Minister would provide an update on the qualifying criteria for flash and continuous glucose monitoring technology for diabetes management.[xiii] In response from the Welsh Government, the Minister for Rural Affairs and North Wales and Trefnydd Lesley Griffiths MS noted the importance of the accessibility of such technologies in Wales. With the Minister of Health and Social Services in the Chamber, it was noted that she would write to Joel James MS with a response on the current rollout of the NICE Guidelines.

Diabetes UK Cymru has been waiting for the Minister's response and working with the Cross-Party Group on Diabetes and Members to highlight the issue. An imminent NICE update on the use of Hybrid Closed Loop systems for managing blood glucose levels in type 1 diabetes is due to be published soon. We expect that updated guidelines will improve access for people living with diabetes using insulin pump or CGM technology to Hybrid Closed Loop technologies that drastically support people living with diabetes to help them manage their condition.

In our DIS survey, we learnt that only 31% of respondents use CGM, and 26% use insulin pump technology in Wales.

With the Quality Statement on Diabetes to be announced in June, we hope to learn more about the continued support and rollout of technologies for people living with diabetes in Wales.

Multiple Conditions

In our recent DIS survey, we asked people living with diabetes if they had elective surgery with the NHS in the previous two years. 12.2% of respondents stated they had, and of those respondents, whilst waiting for elective surgery, nearly 30% stated that it became more difficult to manage their diabetes.

Further, we asked respondents if they were currently on a waiting list for elective surgery; 11.9% of respondents indicated they were, and out of those respondents, one in ten had their surgery delayed because of their HbA1c levels, which could be due to the management of their diabetes affected either by waiting for their elective surgery or by other reasons (as noted earlier).

Our survey further highlighted the impact that waiting lists for elective surgery had on the management of their diabetes, which in turn affects the NHS and increases pressures on other services. For respondents waiting for elective surgery, we asked them what further impact this had on managing their condition. 40% indicated that they needed to visit their GP more to manage their condition, whilst 17% indicated that they have had to visit A&E to manage their condition.

We lastly asked the same respondents if they have had to pay for private care to manage their condition as they wait for surgery. 11% indicated that they had, with a further 36% considering seeking private medical care to have their surgery. This is an alarming development as people living with diabetes struggle to manage their condition because they are waiting for surgery; they are either seeking or considering private care, highlighting the direct impact that the pressures of the NHS are having on people living with lifelong health conditions.

It is also more than likely that this wait is having an impact on their mental health.

The Diabetes Delivery Plan estimates that 41% of people living with diabetes (people living with diabetes) in Wales have poor psychological well-being.[xiv] People living with diabetes experience higher levels of psychological distress than people without diabetes.[xv] This is due to the additional stresses and pressure of diabetes, but also because there are specific psychological issues that only people living with diabetes experience.

People living with diabetes have double the risk of suicide or intentional self-injury compared with the general population. Further, most people with diabetes won't admit they are suicidal and will fail to inform healthcare professionals for fear of their response. Many suicide attempts might be mistaken for accidental hypoglycaemia or diabetic ketoacidosis. One study of 160 cases of insulin overdose leading to severe hypoglycaemia found that 90% were suicidal or parasuicidal and only 5% accidental. (Parasuicide is severe and deliberate self-harm with or without suicide intent that does not lead to death).[xvi]

In another study[4] of 550 children and young adults with type 1 diabetes, nearly 9% were identified as having some sort of suicidal ideation when screened with a questionnaire for depression and suicide. In fact, the World Health Organisation reported[5] that the number of suicide attempts is at least twenty times higher than the number of suicide deaths recorded.

Unmet psychological need significantly affects all areas of diabetes care; it increases psychological and physical risks to people living with diabetes and their families and adds substantial burden and cost to an already overstretched NHS. Links between increased psychological distress and worsening

diabetes self-management are also well established, with high diabetes distress predicting higher average blood glucose levels (as measured by HbA1c) in people with type 1 and type 2 diabetes.[xvii]

Diabetes UK Cymru continues to call for improved access to psychological services for people living with diabetes.

In June last year, Dr Rose Stewart, Consultant Clinical Psychologist and National Lead published her report "From Missing to Mainstream' A Values-based action plan for Diabetes Psychology in Wales.[xviii] Many diabetes services recognise the need for psychological support but often struggle to develop business cases and obtain funding for posts - this is often due to a lack of integration between physical and mental health services, which is a long-standing problem in the NHS.

Dr Rose Stewart's document sets out a framework for integrated specialist diabetes psychological care across Wales at all levels of need. The key recommendations of the document include the recruitment of a diabetes psychology workforce across Wales, specialist support for high-risk groups such as young adults, and integrating psychological thinking across all diabetes service developments.

Following a publication of a DUK Wales survey results of access to psychological support for people living with diabetes, conducted in August 2022, the CPG on Diabetes wrote to the Deputy Minister for Mental and Wellbeing, Lynne Neagle MS, on the 7th of December 2022. In response, the Deputy Minister in January noted:

"The All-Wales Diabetes Implementation Group has commissioned the Cambridge Diabetes Education Programme for a few years, which also has modules on mental health in diabetes. We will consider with the clinical lead whether and how this can be further promoted across wider health care professional groups. In addition, the forthcoming Quality Statement for Diabetes will set out that health boards should provide tools and appropriate support to people with diabetes to help address the emotional and psychological impacts of living with this condition, and so I will expect to see how this is to be done reflected in health board plans."[xix]

We look forward to reviewing the Quality Statement in June and continuing to work with Dr Rose Stewart on developing our calls for improved access to psychological support for people living with diabetes in Wales.

Impact of Additional Factors, Prevention and Lifestyle

The number of people diagnosed with diabetes continues to increase and is set to increase further as the rates of obesity continue to rise. There are currently 204,326 people registered as living with diabetes (Aged 17+) within Wales (Digital Insights & Variation Atlas 2022). This number will continue to rise with new people diagnosed with type 2 diabetes each year.

Recently the Wales Diabetes Remission Service Report was published by Catherine Washbrook-Davies, the All-Wales Nutrition & Dietetic Lead for Diabetes.

Her report highlights a programme implemented in Wales following the publication of the DiRECT study results. Work commenced by Dietetics departments within four university health boards in January 2020 to implement an All-Wales pilot for 90 patients to test the real-world implementation of delivering a Total Diet Replacement (TDR) based intervention to aid people with Type 2 diabetes to achieve remission through weight loss.

42 patients completed the 12-month intervention. For patients with two HbA1c results available at 12 months, remission was achieved in 62% of these, and 79% had improved their diabetes control

from baseline. The results indicate a major positive step for those for whom the diet was impactful; placing diabetes into remission can reduce the chances of developing lifelong complications, improve overall health and well-being and reduce pressures on other areas of life such as employment.

There are further positive benefits for the NHS—the immediate savings on administered medicine.

The total monthly cost for diabetes medication was approximately £1984.70, with a mean cost per patient of £22.30 (Range= 0- £118.62) and a mean number of 1.23 drugs per patient (Range= 0-4). This equates to a potential annual saving of £23,816 from the cohort who completed the programme. These savings are only for a 12-month period; therefore, if the 40 patients continue to maintain a lowered HbA1c level, these savings multiply year on year.

The report doesn't elaborate further on health economics; however, we know that delaying diabetes and keeping it in remission can prevent other life-impacting conditions, saving the NHS even further funding.

Funding for the continued delivery of the programme was provided through the All-Wales Diabetes Implementation Group (AWDIG), which is ceasing (funding to end in June) under the restructuring of the new NHS Executive. The Cross-Party Group on Diabetes has written to the Minister for Health and Social Services expressing support for continued funding of this programme. In her response, the Minister indicates a hopefully positive outcome for the programme, referencing the Quality Statement on Diabetes, which will be announced in June.[xx]

The All-Wales Diabetes Prevention Programme (AWDPP) was also launched this year, initially funded by AWDIG and now by the Welsh Government through Healthy Weight Healthy Wales. The programme is designed to target a standardised brief intervention with an embedded national evaluation approach to reduce the chances of those at risk of type 2 diabetes developing the condition.[xxi] The programme will offer those identified support to make changes to their diet, lifestyle and exercise to promote healthier choices and to be more physically active.

Although not as extensive as comparable programmes run in England[xxii], this is the first time a programme of this sort has been run in Wales and is now part of the Healthy Weight Healthy Wales Strategy to reduce obesity levels by 2030.[xxiii] The February update noted that 50% of the 3068 people identified using the AWDPP search template had taken up the programme.

The current food environment is the current major driver of the increased levels of obesity in Wales, increasing the health burdens associated with obesity.[xxiv] By allowing the continued increase in availability, accessibility, affordability, and marketing of foods high in saturated fats, trans fats, sugars and salt, which are highly processed, we are, in essence, on a non-stop train buffet, eating our way through to increased morbidity.

Our food environments are changing rapidly, especially for low and middle-income families with a comprehensive and heavily marketed availability of many products. These current food environments are the primary driver of increasing the burden of disease associated with obesity.[xxv] [xxvi]

Healthy diets are being undermined by marketing practices, with evidence being unequivocal; food marketing which children are exposed to alters their food preferences, choices, purchases and intake.[xxviixxviiixxix- Such] practices also affect their long-term physical health and emotional, mental and spiritual well-being.[xxxxxxi] These diets support life-long negative associations with foods that alter

their future choices of preferred food groups and their susceptibility to future marketing as an adult later in life.[xxxii,xxxiii]

Diabetes UK Cymru positively welcomed proposals in the Positive Food Environments and the Ban on Energy Drinks for those under 16s consultations. We have been informed that a statement on the developments of the proposals will be granted in June. As members of Obesity Alliance Cymru (OAC), we continue to call for reform for a more positive relationship with food and drink to reduce the levels of overconsumption of high-fat salt or sugar products.

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[ii] NICE type 1 Diabetes Management recommendations, Accessed May 2023: https://www.nice.org.uk/guidance/ng17.
[iii] NICE type 2 Diabetes Management recommendations, Accessed May 2023: https://www.nice.org.uk/guidance/ng28/chapter/recommendations.
[iv] Accessed May 2023: https://digital.nhs.uk/data-and-information/publications/statistical/national-diabetes-audit#past-publications.
[v] Most latest data is only available to 2020.
[vi] https://www.diabetes.org.uk/guide-to-diabetes/complications/diabetic_ketoacidosis - Link to guides explaining DKA
[vii] https://www.diabetes.org.uk/guide-to-diabetes/managing-your-diabetes/hba1c - Link to guides explaining blood glucose levels.
[viii] https://www.diabetes.org.uk/guide-to-diabetes/complications/cardiovascular_disease Link to guides on diabetes and heart disease.
[ix] Full breakdown of the respondents compared to the average demographics of people living with diabetes in Wales (NDA) and survey results can be provided to the Committee upon request.
[x] Information on the different types of technologies to support someone living with diabetes can be found on our website, accessed May 2023: https://www.diabetes.org.uk/guide-to-diabetes/diabetes-technology.
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[xii] https://record.assembly.wales/WrittenQuestion/85036
[xiii] https://record.assembly.wales/Plenary/13043#C459004
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[xviii] From Missing to Mainstream, A Values Based Action Plan for Diabetes Psychology in Wales, Dr Rose Stewart, 2022, https://diabetespsychologymatters.files.wordpress.com/2022/04/missingtomainsteam-final-pdf.pdf
[xix] Letter to the Deputy Minister from the CPG (Appendix 1) and the Deputy Minister's response (Appendix 2) are attached with consultation response.
[xx] The letter to the Minister of Health and Social Services, Eluned Morgan MS (Appendix 3) and the Minister's response (Appendix 4) are attached with this consultation response.
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DIABETES UK
DEALL DIABETES. BRWYDRO DIABETES.
KNOW DIABETES. FIGHT DIABETES.
CYMRU

Jayne Bryant MS

Welsh Parliament
Cardiff Bay
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17th of November 2022

Deputy Minister for Mental Health and Wellbeing,
Lynne Neagle MS
Welsh Government
5th Floor
Tŷ Hywel
Cardiff Bay
CF99 1NA

Dear Minister,

I write on behalf of the Cross-Party Group on Diabetes. Following Diabetes UK Cymru's Missing to Mainstream Campaign launch which showcased Dr Rose Stewart's report , you will know that the charity has continued to call for increased access to dedicated psychological services for people living with diabetes.

Recently during the Summer of 2022, the charity wrote and collected survey data from people living with diabetes, asking them to share their experiences and thoughts about living with the condition.

During our last session of the CPG on diabetes, Diabetes UK Cymru shared its survey results (enclosed with this letter). Generally, it found that many respondents were frustrated with the lack of access to psychological support, the lack of appointments/GP contact, the lack of understanding by the public (especially in the workplace) and healthcare professionals of their condition and the offer of mental health support not being made or discussed.

Following our discussions at our last meeting, , the CPG would welcome an update from you as Deputy Minister for Mental Health and Wellbeing to understand the current landscape of access to mental health services for people living with diabetes

Considering the current workforce and budget issues and pressures that the NHS faces, members of the CPG, including Diabetes UK Cymru, expressed a view that a simple and cost-effective measure would be to improve access to general psychological support by improving understanding of diabetes amongst all healthcare professionals. Improved understanding and recognition would enable all healthcare professionals to identify issues, give support and signpost appropriately. The CPG would welcome a review of what steps could be taken to increase support and awareness of diabetes and its impact on mental health among healthcare professionals and the general public, so that people living with diabetes feel more supported and can access support when needed.

The CPG also expresses their thanks for your continued efforts and support, especially the day-to-day work that our NHS does to support people living with diabetes to live well.

We look forward to your response.
Jayne Bryant MS
Chair of the Cross-Party Group on Diabetes

Lynne Neagle AS/MS
Y Dirprwy Weinidog Iechyd Meddwl a Llesiant
Deputy Minister for Mental Health and Wellbeing

Llywodraeth Cymru
Welsh Government

Ein cyf/Our ref LN/00503/22

Jayne Bryant MS
Chair of the Cross Party Group on Diabetes
Senedd Cymru

Jayne.Bryant@senedd.wales

18 January 2023

Dear Jayne,

Thank you for your letter of 7 December on behalf of the Cross-Party Group about increased access to psychological support for people with diabetes. Many thanks also for enclosing the results of the summer survey which I read with interest.

I do understand that when faced with a diagnosis of diabetes, either Type 1 which is an autoimmune disease normally diagnosed in childhood, or Type 2 which is normally lifestyle-related and diagnosed in adulthood, people may well struggle to cope psychologically with what such a chronic, life-long condition means for their lives. Poor mental health may undermine effective self-care and medical management of diabetes; and in some cases, particularly in those dependent on insulin, diabetes can lead to more serious physical or mental health disorders.

This is a complex picture and people should be offered the right level of support at the right time to give them the tools to be resilient and to prevent and tackle concerning behaviours. A significant proportion of people with diabetes have poor psychological wellbeing and will require some degree of routine or specialist psychological support.

I agree that timely and appropriate psychological support would enable many people to cope better with their conditions and the *From Missing to Mainstream* report you mention includes a pyramid approach with improving psychological health and self-efficacy for all; a next tier of low level distress and minimal diabetes impact being addressed as part of routine care by non-specialists; a next tier addressed by non-psychology specialists with access to training, supervision and resources; a next tier requiring psychology professionals with training in diabetes and a highest level needing multiple professionals and case management.

The *From Missing to Mainstream* report makes an important contribution towards helping the NHS in Wales to take a stepped approach to deploying different interventions and resources according to the severity of the individual's needs. These recommendations are

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largely in line with the aims of the Together for Mental Health Delivery Plan which also sets out a range of levels of support as well as the Strategic Mental Health Workforce Plan for Health and Social Care which recognises that mental health and wellbeing is everyone's business.

I therefore note the Committee's helpful suggestion that improving understanding of diabetes amongst all healthcare professionals could be a simple and cost-effective way of supporting patients. The All-Wales Diabetes Implementation Group has commissioned the Cambridge Diabetes Education Programme for a few years which also has modules on mental health in diabetes. We will consider with the clinical lead whether and how this can be further promoted across wider health care professional groups. In addition, the forthcoming Quality Statement for Diabetes will set out that health boards should provide tools and appropriate support to people with diabetes to help address the emotional and psychological impacts of living with this condition and so I will expect to see how this is to be done reflected in health board plans.

Yours sincerely,

Lynne Neagle AS/MS
Y Dirprwy Weinidog Iechyd Meddwl a Llesiant
Deputy Minister for Mental Health and Wellbeing

Jayne Bryant MS
Chair of the CPG on Diabetes
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February 2023

Minister for Health and Social Services,
Eluned Morgan MS
Welsh Government
5th Floor
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Dear Minister,

I write on behalf of the Cross-Party Group on Diabetes; in our first meeting of the year, we welcomed a presentation by Catherine Washbrook-Davies, the All Wales Nutrition & Dietetic Lead for Diabetes (Adult) & All Wales Diabetes Prevention Programme (AWDPP) on the All-Wales Type 2 Diabetes Remission Service.

With interest, members learnt of the very welcoming achievements of the Service funded by AWDIG from January 2020 – March 2022 to test total diet replacement-based intervention to aid people with type 2 diabetes to achieve remission through Weight loss.[i]

The report highlights several beneficial results for both the people living with diabetes, who achieved weight loss and the Welsh NHS, potentially saving and continues to save £23,816 annually just on diabetes medication alone. The long-term impact that programmes such as these can have on the NHS to prevent diagnosis of type 2 diabetes and place type 2 diabetes into remission is yet to be assessed and calculated. However, it can be determined that such results could reduce pressure on the NHS and deliver further cost savings as people improve their health.

With the business case for future funding under review, the CPG on Diabetes would like to express its support for expanding the Service. Members felt that the results of the Service spoke for itself and provided a real opportunity to improve the health of those living with type 2 diabetes, reducing their health risk and associated complications and supporting the NHS.

I hope that you agree, and I look forward to your response.

Warm regards,

Jayne Bryant MS

Chair of the Cross-Party Group on Diabetes

[i] Report attached with this letter.

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

Llywodraeth Cymru
Welsh Government

Ein cyf/Our ref EM/00969/23

Jayne Bryant MS
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17 April 2023

Dear Jayne,

Thank you for your letter of 27 March on behalf of the Cross-Party Group on Diabetes regarding the All-Wales Type 2 Diabetes Remission Service.

I welcome sight of the enclosed report and the Group's support for the introduction of this intervention. With the predicted rise in type 2 diabetes and the large personal and societal impact of diabetes prevalence, it is vital the NHS adapts to prevent type 2 diabetes, and where possible support people to achieve remission.

In June I expect to publish the Quality Statement for Diabetes, which includes commitments for the continued development of diabetes remission services. I hope to say more about this to the Senedd on the day of publication.

Thank you for writing to me on this matter.

Yours sincerely,

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

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Health and Social Care Committee:
Supporting People with Long Term Conditions

Consultation response from the Royal College of Paediatrics and Child Health (RCPCH)

May 2023

About the RCPCH and our response

The RCPCH works to transform child health through knowledge, innovation and expertise. We have over 500 members in Wales, 14,000 across the UK and over 17,000 worldwide. The RCPCH is responsible for training and examining paediatricians. We also advocate on behalf of members, represent their views and draw upon their expertise to inform policy development and the maintenance of professional standards.

We agree with the Committee that issues around chronic conditions are wide ranging and complex. With this in mind, we will seek to identify a small number of key considerations that we hope will help inform the Committee's thinking and understanding of the issues around long term conditions in children and young people, rather than take an in-depth look at specific conditions and care pathways. We'll align these as far as possible to the broad areas identified by the Committee on the consultation page.

We would be pleased to elaborate on this response in an oral evidence session, should the Committee have further questions or wish to hear more about supporting children and young people with long term conditions. For further information please contact Lisa Roberts, Policy and Public Affairs Officer (Wales) at the RCPCH at lisa.roberts@rcpch.ac.uk.

Key considerations

Prioritising children and young people is essential to ensure that services can meet future demand.

In years gone by, the majority of deaths in children were in those acutely unwell from infectious disease with no underlying morbidities. The number of children with a single long-term health condition such as asthma, diabetes, inflammatory bowel disease, eczema and epilepsy has increased significantly in more recent years. Now, between 60% and 70% of children who die in the UK have a long term condition[1].

There is therefore a strong case for prioritising children and young people in formulating policy, resourcing and services around long term illness[2], including the long term implications for health services. Healthy children are more likely to become healthy adults. Poor health outcomes in childhood are likely to progress into adulthood. If we take mental health as an example, the Mental Health Foundation report that 50% of mental health problems are established by age 14 and 75% by age 24[3]. Meanwhile, Young Minds note that One-third of mental health problems in adulthood are directly connected to an adverse childhood experience and that adults who experienced four or more adversities in their childhood are four times more likely to have low levels of mental wellbeing and life satisfaction[4].

The Welsh Government recognises the strength of the case for prioritising children and young people and have set this out in at least two key documents. It's long term strategy for health and social care, A Healthier Wales, noted the case for prioritising children and young people, drawing on evidence from an earlier Parliamentary Review[5]. The Welsh Government's programme for transforming and modernising planned care and reducing waiting lists in Wales builds on this, noting that "waiting times for children must be considered differently to waiting times for an adult, as the illness will represent a higher proportion of a child's whole life and potentially have permanent long term impact on growth and development"[6]. The document also

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[1] Royal College of Paediatrics and Child Health (2020), 'Child with Single Long Term Condition' in *Paediatrics 2020: Forecasting the Future*. Available at: https://paediatrics2040.rcpch.ac.uk/our-evidence/models-of-care/future/#page-section-9. Accessed May 2023.

[2] For a discussion of some aspects of this case see, for example, Lignou S, Wolfe I Healthcare prioritisation and inequitable inequalities: why a child health perspective should be incorporated into the current NHS guidance. *Archives of Disease in Childhood* Published Online First: 19 May 2023. Available at: https://adc.bmj.com/content/early/2023/05/18/archdischild-2023-325634. Accessed May 2023.

[3] Mental Health Foundation *Children and Young People Statistics*, available at: https://www.mentalhealth.org.uk/explore-mental-health/statistics/children-young-people-statistics#:~:text=50%25%20of%20mental%20health%20problems,and%2075%25%20by%20age%2024. Accessed May 2023.

[4] Young Minds *Mental Health Statistics*, available at https://www.youngminds.org.uk/about-us/media-centre/mental-health-statistics/. Accessed May 2023.

[5] See Welsh Government (2018) A Healthier Wales, p18. Available at: https://www.gov.wales/healthier-wales-long-term-plan-health-and-social-care. Accessed May 2023.

[6] Welsh Government *Our programme for transforming and modernising planned care and reducing waiting lists in Wales* (2022), p22. Available at: https://www.gov.wales/sites/default/files/publications/2022-04/our-

makes reference to prioritising or recognising particular needs of children and young people in terms of dentistry[7], mental health[8], elective care[9] and diagnosis[10]. Given the impact that living with a chronic illness during childhood has on school attendance, health in adulthood and on a person's lifetime opportunities, we strongly believe that prioritising children and young people is key to ensuring that services can meet future demand.

We would encourage the Committee to consider hearing directly from children and families living with long term conditions and to look at resources we have produced with our engagement network, called RCPCH &Us. This includes, as an example, specific work with children and young people on their experiences of epilepsy care[11].

Underpinning any commitment to prioritising children and young people's health must be a properly resourced child health workforce with the appropriate capacity to manage demand and ensure timely access to paediatric services. Over the past two years we have seen significant increases in waiting lists to access general paediatric services and in particular in waits of over 36 weeks[12]. We would like to see delivery and implementation of existing workforce plans in Wales, which must be properly resourced and funded; and enable proactive planning and modelling based on robust workforce data, in line with commitments made in 'Healthier Wales: Our Workforce Strategy for Health and Social Care' and 'Our Programme for Transforming and Modernising Planned Care and Reducing Waiting Lists in Wales'.

Finally, we must also ensure that services work together. This is not only across education and social care but also between paediatric and adult care to ensure the needs of adolescents and young adults are met. This population consistently lags behind in improvements in morbidity and mortality and attracts the least funding yet is the time when health related knowledge and behaviours are typically set. It is essential that services for this population acknowledge key neurodevelopmental issues and reduced life experience and are in line with principles set out by the Welsh Government[13]. We elaborate on this point and its importance in terms of managing chronic conditions in Paediatrics 2040:

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programme-for-transforming--and-modernising-planned-care-and-reducing-waiting-lists-in-wales.pdf. Accessed May 2023.

[7] Welsh Government (2022), p9.

[8] Welsh Government (2022), p10.

[9] Welsh Government (2022), p23

[10] Welsh Government (2022), p2.

[11] Royal College of Paediatrics and Child Health (2018), *Epilepsy12 &Us - voices from the RCPCH &Us network*. Available at: https://www.rcpch.ac.uk/resources/epilepsy12-us-voices-rcpch-us-network. Accessed May 2023.

[12] See Stats Wales, *Patient pathways waiting to start treatment by month, grouped weeks and treatment function, January 2021 onwards*. Available at: https://statswales.gov.wales/Catalogue/Health-and-Social-Care/NHS-Hospital-Waiting-Times/Referral-to-Treatment/patientpathwayswaitingtostarttreatment-by-month-groupedweeks-treatmentfunction. Accessed May 2023.

[13] See Welsh Government (2022), *Transition and handover from children's to adult health services*. Available at: https://www.gov.wales/transition-and-handover-childrens-adult-health-services. Accessed May 2023.

“Getting health services right for adolescents is of critical importance, as it is during this period that many long-term health conditions emerge, and associated behaviours can have most impact. Offering developmentally appropriate care with the ability to adapt to changing biopsychosocial profiles, and addressing physical, sexual, social and mental health needs in consultations, will be important. Dedicated young people’s clinics, specific ward areas, the presence of youth workers and a multidisciplinary approach are all considerations, as well as integration with primary care and adult physicians. The RCP has a toolkit which sets out some broad categories and reminds us to consider information sharing, professional responsibilities and confidentiality.[14]”

Inequalities and the impact of the cost of living crisis

Our position statement on **Child health inequalities driven by child poverty in the UK** and the **Mind the Gap** report produced by the NHS Confederation and a number of Medical Royal Colleges and third sector groups in Wales, clearly set out the evidence on links between poverty, inequalities and poor health outcomes. The former includes specific consideration of long term conditions, noting that:

- Children living in poverty are significantly more likely to suffer from acute and long-term illness. They are significantly more likely to require hospital admission and were 72% more likely than other children to be diagnosed with a long-term illness.
- In Wales, the gap between obesity prevalence in the most and least income deprived quintiles has increased from 5.9% in 2017/18 to 6.9% in 2018/19.
- Children living in poverty are more likely to be at risk of tooth decay, in prevalence and severity. In Wales, 42.2% of five-year olds in the most income deprived areas have tooth decay, compared to just 22.3% in the least income deprived areas.
- Children living in the poorest 20% of households in the UK are four times more likely to develop a mental disorder as those from the wealthiest 20%.[15]

Another example would be asthma. Our State of Child Health report notes that:

- **Asthma is the most common long term condition among children and young people in the UK**, with 1.1 million children currently receiving asthma treatment. It continues to be among the top 10 causes of emergency hospital admission for children and young people in the UK.
- **The UK has among the highest mortality rates in Europe** for children and young people with the underlying cause of asthma.

[14] Royal College of Paediatrics and Child Health (2020), *Paediatrics 2040: Forecasting the Future*. Available at: https://paediatrics2040.rcpch.ac.uk/our-evidence/models-of-care/future/. Accessed May 2023.
[15] Royal College of Paediatrics and Child Health (RCPCH), 2022. *Child health inequalities driven by child poverty in the UK - position statement.* Available at: https://www.rcpch.ac.uk/resources/child-health-inequalities-position-statement. Accessed May 2023.

- **Emergency admissions, and deaths, related to asthma are largely preventable** with improved management and early intervention.
- **Emergency admissions for asthma are strongly associated with deprivation**. Children and young people living in deprived areas are more likely to be exposed to higher levels of tobacco smoke and environmental pollution, which may contribute to this. If emergency admission rates for all children and young people were at the levels experienced by the least deprived group, this could save the NHS £8.5 million per year in England alone.[16]

Although this final point looks at England specifically, the principle is relevant in Wales.

We therefore welcome the announcement that there will be a refreshed and updated child poverty strategy for Wales, which we hope will be prioritised and expediated; and we would encourage the Welsh Government to consider child health outcomes and child health inequalities as part of that work. The strategy should provide national targets to reduce child poverty rates, with clear accountability across Government. We would also encourage the Welsh Government to review and expand the Children and Young People Plan so that future iterations form a comprehensive cross-departmental child health and wellbeing strategy that will address health inequalities and the impact of child poverty; and outline the role each department has in contributing to solutions.

Among the many areas in which long term conditions and child health inequalities intersect is in school attendance. With this in mind, we Welcome the Welsh Government's Whole School Approach to mental health and the Healthy Schools scheme delivered by Public Health Wales. We urge the Welsh Government to ensure these programmes are adequately resourced and delivered at pace with robust evaluation to capture and roll out learning. A wider 'whole school approach' to health could incorporate physical as well as mental health and we note that organisations working with or on behalf of children and young people with diabetes[17], arthritis[18], Coeliac disease[19], epilepsy[20] and other conditions as well as the *Health Conditions in School Alliance* have produced resources that may be of use to education professionals in considering how to support learners with chronic conditions.

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[16] Royal College of Paediatrics and Child Health *State of Child Health* available at: https://stateofchildhealth.rcpch.ac.uk/evidence/long-term-conditions/asthma/. Accessed May 2023.
[17] See, for example, Diabetes UK, *Diabetes in School*. Available at: https://www.diabetes.org.uk/guide-to-diabetes/your-child-and-diabetes/schools.
[18] See, for example, Versus Arthritis, *Supporting a young person with arthritis at school*. Available at: https://www.versusarthritis.org/media/24208/supporting-a-young-person-information-booklet-oct2021.pdf
[19] See, for example, Coeliac UK, *Coeliac disease at school*. Available at: https://www.coeliac.org.uk/information-and-support/living-gluten-free/kids-teens-and-young-adults/coeliac-disease-at-school/. Accessed May 2023.
[20] See, for example, Young Epilepsy, *Attendance*. Available at: https://www.youngepilepsy.org.uk/guide-schools-epilepsys-impact-learning/guide-schools-attendance; and *Exams and Coursework*. Available at: https://www.youngepilepsy.org.uk/guide-schools-epilepsys-impact-learning/guide-schools-exams-coursework

Action to improve prevention and early intervention.

Action to prevent children and young people from developing chronic or long term conditions is absolutely vital if we are to reduce the numbers of children and young people being ill, missing school or requiring hospital treatment – and if we are to safeguard services in the future.

We have welcomed the Welsh Government's Healthy Weight Healthy Wales programme, which must be delivered in full and at pace, given the extremely concerning data on childhood obesity and the inequalities underpinning those numbers revealed by the Child Measurement Programme for Wales. Healthy Weight Healthy Wales includes a commitment to expanding that programme[21] so that we have data points other than at reception age and are better able to understand children and young people's weight throughout their school careers. This work must be delivered with urgency. We have also called for full and swift implementation of the policy and legislative package around the healthy food environment consulted upon by the Welsh Government last year as part of its HWHW commitments[22].

HWHW also includes a range of commitments and interventions to increase physical activity and reduce sedentary behaviour and lifestyles in children and young people, which we welcome both as a measure to reduce childhood obesity and to improve children's health more broadly by supporting a healthier lifestyle which can contribute to preventing long term disease. The Welsh Government consulted last year on a new framework for social prescribing[23] in Wales and we hope that when the updated framework is published, that it will have a far greater focus on children and young people in general and in particular greater consideration as to how social prescribing can interact with community sport and leisure facilities and youth clubs to encourage physical activity; as well as interact with other relevant Welsh Government initiatives, legislation and programmes such as the ALN framework, the healthy schools programme and the Whole School Approach. The social prescribing framework could also be helpful in developing self-management tools specifically for children and young people living with long term illness: experience from members suggests that self-management support can often be adult-focused.

We have also been supportive of the Welsh Government's commitments around tobacco control and its strategy, A Smoke Free Wales. In particular we have welcomed the ambition for Wales to be smoke-free Wales by 2030, the commitment

[21] See Welsh Government (2022) *Healthy Weight Healthy Wales Moving Ahead in 2022- 2024,* National Priority Area 7. Available at: https://www.gov.wales/sites/default/files/publications/2022-03/healthy-weight-healthy-wales-2022-to-2024-delivery-plan_0.pdf. Accessed May 2023.
[22] See Royal College of Paediatrics and Child Health (2022) *Healthy Food Environment (Wales) – consultation response*. Available at: https://www.rcpch.ac.uk/resources/healthy-food-environment-wales-consultation-response. Accessed May 2023.
[23] See Welsh Government, *Developing a national framework for social prescribing*. Available at: https://www.gov.wales/developing-national-framework-social-prescribing. Accessed May 2023.

to taking further steps to protect people from the harms of second-hand smoke and the focus on children and young people[24].

We have previously noted the importance of prevention and early intervention around mental health and neurodiversity and the need to ensure comprehensive rollout of programmes such as the NYTH/NEST approach and the Whole School Approach.

Finally, we have also welcomed a Welsh Government White Paper on legislation for better air quality in Wales.

Taken together, these strategies and policies could have a significant impact on preventing long term illness in children and young people. We are also pleased to see that preventative initiatives in Wales take a whole family approach (for example, we are aware that Public Health Wales are piloting children and families projects as part of Healthy Weight Healthy Wales; and understand that work around preventing Adverse Childhood Experiences or ACEs has a focus on the wider family as well as the individual child). Taking a whole family approach to supporting healthy choices and preventing generational cycles of behaviours detrimental to health could be beneficial in a range of other preventative and self-management approaches to long term illness in children, such as managing chronic pain and fatigue.

[24] See Royal College of Paediatrics and Child Health (2022), *Tobacco control strategy and delivery plan (Wales) consultation response*. Available at: https://www.rcpch.ac.uk/resources/tobacco-control-strategy-delivery-plan-wales-consultation-response. Accessed May 2023.

Eitem 4

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Russel George MS,
Chair, Health and Social Care Committee
Senedd Cymru

Consultation: Supporting people with chronic conditions

Dear Russell,

Thank you for this further opportunity to support the committee's work on this important topic.

We know that medicines are the most common intervention in the management of chronic conditions. For patients they can be life-prolonging and life-saving. However they can also cause harm and lead to unnecessary wastage if used incorrectly.

As the experts in the safe and effective use of medicines within the health service, pharmacists must play a central role in supporting people with chronic conditions to get the best outcomes from their medicines. Consistent use of pharmacists' expertise will also help reduce adverse reactions to medicines, minimise avoidable harm and un-planned admissions to hospital.

The contribution below goes into greater detail on how pharmacist are already supporting people with chronic conditions and how their skills can be utilised further - touching on some of the broad areas you have highlighted in your introduction to the consultation.

We hope the information is helpful. Please do get back in touch if any further information would be helpful.

Kind regards

C M Way

Cheryl Way
Chair, the Royal Pharmaceutical Society's Welsh Pharmacy Board

Prevention and self-management

The Self Care Forum advocates for an approach that encompasses 'four pillars of self care'[1].The pillars comprise of lifelong learning, empowerment, information and local and national campaigns.

The table below illustrates how pharmacy teams are well placed to support individuals at each point of this engagement model.

Lifelong learning	Every week thousands of people visit community pharmacies in Wales for medicines and health advice. The often-informal nature of the contact with a pharmacist and the wider team enables them to provide opportunistic healthy living education, advice and support for people at every stage of life.
Empowerment	The accessibility of the community pharmacy network on the high street, supermarkets and rural communities provides a gateway to health and medicines advice from a healthcare professional without the need for an appointment. Pharmacists can offer reassurance and empower people to take greater control of their own health and wellbeing.
Information	As a trusted healthcare profession, pharmacists provide a reliable and confidential source of health and medicines information. The pharmacy team can also ensure that individuals are signposted to trusted resources and groups for further information about their physical and mental health. Self-assessment tools on how to reduce risk could also be used with individuals to assess and understand their relative risk of developing a chronic condition. Obesity and smoking, for example, are linked with many chronic conditions. Pharmacists can advise on reducing risk by providing information on positive lifestyle choices, supporting positive behavioural change, information on self-care and providing services such as smoking cessation programmes.
Local and national campaigns	An essential service that a community pharmacy provides is the promotion of healthy lifestyles and wellbeing. One way this is undertaken is via public health campaigns. Each community pharmacy in Wales is contracted to undertake 6 public health campaigns every year. Multidisciplinary national and local campaigns could provide a real opportunity for consistent messages to be delivered to all individuals.

Timely Detection

When an individual first starts to experience symptoms of ill-health, they may initially attempt to self-manage. People will often seek advice from a community pharmacy and this is an ideal opportunity for the pharmacist to detect early warning signs of what could become a chronic conditions.

Timely detection and referral can make a significant difference to people's quality of life, particularly at the early stages of a chronic condition such as rheumatoid arthritis and dementia. Pharmacists see people regularly and are able to detect signs and symptoms of some chronic conditions on an opportunistic basis e.g dementia, arthritis and respiratory conditions.

[1] https://www.selfcareforum.org/2015/03/30/self-care-forum-manifesto/

However, the current lack of a formal referral process from community pharmacy leads to delays in access to treatment for the patient. Despite being the most accessible health professional group with such regular interaction with patients, when people present at a pharmacy with symptoms of a chronic condition that requires referral, the pharmacist has few options other than suggests they visit their GP. This will be the case even though the pharmacist may have already recognised that the patient would benefit from quick access to another health or social care professional.

The lack of a formalised referral system leads to patients always having to take an extra step themselves before they get the care they need, rather than it being facilitated for them by the health service. Furthermore, if a person does not follow up on their pharmacist's advice to contact their GP, it risks that individual being lost to the health service and not receiving a diagnosis and support they need for a chronic condition.

To streamline referral processes, we recommend that formal referral protocols/pathways should be developed for pharmacy teams to make direct referrals to other services. Their aim should be to remove burden from patients themselves and allow them to move through the health system more rapidly and efficiently. These protocols/pathways should be developed with input from across multidisciplinary team and patients' representatives so that they are tailored to what patients need and expect.

Finally, more opportunities for simple testing for chronic conditions should also be explored as part of preventative approaches to healthcare (e.g. testing blood sugar levels for diabetes or blood pressure measurements to prevent strokes). Timely detection with appropriate information and support and simple lifestyle changes could prevent significant medical interventions and hospital admissions in the longer term.

Treatment

Once an individual has been given a diagnosis of a chronic condition, ongoing support must be provided by an appropriate skilled multidisciplinary team. As part of this approach, pharmacists should take overall responsibility for the medicines management aspect of this care.

When prescribed and used effectively medicines have the potential to significantly improve quality of life and improve outcomes for individuals with a chronic conditions. By focusing on a holistic approach to pharmaceutical care, pharmacists can support individuals to maintain good health and wellbeing and avoid complications of their existing chronic condition, as well as working to prevent the development of further chronic conditions.

Pharmacists across all sectors in Wales are already supporting patients with chronic through various models of care. However, a consistent approach is required.

Such an approach to pharmacy's role in chronic disease management has been identified within the profession's 2030 vision *Pharmacy: Delivering a Healthier Wales*.[2] The model below illustrates the desired model for each sector of pharmacy to take its appropriate role in supporting people with chronic conditions at every stage:

[2] https://www.rpharms.com/Portals/0/RPS%20document%20library/Open%20access/Policy/Pharmacy%20Vision%20English.pdf?ver=2019-05-21-152234-477

Community Pharmacy	All patients that have stable, well controlled chronic condition will be monitored and managed in their community pharmacy. This will ensure ease of access for patients to their regular medicines, with appropriate, tailored timescales between consultations depending on current stability of their health condition.
Primary Care	Pharmacy teams at cluster or general practice level, integrated into multidisciplinary models, will provide medicines interventions for patients who are newly diagnosed or who have unstable or worsening chronic condition(s).
Hospital	Only those patients who require urgent, intensive or highly specialist care will require access to specialist pharmacists and their teams within the hospital setting. These specialist pharmacists will also be enabled to input into their patients' care at a local level.

Across all sectors, the growing prescribing capacity with pharmacy will be a key enabler to develop the profession's role in chronic conditions management to grow.

Multimorbidity

The committee is right to identify the need to support patients diagnosed with multiple chronic conditions. Such patients will typically need complex medication regimens with more intensive support from pharmacists. It is recognised that the impact of co-morbidity is profound and multi-faceted. Patients with several chronic conditions typically have poorer quality of life, poorer clinical outcomes, longer hospital stays and more postoperative complications, and are more costly to health services.

Using multiple medicines for multiple conditions can become problematic (polypharmacy) where medications are prescribed inappropriately, or where the intended benefit of the medication is outweighed by the risk. The more medicines an individual is prescribed, the greater the risk of drug interactions and adverse drug reactions, as well as impaired adherence to medication and a reduced quality of life.

As the number of individuals with co-morbidities become more prevalent, the challenges associated with prescribing the right medicines and supporting patients to use them effectively should not be underestimated. This increase in complexity means that prescribers have the challenge of dealing with potential interactions between medicines prescribed for different conditions.

Managing polypharmacy is where the expertise of the pharmacist is essential as part of multidisciplinary approaches to care. The in-depth pharmacology and medicines expertise of the pharmacist is essential when considering the optimal medication regimen for an individual with co-morbidities. Following condition specific guidelines may not always be the most appropriate course of action for the individual. Pharmacists must therefore play a leading role in the optimisation of medication regimens for patients with chronic conditions. This will ensure appropriate use of medicines, stopping inappropriate medicines as well as considering opportunities for lifestyle changes and non-medical therapies.

Y Pwyllgor Iechyd a Gofal Cymdeithasol
—
Y Pwyllgor Iechyd a Gofal Cymdeithasol

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Y Gwir Anrhydeddus David TC Davies AS
Ysgrifennydd Gwladol Cymru

23 Ionawr 2024

Annwyl David

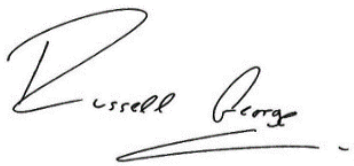
Mae'r Pwyllgor wrthi'n paratoi ei adroddiad ar gyllideb ddrafft Llywodraeth Cymru ar gyfer 2024-25. Fel rhan o'r gwaith hwnnw, cynhaliwyd sesiwn dystiolaeth lafar ar 17 Ionawr gydag Eluned Morgan AS, y Gweinidog Iechyd a Gwasanaethau Cymdeithasol.

Yn ystod y sesiwn honno, wrth drafod streiciau'r meddygon iau a'r cynigion cyflog amrywiol sydd wedi'u gwneud i feddygon ledled y DU, dywedodd y Gweinidog wrthym nad yw Llywodraeth y DU wedi egluro o ble fydd y cynnydd o 6 y cant a gynigiwyd i feddygon iau Lloegr yn dod. Mae hyn yn arwyddocaol oherwydd, fel y gwyddoch, os bydd y codiad cyflog yn cael ei ariannu o gyllideb ganolog, byddai gan Gymru hawl i gyllid canlyniadol ychwanegol, ond os caiff ei ariannu o gyllideb iechyd bresennol Lloegr, ni fyddai taliad canlyniadol o'r fath ar gael.

Mae hwn yn amlwg yn fater pwysig, ac mae angen cadarnhau'r sefyllfa ar fyrder, a hynny'n bennaf er mwyn i Lywodraeth Cymru allu cynllunio'n effeithiol.

Byddai'r Pwyllgor yn ddiolchgar pe baech yn ymchwilio i'r mater hwn ac yn rhoi rhywfaint o eglurder inni. Rhaid inni gyflwyno'n hadroddiad ar y gyllideb ddrafft erbyn 5 Chwefror. Gan hynny, byddem yn ddiolchgar pe gallech ymateb cyn y dyddiad hwnnw.

Yn gywir



Russell George AS
Cadeirydd y Pwyllgor Iechyd a Gofal Cymdeithasol
Croesewir gohebiaeth yn Gymraeg neu Saesneg. We welcome correspondence in Welsh or English.

Eitem 5.2

UK Government
Llywodraeth y DU

Rt Hon David TC Davies MP
Secretary of State for Wales
Ysgrifennydd Gwladol Cymru

T: 0292 092 4216
E: Correspondence@ukgovwales.gov.uk

Ref: 004SOS24

Russell George MS
Chair, Health and Social Care Committee
Welsh Parliament
Cardiff Bay
Cardiff
CF99 1SN
Email: SeneddHealth@senedd.wales

5th February 2024

Dear Russell,

Re: Junior Doctor Pay Uplift

Thank you for your letter regarding junior doctor pay and the Welsh Government's draft budget for 2024/25.

The junior doctor pay uplift in England is being funded from within existing DHSC budgets. The Barnett formula has been applied to all changes to DHSC budgets. Any additional funding for DHSC this year will be confirmed through the Supplementary Estimates process, at which point the Welsh Government will receive funding through the Barnett formula in the usual way.

It is for the Welsh Government to decide how to allocate their funding in devolved areas, and they are well funded to deliver all their devolved responsibilities receiving around 20% more funding per person than equivalent UK Government spending in England. Barnett

HM Treasury are in regular contact with the Welsh Treasury to provide the best information available to help them plan in advance of Supplementary Estimates numbers being finalised.

Yours sincerely,

David T.C. Davies

Rt Hon David TC Davies MP
Secretary of State for Wales
Ysgrifennydd Gwladol Cymru

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

Llywodraeth Cymru
Welsh Government

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Mark Isherwood AS
Cadeirydd, Y Pwyllgor Cyfrifon Cyhoeddus a Gweinyddiaeth Gyhoeddus
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6 Chwefror 2024

Annwyl Russell a Mark

Ysgrifennais atoch fis Tachwedd diwethaf a chytunais i roi diweddariad ar y fframwaith goruchwylio ac uwchgyfeirio. Fel yr ydych yn ymwybodol eisoes, cafodd y fframwaith ei ailgyhoeddi gennyf ar 22 Ionawr 2024. Gellir dod o hyd iddo yn Fframwaith Goruchwylio ac Uwchgyfeirio.

Cyflwynwyd y fframwaith uwchgyfeirio ac ymyrryd blaenorol yn 2014 yn dilyn argymhellion blaenorol y Pwyllgor Cyfrifon Cyhoeddus. Ers ei gyflwyno, mae'r tri phartner – Llywodraeth Cymru, Arolygiaeth Gofal Iechyd Cymru ac Archwilio Cymru – ynghyd â'r sefydliadau iechyd, wedi dysgu gwersi drwy ddarparu'r trefniadau a'u gweithredu. Mae llawer o bethau wedi newid o ganlyniad i'r hyn a ddysgwyd. Mae peth arwyddion bod y trefniadau presennol yn dangos rhywfaint o dystiolaeth o welliannau ymhlith y byrddau iechyd hynny sy'n destun camau uwchgyfeirio.

Mae cryn dipyn o waith wedi'i wneud ar y Fframwaith hwn. Mae'r fersiwn sydd wedi'i diweddaru yn adeiladu ar yr ymgysylltu a gafwyd a'r adborth a dderbyniwyd dros y blynyddoedd diwethaf – drwy gyfrwng gweithdai, holiaduron a thrafodaethau â sefydliadau'r GIG. Roedd y broses adolygu yn cynnwys asesiad o'r prosesau sydd ar waith yn Lloegr a'r Alban, ac mae wedi nodi nifer o feysydd yr oedd angen mynd i'r afael â nhw gan gynnwys:

- Mae angen diweddaru'r fframwaith uwchgyfeirio ac ymyrryd presennol.
- Nid yw'r meini prawf ar gyfer isgyfeirio wedi'u diffinio'n glir bob amser. Mae angen fframwaith a dangosyddion ariannol clir sy'n pennu ar ba lefel o'r fframwaith y dylid gosod pob sefydliad a beth sy'n sbarduno camau isgyfeirio.
- Mae angen pennu lefelau cymorth a gweithredu cliriach ar gyfer pob lefel o'r fframwaith.
- Mae gormod o bwyslais yn y system bresennol ar wasanaethau iechyd acíwt – yn hytrach nag ar 'y system gyfan'.
- Nid oes digon o bwyslais ar ddod at 'wraidd' yr anawsterau (er mwyn sicrhau bod yr ymateb mwyaf priodol/effeithiol yn cael ei fabwysiadu).

- Gellir ei ddehongli fel ymateb cosbol yn hytrach na chefnogol (‘yn cael ei wneud i'r’ Byrddau yn hytrach na thrwy weithio gyda nhw).
- Dim dewis i Fyrddau fynd ati eu hunain i geisio cefnogaeth.
- Ansawdd / argaeledd pecynnau cymorth priodol (dod o hyd i’r sgiliau perthnasol).

Mae cynrychiolwyr o sefydliadau'r GIG a'r tri sefydliad partner wedi cael cyfle i wneud sylwadau ar y fersiynau drafft o'r fframwaith diwygiedig ac, lle yr oedd hynny yn briodol, mae eu sylwadau a'u hawgrymiadau wedi'u hymgorffori yn y ddogfen derfynol.

Mae'r fersiwn sydd wedi'i diweddaru yn adeiladu yn helaeth ar yr hyn a ddysgwyd a phrofiadau'r byrddau iechyd sydd wedi bod o dan fesurau arbennig. Mae'r fframwaith goruchwylio ac uwchgyfeirio yn nodi'r amgylchedd statudol y mae'r fframwaith yn gweithredu ynddo, gan gynnwys dolenni i'r fframweithiau cynllunio a pherfformiad. Mae'n nodi'r broses a ddefnyddir gan Lywodraeth Cymru i gael sicrwydd ynghylch cyrff y GIG a sut y mae'r broses ar gyfer uwchgyfeirio ac isgyfeirio yn gweithio. Mae hefyd yn nodi'r parthau (sy'n seiliedig ar y safonau ansawdd) y mae pob sefydliad yn cael ei asesu a'i herio yn eu herbyn. Ceir yn y fframwaith hefyd lefel uwchgyfeirio newydd – “lefel 2”. Diben y diweddariad hwn yw galluogi Llywodraeth Cymru a Gweithrediaeth y GIG i weithio gyda'r bwrdd iechyd mewn modd rhagweithiol er mwyn osgoi camau uwchgyfeirio ffurfiol.

Rwy'n gobeithio bod yr wybodaeth hon am y sefyllfa ddiweddaraf yn ddefnyddiol. Rhowch wybod imi os oes angen unrhyw wybodaeth arall arnoch am y materion hyn.

Yn gywir

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

Coleg Nyrsio Brenhinol Cymru
Royal College of Nursing Wales

Royal College of Nursing
Ty Maeth
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CF14 4XZ

Helen Whyley, RN, MA
Director, RCN Wales

Telephone [redacted]
Email [redacted]

31st January 2024

Russell George MS
Chair of Senedd Health and Social Care Committee

Emailed to: russell.george@senedd.cymru
cc: Members of the Health & Social Care Committee

Dear Russell,

I write to you to ask the Senedd's Health and Social Care Committee to **scrutinise the recent decision made by the Minister for Health and Social Services to introduce the role of Registered Nursing Associate in Wales.**

On 19th January, the Minister for Health and Social Services announced her intention to introduce a regulated band 4 nursing role for the NHS in Wales, subject to the necessary UK legislative amendments. The Minister wrote in her statement that she will *"undertake public consultation on developing the parameters of practice for the new role in Wales"* later in the year, and described the change as being the *"biggest and most impactful review of nursing in Wales since the introduction of the graduate nurse in 2004."*[1]

RCN Wales welcomes the Minister's statement that she will open a public consultation on the scope of the role but believes that the public also needs to be consulted on the question of whether the nursing associate role should be introduced into Wales at all. The Minister has taken this decision before sharing publicly the findings and recommendations of the work undertaken to gather evidence and stakeholder views. RCN Wales looks forward to scrutinising this report when it is published. The Minister has expressed her commitment to the Royal College of Nursing towards continued collaborative working between her officials and RCN Wales as the work to introduce this role unfolds. RCN Wales welcomes this.

Answers to key questions surrounding the policy have not yet been provided by the Welsh Government. RCN Wales believes that the Health and Social Care Committee should scrutinise the Welsh Government's policy to ensure answers to the following questions:

Continued…..

[1] Written Statement: Policy Intent for introduction of a regulated band 4 nursing role for the NHS in Wales, subject to the necessary UK legislative amendments (19 January 2024) | GOV.WALES

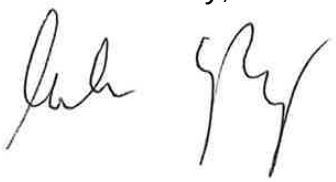
- **What is the financial impact of the proposed changes she has outlined with the introduction of the registered nursing associate role in Wales?**
- **How much government funding has been allocated for this introduction?**
- **What are the financial implications for both the funding of the education of the Trainee Nursing Associate and the individual health boards costs with the implementation of this policy?**
- **Can the Welsh Government provide assurance that government funding will not be removed from the HEIW financial allocation to degree level pre-registration nursing to fund this new initiative?**

In addition, RCN Wales asks the Health and Social Care Committee to make a recommendation as part of its safe staffing inquiry to include appropriate use of nursing associates in the statutory guidance.

Along with this letter, I attach a briefing for the attention of the Health and Social Care Committee outlining some of the concerns that RCN Wales has surrounding the decision to introduce the role of the nursing associate in Wales.

I look forward to further discussion of this matter.

Yours sincerely,



HELEN WHYLEY, RN, MA
DIRECTOR, RCN WALES

Coleg Nyrsio Brenhinol Cymru
Royal College of Nursing Wales

RCN Wales concerns regarding the planned introduction of nursing associates in NHS Wales

A briefing for the Senedd Health and Social Care Committee

Key action point:

RCN Wales calls for Health and Social Care Committee scrutiny on the Welsh Government's new policy to introduce nursing associates in NHS Wales

On the 18th of December, the Minister for Health and Social Services wrote to RCN Wales Director, Helen Whyley, giving her *"formal notification of the new Welsh policy position and my intention to trigger the next important work stream to prepare for the potential introduction of a regulated band 4 nursing role in Wales, pending the necessary legislative amendments."*

Subsequently, on 19 January 2024, the Minister for Health and Social Service issued a written statement officially announcing her intention to introduce the Nursing Associate role into Wales, subject to the necessary UK legislative amendments.

Registered nursing associates have been part of the Nursing and Midwifery Council (NMC) register in England since 2018.[1]

The NMC's powers and duties are set out in its governing legislation, which is the Nursing and Midwifery Order 2001. Amendments to the Nursing and Midwifery Order can be made using the powers under Section 60 of the Health Act 1991.[2] The new policy was introduced in England in the form of The Nursing and Midwifery (Amendment) Order 2018.[3]

With the regulation of professional bodies being a reserved matter, the Minister for Health and Social Services is requesting that the UK legislation be amended to allow the NMC register to include nursing associates in Wales.[4]

RCN Wales is calling on the Committee to scrutinise this decision by the Welsh Government to introduce the role of the nursing associate in Wales.

[1] RCN position statement on the role and scope of practice of the Nursing Associate | Royal College of Nursing
[2] Rona-consultation.pdf (publishing.service.gov.uk)
[3] The Nursing and Midwifery (Amendment) Order 2018 (legislation.gov.uk)
[4] Backlash over plans for regulated band 4 nursing role in Wales | Nursing in Practice

Key points:

1. The Royal of College of Nursing believes that the introduction of nursing associates could be a positive addition to the current workforce, provided that it is **fully funded** and that it is **in addition to the current workforce**.

2. The Royal College of Nursing is clear that, under no circumstances can the replacement of registered nurses by nursing associates be allowed, as this would seriously increase the risks to **patient safety**.

3. The Royal College of Nursing believes that **health care support workers** (Agenda for Change bands 1-4) are an essential part of the nursing workforce. Nursing associates should join the nursing team as an addition rather than as a replacement.

4. The Royal College of Nursing requests more information on the planned funding from the Welsh Government for the introduction of the nursing associates role.

Suggested questions for the Minister for Health and Social Services:

1. What will be the **financial impact** of this new policy?

2. How much government **funding** has been allocated for this introduction?

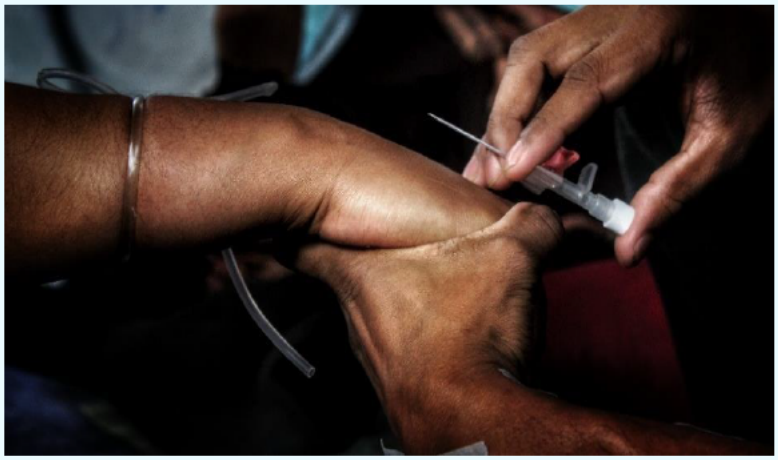
3. What are the financial implications for both the funding of the education of the **Trainee Nursing Associate** and the individual health boards costs with the implementation of this policy?

4. Can the Minister for Health and Social Services give a clear assurance that government funding will not be removed from the HEIW financial allocation to degree level pre-registration nursing to fund this new initiative?

What is the role of the registered nurse?

The Royal College of Nursing defines the role of the registered nurse as follows:[5]

- Nursing is a safety critical profession founded on four pillars: **clinical practice, education, research, and leadership**.
- Registered nurses are decision makers. They use clinical judgement and problem-solving skills to manage patient care.
- Registered nurses coordinate the complexity of health and social care systems to ensure people and their families are enabled to improve, maintain, or recover health by adapting, coping, and returning to live lives of the best quality, or to experience a dignified death.
- Registered nurses have high levels of autonomy within nursing and multi professional teams, and they delegate to others – including nursing associates – in line with the NMC code.
- Registered nurses supervise the work of the nursing team, and in this role will remain professionally accountable for that supervision.



- Registered nurses use evidence-based knowledge, professional and clinical judgement to assess, plan, implement and evaluate high quality person-centred nursing care.
- The work of registered nurses consists of many specialised and complex interventions. Their vigilance is critical to the safety of people, the prevention of avoidable harm and the management of risks regardless of the location or situation.
- The responsibility of registered nurses includes leading the integration of emotional, physical, organisational, and cognitive nursing work to meet the needs of people, organisations, systems, and populations.

[5] Definition and Principles of Nursing | Royal College of Nursing (rcn.org.uk)

The need for registered nurses

Low staffing of registered nurses on wards can increase patient mortality by up to 26%.[6] On the other hand, with every 10% rise in the number of degree educated nurses, patients are 7% less likely to die.[7]

Safe and effective nurse staffing levels reduce readmissions, health care associated infection rates, medication errors, falls, and pressure ulcers. Safe nurse staffing levels ensure patients receive safe and effective hydration, nutrition and communication.[8]

It allows nursing staff time to care for people in a way that is compassionate and sensitive to their needs.

The Mid Staffs Hospital Scandal

The Mid Staffs Hospital Scandal underlined just how crucial nurses are to patient safety and why a short staffing of nursing costs lives.

Between January 2005 and 2008, at least 400 more people lost their lives at Stafford hospital than would be normal for a hospital of its size, in what is widely considered one of the biggest scandals in the NHS's 75-year history.

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[6] Rafferty AM, Clarke SP, Coles J, Ball J, James P, McKee M, Aiken LH. Outcomes of variation in hospital nurse staffing in English hospitals: cross-sectional analysis of survey data and discharge records. Int J Nurs Stud. 2007 Feb;44(2):175-82. doi: 10.1016/j.ijnurstu.2006.08.003.

[7] Aiken LH, Sloane DM, Bruyneel L, van den Heede K, Griffiths P, Busse R, Diomidous M, Kinnunen J, Kózka M, Lesaffre E, McHugh MD, Moreno-Casbas MT. Rafferty AM, Schwendimann R, Scott PA, Tishelman C, van Achterberg T, Sermeus W. Nurse staffing and education and hospital mortality in nine European countries: a retrospective observational study. The Lancet. 2014 May;383(9931):1824-1830. doi: 10.1016/S01406736(13)62631-8.

[8] Rafferty, A.M et al. (2007). Outcomes of variation in hospital nurse staffing in English hospitals: cross sectional analysis survey data and discharge records. International Journal of Nursing Studies. 44(2), 175-82. https://doi.org/10.1016/j.ijnurstu.2006.08.003

An inquiry headed by Robert Francis KC found that one of the principal causes of the scandal was low staff-to-patient ratios.[9] The Trust had put cash before care, reducing its already low numbers of nurses and handed those left an impossible task. It is imperative that lessons are learnt and that this is never repeated.

What are nursing associates?

- Nursing associates in England have been part of the NMC register since 2018. The role was introduced in response to the Shape of Caring review (2015)[10] to help build the capacity of the nursing workforce and the delivery of high-quality care (HEE) Health Education England. The purpose was to provide a bridging role between unregistered healthcare assistants and registered nurses (RNs), filling a perceived skills gap and offering an alternative route into nursing.

- When the role of the nursing associate was first introduced into England, the Royal College of Nursing produced job description and preceptorship guidance, in collaboration with Health Education England and others.[11]

- NAs are part of the nursing workforce, who have gained a Foundation Degree, and are accountable for their practice. They are subject to the NMC Code and once practising can undertake further training and education to achieve additional knowledge and skills, enhancing their competence. They must also undertake revalidation, in line with NMC requirements.

- The scope of practice of the NA is to provide, monitor and contribute to integrated care.

What are the differences between nurses and nursing associates?

The differences between the role of the registered nurse and that of the nursing associate can be summarised as follows: while nursing associates are accountable for the care they provide, it is only the responsibility of the registered nurse to assess care needs, plan, lead and manage care, and evaluate the care provided.

For further information, please see this useful guide that the NMC has produced.[12]

[9] Report of the Mid Staffordshire NHS Foundation Trust Public Inquiry - GOV.UK (www.gov.uk)
[10] Shape of caring review | Health Education England (hee.nhs.uk)
[11] Become a nursing associate | Royal College of Nursing (rcn.org.uk)
[12] Blog: Role differences between nursing associates and nurses - The Nursing and Midwifery Council (nmc.org.uk)

Potential positive impact of the introduction

If additional funding is available to adequately fund the introduction of nursing associates, and provided that nursing associates are genuinely additional to the existing workforce, this decision could have some positive impacts.

An evaluation of the nursing associates pilot programmes in England, found that 70% of trainee NAs expressed a desire to become registered nurses[13], suggesting that many nursing associates feel valued in their roles. However, it is worth bearing in mind that this progression is not always supported by employers who are often keen to embed the nursing associate role in organisations.[14]

Concerns over the introduction of nursing associates and potential risks for patient safety

The Royal College of Nursing welcomes the assurance given by the Minister that nursing associates will not substitute registered nurses. Provided that it is the case that this assurance will be reflected in the implementation of the new policy, it is unlikely that the introduction of nursing associates in Wales will put patient safety at risk; however, if that is not the case, then RCN Wales will have serious concerns about the potential risks for patient safety.

An evaluation of the Nursing Associates role in England, published by Kings College London, showed that trusts were developing the role and associated competencies to meet the needs of the services provided, adding to the degrees of variation across employers and settings[15]. This has led to the blurring of boundaries and concerns that nursing associates are being recruited into registered nurse vacancies.

In her letter to RCN Wales Director Helen Whyley, the Health and Social Services Minister acknowledged our concerns that this new role could be used inappropriately as substitution for registered nurses in patient care and stated that she does not support this. RCN Wales very much welcomes this.

Nursing associates cannot replace a registered nurse. Any attempt to replace registered nurses with nursing associates will lead to a sharp increase in patient mortality and will seriously affect patient outcomes.

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[13] https://allcatsrgrey.org.uk/wp/download/nursing/TNA-Year-2-Evaluation-Report_0.pdf

[14] Kessler I, Steils N, Samsi K, Moriarty J, Harris J, Bramley S and Manthorpe J (2020a) Evaluating the Introduction of the Nursing Associate Role in Health and Social Care: Interim Report. NIHR Policy Research Unit in Health and Social Care Workforce, The Policy Institute, King's College London. Nursing Associates Interim Report 2020.docx (kcl.ac.uk)

[15] Evaluating the Nursing Associate Role: Initial Findings | Health & Social Care Workforce: (kcl.ac.uk)

Further information regarding the Royal College of Nursing's view on the role of the nursing associate can be found here.[16]

Role substitution

The evidence is very clear that it is the professional knowledge, skills and judgement of the registered nurse in a supervisory position that makes the critical difference to patient safety and outcomes. Yet role substitution – the use of support staff for roles and tasks that require a registered nurse – is a very real risk.

Role substitution happens when employers in both the NHS and independent sector, struggling to fill gaps in their registered nursing workforce, resort to simply changing the level of the vacant registered nurse post to that of an assistant practitioner (AP), nursing associate, or health care support worker (HCSW). It has also been linked to a heightened risk of patient death, according to a study published by BMJ Quality and Safety (2016).

It would also be problematic to replace healthcare support workers with nursing associates: healthcare support workers are an essential part of a health or social care team, providing high quality and compassionate care to individuals, carrying out well defined routine clinical duties and essential fundamentals of care.

Support staff such as HCSWs and APs are a vital part of the nursing workforce. Nursing support workers may have different levels of experience, qualifications, and specialisms, and a variety of job titles to reflect this such as Assistant Practitioner. Their contribution is both invaluable and different from that of a registered nurse. It is important that support staff have the clinical supervision and direction of a registered nurse. They should never be pressured to work beyond their competencies or scope of practice, nor should they be used to substitute registered nurses or fill registered nurse vacancies. The Nurse Staffing Levels (Wales) Act 2016 is unambiguous in saying that while a registered nurse may delegate duties to other staff, it is the nurse's presence that matters for patient safety:[17]

"The number of nurses means the number of registered nurses (this being those with a live registration on Sub Parts 1 or 2 of the Nursing and Midwifery Council register). In calculating the nurse staffing level, account can also be taken of nursing duties that are undertaken under the supervision of, or delegated to another person by, a registered nurse"

Developing new roles such as assistant practitioners and nursing associates should not be taken lightly. Their purpose should be clearly defined before introduction. The risk of

[16] Registered nurse substitution | Professional Nursing | Royal College of Nursing (rcn.org.uk)

[17] Nurse Staffing Levels (Wales) Act 2016 (legislation.gov.uk)

patients receiving substandard care – resulting in direct or indirect harm – is significant. There should be no possibility of inappropriate role substitution with the introduction of new roles in either health or social care.

RCN Wales welcomes the Minister's acknowledgement in her letter of the protection the Nurse Staffing Levels (Wales) Act 2016 provides to patient care. Statutory guidance and operational guidance could be refreshed to minimise or mitigate against the risk of role substitution.

The need for scrutiny

" . . . the biggest and most impactful review of nursing in Wales since the since the introduction of the graduate nurse in 2004".

- The Minister has taken this decision before sharing publicly the findings and recommendations of the work undertaken to gather evidence and stakeholder views.

- The Royal College of Nursing is the professional body representing over **30,0000** registered nurses and healthcare support workers in Wales. It would therefore have been helpful to the Minister to receive our views and advice on this review

which, as she describes in her letter, is "**the biggest and most impactful review of nursing in Wales since the since the introduction of the graduate nurse in 2004**".

RCN Wales welcomes the Minister's statement that she will open a public consultation on the scope of the role but believes that the public also needs to be consulted on the question of whether the nursing associate role should be introduced into Wales at all.

The Minister has expressed her commitment to the Royal College of Nursing towards continued collaborative working between her officials and RCN Wales as the work to introduce this role unfolds. RCN Wales welcomes this.

Questions over funding

It would be helpful to know more detail about the planned introduction of nursing associates in Wales. An explanation of how this will be funded, for example, would be welcomed. In the interest of effective scrutiny, it is important that the Minister for Health and Social Services is able to answer the following questions:

- **How much money is needed to introduce nursing associates in Wales?**
- **How much money is being allocated towards this?**
- **From what budget will the funding come?**

The Welsh Government has not yet made clear how much money will be needed to introduce this new role in NHS Wales, how much money it is planning to spend on this plan nor from what budget this funding will come.

If this new role is intended to be an enhancement of the nursing care offered to patients, then the funding provided for this role must be in addition to the funding already provided for the education and retention of registered nurses.

Essential services are already overstretched and underfunded; unless clarity is given regarding on the issue of funding, it is difficult to know how exactly the introduction of the nursing associate role will benefit patients.

Coleg Nyrsio Brenhinol Cymru
Royal College of Nursing Wales

Royal College of Nursing
Ty Maeth
King George V Drive East
Cardiff
CF14 4XZ

Helen Whyley, RN, MA
Director, RCN Wales

Telephone [redacted]
Email [redacted]

12 February 2024

Russell George MS
Chair of Senedd Health and Social Care Committee

Emailed to: russell.george@senedd.cymru

Dear Russell

I am aware that the Senedd Health and Social Care Committee is currently in the process of writing its inquiry report into Nurse Staffing Levels (Wales) Act 2016: post-legislative scrutiny. The Royal College of Nursing was very grateful to have had the opportunity to provide evidence to the Committee on 17 October 2023 as part of the inquiry.

I write to you today to request that the Health and Social Care Committee considers the implications of the Welsh Government's recent publication of its intent to introduce the registered nursing associate role in Wales, as part of its forthcoming report into Nurse Staffing Levels (Wales) Act 2016: post-legislative scrutiny.

I was informed by the Minister for Health and Social Services, who wrote to me on 18 December 2023, that she does "*not support RN substitution and consider the Nurse Staffing Levels (Wales) Act facilitates a degree of mitigation for Wales*." RCN Wales shares the Minister's concerns about the potential risks for role substitution and welcomes her commitment to mitigate against these risks as the registered nursing associate role is introduced.

In the interests of patient safety, RCN Wales believes that the Minister for Health and Social Services should consider extending the duties in section 25B of Nurse Staffing Levels (Wales) Act 2016 to include all areas in which registered nursing associates will be employed.

Continued.....

I therefore ask the Committee to explore recommending, as part of your forthcoming report, that the Health and Social Services Minister considers extending section 25B of the Nurse Staffing Levels (Wales) Act 2016 to include all areas in which registered nursing associates will be employed both in and outside of the NHS.

For ease of reference, I have attached a separate letter and briefing that I sent to the Health and Social Care Committee on 31st January, which include further information on the nursing associate role.

I look forward to reading the Committee's forthcoming report.

Yours sincerely

HELEN WHYLEY, RN, MA
DIRECTOR, RCN WALES

Encs.

Eluned Morgan AS/MS
Y Gweinidog Iechyd a Gwasanaethau Cymdeithasol

Minister for Health and Social Services

Llywodraeth Cymru
Welsh Government

Russell George AS
Cadeirydd y Pwyllgor Iechyd a Gofal Cymdeithasol
Senedd Cymru
Bae Caerdydd
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SeneddIechyd@senedd.cymru

12 Chwefror 2024

Annwyl Russell,

Rwy'n ysgrifennu atoch i dynnu eich sylw chi a'r pwyllgor at lansiad yr ymgynghoriad ar ddiwygiadau i'r broses 'Gweithio i Wella' a Rheoliadau'r Gwasanaeth Iechyd Gwladol (Trefniadau Pryderon, Cwynion ac Iawn) (Cymru) 2011.

Mae'r ymgynghoriad yn cael ei lansio ar 12 Chwefror 2024 ac yn cau ar 6 Mai 2024.

https://www.llyw.cymru/newidiadau-arfaethedig-ir-broses-gweithio-i-wella

Yn gywir,

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

Bae Caerdydd • Cardiff Bay
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Pwyllgor yr Economi, Masnach a Materion Gwledig

—

Economy, Trade, and Rural Affairs Committee

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—

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Y Gwir Anrhydeddus Elin Jones AS
Y Llywydd a Chadeirydd y Pwyllgor Busnes

20 Chwefror 2024

Annwyl Lywydd,

Yn unol â Rheol Sefydlog 11.19.2, rwy'n ysgrifennu i ofyn am ganiatâd y Pwyllgor Busnes i gynnal cyfarfod arbennig o Bwyllgor yr Economi, Masnach a Materion Gwledig ddydd Iau 14 Mawrth. Rwyf wedi cynnwys agenda ddangosol isod.

Mae'r Pwyllgor yn bwriadu defnyddio'r amser cyfarfod hwn i glywed tystiolaeth gan Ysgrifennydd Gwladol Cymru fel rhan o'n gwaith ar Ddyfodol Dur yng Nghymru. Oherwydd natur frys y gwaith hwn, hoffai'r Aelodau glywed gan yr Ysgrifennydd Gwladol cyn gynted â phosibl. Ar ôl ystyried dyddiadau posibl rhwng y tîm clercio a swyddfa'r Gweinidog, dyma'r amser priodol agosaf y gallem glywed y dystiolaeth hon.

Mae gan y Pwyllgor Diwylliant, Cyfathrebu, y Gymraeg, Chwaraeon a Chysylltiadau Rhyngwladol a'r Pwyllgor Iechyd a Gofal Cymdeithasol gyfarfodydd wedi'u trefnu ar gyfer 14 Mawrth. Mae Hefin David AS yn aelod o'n Pwyllgor ni a'r Pwyllgor Diwylliant, Cyfathrebu, y Gymraeg, Chwaraeon a Chysylltiadau Rhyngwladol. Maent yn rhagweld y bydd eu cyfarfod yn gorffen am 13:30. Rwyf wedi gwneud trefniadau gyda Hefin ac mae'n fodlon gyda'r amseroedd ar gyfer y Pwyllgorau ar y diwrnod. Rydym hefyd yn rhannu aelod gyda'r Pwyllgor Plant, Pobl Ifanc ac Addysg sydd â slot wrth gefn ar 14 Mawrth. Maent yn ystyried defnyddio'r slot wrth gefn hwnnw, fodd bynnag, os ydynt yn gwneud hynny maent yn rhagweld y bydd eu cyfarfod yn dod i ben am 11:00 felly ni ddylai hyn achosi unrhyw broblemau.

Brasamcan o'r agenda:

13:35-13:45 – Rhag-gyfarfod preifat
13:45-14:45 – Dyfodol Dur yng Nghymru: Ysgrifennydd Gwladol Cymru
14:45-14:55 – Trafod y dystiolaeth yn breifat

Rwyf wedi anfon copi o'r llythyr hwn at Delyth Jewell AS yn rhinwedd ei swydd fel Cadeirydd y Pwyllgor Diwylliant, Cyfathrebu, y Gymraeg, Chwaraeon a Chysylltiadau Rhyngwladol; Jayne Bryant AS yn rhinwedd ei swydd fel Cadeirydd y Pwyllgor Plant, Pobl Ifanc ac Addysg a Russell George AS yn rhinwedd ei swydd fel Cadeirydd y Pwyllgor Iechyd a Gofal Cymdeithasol er gwybodaeth.

Cofion cynnes,

Paul Davies AS
Cadeirydd: Pwyllgor yr Economi, Masnach a Materion Gwledig

Croesewir gohebiaeth yn Gymraeg neu Saesneg

GIG CYMRU NHS WALES
Iechyd a Gofal Digidol Cymru
Digital Health and Care Wales

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14 Chwefror 2024

Russell George AS
Cadeirydd
Pwyllgor Iechyd a Gofal Cymdeithasol

Mark Isherwood AS
Cadeirydd
Pwyllgor Cyfrifon Cyhoeddus a Sicrwydd Cyhoeddus

Annwyl Russell a Mark,

Ymateb Dilynol IGDC i Graffu Pwyllgor Iechyd a Gofal Cymdeithasol Senedd Cymru a Phwyllgor Cyfrifon Cyhoeddus a Gweinyddiaeth Gyhoeddus ar Adroddiad Iechyd a Gofal Digidol Cymru

Darparodd IGDC ei ymateb i adroddiad ar y cyd y Pwyllgor Cyfrifon Cyhoeddus a Gweinyddiaeth Gyhoeddus a'r Pwyllgor Iechyd a Gofal Cymdeithasol ar 16 Awst 2023. Roedd yr adroddiad yn cynnwys 16 o argymhellion, ac ymatebwyd i bob un ohonynt.

O'r 16 argymhelliad, roedd angen diweddariad pellach ar 3 argymhelliad erbyn diwedd 2023 ac roeddem yn falch o gyflwyno'r diweddariad ar 19 Rhagfyr 2023.

Roedd angen diweddaru 3 argymhelliad pellach erbyn diwedd mis Chwefror 2024. Manylir ar yr argymhellion hyn a'n hymatebion diweddaraf isod:

Argymhelliad 3: Dylai Llywodraeth Cymru ac Iechyd a Gofal Digidol Cymru roi'r wybodaeth ddiweddaraf bob chwe mis i'r Pwyllgor Iechyd a Gofal Cymdeithasol a'r Pwyllgor Cyfrifon Cyhoeddus a Gweinyddiaeth Gyhoeddus ar y cynnydd o ran darparu System Wybodaeth Gofal Cymunedol Cymru (WCCIS). Dylai'r diweddariadau gynnwys gwybodaeth am wariant hyd yma, gwariant arfaethedig, nifer y byrddau iechyd ac awdurdodau lleol sy'n manteisio ar WCCIS, ac ymgysylltu neu ymgynghori â phartneriaid perthnasol. Dylid darparu'r diweddariad cyntaf yn yr ymatebion i'r adroddiad hwn.

Ymateb IGDC i Argymhelliad 3: Darllenwch ein Papurau Pwyllgor Cyflawni Rhaglenni a gyhoeddwyd ar Safle Rhyngrwyd IGDC. Mae'r papurau'n cynnwys y wybodaeth ddiweddaraf o ran darpariaeth System Wybodaeth Gofal Cymunedol Cymru.

GIG CYMRU NHS WALES
Iechyd a Gofal Digidol Cymru
Digital Health and Care Wales

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Argymhelliad 10: Dylai Iechyd a Gofal Digidol Cymru ddarparu rhagor o dystiolaeth ynghylch y systemau adnoddau dynol a'r capasiti sydd ar gael i hwyluso'r gwaith o recriwtio a chadw pobl â sgiliau arbenigol. Dylai hyn gynnwys gwybodaeth sy'n nodi ble mae'r bylchau allweddol a'r swyddi gwag, sut mae camau gweithredu i fynd i'r afael â'r bylchau yn cael eu blaenoriaethu, a pha gamau sy'n cael eu cymryd i liniaru'r risgiau i gyflawni sy'n deillio o'r swyddi gwag. Yn dilyn darparu'r wybodaeth hon yn ei ymateb i'r adroddiad hwn, dylai IGDC roi diweddariadau cynnydd pob chwe mis i'r Pwyllgor Iechyd a Gofal Cymdeithasol a'r Pwyllgor Cyfrifon Cyhoeddus a Gweinyddiaeth Gyhoeddus.

Ymateb IGDC i Argymhelliad 10: Mae Grŵp Adnoddau Strategol, a sefydlwyd yn 2022, dan gadeiryddiaeth y Cyfarwyddwr Pobl a Datblygu Sefydliadol yn parhau i gyfarfod i sicrhau bod bylchau sgiliau'n cael eu cydnabod ac yn cael sylw i liniaru'r risgiau sy'n deillio o swyddi gwag. Darllenwch Bapurau Bwrdd Ionawr 2024 IGDC a Phapurau'r Pwyllgor Archwilio a Sicrwydd Chwefror 2024 ac am ddiweddariadau ar Gynllunio Gweithlu Strategol.

Argymhelliad 15: Dylai Iechyd a Gofal Digidol Cymru ymgysylltu â'i sefydliadau partner i werthuso ei ddulliau cydweithredu presennol, a nodi meysydd i'w gwella a chyfleoedd i gryfhau perthnasoedd. Yn ei ymateb i'r adroddiad hwn, dylai Iechyd a Gofal Digidol Cymru amlinellu sut bydd yn cynnal y gwerthusiad hwn. Yna, bob chwe mis, dylai roi'r wybodaeth ddiweddaraf i'r Pwyllgor Iechyd a Gofal Cymdeithasol a'r Pwyllgor Cyfrifon Cyhoeddus a Gweinyddiaeth Gyhoeddus ar sut mae'n cydweithio â'i bartneriaid a'r hyn y mae cydweithredu o'r fath wedi'i gyflawni.

Ymateb IGDC i Argymhelliad 15: Yn flaenorol, gwnaethom eich cyfeirio at ein Papurau Bwrdd ym mis Medi 2023 a gyhoeddwyd ar Safle Rhyngrwyd IGDC a oedd yn cynnwys diweddariad manwl yn amlinellu cynnydd yn erbyn ein Cynllun Ymgysylltu â Rhanddeiliaid. Mae gennym raglen ymgysylltu sefydledig sy'n cynnwys sesiynau strategol rheolaidd gyda'n partneriaid allweddol i gefnogi darpariaeth gydweithredol o gynlluniau ar y cyd y cytunwyd arnynt. Mae hyn yn cynnwys partneriaid GIG Cymru, partneriaid masnachol a chyrff a sefydliadau cenedlaethol. Fel rhan o'r rhaglen waith hon a hefyd drwy ein hymagwedd gwrando a dysgu ehangach, mae gennym fecanweithiau adborth cryf, gan gynnwys gweithdai partneriaeth, sesiynau ffocws, a phrosiectau darganfod. Rydym yn gwella hyn drwy gynnal arolwg rhanddeiliaid annibynnol. Mae IGDC wedi gosod y gwaith hwn ar dendr ddiweddar ond nid oeddem yn gallu penodi cyflenwr. Rydym yn gweithio trwy opsiynau cyflwyno ar gyfer arolwg annibynnol, tra'n parhau â'n gwaith mewnol ar weithdai myfyriol a sesiynau adborth. Byddwn yn parhau i ddarparu diweddariadau bob chwe mis i'n Bwrdd, ac mae'r diweddariad nesaf wedi'i drefnu i fynd i'n cyfarfod cyhoeddus Bwrdd SHA ar 28 Mawrth 2024.

Yn gywir,

Helen Thomas
Prif Weithredwr

Simon Jones
Cadeirydd

Eitem 5.8

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

Julie Morgan AS/MS
Y Dirprwy Weinidog Gwasanaethau Cymdeithasol
Deputy Minister for Social Services

Lynne Neagle AS/MS
Y Dirprwy Weinidog Iechyd Meddwl a Llesiant
Deputy Minister for Mental Health & Wellbeing

Llywodraeth Cymru
Welsh Government

Ein Cyf: MA/EM/3244/23

Russell George AS
Cadeirydd
Y Pwyllgor Iechyd a Gofal Cymdeithasol

SeneddIechyd@senedd.cymru

27 Chwefror 2024

Annwyl Russell

Yn dilyn sesiwn graffu'r Pwyllgor Iechyd a Gofal Cymdeithasol ar y gyllideb ddrafft ar 17 Ionawr, rydym yn ysgrifennu atoch i rannu'r wybodaeth bellach a'r papurau y gofynnwyd amdanynt yn ystod y sesiwn.

Yn gyntaf, gwnaethom gytuno i roi copi ichi o'r llythyr a anfonwyd at byrddau iechyd ym mis Rhagfyr sy'n nodi Fframwaith Cynllunio GIG Cymru 2024-27. Mae wedi'i atodi i'r llythyr hwn.

Gwnaethom hefyd gytuno i ddarparu ffigurau ar gyfer y costau a amcangyfrifir ar gyfer cynnig codiad cyflog ychwanegol o 1% i staff meddygol a deintyddol. Roedd hyn yn ymwneud â sefyllfa'r gweithredu diwydiannol sy'n cael ei gymryd gan feddygon iau. Nodwch mai dim ond er mwyn darparu ffigurau y mae hyn ac nid yw'n gynnig i godi'r dyfarniad cyflog i staff meddygol a deintyddol yng Nghymru yn 2023-24. Gwnaeth y Corff Adolygu ar Gydnabyddiaeth Ariannol Meddygon a Deintyddion argymell dyfarniad cyflog o 6% i feddygon a deintyddion. Yn ogystal â chodiad cyflog o 6%, gwnaeth y corff hefyd argymell y dylai pwyntiau cyflog meddygon iau hefyd gynnwys codiad cyflog wedi'i gydgrynhoi gwerth £1250.

Byddai'r costau ar gyfer bodloni argymhellion y Corff yn llawn, ar ben y dyfarniad o 5% sydd eisoes wedi'i roi eleni yn gost gylchol ychwanegol gwerth oddeutu £21.8 miliwn (mae hyn yn cynnwys yr 1% ychwanegol a'r taliad gwerth £1250 wedi'i gydgrynhoi ar gyfer meddygon iau).

Byddai'r costau ar gyfer dim ond gweithredu'r codiad cyflog o 1% ar gyfer meddygon a deintyddion yn gost gylchol gwerth £13.2 miliwn. Mae'r costau wedi'u rhannu fel a ganlyn yn ôl meddygon a deintyddion:

- Ymgynghorwyr: £5.5 miliwn
- Meddygon arbenigol a meddygon arbenigol cyswllt: £1 miliwn
- Meddygon iau (1%): £2.9 miliwn
- Taliad wedi'i gydgrynhoi gwerth £1250 i feddygon iau: £8.6 miliwn
- Ymarferwyr meddygol cyffredinol: £1.8 miliwn

- Ymarferwyr deintyddol cyffredinol: £2 miliwn

Mae'r cynnig cyflog o 5% wedi'i wneud yn gyson i holl grwpiau staff y GIG, gan gynnwys Agenda ar gyfer Newid, holl staff meddygol ysbytai (gan gynnwys meddygon iau) ac ymarferwyr cyffredinol a deintyddion gofal sylfaenol. Byddai cyfanswm costau codiad cyflog ychwanegol o 1% ar gyfer holl grwpiau staff y GIG yn 2023-24 oddeutu £58 miliwn.

Nesaf, gofynnwyd inni am y costau yn sgil y gweithredu diwydiannol diweddar, wedi'u rhannu yn ôl bob bwrdd iechyd, o ran staffio a lefelau gweithgarwch. Mae GIG Cymru wedi bod yn gweithio ar goladu effaith net gyffredinol y gweithredu diwydiannol diweddar gan feddygon iau. Mae sefydliadau wedi bod yn dilysu gwybodaeth er mwyn bod yn glir ynghylch y rhai a gymerodd ran a'r rhai na chymerodd ran. Mae hyn yn cymryd mwy o amser na'r disgwyl i ystyried pob agwedd o ran ble y mae rhai o'r effeithiau hynny'n ymddangos a'r union gostau. Mae sefydliadau yn gweithio ar ddarparu costau net ar ôl ystyried unrhyw ostyngiadau mewn costau, er enghraifft, oherwydd bod gweithgarwch yn is yn sgil gohirio triniaethau. Mae hyn yn digwydd yn rhan o'u cylch adrodd misol arferol.

Mae'r ffigurau hyd yma yn deillio o ffurflenni drafft yn unig, ond awgrymir y bydd yr effaith ariannol net rhwng £3 miliwn a £4 miliwn. Bydd yr amcangyfrif hwn yn cael ei fireinio ymhellach unwaith y bydd sefydliadau wedi cwblhau eu dadansoddiadau.

Gwnaethoch hefyd ofyn a allem asesu faint o'r gwariant ar asiantaethau dros y blynyddoedd diwethaf sy'n cael ei gynrychioli fel elw i gwmnïau preifat. Yn anffodus, nid yw'n bosibl darparu asesiad o lefelau elw asiantaethau staffio sy'n cyflenwi'r GIG. Nid yw'r wybodaeth hon ar gael yn gyhoeddus ac ni ellir ei chasglu yn rhesymol o wybodaeth ariannol a gyhoeddir, felly ni allwn fwrw amcan ar y lefelau elw'r cwmnïau preifat hyn. Mae'n werth nodi bod llawer o'r cwmnïau hyn hefyd yn ymwneud â chwsmeriaid eraill y tu allan i'r GIG.

Cytunodd y Dirprwy Weinidog Iechyd Meddwl a Llesiant i rannu rhagor o fanylion ynghylch sut y mae adnoddau ar gyfer y cynlluniau peilot plant a theuluoedd yn cael eu targedu. Mae'r cynlluniau peilot Plant a Theuluoedd, (o'r enw PIPYN, Pwysau Iach Plant yng Nghymru), yn seiliedig ar gynllun Iechyd Cyhoeddus Cymru, Pob Plentyn Cymru, 10 Cam i Bwysau Iach. Mae'r ymyrraeth yn cynnwys cymorth un-i-un i deuluoedd o fewn dull gweithredu ehangach sy'n seiliedig ar systemau sy'n ceisio galluogi teuluoedd a'u plant ifanc i fod yn fwy egnïol ac i fwyta'n iachach. Mae'r ymyrraeth wedi'i hanelu at deuluoedd sydd â phlant ifanc (3 i 7 oed) sy'n ordew neu sydd mewn perygl o fod yn ordew. Yn rhan o'r cymorth un-i-un, cynhelir sgwrs gychwynnol â'r teulu.

Mae'r Gweithiwr Cymorth i Deuluoedd yn helpu'r teulu i osod nodau personol yn seiliedig ar y themâu canlynol:

- Lefelau Gweithgareddau (chwarae a gweithgareddau hamdden egnïol fel teulu)
- Dewisiadau Deietegol (pa fwyd sy'n cael ei brynu)
- Amgylchedd bwyd y teulu (amser prydau bwyd rheolaidd, byrbrydau)
- Rhianta (rhoi bwyd yn wobr, amser sgrîn, arferion cysgu, coginio prydau bwyd eu hunain)
- Rhieni yn modelu ymddygiadau iach (dewisiadau rhieni o ran bwyd a gweithgareddau)

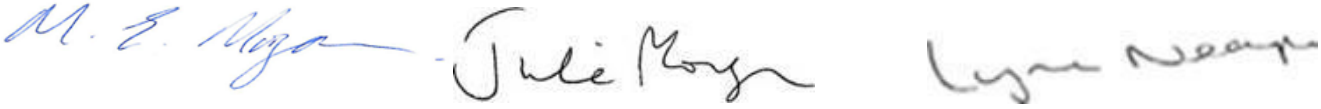
Mae'r gweithwyr cymorth i deuluoedd yn helpu'r teulu i gyflawni'r nodau hyn drwy sesiynau wythnosol dros gyfnod o wyth wythnos. Pe bai'r teulu angen cymorth i brynu bwydydd iach, gallai hyn gynnwys helpu'r teulu i lunio cynlluniau prydau bwyd wythnosol ar gyllideb. Os nad yw teuluoedd yn coginio prydau bwyd eu hunain yn aml, gallai'r cymorth gynnwys eu cyfeirio at eu darparwr 'Dewch i Goginio' lleol. Mae Dewch i Goginio gyda'ch Plentyn yn rhaglen Sgiliau Maeth am Oes lle y cynhelir cyrsiau sgiliau maeth a choginio ymarferol i rieni a'u plant mewn ysgolion

lleol. Mae Dewch i Goginio yn rhaglen sy'n cael ei chefnogi gan y tri chynllun peilot plant a theuluoedd yng Nghaerdydd, Ynys Môn a Merthyr yn rhan o'u dull gweithredu ehangach sy'n seiliedig ar systemau. Mae Bwrdd Iechyd Prifysgol Betsi Cadwaladr hefyd yn cefnogi'r rhaglen Dewch i Goginio ac wedi sicrhau bod y rhaglen yn cael ei chynnal mewn ysgolion uwchradd. Mae hyn yn rhan o'u dull gweithredu system gyfan Pwysau Iach: Cymru Iach. Ym Merthyr yn unig, mae bron i 200 o deuluoedd wedi cofrestru neu wedi cwblhau'r rhaglen ac mae 38 o deuluoedd wedi cwblhau'r sesiynau coginio.

Yn olaf, ar 7 Chwefror ysgrifennodd y Dirprwy Weinidog Iechyd Meddwl a Llesiant at y pwyllgor ynghylch gwasanaethau camddefnyddio sylweddau. Hyderwn fod y llythyr hwnnw yn bodloni eich cais am ragor o wybodaeth.

Gobeithiwn fod yr wybodaeth hon yn ddefnyddiol.

Yn gywir



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Minister for Health and Social Services

Llywodraeth Cymru
Welsh Government

Ein cyf/Our ref: MA/EM/3060/23

Cadeiryddion y GIG

18 Rhagfyr 2023

Annwyl Gyfeillion

Fframwaith Cynllunio GIG Cymru 2024-2027

Ysgrifennaf i gyflwyno'r Cyfarwyddiadau cynllunio statudol ar gyfer sefydliadau'r GIG sy'n egluro'r gofynion ar gyfer y flwyddyn sydd i ddod. Bydd hyn yn pennu'r uchelgais a'r cyfeiriad ar gyfer eich cynlluniau dros gyfnod o dair blynedd.

Mae gwasanaethau'r GIG yng Nghymru yn cael eu darparu drwy gynllunio integredig, yn hytrach na thrwy ddull seiliedig ar farchnad. Mae Deddf y Gwasanaeth Iechyd Gwladol (Cymru) 2006, fel y'i diwygiwyd gan Ddeddf Cyllid y Gwasanaeth Iechyd Gwladol (Cymru) 2014, yn nodi'r gofynion ar gyfer gwaith cynllunio'r GIG yng Nghymru. O dan y fframwaith deddfwriaethol, mae gan fyrddau iechyd lleol ac ymddiriedolaethau'r GIG, ddyletswydd statudol i baratoi cynllun, sy'n cael ei gyflwyno i Weinidogion Cymru i'w gymeradwyo. Mae'r cynllun hwn yn nodi sut y bydd y sefydliad yn sicrhau cydymffurfiaeth â'u dyletswyddau i fantoli'r gyllideb gan hefyd wella iechyd y bobl y mae'n gyfrifol amdanynt a darparu gofal iechyd i'r bobl hynny. I gyflawni'r dyletswyddau hyn, rhaid i fyrddau'r sefydliadau hynny gyflwyno Cynllun Tymor Canolig Integredig tair blynedd imi ei ystyried.

Mae'r Fframwaith hwn wedi'i osod o dan yr amgylchiadau mwyaf heriol y bu'n rhaid i'r GIG ymateb iddynt ers ei sefydlu. Mae hyn yn bennaf o ganlyniad i waddol Covid a Brexit, y rhagolygon ariannol heriol a'r pwysau system ehangach ar y gweithlu yn ogystal â'r sefyllfa o safbwynt costau byw. O ystyried yr heriau digynsail, y pwysau gweithredol ac ariannol, yn ogystal â'r pwysau o ran y gweithlu a'r galw, mae'n hanfodol bod ein hadnoddau yn cael eu defnyddio yn y ffordd orau bosibl i ddarparu'r gofal a'r driniaeth orau i bobl Cymru. Bydd cynlluniau sefydliadol yn nodi'r gwelliannau sydd i'w gwneud i wasanaethau, ac i sicrhau eu cynaliadwyedd ar gyfer y dyfodol, yn unol â'r adnodd sydd ar gael i leihau anghydraddoldebau ac i wella canlyniadau iechyd y poblogaethau yr ydych yn eu gwasanaethu.

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Mae Deddf Llesiant Cenedlaethau'r Dyfodol (Cymru) 2015 yn gosod mewn cyfraith yr angen i ystyried y dull strategol hirdymor ar gyfer gwireddu dyfodol gwell. Roedd ‘Cymru Iachach’ yn sylfaen i hyn, a dyma’r weledigaeth a'r cynllun hirdymor o hyd ar gyfer iechyd a gofal cymdeithasol yng Nghymru. Rwyf wedi gofyn i'r camau gweithredu yn Cymru Iachach gael eu hadolygu a'u diweddaru i sicrhau eu bod yn berthnasol i’r heriau a wynebir ar hyn o bryd a’r rhai y disgwylir eu hwynebu dros y blynyddoedd nesaf. Byddwn yn bwrw ati â’r gwaith hwn hyn dros y misoedd nesaf. Ar ôl i gamau gweithredu Cymru Iachach gael eu diweddaru, bydd eich cynlluniau yn cael eu hasesu a'u cydgasglu i greu darlun cenedlaethol er mwyn penderfynu pa mor bell y maent yn mynd i wireddu’r weledigaeth honno. Mae’n hanfodol sicrhau, felly, fod eglurder ynghylch yr ymrwymiadau cyflawni yn eich cynlluniau.

Gwella canlyniadau iechyd y boblogaeth sy’n parhau i ysgogi ein huchelgeisiau cynllunio strategol. Rhaid inni ddeall effaith baich modelu clefydau a'r cyfleoedd y mae hyn yn eu darparu ar gyfer cynllunio ein gwasanaethau. Mae’r ddadl ddiweddar yn y Senedd ar adroddiad y Prif Gynghorydd Gwyddonol – Y GIG mewn 10 Mlynedd a Mwy – yn cydnabod y pwysau y bydd y system yn eu hwynebu oherwydd bydd bron i un rhan o bump o boblogaeth Cymru yn 70 oed neu'n hŷn. At hynny, gallai nifer y rhai sydd â diabetes godi o bron i 22% a gallai nifer y bobl sy'n dioddef o bedwar neu ragor o gyflyrau cronig ddyblu. Mae hyn yn dangos y dylid canolbwyntio ar atal, lle bynnag y bo hynny’n bosibl, er mwyn sefydlogi'r GIG a lleihau'r galw acíwt yn y tymor canolig a'r tymor hwy. Mae hyn yn cynnwys mentrau fel rheoli pwysau a diabetes a fydd yn cefnogi canlyniadau iechyd ac yn lleihau'r pwysau ar wasanaethau iechyd dros amser.

I wneud hyn, mae'n hanfodol inni ddefnyddio ein hadnoddau yn ddarbodus drwy ddilyn dulliau sy’n seiliedig ar ansawdd a gwerth. Bydd y dulliau hyn yn sicrhau bod llai o wastraff, niwed ac amrywiadau direswm. Mae enghreifftiau rhagorol i’w cael eisoes ym meysydd diabetes a'r galon drwy raglen Gwerth mewn Iechyd Cymru. Rhaid inni dynnu ar yr enghreifftiau hyn a’u defnyddio er mwyn mynd ati mewn modd cyson i roi ymyriadau gwerth uchel ar waith a lleihau unrhyw ymyriadau sy’n is eu gwerth, tra bôm hefyd yn cyflawni’r canlyniadau gorau i gleifion.

Yn y flwyddyn ariannol hon, byddwch yn gwybod am y gwaith sylweddol a wnaed yn ystod y flwyddyn i nodi a dyrannu rhagor o gyllid ar gyfer y GIG, lleihau diffygion a'r disgwyliadau cyflawni yr wyf wedi'u gosod ar gyfer y cyfansymiau rheoli targed yn ôl Bwrdd Iechyd. Mae cynnydd yn cael ei wneud gan nifer o sefydliadau ond mae angen gwneud rhagor o waith i fodloni’r cyfansymiau rheoli a osodwyd. Mae’r rhagolygon ariannol ar gyfer y flwyddyn nesaf yn parhau i fod yn heriol iawn, ac rwy’n disgwyl i’r camau a gyflawnir y flwyddyn hon gael eu cynnal yn rheolaidd, cyn nodi'r gwelliannau pellach sy’n rhaid eu gwneud ar gyfer 2024-25 o safbwynt effeithlonrwydd ac arbedion.

Cyhoeddir y fframwaith cyllidebol a dyraniadau ar gyfer y GIG ar ôl i gyllideb ddrafft Llywodraeth Cymru gael ei chyhoeddi ar 19 Rhagfyr, ac mae'n hanfodol bod sefydliadau'r GIG yn gwneud cynnydd pellach tuag at gynaliadwyedd ariannol.

Dylai cynlluniau fanteisio ar gyfleoedd i drawsnewid, arloesi a chyfleoedd digidol wrth gynllunio gwasanaethau a llwybrau triniaeth. Mae datblygiadau digidol yn hanfodol i drawsnewid effeithlonrwydd, mynediad a gofal, er enghraifft, drwy uchelgais i gael GIG di-bapur. Bydd trawsnewid digidol hefyd yn sicrhau ansawdd a diogelwch cleifion. Bydd yr holl elfennau hyn yn cefnogi gwaith ataliol ac yn gwneud gwahaniaeth i sefydlogi'r system yn y tymor byr yn ogystal â helpu i liniaru rhywfaint o'r pwysau di-ildio ar wasanaethau.

Mae gofal sylfaenol a gofal cymunedol yn gweld tua 90% o'r cleifion sydd mewn cysylltiad â'r GIG yng Nghymru. Gwnaed yn glir yn Cymru Iachach fod symud adnoddau a sicrhau bod modd gweld mwy o gleifion, rhoi diagnosis iddynt a'u trin yn y gymuned yn allweddol i gyflawni gwelliannau hirdymor mewn iechyd. Bydd helpu pobl i gadw'n iach gartref yn ddibynnol iawn ar fynd ati o ddifrif i sefydlu partneriaethau a threfniadau cydweithio ar draws y sectorau iechyd, gofal cymdeithasol a'r trydydd sector. I weld newid trawsnewidiol yn ein gwasanaethau iechyd a gofal, er mwyn sicrhau eu bod yn addas ar gyfer y 75 mlynedd nesaf, mae angen inni fwrw ati i gyflawni'r newid hwnnw. Rwyf am weld parodrwydd ymhlith y sefydliadau i ymrwymo i'r cynlluniau sy'n cael eu datblygu gan y rhaglen Datblygu Clwstwr Carlam a'r Byrddau Partneriaeth Rhanbarthol. Bydd hyn yn dangos bod gofal sylfaenol a gofal cymunedol yn greiddiol i'r Cynlluniau Tymor Canolig Integredig ac ar gyfer symud y gwaith ar draws rhaglenni i ddatblygu model Gofal Cymunedol Estynedig cyson i Gymru yn ei flaen.

Mae'n glir bod y pwysau parhaus yn cael effaith anghymesur ar blant a phobl ifanc a bod anghydraddoldebau iechyd hefyd yn dwysáu o ganlyniad i'r pwysau. Rhaid rhoi sylw i ansawdd a lefelau'r gwasanaethau er mwyn sicrhau nad yw menywod a phlant, na rhannau eraill o gymunedau Cymru, o dan anfantais wrth geisio cael mynediad at ofal a thriniaeth. Rhaid rhoi sylw i leihau'r anghydraddoldebau iechyd sy'n cael eu profi gan sectorau o'n cymunedau. Gellir llwyddo i leihau rhai anghydraddoldebau iechyd drwy nodi bylchau yn y ddarpariaeth o wasanaethau iechyd, ystyried meysydd o ymarfer gorau a datblygu camau i fynd i'r afael â'r bylchau hyn. Mae darparu mynediad teg at bob gwasanaeth yn parhau i fod wrth wraidd gwerthoedd y GIG yng Nghymru, ac mae hyn yn fwy perthnasol eto hyd yn oed pan ellir cael effaith anghymesur yn ystod yr argyfwng 'costau byw'. Rwy'n eich annog i ystyried y meysydd hyn wrth ichi gynllunio.

Bydd y rhaglenni cenedlaethol yn parhau i gefnogi'r gwaith o ddarparu gwasanaethau sy'n defnyddio'r adnoddau sydd ar gael – adnoddau nad ydynt yn ddi-derfyn – yn y ffordd orau bosibl. Ni ddylai costau gael eu gyrru gan hyn ond dylid cadarnhau'r arferion gorau drwy ansawdd, effeithlonrwydd a phrofiad y claf. Mae meysydd y Rhaglen Genedlaethol yn parhau fel a ganlyn:

- Gofal Cymunedol Estynedig, gan ganolbwyntio ar leihau oedi mewn llwybrau gofal.
- Gofal Sylfaenol a Gofal Cymunedol, gan ganolbwyntio ar wella mynediad a symud adnoddau i ofal sylfaenol a gofal cymunedol.
- Gofal Brys a Gofal mewn Argyfwng, gan ganolbwyntio ar gyflwyno'r rhaglen 6 nod.
- Gofal a Gynlluniwyd a Chanser, gan ganolbwyntio ar leihau'r amseroedd aros hiraf.
- Iechyd Meddwl, gan gynnwys CAMHS, gan ganolbwyntio ar gyflwyno'r rhaglen genedlaethol.

Cyhoeddwyd yr amodau atebolrwydd ar gyfer y rhaglenni hyn ym mis Medi a byddant yn sicrhau dilyniant rhwng cynlluniau 2023 a 2024.

I ddarparu arweiniad a chefnogaeth, mae'r Bwrdd Gwerth a Chynaliadwyedd, dan gadeiryddiaeth Judith Paget, wedi cytuno ar bum ffrwd waith i ddefnyddio adnoddau yn y ffordd orau bosibl ar draws y system. Mae'r meysydd thematig fel a ganlyn:

- Y Gweithlu
- Rheoli meddyginiaethau
- Gofal Iechyd Parhaus/Gofal Nyrsio a Ariennir
- Caffael a chostau nad ydynt yn gyflogau
- Amrywiadau Clinigol/Cyfluniad Gwasanaethau

Mae'r Bwrdd eisoes wedi cyhoeddi amrywiaeth o ofynion mewn perthynas ag ymyriadau gwerth isel, presgripsiynu a gofal iechyd parhaus y mae'n rhaid eu rhoi ar waith i sicrhau dull cyson ledled Cymru. Rwyf am weld cynnydd sylweddol yn cael ei wneud ar draws pob ffrwd waith.

Fel rhan o'r agenda Gwerth a Chynaliadwyedd, rwy'n gwbl glir am fy nisgwyliad, ar gyfer 2024-25, fod yn rhaid cael effaith gyson a sylweddol yn y meysydd canlynol ar lefel leol a chenedlaethol. Byddaf yn gofyn i'm swyddogion ganolbwyntio ar sicrhau bod hyn yn cael ei gyflawni, a bydd cynnydd yn y meysydd hyn yn nodwedd allweddol wrth asesu cynlluniau sefydliadau:

- Cynnydd parhaus o ran lleihau'r ddibyniaeth ar staff asiantaeth cost uchel.
- Sicrhau bod trefniadau 'Unwaith i Gymru' wedi'u cadarnhau yn eu lle ar gyfer galluogwyr allweddol y gweithlu, fel recriwtio, a digidol.
- Cynyddu i'r eithaf y cyfleoedd i weithio'n rhanbarthol.
- Ailddosbarthu adnoddau i ofal cymunedol a gofal sylfaenol lle y bo hynny'n briodol a chynyddu i'r eithaf y cyfleoedd a gynigir gan bolisïau allweddol fel 'Ymhellach, yn Gyflymach'.
- Lleihau amrywiadau direswm ac ymyriadau gwerth isel.
- Cynyddu effeithlonrwydd gweinyddol, er mwyn ei gwneud yn bosibl i leihau costau gweinyddol a chostau rheoli fel cyfran o'r sylfaen wario.

Mae GIG Cymru yn derbyn cyfran fawr o gyllideb Llywodraeth Cymru. Felly, mae'n ddyletswydd ar sefydliadau'r GIG i sicrhau bod eu rôl fel Sefydliadau Angori yn cael ei defnyddio i'w llawn botensial. Rwyf am weld sefydliadau'r GIG yn dangos sut y maent yn cyfrannu at yr economi sylfaenol, yr agenda newid hinsawdd, yn ogystal â chefnogi nodau ehangach Llywodraeth Cymru, gan ddangos y cyfleoedd partneriaeth a chydweithio ar draws sectorau sy'n dod gyda'r cyfrifoldeb hwn.

Wrth inni ymdrechu i fwrw ymlaen â'r trefniadau cyflawni gweithredol uniongyrchol yn yr amgylchedd heriol hwn, rhaid inni beidio ag anghofio am y gwelliannau iechyd yr ydym yn ymgyrraedd at eu cyflawni. Bydd cymhwyso'r egwyddor datblygu cynaliadwy (y pum ffordd o weithio) yn gyson yn ein galluogi i elwa ar fuddion Deddf Llesiant Cenedlaethau'r Dyfodol (Cymru) 2015. Mae'r ddeddfwriaeth arloesol hon yn cael ei hategu gan ddwy Ddeddf allweddol arall – sef Deddf Iechyd a Gofal Cymdeithasol (Ansawdd ac Ymgysylltu) (Cymru) 2020 a Deddf Partneriaeth Gymdeithasol a Chaffael Cyhoeddus (Cymru) 2023, y bydd darpariaethau pellach ohoni yn dod i rym ym mis Ebrill 2024. Mae'r rhain yn darparu'r cyd-destun ar gyfer sut y dylai sefydliadau'r GIG gydweithio gan fynd ati'n ddi-ildio i ystyried ansawdd ym mhopeth a wneir, er mwyn darparu'r gofal GIG gorau yn gyson ym mhob ardal o Gymru. Ym mis Ebrill 2024, bydd Cyd-bwyllgor Comisiynu Cenedlaethol GIG Cymru yn cael ei sefydlu hefyd, a bydd hyn yn arwain at symleiddio'r cyd-destun comisiynu.

Bydd Judith Paget, Prif Weithredwr y GIG, yn ysgrifennu atoch yn fuan i egluro'r broses a'r trefniadau llywodraethiant a fydd yn sail i'ch cyflwyniadau. Bydd cynlluniau'r GIG yn parhau i gynnig sylfaen gadarn ar gyfer amcanion Prif Weithredwr a Chadeiryddion y GIG a byddant yn ganolog i'n trafodaethau drwy gydol y flwyddyn.

Yn olaf, hoffwn ddiolch yn bersonol i holl staff y GIG am yr ymrwymiad a'r gofal y maent yn eu dangos bob dydd – maent yn gwneud gwahaniaeth i gleifion yng Nghymru. Er dyled i'r staff hynny, rwy'n gwybod y byddwch yn cytuno bod rhaid inni sicrhau bod ein huchelgeisiau ar y cyd ar gyfer gwella canlyniadau yn cael eu gwireddu.

Yn gywir

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

Eitem 5.9

Lynne Neagle AS/MS
Y Dirprwy Weinidog Iechyd Meddwl a Llesiant
Deputy Minister for Mental Health and Wellbeing

Llywodraeth Cymru
Welsh Government

Eich cyf/Your ref
Ein cyf/Our ref
Russell George AS
Cadeirydd
Y Pwyllgor Iechyd a Gwasanaethau Cymdeithasol

Copïau at:
Y Pwyllgor Cydraddoldeb a Chyfiawnder Cymdeithasol
Y Pwyllgor Plant, Pobl Ifanc ac Addysg
Y Pwyllgor Deddfwriaeth, Cyfiawnder a'r Cyfansoddiad

07 Chwefror 2024

Annwyl Russell,

Yn ystod fy ymddangosiad yn y Pwyllgor Iechyd a Gwasanaethau Cymdeithasol ar 17 Ionawr, cytunais i roi manylion am y cyllid camddefnyddio sylweddau a ddarperir gan Lywodraeth Cymru.

Hon fu'r gyllideb fwyaf heriol ers datganoli, ond serch hynny rwyf wedi blaenoriaethu ein buddsoddiad mewn gwasanaethau camddefnyddio sylweddau rheng flaen hanfodol er mwyn sicrhau bod rhai o'r bobl fwyaf agored i niwed yn ein cymdeithas yn parhau i gael mynediad at wasanaethau a chymorth. Fodd bynnag, mae hyn wedi golygu y bu'n rhaid gwneud nifer o benderfyniadau anodd.

Er gwaethaf y gyllideb heriol, rwyf wedi parhau i ddiogelu ein cyllid camddefnyddio sylweddau, ac mae'r cyllid hwnnw, yn gyffredinol, wedi codi i ychydig dros £67m. Rhoddir Cyllid Gweithredu ar Gamddefnyddio Sylweddau yn uniongyrchol i'n Byrddau Cynllunio Ardal, a bydd hwn yn codi £2m yn 2024/25 i £41m. Bydd y cynnydd hwn o £2m yn ein cyllid yn cael ei ddyrannu i'r dyraniadau sydd wedi'u clustnodi ar gyfer plant a phobl ifanc a chyllid anghenion cymhleth, y ddau yn cynyddu £1m, i £6.25m a £4.5m yn y drefn honno. Yn ogystal â hynny, o fewn y £41m byddwn yn parhau i gefnogi'r defnydd hynod lwyddiannus o buprenorffin (Buvidal) i'w chwistrellu, drwy ddarparu £3m y mae dros hanner ohono yn mynd tuag at gefnogi rhagnodwyr cyfiawnder troseddol yn y gymuned. Mae Byrddau Iechyd yn cael cyllid ar gyfer eu gwasanaethau trin camddefnyddio sylweddau drwy eu llythyrau dyrannu, a bydd hyn yn cynyddu £812k i ychydig dros £22.9m yn 2024-25. Mae manylion y penderfyniadau ariannu hyn i'w gweld yn Atodiad A.

Gofynnodd y pwyllgor am gael manylion unrhyw gymorth a ddarperir gennym ar gyfer Brynawel. Nid yw Llywodraeth Cymru yn ariannu Brynawel yn uniongyrchol drwy roi cyllid

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refeniw, gan fod lleoliadau'n cael eu hariannu naill ai gan awdurdodau lleol neu drwy'r £2m sydd wedi ei glustnodi ar gyfer triniaeth breswyl a roddir i Fyrddau Cynllunio Ardal. Mae lleoliadau'n cael eu gwneud, o dan arweiniad dewisiadau defnyddwyr gwasanaeth, drwy ein fframwaith Rehab Cymru. Fodd bynnag, rwy'n falch o allu dweud ein bod wedi dyfarnu £795,000 o gyllid cyfalaf i Frynawel ym mis Chwefror 2023 ar gyfer ehangu ei gwasanaeth trwy brynu ac adnewyddu eiddo cyfagos.

Yn ogystal â'n cyllid ar gyfer gwasanaethau camddefnyddio sylweddau, rydym hefyd yn parhau i gefnogi ein Gwasanaeth Mentora Cymheiriaid Di-Waith. Mae'r gwasanaeth hwn yn helpu pobl sy'n gwella o gamddefnyddio sylweddau a/neu salwch meddwl trwy ddarparu cymorth cymheiriaid, ac fe'i hariennir gyda £5.4m yn 2024-25. Nod y gwasanaeth yw cefnogi hyd at 10,000 o bobl, gan gynnwys 3,000 o bobl ifanc, ledled Cymru rhwng ei ddechrau ym mis Hydref 2022 a mis Mawrth 2025. Mae'r gwasanaeth hwn yn olynu'r gwasanaeth blaenorol a ariannwyd gan gyllid Ewropeaidd rhwng 2016-2022.

Cyfeiriais at Raglen yr Heddlu ar gyfer Ysgolion Cymru yn y Pwyllgor. Ar hyn o bryd, mae'r rhaglen yn cael ei hariannu drwy'r gyllideb camddefnyddio sylweddau, ond yn wyneb toriadau posibl i wasanaethau rheng flaen rwyf wedi penderfynu blaenoriaethu ein buddsoddiad camddefnyddio sylweddau mewn modd sy'n sicrhau mynediad at wasanaethau a chymorth hanfodol. O ganlyniad, bu'n rhaid i mi dynnu cyfraniad cyllid Llywodraeth Cymru o £1.98m bob blwyddyn ariannol yn ôl oddi wrth y rhaglen, a hynny o 31 Mawrth eleni. Mae'r sefyllfa o ran ystod o faterion pwysig yn y dirwedd llesiant dysgwyr wedi newid yn sylweddol ers cyflwyno'r rhaglen. Mae llawer o feysydd bellach yn destunau a fyddai'n cael eu hystyried fel rhan o'r dysgu iechyd a llesiant gorfodol sy'n digwydd yn ysgolion Cymru. Mae Addysg Cydberthynas a Rhywioldeb (RSE) yn cwmpasu nifer o feysydd, gan gynnwys camddefnyddio sylweddau, diogelwch ar-lein, a thrais domestig. Bwriedir datblygu mwy o adnoddau i ysgolion ar gyfer llywio dysgu mewn perthynas ag ystod o faterion iechyd a llesiant, ac mae fy swyddogion yn gweithio gyda chydweithwyr mewn addysg i sicrhau bod y rhaglen yn darparu'r profiad dysgu mwyaf buddiol posibl.

Bydd fy swyddogion yn parhau i weithio gyda'r Heddlu er mwyn gweithio drwy oblygiadau'r ffaith bod cyllid cyfatebol Llywodraeth Cymru wedi ei dynnu yn ôl oddi wrth y rhaglen. Bydd Llywodraeth Cymru yn parhau i gynnal ein cysylltiadau â'r pedwar Comisiynydd Heddlu a Throseddu ac mae'r Comisiynwyr hyn yn bartneriaid gwerthfawr.

Rwy'n anfon copïau at Gadeiryddion y Pwyllgor Cydraddoldeb a Chyfiawnder Cymdeithasol, y Pwyllgor Deddfwriaeth, Cyfiawnder a'r Cyfansoddiad, a'r Pwyllgor Plant, Pobl Ifanc ac Addysg.

Yn gywir

Lynne Neagle AS/MS
Y Dirprwy Weinidog Iechyd Meddwl a Llesiant
Deputy Minister for Mental Health and Wellbeing

Atodiad A.

	2023–24	2024–25	Newid
Y Gronfa Weithredu ar Gamddefnyddio Sylweddau	£39.063m	£41.063m	+£2m
Rhaglen yr Heddlu ar gyfer Ysgolion Cymru	£1.980m	£0	-£1.980m
Cyffuriau ac Alcohol*	£1.542m	£1.022m	-£520k
Cyfalaf	£2.5m	£2.5m	£0
Cyllid wedi'i glustnodi y Bwrdd Iechyd	£22.102m	£22.912m	+£812k
Cyfanswm cyffredinol	**£67.187m**	**£67.497m**	**+£312k**

*Mae'r Gyllideb Cyffuriau ac Alcohol yn cefnogi gwasanaethau a gweithgarwch canolog allweddol. Mae'r rhain yn cynnwys Iechyd Cyhoeddus Cymru, WEDINOS, Naloxone a gwerthusiadau o MUP a Buvidal.

Mae cyfyngiadau ar y ddogfen hon

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

Llywodraeth Cymru
Welsh Government

Eitem 11

Russell George AS
Cadeirydd
Y Pwyllgor Iechyd a Gofal Cymdeithasol

SeneddIechyd@senedd.cymru

19 Chwefror 2024

Annwyl Russell

Diolch am eich llythyr dyddiedig 6 Rhagfyr 2023 ar ran y Pwyllgor Iechyd a Gofal Cymdeithasol ynghylch ei ymchwiliad i ganser gynaecolegol ac am amgáu'r adroddiad: *Heb lais: Taith menywod drwy ganser gynaecolegol*.

Rwy'n ddiolchgar i'r Pwyllgor am ei waith ymchwil i ofal a phrofiad menywod sy'n cael diagnosis o ganser gynaecolegol ac rwy'n ymddiheuro am yr oedi bach wrth ymateb.

Roeddwn yn ddiolchgar am y cyfle i roi tystiolaeth i'r Pwyllgor ar y mater pwysig hwn ac yn ddiolchgar o gael eich adroddiad terfynol. Rwyf wedi ystyried yn ofalus yr argymhellion a wnaed ac yn amgáu fy ymateb manwl isod.

Yn gywir,

M. E. Morgan

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

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Ymateb Ysgrifenedig i Adroddiad Ymchwiliad Rhagfyr 2023 y Pwyllgor Iechyd a Gofal Cymdeithasol ar Ganser Gynaecolegol: “Heb lais: Taith menywod drwy ganser gynaecolegol”

Mae Llywodraeth Cymru yn croesawu'r adroddiad hwn gan y Pwyllgor wrth i ni gydnabod pwysigrwydd rhoi llais i fenywod sy'n ymgyflwyno i’r GIG â phryderon am ganser gynaecolegol. Mae'n bwysig bod gwasanaethau'r GIG yn ymateb i bryderon menywod a bod pobl yn cael eu cyfeirio'n briodol er mwyn cael ymchwiliad cyflym i'w symptomau. Fel y cadarnhaodd y rhai a roddodd dystiolaeth i'r Pwyllgor, nid yw hyn bob amser yn wir ac mae angen gwneud mwy i fynd i'r afael â'r problemau hyn.

Wrth wneud hynny, mae'n bwysig cydnabod bod y mwyafrif helaeth o'r rhai sy'n derbyn gofal canser gynaecolegol yn adrodd lefelau uchel o fodlonrwydd cleifion â gwasanaethau'r GIG yn gyson. Gwelir hyn ym mhob un o'r tri arolwg cenedlaethol ar brofiad cleifion canser a gynhaliwyd dros y degawd diwethaf. Er gwaethaf hyn, mae'n bwysig bod Llywodraeth Cymru o safbwynt polisi, a'r GIG o safbwynt darparu gwasanaethau, yn ystyried beth arall sydd angen ei wneud i sicrhau bod pob claf yn derbyn gofal o'r radd flaenaf o gychwyn ei siwrnai.

Mae Llywodraeth Cymru wedi ymrwymo i wella gwasanaethau a chanlyniadau canser. Mae canser wedi bod yn flaenoriaeth gyson uchel i'r Llywodraeth a'r GIG yng Nghymru, fel yr adlewyrchir gan y gyfres o strategaethau, cynlluniau a pholisïau cenedlaethol a gyflwynwyd ers 2006. Mae dull polisi cyfredol Llywodraeth Cymru wedi'i nodi yn y Datganiad Ansawdd ar gyfer Canser 2021 a'i fwriad yw llywio gwaith cynllunio gwasanaethau canser byrddau iechyd ac ymddiriedolaethau yn unol â chyfres o lwybrau clinigol y cytunwyd arnynt yn genedlaethol, a bod Gweithrediaeth y GIG yn defnyddio data i oruchwylio’n rheolaidd gysondeb y gwasanaethau sy'n cael eu darparu.

Deallwn fod yn rhaid i berfformiad canser gynaecolegol wella a bydd agweddau ar y polisi hwn, a Chynllun Gwella Canser y GIG, yn helpu i wella profiad gofal menywod â chanserau gynaecolegol. Yn aml bwriedir i'r ymdrechion hyn fod o fudd i sawl math o ganser, megis Canolfannau Diagnostig Cyflym a chymorth addysgol i feddygon teulu. Mae rhai camau gweithredu yn fwy penodol i ganser gynaecolegol, fel y rhaglen ar gyfer adfer amseroedd aros canser sy'n cael ei chyflwyno gan Weithrediaeth y GIG, gan ganolbwyntio ar dri math o ganser, yn cynnwys canser gynaecolegol, i gydnabod y perfformiad amseroedd aros diweddar.

Mae'r holl waith hwn yn cael ei wneud yn wyneb yr holl heriau ariannol difrifol sy'n wynebu'r GIG, cynnydd hirdymor yn y galw am ofal canser a gofal heb fod yn ganser, law yn llaw â gorfod adfer o effaith sylweddol y pandemig; yn enwedig o ran rhestrau aros hirach. Mae'r fframwaith cynllunio cenedlaethol a gyhoeddwyd i'r GIG yn mynnu bod blaenoriaeth ddiymwad yn cael ei rhoi i ddatblygu gwasanaethau o fewn y cyfyngiadau ariannol sydd ar gael i'r GIG.

Mewn ymateb i'r argymhellion penodol a wnaed:

Argymhelliad 1: Dylai Llywodraeth Cymru weithio gyda'r cyrff proffesiynol iechyd perthnasol a'r byrddau iechyd i hyrwyddo sensitifrwydd o ran rhywedd a chymhwysedd diwylliannol ymhlith gweithwyr gofal iechyd proffesiynol. Dylai'r model 'gofal yn seiliedig ar berthynas' hwn gynnwys sicrhau bod digon o amser ar gyfer apwyntiadau i fynd i'r afael yn drylwyr â phryderon cleifion, ac annog cyfathrebu empathig rhwng cleifion a gweithwyr gofal iechyd proffesiynol, gan gydnabod anghenion a phrofiadau iechyd unigryw menywod.

Ymateb: Derbyn

Bydd hyn yn ganolbwynt allweddol i Gynllun Iechyd Menywod y GIG. Mae adroddiad Darganfod, a gyhoeddwyd ym mis Rhagfyr 2022, yn nodi chwe maes cyfle i wella sy'n flaenoriaeth, gan gynnwys yr angen i nodi ac ymgorffori technegau ac ymddygiadau sy'n sicrhau bod lleisiau menywod a merched yn cael eu clywed ym mhob ymwneud â'r GIG.

Goblygiadau ariannol: dim, wedi'i gynnwys yn y cyllid ar gyfer y Rhwydweithiau Clinigol Strategol.

Argymhelliad 2: Dylai Cynllun Iechyd Menywod Cymru gael ei gwblhau a'i gyhoeddi cyn diwedd y flwyddyn, a dylai Llywodraeth Cymru gefnogi GIG Cymru i wneud hyn. Dylai'r cynllun gynnwys ffocws penodol ar ganserau gynaecolegol, gan helpu i wella anghydraddoldebau iechyd menywod drwy godi ymwybyddiaeth o'r materion, gwella mynediad at ofal iechyd a gwella canlyniadau canser i fenywod sy'n cael diagnosis o ganser gynaecolegol.

Ymateb: Derbyn yn rhannol

Bydd Cynllun Iechyd Menywod yn cael ei gyhoeddi erbyn diwedd y flwyddyn galendr. Bydd y Cynllun yn helpu i wella anghydraddoldebau iechyd menywod drwy godi ymwybyddiaeth o'r materion sy'n ymwneud ag iechyd menywod a gwella mynediad at ofal. Fodd bynnag, mae bwriadau a chamau polisi Llywodraeth Cymru sy'n ymwneud yn benodol â chanser gynaecolegol eisoes wedi'u nodi ar gyfer y GIG yn y Datganiad Ansawdd ar gyfer Canser ac mae ymateb y GIG wedi'i ddisgrifio yn y Cynllun Gwella Canser.

Goblygiadau ariannol: dim, wedi'i gynnwys yn y cyllid ar gyfer y Rhwydweithiau Clinigol Strategol.

Argymhelliad 3: Yn ei hymateb i'r adroddiad hwn, dylai Llywodraeth Cymru ddarparu manylion am y canlynol:

- **y gyllideb ymchwil gysylltiedig i gefnogi'r cynllun iechyd menywod, a**
- **beth fydd y blaenoriaethau ymchwil, gan gynnwys a fydd cyllid penodol ar gyfer gwaith ymchwil canser gynaecolegol**

Ymateb: Derbyn mewn egwyddor

Roedd yr Adroddiad Darganfod yn pwysleisio'r angen am ymchwil ansoddol a dulliau cymysg ar bynciau allweddol sy'n cefnogi anghenion menywod a merched. Amlygwyd meysydd lle'r oedd angen mwy o dystiolaeth ymchwil ar eu cyfer hefyd.

Bydd y Rhwydwaith Iechyd Menywod yn mireinio ymhellach yr anghenion ymchwil sy'n ymwneud â datblygu'r Cynllun Iechyd Menywod. Mae gwaith ar y gweill i ddatblygu opsiynau i sicrhau bod adnoddau'n cael eu blaenoriaethu ar gyfer ymchwil ar faterion iechyd menywod dros y blynyddoedd nesaf. Ni fydd yr opsiynau hyn yn cynnwys cyllid penodol ar gyfer ymchwil i ganser gynaecolegol oherwydd bod Llywodraeth Cymru eisoes wedi cytuno ac ariannu dull cenedlaethol o ymdrin ag ymchwil canser fel rhan o Strategaeth Ymchwil Canser Cymru.

Goblygiadau ariannol: Bydd yn cael ei ddatblygu fel rhan o'r broses o nodi'r opsiynau.

Argymhelliad 4: Dylai Llywodraeth Cymru weithio gyda byrddau iechyd i sicrhau bod asesiad yn cael ei wneud o wasanaethau sy'n gysylltiedig â chanser gynaecolegol a gollwyd yn ystod y pandemig COVID-19, a sicrhau bod y gwasanaethau hynny'n cael eu hailsefydlu fel mater o frys. Yn ei hymateb i'r adroddiad hwn, dylai Llywodraeth Cymru:

- **adrodd yn ôl ar yr amseroedd ar gyfer ailsefydlu'r gwasanaethau hynny a**
- **lle nad yw gwasanaethau'n cael eu hailsefydlu, rhoi esboniad am hyn.**

Ymateb: Gwrthod

Bwriad y polisi yw trawsnewid sut mae llwybrau a chlinigau yn cael eu trefnu a'u cyflwyno i fodloni targed amseroedd aros canser i bobl â chanserau gynaecolegol. Mae nifer y bobl sy'n cael eu hatgyfeirio i'r llwybr amheuaeth o ganser ar gyfer canserau gynaecolegol wedi cynyddu bob blwyddyn ers 2020. Erbyn 2023, roedd y nifer cyfartalog o bobl a atgyfeiriwyd o ganlyniad i amheuaeth o ganser gynaecolegol bob mis 50% yn uwch nag yn 2020. Mae hyn, ynghyd â chymhlethdod cynyddol darparu gwasanaethau, a chapasiti cyfyngedig y model gwasanaeth cyfredol sydd ar waith, yn golygu nad ydym am weld y gwasanaeth clinigol a oedd gennym cyn y pandemig yn cael ei ailgyflwyno. Y bwriad wrth wraidd cyflwyniad y llwybrau optimaidd cenedlaethol gan Weithrediaeth y GIG, wedi'u hategu gan raglen adfer amseroedd aros canser, yw newid sut mae llwybrau a'r model gwasanaeth dan sylw yn cael eu darparu.

Goblygiadau ariannol: dim, rydym yn gwrthod yr argymhelliad.

Argymhelliad 5: Dylai Llywodraeth Cymru ddarparu set o amcanion a thargedau clir a mesuradwy ar gyfer Gweithrediaeth y GIG mewn perthynas â gwella canlyniadau canser gynaecolegol, gan nodi sut y maent yn cyd-fynd â gwaith Rhwydwaith Canser Cymru a blaenoriaethau'r Cynllun Gwella Gwasanaethau Canser. Dylai wneud hyn ar adeg ymateb i'r adroddiad hwn.

Ymateb: Derbyn

Bydd gwella canlyniadau canser yn digwydd o ganlyniad i ffactorau amrywiol, gan gynnwys ffactorau poblogaeth a mynediad at ofal canser y GIG. Nid oes gan Weithrediaeth y GIG y cyfrifoldeb na'r gallu i wella canlyniadau canser ar ei ben ei hun. Fodd bynnag, bydd Gweithrediaeth y GIG yn cefnogi'r GIG i wella canlyniadau trwy gynllunio a darparu eu gwasanaethau yn lleol. Bydd yn nodi sut y dylid cynllunio a darparu gwasanaethau mewn llwybrau gofal cenedlaethol. Bydd yn coladu, yn

adolygu ac yn defnyddio data ar ddarpariaeth gofal er mwyn helpu Llywodraeth Cymru i ddwyn y GIG i gyfrif am wella gwasanaethau canser. Hefyd, bydd yn llywio rhaglen genedlaethol ar gyfer adfer amseroedd aros canser gyda byrddau iechyd ac ymddiriedolaethau ar gyfer y canserau hynny sydd â'r perfformiad mwyaf heriol o ran amseroedd aros. Bydd hyn yn cynnwys gweddnewid gwasanaethau clinigol a llwybrau i wella amseroedd aros ar gyfer canser gynaecolegol a phob canser arall. Mae cerrig milltir y rhaglen yn dal i gael eu datblygu, a byddaf yn ysgrifennu diweddariad i'r Pwyllgor pan fyddant wedi derbyn sêl bendith.

Goblygiadau ariannol: dim, bydd y rhaglen a ariennir yn cynnwys datblygu'r cerrig milltir.

Argymhelliad 6: Dylai Llywodraeth Cymru nodi sut y mae'n bwriadu cefnogi byrddau iechyd i wneud y mwyaf o fanteision gweithio rhanbarthol, yn benodol i oresgyn y rhwystrau sy'n wynebu gwasanaethau oherwydd anghydnawsedd systemau TGCh. Dylai wneud hyn ar adeg ymateb i'r adroddiad hwn.

Ymateb: Derbyn

Mae gwasanaethau canser eisoes wedi'u rhanbartholi'n helaeth, gan gynnwys ar gyfer triniaeth canser gynaecolegol a rheolaeth amlddisgyblaethol. Y gwaith cychwynnol o reoli cleifion allanol ac ymchwiliadau sy'n tueddu i gael eu darparu'n lleol, yn ogystal â gofal lliniarol anarbenigol ac unrhyw gymorth ôl-driniaeth. Mae timau amlddisgyblaeth rhanbarthol yn cydlynu'r rhyngweithio rhwng timau clinigol gwahanol, ac mae gweithiwr allweddol enwebedig sy'n cydlynu'r gofal yn cynorthwyo'r claf. Er mwyn helpu i integreiddio gofal rhwng sefydliadau a thimau clinigol, mae Llywodraeth Cymru wedi buddsoddi tua £12 miliwn i gyflwyno datrysiad gwybodaeth canser newydd i Gymru. Mae hwn yn cyflwyno cyfres o fathau newydd o gofnodion clinigol y gall unrhyw glinigydd eu gweld ar Borth Clinigol Cymru. Mae'r cofnodion digidol safonedig newydd sydd ar gael i'w defnyddio ar draws lleoliadau clinigol yn cynnwys nodyn oncoleg claf allanol, nodyn oncoleg claf mewnol, crynodeb o driniaeth radiotherapi, crynodeb o driniaeth gwrth-ganser systemig, yn ogystal â chofnod o gyfarfodydd amlddisgyblaethol. Mae gweithdrefnau ac adroddiadau diagnostig y claf eisoes ar gael drwy Borth Clinigol Cymru ynghyd â'r cofnodion newydd hyn. Hefyd, darparwyd cyllid i Ganolfan Ganser y De-ddwyrain i symud o system ddigidol 'seilo' o drefnu gofal cleifion (CaNISC) i system integredig o weinyddu cleifion Cymru (WPAS). Mae'r system wedi'i hintegreiddio â system rheoli cleifion unigryw Bwrdd Iechyd Prifysgol Caerdydd a'r Fro. Mae datblygu'r swyddogaeth newydd hon yn caniatáu i Gymru ddarparu data gwell i'r archwiliad clinigol cenedlaethol o ganser yr ofarïau. Rydym yn rhoi ystyriaeth bellach i fuddsoddiad ychwanegol mewn gwybodeg canser i gwblhau, gwella ac integreiddio'r cofnod clinigol canser gyda systemau clinigol cenedlaethol ychwanegol.

Goblygiadau ariannol: Mae'r achos buddsoddi digidol sy'n cael ei ystyried wedi ei gostio i fod yn £2.6 miliwn yn ystod 2024-25.

Argymhelliad 7: Dylai Llywodraeth Cymru gynnal gwerthusiad o'r Clinigau Diagnosis Cyflym i optimeiddio eu perfformiad a sicrhau eu bod yn cyfrannu'n effeithiol at ganfod canser yn gynnar. Dylai hyn gynnwys sicrhau bod cleifion yn cael mynediad cyfartal at Glinigau Diagnosis Cyflym ar draws gwahanol

rannau o Gymru, yn enwedig ardaloedd nad ydynt yn cael eu gwasanaethu'n ddigonol. Dylai adrodd yn ôl inni gyda chanfyddiadau'r gwerthusiad o fewn 18 mis i gyhoeddi'r adroddiad hwn.

Ymateb: Derbyn

Mae Rhwydwaith Canser Cymru Gweithrediaeth y GIG yn cynnal gwerthusiad o'r Canolfannau Diagnostig Cyflym, a bydd yr adroddiad yn cael ei anfon ymlaen i'r Pwyllgor pan fydd ar gael.

Goblygiadau ariannol: dim, o fewn adnoddau'r rhaglen bresennol.

Argymhelliad 8: Dylai Llywodraeth Cymru:

- **weithio gyda GIG Cymru i gyrraedd targed Sefydliad Iechyd y Byd o 90 y cant yn derbyn y brechlyn HPV**; **ac**
- **erbyn diwedd tymor y Senedd hon, adrodd ar y cynnydd a wnaed mewn perthynas â chyrraedd targedau 2030 Sefydliad Iechyd y Byd o ran brechu, sgrinio a thrin ar gyfer canser serfigol. Ac fel rhan o hyn, cynnwys data ar nifer yr achosion o ganser serfigol ymhlith menywod yng Nghymru a sut mae hyn wedi newid yn ystod y Senedd hon.**

Ymateb: Derbyn yn rhannol

Ar gyfer derbyn y brechlyn HPV yng Nghymru, mae yna eisoes darged o 90% yn derbyn y brechlyn sy'n berthnasol i fechgyn a merched. Cafodd y targed hwn ei gyfleu i'r GIG yng Nghymru yn ddiweddar drwy Gylchlythyr Iechyd Cymru WHC/2023/16. Dylai byrddau iechyd sicrhau bod 90% yn derbyn y brechlyn erbyn i unigolion droi'n 15 oed. Adlewyrchir y safon dderbyn hon hefyd yn fframwaith perfformiad GIG Cymru ac mae'r nifer sy'n derbyn y brechlyn HPV yn cael eu hadrodd yn chwarterol gan Iechyd Cyhoeddus Cymru. Yn yr un modd, mae yna safon cyrhaeddiad o 80% eisoes ar gyfer sgrinio serfigol. Mae tua 70% yn derbyn y cynnig pan gânt wahoddiad ac mae Iechyd Cyhoeddus Cymru yn gweithio i wella'r niferoedd hyn. Mae'r targed ar gyfer triniaeth canser serfigol wedi'i amlinellu yn y Datganiad Ansawdd ar gyfer Canser, sy'n nodi y dylai o leiaf 75% o bobl ddechrau eu triniaeth ddiffiniol gyntaf o fewn 62 diwrnod i amau achos. Mae Llywodraeth Cymru yn gweithio'n rheolaidd gyda byrddau iechyd i gyflawni'r targedau hyn ac mae Iechyd Cyhoeddus Cymru eisoes yn adrodd ar ddigwydded canser serfigol. Rwy'n hapus i ddarparu datganiad ysgrifenedig ar gynnydd ar ddiwedd tymor y Senedd.

Goblygiadau ariannol: Ni ellir mesur cost cyflawni'r targedau hyn.

Argymhelliad 9: Dylai Llywodraeth Cymru weithio gydag Iechyd Cyhoeddus Cymru i adolygu ei strategaeth tegwch er mwyn:

- **sicrhau bod pawb sy'n gymwys ar gyfer sgrinio serfigol yn cael y cyfle i fanteisio ar eu cynnig;** a
- **chymryd camau sydd wedi'u targedu'n well i fynd i'r afael yn benodol â'r grwpiau hynny o fenywod lle mae'n hysbys bod y nifer sy'n manteisio ar y sgrinio'n isel.**

Ymateb: Derbyn

Mae Llywodraeth Cymru yn cydnabod yr angen i wella'r nifer sy'n derbyn profion sgrinio serfigol drwy nodi'r ffactorau sy'n galluogi a rhwystro mynediad. Yn ddiweddar, mae Iechyd Cyhoeddus Cymru wedi sefydlu grŵp a fydd yn canolbwyntio ar fanteisio ar y gwasanaeth sgrinio a thegwch o fewn y rhaglen sgrinio.

Goblygiadau ariannol: dim, o fewn yr adnoddau presennol.

Argymhelliad 10: Dylai Llywodraeth Cymru, yn ei hymateb i'r adroddiad hwn, amlinellu pa waith sy'n cael ei wneud i sicrhau bod GIG Cymru yn barod i roi'r broses hunan-samplu ar waith yn gyflym, os caiff ei chymeradwyo. Dylai hyn gynnwys manylion am unrhyw broses ailgyfeirio adnoddau a allai fod yn angenrheidiol.

Ymateb: Derbyn

Mae Sgrinio Serfigol Cymru yn gweithio gyda rhaglenni sgrinio eraill y DU er mwyn cynnal gwerthusiad mewnol o hunan-samplu o fewn sgrinio serfigol. Bydd hyn yn galluogi'r rhaglen i ddeall a gwerthuso hunan-samplu yng nghyd-destun rhaglen sgrinio sy'n seiliedig ar boblogaeth. Fel rhan o'r gwerthusiad, bydd llwybrau yn cael eu datblygu i gynnig hunan-samplu diogel ac effeithiol. Ni fydd hunan-samplu yn cael ei weithredu oni bai y caiff ei argymell gan Bwyllgor Sgrinio Cenedlaethol y DU a bydd y gwerthusiad mewnol yn helpu i lywio argymhelliad y Pwyllgor.

Goblygiadau ariannol: dim, bydd y gwerthusiad mewnol yn helpu i lywio pa adnoddau sydd eu hangen i weithredu hunan-samplu os caiff ei argymell.

Argymhelliad 11: Dylai Llywodraeth Cymru, yn ei hymateb i'r adroddiad hwn, gynghori sut y mae'n gweithio gydag Iechyd Cyhoeddus Cymru i sicrhau bod y wybodaeth a ddarperir mewn apwyntiadau sgrinio serfigol yn ei gwneud yn glir nad yw sgrinio o'r fath yn profi nac yn sgrinio am ganserau gynaecolegol eraill, a dylid cynnwys gwybodaeth am symptomau canserau gynaecolegol eraill. Dylid darparu'r wybodaeth hon hefyd pan fydd menywod yn mynychu eu hapwyntiad sgrinio'r fron.

Ymateb: Derbyn

Bydd Iechyd Cyhoeddus Cymru yn diwygio'r wybodaeth i gleifion am sgrinio serfigol i esbonio nad yw'n profi am fathau eraill o ganserau gynaecolegol. Mae'r wybodaeth i'r cyhoedd eisoes yn cyfeirio at symptomau canser serfigol a'r angen i berson gael cyngor gan feddyg teulu os yw'n sylwi ar y symptomau hyn. Pan fydd menywod yn dod i'w hapwyntiadau sgrinio'r fron neu sgrinio serfigol, bydd y dull 'pob cyswllt yn cyfrif' yn cael ei ddatblygu gydag Iechyd Cyhoeddus Cymru i sicrhau bod ymyriadau ymddygiad seiliedig ar dystiolaeth yn cael eu defnyddio i sicrhau bod menywod yn deall nad yw sgrinio serfigol yn profi am fathau eraill o ganserau gynaecolegol. Bydd hyn yn cynnwys ystyried darparu gwybodaeth ehangach yn effeithiol a rhoi manylion cyswllt ar gyfer llefydd i fynd i gael cymorth ar faterion iechyd menywod, gan gynnwys clinigau menopos a llawr y pelfis, sydd eisoes ar gael mewn rhai byrddau iechyd. Bydd Iechyd Cyhoeddus Cymru yn rhoi cyngor ar ba wybodaeth y dylid ei darparu i roi'r budd mwyaf a lleihau anghydraddoldeb.

Goblygiadau ariannol: dim, o fewn yr adnoddau presennol.

Argymhelliad 12: Dylai Llywodraeth Cymru weithio gydag Iechyd Cyhoeddus Cymru, a sefydliadau ac arweinwyr cymunedol i ddatblygu a gweithredu cyfres o ymgyrchoedd i godi ymwybyddiaeth o symptomau canser gynaecolegol. Dylai'r ymgyrchoedd hyn:

- **gael eu cynnal yn rheolaidd, a dylent annog menywod i geisio sylw meddygol yn syth os byddant yn profi unrhyw symptomau;**
- **gynnwys neges glir i ymgysylltu'n well â'r cyhoedd wrth hyrwyddo dewisiadau iachach o ran ffordd o fyw a'r manteision personol sy'n gysylltiedig â'r dewisiadau hyn;**
- **gynnwys ystyriaeth o ffactorau diwylliannol, ieithyddol ac economaidd-gymdeithasol a thargedu poblogaethau a chymunedau penodol sy'n cael eu heffeithio'n anghymesur gan anghydraddoldebau iechyd.**

Ymateb: Derbyn yn rhannol

Mae Llywodraeth Cymru eisoes yn gweithio'n rheolaidd gyda phartneriaid trydydd sector a chyrff y GIG i hybu ymgyrchoedd ymwybyddiaeth o ganser. Bydd Llywodraeth Cymru yn ceisio gweithio mewn partneriaeth gydag elusennau canser i hyrwyddo eu gwybodaeth ymwybyddiaeth symptomau ar gyfer canserau gynaecolegol. Bydd yr wybodaeth hon hefyd yn cael ei hyrwyddo gan Iechyd Cyhoeddus Cymru a'r byrddau iechyd. Mae Llywodraeth Cymru eisoes yn gweithio gyda sefydliadau lleol i hyrwyddo manteision dewisiadau iach ar gyfer ffordd o fyw ac mae'r gwaith hwn eisoes yn ystyried yr angen i fynd i'r afael ag anghydraddoldebau iechyd. Os yw cyllid yn caniatáu, bydd ymgyrchoedd yn cael eu targedu'n ofalus a phrofwyd bod hyn yn fwy effeithiol nag ymgyrchoedd ymwybyddiaeth cyhoeddus eang.

Goblygiadau ariannol: o fewn yr adnoddau presennol.

Argymhelliad 13. Yn ei hymateb i'r adroddiad hwn, dylai Llywodraeth Cymru ddarparu manylion am unrhyw gynlluniau sydd ganddi i werthuso'r adnodd cymorth gyda phenderfyniadau, 'GatewayC', i weld pa effaith y mae'n ei gael ar gyfraddau atgyfeirio meddygon teulu.

Ymateb: Derbyn

Adnodd addysg broffesiynol gofal iechyd, nid offeryn cymorth gyda phenderfyniadau yw 'GatewayC'. Cyflwynodd Addysg a Gwella Iechyd Cymru system 'GatewayC' i ofal sylfaenol yng Nghymru ac mae'n cynnal adolygiad o sut mae'r adnodd yn cael ei roi ar waith.

Goblygiadau ariannol: dim, wedi'i gynnwys o fewn yr adnoddau presennol.

Argymhelliad 14. Dylai Llywodraeth Cymru weithio gyda'r cyrff proffesiynol perthnasol a GIG Cymru i:

- **sicrhau bod cyfleoedd addysg feddygol parhaus yn canolbwyntio'n briodol ar ganser gynaecolegol. Dylai hyn gynnwys cynhadledd/gweminar i**

ddiweddaru meddygon teulu gyda'r technegau diagnostig a'r canllawiau diweddaraf sy'n canolbwyntio ar ganserau gynaecolegol, i'w cynnal erbyn diwedd mis Mawrth 2024;

- **sicrhau bod y canllawiau clinigol sy'n amlinellu'r symptomau a'r ffactorau risg sy'n gysylltiedig â chanserau gynaecolegol yn glir ac yn cael eu gweithredu. Dylai hyn gynnwys archwiliad o atgyfeiriadau gan feddygon teulu a chanlyniadau cleifion yn ymwneud â chanserau gynaecolegol i roi adborth i feddygon teulu i'w helpu i wella eu sgiliau diagnostig;**
- **darparu cymorth gofal eilaidd i feddygon teulu i'w cynorthwyo i asesu ac atgyfeirio cleifion sydd â symptomau canser gynaecolegol posibl. Er enghraifft, atebion telefeddygaeth sy'n caniatáu i feddygon teulu ymgynghori ag arbenigwyr o bell (gall hyn fod yn arbennig o ddefnyddiol i feddygon teulu mewn ardaloedd gwledig neu ardaloedd nad ydynt yn cael eu gwasanaethu'n ddigonol).**

Ymateb: Derbyn yn rhannol

Mae gan bob meddyg teulu yng Nghymru fynediad bwrdd gwaith at 'GatewayC' i gefnogi eu datblygiad proffesiynol parhaus o ran adnabod symptomau posibl canser, gan gynnwys symptomau canser gynaecolegol. Mae canllawiau cenedlaethol clir a dealladwy ar waith ar gyfer asesiad symptomatig ac asesiad seiliedig ar risg o bobl sy'n ymgyflwyno gyda symptomau posibl o ganser. Mae Gweithrediaeth y GIG eisoes yn olrhain niferoedd a chyfraddau atgyfeirio lle'r amheuir canser ar lefel y prif fath o ganser (h.y. canser gynaecolegol) a sut mae hyn yn amrywio rhwng sefydliadau'r GIG. Mae tua hanner y diagnosau o ganser gynaecolegol y flwyddyn ag sydd yna o feddygon teulu yng Nghymru, fodd bynnag, mae meddygon teulu yn atgyfeirio tua ugain gwaith nifer yr achosion a ddiagnosir am ymchwiliad i symptomau o ganser gynaecolegol. Dim ond 5% yw'r gyfradd trosi ar y llwybr canser gynaecolegol yn gyffredinol, ac mae mor isel ag 1% ar gyfer rhai mathau penodol o gleifion allanol. Mae hyn yn dangos bod Ymarfer Cyffredinol yng Nghymru yn cymryd pryderon menywod am ganser gynaecolegol o ddifrif ac yn cymhwyso trothwyon isel iawn o amheuaeth i atgyfeirio menywod. Hefyd, mae swyddogaeth newydd yn y system ddigidol genedlaethol a ddefnyddir i wneud atgyfeiriadau electronig i ofal eilaidd yn caniatáu i glinigwyr gofal eilaidd roi cyngor neu ofyn am ragor o wybodaeth mewn perthynas ag atgyfeirio cleifion.

Goblygiadau ariannol: dim.

Argymhelliad 15. Dylai Llywodraeth Cymru, ar y cyd â Rhwydwaith Canser Cymru, gomisiynu adolygiad brys o nifer yr achosion, tueddiadau a phoblogaethau risg uchel mewn perthynas â chyflwyniadau brys gyda chanser gynaecolegol, wedi'i ddadansoddi yn ôl pob canser gynaecolegol. Dylai'r adolygiad hwn gynnwys mynediad at ofal sylfaenol, adnabod symptomau ymhlith meddygon teulu, camddiagnosis a phrosesau cyfathrebu ac atgyfeirio. Dylid rhannu'r canfyddiadau gyda'r Pwyllgor o fewn chwe mis i gyhoeddi'r adroddiad hwn.

Ymateb: Gwrthod

Rydym yn ymwybodol bod ymgyflwyno brys â chanser yn aml yn arwain at ganlyniadau israddol i gleifion. Mae deall achos y rhain a cheisio eu datrys, yn rhan o waith rhwydwaith canser Gweithrediaeth y GIG. Mae Gweithrediaeth y GIG, sy'n gweithio gydag Iechyd a Gofal Digidol Cymru, wedi ychwanegu ffynhonnell ddata lle'r amheuir canser, fel y gall y rhwydwaith canser edrych ar dueddiadau ymgyflwyno o ffynonellau megis adrannau brys. Mae hyn hefyd yn debygol o gael sylw yn yr archwiliad arfaethedig o ganser yr ofarïau. Fodd bynnag, nid oes digon o adnoddau i gynnal adolygiad ffurfiol o'r mater hwn o fewn yr amserlen y gofynnwyd amdani.

Goblygiadau ariannol: dim, rydym yn gwrthod yr argymhelliad.

Argymhelliad 16. Dylai Llywodraeth Cymru amlinellu'n glir ei hymrwymiad parhaus i flaenoriaethu canser gynaecolegol ac i ddarparu'r sylw a'r adnoddau hanfodol i gael effaith gadarnhaol ar iechyd menywod. Er mwyn sicrhau gwelliant parhaus mewn gofal canser gynaecolegol, dylai Llywodraeth Cymru weithio gyda Gweithrediaeth y GIG i gyhoeddi'n gyson ddata perfformiad allweddol ar gyfer ymyriadau canser (megis amseroedd aros, canlyniadau cleifion, a mynediad at ofal), hyrwyddo tryloywder a chanlyniadau iechyd gwell i fenywod.

Ymateb: Derbyn

Mae canser yn un o'r chwe blaenoriaeth ddynodedig yn fframwaith cynllunio'r GIG ac mae Gweithrediaeth y GIG yn darparu ymyrraeth adfer amseroedd aros sy'n cynnwys tri math penodol o ganser, gan gynnwys canser gynaecolegol. Mae hyn yn adlewyrchu blaenoriaethau gweinidogion, a nodwyd mewn uwchgynhadledd ganser genedlaethol ym mis Mawrth 2023, ar gyfer gweithredu'n genedlaethol ar gyfer y tri phrif fath o ganser, a bydd yn cael ei gefnogi gan £2 filiwn o gyllid cenedlaethol bob blwyddyn am dair blynedd. Mae rhwydwaith canser Gweithrediaeth y GIG yn cynnwys grŵp cynghori arbenigol ar gyfer canserau gynaecolegol, sy'n dwyn ynghyd arbenigwyr o bob cwr o Gymru i gydweithio ar wella gwasanaethau. Mae wedi arwain at ddatblygiad llwybrau cenedlaethol ar gyfer tri o'r pum prif is-fath o ganser gynaecolegol. Mae'r rhaglen archwilio clinigol ac adolygu canlyniadau genedlaethol hefyd wedi'i hehangu i gynnwys archwiliad clinigol o ofal canser yr ofarïau, gan adlewyrchu'r angen i gefnogi gwelliant mewn canlyniadau. Mae Iechyd a Gofal Digidol Cymru eisoes yn cyhoeddi data ar amseroedd aros ar gyfer canser gynaecolegol ac mae Iechyd Cyhoeddus Cymru eisoes yn cyhoeddi data ar ganlyniadau ar gyfer canserau gynaecolegol.

Goblygiadau ariannol: dim, mae canser gynaecolegol wedi'i flaenoriaethu'n barod.

Argymhelliad 17. Dylai Llywodraeth Cymru weithio gyda Grŵp Strategaeth Feddyginiaethau Cymru a chyrff proffesiynol perthnasol i:

- **wella dealltwriaeth o heriau gweithredu cyffuriau newydd a argymhellir gan NICE er mwyn helpu i liniaru rhai o'r rhwystredigaethau a'r camddealltwriaeth sydd ymhlith gweithwyr gofal iechyd proffesiynol;**
- **mynd i'r afael â rhai o'r heriau sy'n wynebu byrddau iechyd wrth roi cyffuriau newydd a argymhellir gan NICE ar waith, gan nodi cynllun ar gyfer sut y byddant yn sicrhau y bydd digon o gapasiti i ganiatáu i fenywod yng Nghymru, sydd wedi cael diagnosis o ganser gynaecolegol, elwa ar**

fynediad prydlon at y triniaethau newydd hyn. Dylai hyn gynnwys dadansoddiad o ba gyffuriau canser newydd ar gyfer trin canser gynaecolegol sy'n debygol o gael eu cymeradwyo yn y tymor byr i'r tymor canolig.

Ymateb: Derbyn mewn egwyddor

Mae swyddogion wedi cynnal cymhariaeth o'r meddyginiaethau sydd ar gael ar gyfer canserau gynaecolegol rhwng Cymru a Lloegr sy'n cadarnhau bod yr holl feddyginiaethau a gymeradwywyd gan y Sefydliad Cenedlaethol dros Ragoriaeth Iechyd a Gofal (NICE) ar gael yn deg yng Nghymru a Lloegr. Mae hyn yn cynnwys unrhyw feddyginiaethau a gymeradwywyd i'w defnyddio yn y Gronfa Cyffuriau Canser (CDF) ers i NICE gymryd cyfrifoldeb am reoli mynediad at y gronfa ym mis Gorffennaf 2016. Er hynny, rydym yn cydnabod bod yna fwy o amrywioldeb wedi bod o bosibl o ran mynediad cyn 2016 a bod defnydd all-drwydded o bevacizumab ddim ond wedi bod ar gael yng Nghymru ers 2019. Yn gyffredinol, mae meddyginiaethau ar gyfer canser gynaecolegol ar gael yng Nghymru o leiaf mor brydlon ag y maent ar gael yn Lloegr. Mae data'r Gronfa Triniaethau Newydd yn awgrymu eu bod ar gael fel mater o drefn o fewn 30 diwrnod i'w hargymell gan NICE. Ategir y farn hon gan y dystiolaeth gan Target Ovarian Cancer.

Er mwyn cynorthwyo dealltwriaeth byddwn yn ysgrifennu at fyrddau iechyd ac ymddiriedolaethau i dynnu sylw at yr adnoddau mae Canolfan Therapiwteg a Thocsicoleg Cymru Gyfan (AWTTC) wedi'u cynhyrchu gan ddisgrifio'r llwybrau amrywiol tuag at sicrhau bod meddyginiaethau ar gael yng Nghymru. Rydym yn ymwybodol bod angen prawf genetig cyn cychwyn triniaeth gyda llawer o gyffuriau canser newydd, sy'n creu heriau capasiti i fyrddau iechyd, ac mae hyn yn effeithio ar o leiaf un driniaeth newydd ar gyfer canser yr ofarïau. Yn y dyfodol, bydd llawer mwy o feddyginiaethau yn gofyn am brofion genetig ategol cyn cychwyn triniaeth. Mae prif weithredwyr byrddau iechyd ac ymddiriedolaethau yn cydweithio i gynllunio'n well ar gyfer cyflwyno'r triniaethau newydd hyn, gan ddefnyddio rhwydweithiau clinigol ac arbenigwyr Gweithrediaeth y GIG i nodi'r goblygiadau ar draws y llwybr o weithredu therapïau cyffuriau newydd sy'n gofyn am brofion genetig a pharatoi samplau. Er mwyn cefnogi'r gwaith cynllunio hwn, mae AWTTC wedi cytuno'n ddiweddar ar broses sganio gorwelion ddiwygiedig ac mae wrthi'n ei threialu. Mae hyn yn adeiladu ar rôl AWTTC fel partner yn Llwybr Trwyddedu a Mynediad Arloesol yr Asiantaeth Rheoleiddio Meddyginiaethau a Chynhyrchion Gofal Iechyd (ILAP) ar gyfer meddyginiaethau newydd a'r broses y cytunwyd arni gyda Grŵp Oncoleg Genomeg Cymru Gyfan yn 2022.

Goblygiadau ariannol: dim, o fewn yr adnoddau presennol a gweithgarwch wedi'i gynllunio.

Argymhelliad 18. Dylai Llywodraeth Cymru ysgrifennu at bob bwrdd iechyd i'w hatgoffa o'u dyletswydd i sicrhau bod pob claf yn cael ei drin ag urddas a pharch.

Ymateb: Derbyn

Byddaf yn rhannu adroddiad y Pwyllgor â'r byrddau iechyd ac wrth wneud hynny yn eu hatgoffa yng nghyd-destun y straeon am gleifion rydych wedi'u cofnodi.

Goblygiadau ariannol: dim.

Argymhelliad 19. Dylai Llywodraeth Cymru, o fewn chwe mis, gynnal adolygiad cynhwysfawr o'r gweithlu canser gynaecolegol yng Nghymru, nodi lle mae prinder neu sy'n debygol o fod prinder, a chymryd camau i recriwtio i'r swyddi hynny. Dylai adrodd ei chanfyddiadau inni ar ôl cwblhau'r adolygiad.

Ymateb: Derbyn

Mae diffinio'r gweithlu canser gynaecolegol yn agored i ddehongliad ond dylai gynnwys oncolegwyr, gynaecolegwyr, a nyrsys arbenigol sydd ag arbenigedd mewn canser gynaecolegol. Mae llawer o weithwyr gofal iechyd proffesiynol eraill sy'n cyfrannu at y llwybr, yn enwedig histopatholegwyr a radiolegwyr. Mae Addysg a Gwella Iechyd Cymru (AaGIC) wedi cychwyn prosiect dwy flynedd i adolygu'r gweithlu nyrsio arbenigol canser yng Nghymru gyfan a bydd hyn yn cynnwys nyrsio arbenigol ar gyfer canserau gynaecolegol. Nodwyd bod y gwaith hwn yn flaenoriaeth yng Nghynllun Tymor Canolig Integredig AaGIC 2024-25 a bydd yn cynnwys gweithio gyda rhwydwaith canser Gweithrediaeth y GIG a Gofal Canser Macmillan. Mae AaGIC hefyd yn datblygu cynlluniau gweithlu strategol mewn nifer o feysydd fel y nodir yn y Cynllun Gweithredu Cenedlaethol ar gyfer y Gweithlu (NWIP). Fel rhan o'i raglen waith ehangach ac yn gysylltiedig â'r cylch Cynllunio Addysg a Hyfforddiant blynyddol, mae AaGIC yn adolygu materion yn ymwneud â'r gweithlu ac yn rhoi cyngor i Lywodraeth Cymru ar yr angen i gynyddu lleoedd addysg a hyfforddiant. Yng ngoleuni'r argymhelliad, bydd AaGIC yn ystyried ffocws penodol ar y gweithlu canser gynaecolegol arbenigol gan gynnwys oncolegwyr, gynaecolegwyr a nyrsys arbenigol canser gynaecolegol fel rhan o'r gwaith hwn.

Goblygiadau ariannol: nid yw'n bosibl mesur hyn ar hyn o bryd.

Argymhelliad 20. Dylai Llywodraeth Cymru gyfarwyddo Addysg a Gwella Iechyd Cymru i gynnwys canserau gynaecolegol yn ei gwaith ar fethodoleg cynllunio'r gweithlu.

Ymateb: Derbyn

Mae Addysg a Gwella Iechyd Cymru wedi cynnwys canser gynaecolegol yn ei fethodoleg llwybrau cynllunio'r gweithlu.

Goblygiadau ariannol: dim, o fewn yr adnoddau a gynlluniwyd.

Argymhelliad 21. Yn ei hymateb i'r adroddiad hwn, dylai Llywodraeth Cymru nodi pa ddata ar berfformiad canser gynaecolegol y mae'n bwriadu eu cyhoeddi ac erbyn pryd. Mae cyhoeddi'r data rheoli canser hyn yn hanfodol ar gyfer atebolrwydd, tryloywder, gwneud penderfyniadau gwybodus, ac yn y pen draw, gwella canlyniadau ac ansawdd gofal canser yng Nghymru.

Ymateb: Derbyn

Mae Iechyd a Gofal Digidol Cymru wedi cyhoeddi 38 o eitemau data ar berfformiad canser, ac mae 16 ohonynt yn cynnwys data penodol ar ganser gynaecolegol. Mae Gweithrediaeth y GIG yn gweithio i wella data rheoli'r GIG, yn benodol i gynnwys is-fathau o ganser ar gyfer llwybrau caeedig. Byddai hyn yn rhoi gwybodaeth ar ba fathau o ganser gynaecolegol a gafodd eu trin o fewn y targed. Mae hyn yn debygol o gael ei ychwanegu at ddangosfwrdd Iechyd a Gofal Digidol Cymru pan fydd yn barod yn ddiweddarach eleni. Yn ogystal, mae Gweithrediaeth y GIG yn bwriadu datblygu data ar y llwybr i ddiagnosis ac ar berfformiad diagnostig fel rhan o adnoddau deallusrwydd busnes y bwrdd iechyd. Mae'n bosibl na fydd peth o'r data hyn yn cael ei ddilysu er cywirdeb, felly efallai mai at ddefnydd mewnol y GIG yn unig y defnyddir y data rheoli hyn.

Goblygiadau ariannol: dim, o fewn yr adnoddau a gynlluniwyd.

Argymhelliad 22. Yn ei hymateb i'r adroddiad hwn, dylai Llywodraeth Cymru nodi pa drosolwg sydd ganddi o'r system gwybodeg canser a sut y bydd yn sicrhau bod y system yn addas at y diben ac y bydd yn sicrhau gwerth am arian. Dylai'r ymateb gynnwys manylion ynghylch sut mae'r system gwybodeg canser yn cefnogi amcan allweddol yn y Cynllun Gwella Gwasanaethau Canser o ran digideiddio llwybrau canser.

Ymateb: Derbyn

Cyfeiriwch at fy ymateb i argymhelliad chwech mewn perthynas ag effaith y system ddigidol newydd. Mae Llywodraeth Cymru wedi ariannu gwybodeg canser drwy'r Gronfa Buddsoddi mewn Blaenoriaethau Digidol ac felly wedi rheoli'r rhaglen fel rhan o grant. Mae'r Rhaglen wedi bod yn destun adolygiad Gateway a bydd datblygiadau pellach yn amodol ar adolygiad allanol o'r rhaglen. Mae'r broses gyflawni yn cael ei goruchwylio'n uniongyrchol gan Fwrdd y Rhaglen Gwybodeg Canser a'i Uwch Swyddog Cyfrifol.

Goblygiadau ariannol: Mae'r achos buddsoddi digidol sydd dan ystyriaeth, sy'n cynnwys adolygiad allanol, wedi ei gostio i fod yn £2.6 miliwn yn ystod 2024-25.

Argymhelliad 23
Mae angen i Lywodraeth Cymru gymryd camau, ynghyd â Chanolfan Ymchwil Canser Cymru, a chyngor gan Gynghrair Canser Cymru, i ddatblygu amgylchedd ymchwil meddygol Cymru fel y gall gystadlu â rhannau eraill o'r DU am gyllid ymchwil. Dylai hyn gynnwys ystyried a ellid sefydlu canolfan ragoriaeth ymchwil yn benodol ar gyfer gwaith ymchwil i ganser gynaecolegol. Nodwn y bydd hyn yn gofyn am yr ewyllys wleidyddol ac ailgyfeirio rhywfaint o gyllid ymchwil.

Ymateb: Derbyn

Mae'n hanfodol bod gan Gymru amgylchedd ymchwil canser cryf a all gyfrannu ymchwil o ansawdd uchel i fynd i'r afael â'r ymdrech fyd-eang hon. Dros y blynyddoedd, canser yw'r maes sydd wedi derbyn y buddsoddiad ymchwil iechyd mwyaf gan Lywodraeth Cymru. Mae cyllid sylweddol gan y llywodraeth, er enghraifft, wedi datblygu seilwaith ymchwil canser allweddol fel Canolfan Ymchwil Canser

Cymru, Canolfan Cymru ar gyfer Ymchwil Gofal Sylfaenol a Gofal Brys (yn cynnwys gofal heb ei drefnu) (PRIME), a'r Ganolfan Treialon Ymchwil (CTR).

Cydnabyddir pwysigrwydd hanfodol a chyd-fanteision gweithio mewn partneriaeth ym maes ymchwil canser, a dyna pam mae Ymchwil Iechyd a Gofal Cymru yn ceisio cydweithio'n eang mewn cynlluniau a phartneriaethau trawsgyllidol sy'n agor cyfleoedd cyllido ar gyfer ymchwil i Gymru ar raddfa na allwn ei gynnig o fewn ein cyllidebau ein hunain. Er enghraifft, rydym yn cyd-ariannu Canolfan Meddygaeth Canser Arbrofol Caerdydd (ECMC) gydag Ymchwil Canser y DU (CRUK) ac adrannau ymchwil a datblygu iechyd a gofal eraill llywodraeth y DU sy'n galluogi cleifion i gael treialon clinigol cam cynnar a throsi darganfyddiadau gwyddonol yn driniaethau canser newydd.

Mae Gweinidogion wedi rhoi cyfarwyddiadau clir i swyddogion ar yr angen i flaenoriaethu adnoddau ar gyfer ymchwil ar faterion iechyd menywod dros y blynyddoedd nesaf ac mae swyddogion wrthi'n gweithio ar gynigion ynghylch y ffordd orau o wneud hyn.

Gyda chefnogaeth Ymchwil Iechyd a Gofal Cymru, mae ymchwil Cymru a'r gymuned rhanddeiliaid ehangach wedi cydweithio i ddatblygu Strategaeth Ymchwil Canser Cymru sy'n gosod y trywydd ar gyfer ymchwil canser yng Nghymru a fydd, yn ei dro, yn helpu i fynd i'r afael â baich sylweddol canser i boblogaeth Cymru. Wedi'i chyhoeddi ym mis Gorffennaf 2022, mae'r strategaeth hon yn darparu platfform strategol ar gyfer cydlynu ymchwil canser yng Nghymru, gan nodi chwe thema ymchwil â blaenoriaeth lle mae hanes cryf o ragoriaeth ymchwil a chyfle yn y dyfodol (Oncoleg fanwl a mecanistig; Iwmiwno-oncoleg; Radiotherapi; Treialon clinigol canser; Oncoleg liniarol a chefnogol; Ymchwil atal canser seiliedig ar y boblogaeth, diagnosis cynnar, gofal sylfaenol a gwasanaethau iechyd).

Mae Canolfan Ymchwil Canser Cymru (WCRC) yn darparu trosolwg a chydgysylltu strategol ar gyfer gweithredu Strategaeth Ymchwil Canser Cymru ac rwyf wedi darparu hyd at £1m o gyllid ychwanegol i gefnogi'r Ganolfan gyda'r gwaith hwn hyd at 2025. Mae gweithgarwch ymchwil i ganser gynaecolegol eisoes yn digwydd yng Nghymru ar draws nifer o themâu Strategaeth Ymchwil Canser Cymru (e.e. Efrydiaeth PhD Ymchwil Iechyd a Gofal Cymru sy'n ymchwilio i werth ail-bwrpasu cyffuriau i drin canser yr ofarïau cronig sy'n gwrthsefyll therapi; prosiect SMART Expertise wedi'i gefnogi gan Lywodraeth Cymru a byd diwydiant i ddatblygu grŵp o gyffuriau epigenetig newydd a chyffuriau gwrthgyrff cyfun (ADCs) i fynd i'r afael â chanser yr ofarïau).

Byddwn yn ystyried y cyfleoedd i ymchwilwyr o Gymru adeiladu ar y cryfderau hyn i gynhyrchu adnoddau a seilwaith ychwanegol ar ganserau gynaecolegol, yn ogystal â'r potensial i ganolbwyntio ar waith sy'n dod i'r amlwg i ddod â'r GIG, diwydiant a'r trydydd sector ynghyd i gydweithio ar arloesedd canser.

Goblygiadau ariannol: dim, o fewn yr adnoddau a gynlluniwyd.

Argymhelliad 24. Yn ei hymateb i'r adroddiad hwn, dylai Llywodraeth Cymru nodi:

- **faint o dreialon clinigol sydd ar agor ar hyn o bryd i fenywod sydd â chanser gynaecolegol yng Nghymru;**
- **sut y byddant yn gweithio gyda'r byrddau iechyd i wrthdroi'r dirywiad mewn treialon clinigol sydd ar agor i fenywod â chanser gynaecolegol;** a
- **sut y gellir talu clinigwyr yn well am y gwaith hwn**

Ymateb: Derbyn

Mae 13 o astudiaethau canser gynaecolegol ar waith ar draws gwahanol safleoedd y GIG ar hyn o bryd gan gynnwys yn y Gogledd, y De-orllewin a'r De-ddwyrain. Mae dwy yn astudiaethau masnachol ac mae 11 yn rhai anfasnachol. Mae Llywodraeth Cymru, drwy Ymchwil Iechyd a Gofal Cymru, yn gweithio gyda byrddau iechyd ac ymddiriedolaethau ar gynyddu astudiaethau ar draws pob maes o'r clefyd ac mae Strategaeth Ymchwil Canser Cymru yn rhoi ffocws ar gynyddu treialon canser. Rhan bwysig o'r gwaith hwn yw sicrhau bod gan sefydliadau'r GIG ddiwylliant ymchwil cryf. Mae Llywodraeth Cymru wedi cyhoeddi Fframwaith Ymchwil a Datblygu newydd i wreiddio ac integreiddio ymchwil yn well i bob agwedd ar wasanaethau iechyd a gofal yn GIG Cymru. Mae'n cael ei gyhoeddi ar ffurf canllawiau cenedlaethol cyson i holl sefydliadau'r GIG ac fe'i defnyddir ar gyfer monitro perfformiad.

Mae'r Fframwaith yn amlinellu disgwyliadau Llywodraeth Cymru, sy'n cynnwys sicrhau bod cynlluniau'r gweithlu yn eu lle i sicrhau bod gan staff y GIG y cyfle i gefnogi ymchwil, trwy gynnwys ymchwil ym mhob un o swydd-ddisgrifiadau'r GIG a sicrhau amser wedi'i neilltuo ar gyfer ymchwil i staff y GIG drwy gynllunio swyddi ac Adolygiadau Perfformiad a Datblygu. Hefyd, mae disgwyl i sefydliadau'r GIG wella capasiti cyflawni gwaith ymchwil ymhlith y gweithlu, gan gynnwys y gallu i gefnogi treialon clinigol, sicrhau llywodraethu clinigol da ac arferion gorau. Yn ogystal, dylai sefydliadau'r GIG gynhyrchu incwm ar gyfer ymchwil ar gyfer astudiaethau anfasnachol (h.y. gan gyllidwyr ymchwil, cynghorau ymchwil a sefydliadau'r trydydd sector) ac astudiaethau masnachol (h.y. gan bartneriaid diwydiant) er mwyn hwyluso a helpu i feithrin capasiti. Ceir manteision penodol o gynnal astudiaethau masnachol lle gellir defnyddio elfen o'r incwm a ddarperir i sefydliad y GIG i gefnogi'r cyfryw glinigwyr sy'n cynnal yr astudiaethau ac i feithrin capasiti yn eu hadrannau.

Goblygiadau ariannol: dim, gydag adnoddau wedi'u cynllunio

Argymhelliad 25. Dylai Llywodraeth Cymru weithio gyda byrddau iechyd a rhanddeiliaid perthnasol i sicrhau bod manteision gofal lliniarol yn cael eu hyrwyddo i gleifion, meddygon teulu a chlinigwyr mewn ysbytai acíwt er mwyn mynd i'r afael â'r camsyniad mai dim ond ar gyfer diwedd oes y mae gofal lliniarol.

Ymateb: Derbyn

Mae Bwrdd Rhaglen Genedlaethol Gofal Lliniarol a Diwedd Oes Gweithrediaeth y GIG yn gyfrifol am sbarduno newid a goruchwylio ymdrechion byrddau iechyd i gyflawni gweledigaeth Llywodraeth Cymru ar gyfer gwella gofal diwedd oes yma yng Nghymru. Bydd yr argymhelliad hwn i hyrwyddo manteision gofal lliniarol i'r holl randdeiliaid yn cael sylw yn rhaglen waith y Bwrdd a grwpiau cynghori. Mae'r grwpiau hyn yn cynnwys Gofal Lliniarol Arbenigol Pediatrig, Gofal Lliniarol Arbenigol

i Oedolion, Polisi a'r Trydydd Sector, Plant a Phobl Ifanc, yn ogystal â grwpiau Cynghori Proffesiynol.

Goblygiadau ariannol: dim, wedi'i gynnwys o fewn adnoddau presennol.

Argymhelliad 26: Yn ei hymateb i'r adroddiad hwn, dylai Llywodraeth Cymru ddarparu'r wybodaeth ddiweddaraf am y cynnydd y mae wedi'i wneud o ran gweithredu'r datganiad ansawdd ar gyfer gofal lliniarol a gofal diwedd oes, ac yn benodol sut y mae'n sicrhau bod mynediad at ofal lliniarol yn cael ei ategu gan degwch.

Ymateb: Derbyn

Ers cyhoeddi'r Datganiad Ansawdd ar gyfer Gofal Lliniarol a Gofal Diwedd Oes ym mis Hydref 2022, sefydlwyd Bwrdd Rhaglen Genedlaethol Gofal Lliniarol a Diwedd Oes Gweithrediaeth y GIG ac mae'n gweithio i gynghori ar ei weithrediad. Mae Bwrdd y Rhaglen wedi cyflawni dau gam o'r Adolygiad o Gyllido Gofal Diwedd Oes, gan ddarparu argymhellion sy'n cyd-fynd â nodau'r Datganiad Ansawdd. Prif ffocws tîm y Bwrdd Rhaglen dros y 12 mis diwethaf oedd trydydd cam a cham olaf yr adolygiad o gyllido gofal lliniarol a diwedd oes, ac mae disgwyl i'r argymhellion interim fod yn barod erbyn diwedd mis Ionawr 2024. Bydd yr argymhellion hyn hefyd yn cyd-fynd â chamau gweithredu'r Datganiad Ansawdd.

Mae holl ffrydiau gwaith y rhaglen yn seiliedig ar degwch ac amrywiaeth ac mae'r Bwrdd Rhaglen, trwy Weithrediaeth y GIG, yn helpu i ddarparu adnoddau i ddarparwyr gofal lliniarol a gofal diwedd oes er mwyn sicrhau bod gofal seiliedig ar werth sy'n canolbwyntio ar yr unigolyn, ar gael i bawb sydd ei angen. Mae tîm y rhaglen wedi ymrwymo i ddatblygu mesurau gweithredol i nodi a lleihau'r achosion o anghydraddoldebau gan gynnwys diagnosis, iechyd meddwl, dementia, oedran, daearyddiaeth, ethnigrwydd, hunaniaeth rywiol a rhywedd, a thlodi. Mae gwaith pob is-grŵp o'r Bwrdd Rhaglen hefyd yn canolbwyntio ar gyflawni agweddau gwahanol ar y Datganiad Ansawdd.

Goblygiadau ariannol: dim, wedi'i gynnwys o fewn adnoddau'r rhaglen.

Mae cyfyngiadau ar y ddogfen hon

Mae cyfyngiadau ar y ddogfen hon