

Y Pwyllgor Deisebau

Lleoliad:
Ystafell Bwyllgora 1 – y Senedd

Dyddiad:
Dydd Mawrth, 4 Chwefror 2014

Amser:
09:00

Cynulliad
Cenedlaethol
Cymru

National
Assembly for
Wales



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Agenda

- 1 Cyflwyniad, ymddiheuriadau a dirprwyon**
- 2 Deisebau newydd (9.00 – 9.30)**
 - 2.1 P-04-532 Gwella Gwasanaethau Niwrogyhyrol Arbenigol yng Nghymru (Tudalennau 1 - 34)
 - 2.2 P-04-533 Cynllunio Amgylcheddol ar gyfer Safleoedd Tyrbinau Gwynt ar Raddfa Fach (Tudalen 35)
 - 2.3 P-04-534 Ymgyrch i ddiogelu YSBYTY ABERTEIFI (Tudalen 36)
- 3 Y wybodaeth ddiweddaraf am ddeisebau blaenorol (9.30 – 10.30)**

Iechyd

Trafodir y pum eitem a ganlyn ar y cyd

- 3.1 P-04-367 Achub ein Gwasanaethau Ysbyty (Tudalennau 37 - 38)
- 3.2 P-04-394 Achub ein Gwasanaethau - Ysbyty Tywysog Philip (Tudalen 39)
- 3.3 P-04-430 Y bwriad i gau Uned Mân Anafiadau Dinbych-y-pysgod (Tudalen 40)
- 3.4 P-04-431 Preswylwyr Sir Benfro yn erbyn Toriadau i Wasanaethau Iechyd (Tudalen 41)

3.5 P-04-455 Achub adran achosion brys yn Ysbyty'r Tywysog Philip (Tudalennau 42 - 48)

3.6 P-04-502 Canolfan Lles ar gyfer Cymru (Tudalennau 49 - 51)

Cyfoeth Naturiol a Bwyd

3.7 P-04-385 Deiseb ar ryddhau balw̄ns a lanternau (Tudalennau 52 - 56)

3.8 P-04-445 Achub ein cŵn a chathod yng Nghymru rhag cael eu lladd ar y ffyrdd (Tudalennau 57 - 67)

Diwylliant a Chwaraeon

3.9 P-03-263 Rhestru Parc y Strade (Tudalennau 68 - 75)

3.10 P-04-509 Achub Canolfan Tennis Genedlaethol Cymru (Tudalennau 76 - 109)

Tai ac Adfywio

3.11 P-04-365 Diogelu adeiladau nodedig ar safle hen Ysbyty Canolbarth Cymru (Tudalennau 110 - 111)

Llywodraeth Leol a Busnes y Llywodraeth

3.12 P-04-397 Cyflog Byw (Tudalennau 112 - 113)

Yr Economi, Gwyddoniaeth a Thrafnidiaeth

3.13 P-04-446 Rhyddhad Ardrethi Busnes i siopau elusen yng Nghymru (Tudalennau 114 - 115)

Bydd y tair eitem a ganlyn yn cael eu trafod ar y cyd

3.14 P-04-475 Yn eisiau – Bysiau i Feirionnydd (Tudalen 116)

3.15 P-04-513 Achub gwasanaeth bws X94 Wrecsam/Abermo (Tudalen 117)

3.16 P-04-515 Darparu rhagor o arian ar gyfer Gwasanaethau Bysiau Cymru (Tudalennau 118 - 134)

Addysg

3.17 P-04-498 Addysgu Cymru (Tudalen 135)

3.18 P-04-499 Rhoi Hwb i Gwricwlwm yr Iaith Gymraeg (Tudalennau 136 - 138)

- 4 Cynnig o dan Reol Sefydlog 17.42 i benderfynu gwahardd y cyhoedd o'r cyfarfod ar gyfer eitem 5**
- 5 Trafod y flaenraglen waith (10.30- 11.00) (Tudalennau 139 - 143)**

Eitem 2.1

P-04-532 Gwella Gwasanaethau Niwrogyhyrol Arbenigol yng Nghymru Muscular Dystrophy Campaign

Geiriad y ddeiseb:

Rydym yn galw ar Gynulliad Cenedlaethol Cymru i anog Llywodraeth Cymru i sicrhau bod Byrddau Iechyd yn gweithredu'r buddsoddiad a gynigir yn Nogfen Weledigaeth Rhwydwaith Niwrogyhyrol Cymru i wella gwasanaethau niwrogyhyrol arbenigol yng Nghymru.

Gwybodaeth ychwanegol: Mae Rhwydwaith Niwrogyhyrol Cymru'n argymhell y dylid blaenoriaethu'r datblygiadau canlynol: 1. Cynyddu nifer y Cynghorwyr Gofal Teulu a lefel y gefnogaeth. 2. Ffisiotherapyddion niwrogyhyrol arbenigol ar gyfer oedolion. 3. Penodi ymgynghorydd anhwylderau niwrogyhyrol ar gyfer oedolion. 4. Cynyddu seicoleg glinigol. 5. Cyllideb offer at bryniannau mân a threfniadau lesio.

Prif ddeisebydd: Muscular Dystrophy Campaign

Ysytiriwyd am y tro cyntaf gan y Pwyllgor: 4 Chwefror 2014

P-04-532 Improving Specialised Neuromuscular Services in Wales – Correspondence from Petitioner to Clerking Team

Welsh Neuromuscular Network - The development of neuromuscular services in Wales

Summary

Patients with neuromuscular condition have specialist and complex care needs. They typically require support from a number of sectors and are vulnerable in terms of their health and risk of falling between services. Evidence confirms lack of / inequity of access to services, treatments and support. This is compounded by sub-optimal understanding across services regarding patient and family needs, even at the most basic levels.

The Muscular Dystrophy Campaign has presented a strong case that investment in neuromuscular services would improve outcomes and experiences whilst also realising savings across the wider health economy.

Background

It is estimated that there are 3,400 people affected by neuromuscular conditions in a Wales. These are typically life threatening, complex multi system disorders. Effective care requires input from health, social services and third sector providers coordinated by specialist multidisciplinary teams. With the exception of a small number of acquired conditions, there are no known effective treatments or cures.

A number of reviews of Welsh Neuromuscular services have consistently highlighted a shortfall in service provision. One outcome was the establishment of the Welsh Neuromuscular Network (WNMN) in 2011.

The WNMN consists of interested clinicians and service user representatives from across Wales supported by the Planning Directorate of Aneurin Bevan Health Board. It operates to a discrete terms of reference and has no funded posts.

The WNMN has reviewed and evaluated existing services. The details of this are presented in the "Vision document of the Wales Neuromuscular Network". This briefing provides an executive summary.

Patient experience

Sadly, there a many stories from patients and family members that highlight:

- Lack of access to specialist neuromuscular clinicians including medical, nursing, physiotherapy and psychology staff;

- Delay in diagnosis and management leading to premature health deterioration and death e.g. Lung infections, heart failure and extended hospital stay;
- High hospital admission rates and extended lengths of stay due to absence of support pre and post exacerbation / deterioration;
- Inequity of access to physiotherapy and hydrotherapy which are evidenced to improve quality of life and prevent / delay deterioration;
- Inequitable access to even basic equipment such as adaptable armchairs. In one instance a neuromuscular patient was bed bound for two years due to lack of funding for a chair (costing £300-£400);
- A dramatic difference between child and adult services with further degradation in access to all neuromuscular services once leaving paediatrics.

Key actions and work

The WNMNs vision document confirms the following priorities:

- Improved and equitable access to specialist neuromuscular multidisciplinary teams for patients, families and professionals
- Education, training and support for social, primary and secondary care services to facilitate earlier referral and management across care pathways
- Equitable access to basic and specialist equipment
- Equitable access to available therapies including immunosuppressive agents

Priority investment

The requirements are predominantly specialist workforce. These appointments will provide a critical mass around which other changes and improvements can be built upon.

Recommendation

The WNMN is recommending the following priority developments:

- 1. Increase in Family Care Advisors and support.** These posts act as patient and family advocates and navigate them through health, social and voluntary care services to ensure optimum treatment and experience.

Benefit: This would provide a level of 1 wte Family Care advisor for every 1000 neuromuscular patients. Administrative support would reduce FCA time being absorbed by general administration

- 2. Specialist adult neuromuscular physiotherapists.** Wales currently has no specialist neuromuscular physiotherapists for adult patients.

Benefit: Such roles are critical in surveillance, early intervention and avoidance of admissions. The role would include undertaking

training, education and support for local non-specialist teams who may be required to manage NM patients.

3. Appointment of consultant in adult neuromuscular disease.

Wales has a disparity with other home nations with low and inequitable access to consultants specialising in neuromuscular disease.

Benefit: To provide leadership within the neuromuscular MDT with focus on education and support for partners, development and implementation of care pathways.

4. Increase in clinical psychology. There are currently no dedicated NM psychology services for adults or children in Wales. Access to generic services is variable and limited.

Benefit: This is a vital element of care and is required by both patients and their families in living with lifelong, disabling NM conditions. Psychology services are evidenced to improve engagement and compliance and thereby improving quality of life and reduction in avoidable contacts with care services.

5. An equipment budget to enable minor purchases and lease arrangements.

Total requirement for the above priorities is circa £480,000 per annum.

However the austere financial environment is well recognised by the WNMN. Current objectives are therefore to be focused on successes that can be achieved within existing budgets. These include removing duplication in patient contacts through more efficient provision of multi-disciplinary clinics and the training and education of wider health services to identify patients with neuromuscular disease and sign post them to specialist services.

Conclusion

Reviews have confirmed that neuromuscular services in Wales are dependent upon a small, dedicated but fragile group of professionals.

Service sustainability as well as immediate delivery remains at risk.

Priority investment would represent a disproportionate improvement in services and would result in tangible benefits to patients, families and staff.

**P-04-532 Improving Specialised Neuromuscular Services in Wales –
Correspondence from Petitioner to Clerking Team**

Rhwydwaith Niwrogyhyrol Cymru – y dyfodol

Vision document of the Wales Neuromuscular network (WNMN)

Tachwedd 2013

November 2013

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Aelodau Rhwydwaith Niwrogyhyrol Cymru/Wales Neuromuscular Network
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* gweler/see appendix 1

Introduction

This document sets out a vision for a clinical network for the management of neuromuscular (NM) conditions in Wales. Clinical networks enable a more coordinated approach to service provision based on agreed service models and standards and based on known patient pathways. They usually comprise health professionals from a range of national health service (NHS) organisations working in a co-ordinated manner across institutional and local boundaries in order to ensure equitable provision of high quality and clinically effective services.

Why do Neuromuscular (NM) conditions require a networked approach to their management?

NM conditions are often life-threatening, complex, multi-system disorders whose effective management requires specialist multi-disciplinary care. The nature of these conditions is such that some patients present acutely with life-threatening consequences, some patients present indolently and are slowly progressive and others lie in between. As a consequence, appropriate management must focus on both acute and chronic care of these patients in order to effectively address their needs. The development and use of complex immunosuppressive agents both in the acute and chronic setting has been a further development in the treatment of NM conditions.

The development of specialist care for children and young people has led to a growing population of adults who, in earlier times, would not have survived, but who now require continuing, high quality anticipatory care and support to ensure they enjoy the best possible quality of life, regardless of its length. NM conditions are best considered as long term medical conditions that affect all ages and as such services need to be developed both in paediatric and adult services as well as in the transition phase between.

The management of NM conditions requires a multi-disciplinary team (MDT) approach – often involving a wide range of different medical and associated disciplines (physiotherapy/ occupational therapy/orthotics/ medical appliance/ wheel chair service/ dietetics/ respiratory services/cardiology services /palliative care) and also social and education services. Noting that the management of such conditions involves a great number of professionals across Wales, a networked approach to organisation of care is necessary.

In Wales we have the expertise to diagnose, manage and monitor the vast majority of NM conditions and we also benefit from access to UK national specialist centres who are able to provide diagnostic support, which is often research related, into very rare conditions. These services are accessed on a 'named patient basis'.

Other areas in the UK have established NM networks such as the Scottish Muscle network (established 1998) and the South-West NM network (established October 2009). All of these networks function across the child/adult divide as well as across Health Board and professional boundaries.

Prevalence of NM conditions in Wales

It is estimated that 1000/million population are affected by a muscle wasting NM condition, ie 60,000 in the UK and 3400 in Walesⁱ. The prevalence of Charcot Marie Tooth disease is 40/100,000 (23,600 UK) (1200 Wales)ⁱⁱ, of Muscular Dystrophy 50/ 100,000 (30,000 UK) (1500 Wales)ⁱⁱⁱ, of Motor Neurone disease 7/100,000 (4000 UK) (210 Wales)^{iv} and of Myasthenia Gravis 30/ 100,000 (10-30,000 UK) (900 Wales)^v.

Background to NM network

The all Wales neuroscience review (Steers review, September 2008)^{vi} looked at the provision of adult neuroscience services across Wales at that time. It made the following recommendations:

- That there was a need to increase the workforce delivering all aspects of care to people with acute and long term neurological conditions, including NM disorders
- That NM services should be provided on a 'networked' basis and include the development of care pathways from initial diagnosis to end of life care
- That networks need to work with paediatric services to ensure transition of care from child to adulthood is addressed appropriately
- That networks should be planned and provided on an equitable basis across Wales, working to agreed evidence-based care pathways.

The Walton Report (August 2009) entitled 'Access to specialist NM care'^{vii} looked at NM care in the UK. It made the following recommendations

- Lack of Workforce Planning for specialist NM clinicians must be addressed as a priority. These services must be protected and strategically developed with succession planning.

- A named transition co-ordinator should be in place for each young person with a NM condition who is moving from paediatric to adult services.
- There is both paucity and weakness of adult NM services in many parts of the country. In particular the report authors were alarmed to hear of the decline in services in Wales over the last 10 years. Fear of a further decline in services in the following 2 years was also noted unless urgent action was taken.

As a result of this criticism, in July 2010 The Thomas report was commissioned - 'Access to Specialist NM care in Wales' ^{viii}. This found similar problems in Wales to those set out in the Walton Report and made recommendations including the development of a Managed Clinical Network with a Chief Executive lead from one of the Health Boards as well administrative support. The report also made recommendations relating to additional posts required to support NM services in Wales.

Current Clinical NM Network

Since 2011 a clinical NM network has been established. To date this has been formed by professionals with a specialist interest in NM conditions but with no administrative support. Following The Thomas Report, two further NM care advisors have been appointed in Wales. Two part time specialist paediatric NM physiotherapists were also appointed, but no progress has been made with the recommendation relating to the equivalent adult physiotherapy post, chest physiotherapy, psychology support, occupational therapy or specialist Consultant roles. A Steering Group comprising key professionals has been established in order to identify priorities for the network as a whole.

In the context of funding and support challenges for the NM network, this document sets out to establish an overview of current services across the network, the network aims, concerns regarding service gaps and challenges and the network future services vision.

Aims of the Welsh NM network

The following aims have been agreed:

- Assess current NM services and highlight identified shortfalls. Plan and develop NM services, including service configuration, care and treatment pathways (supported by referral policies and processes) and service specifications (incorporating published Standards of Care and appropriate quality measurements)
- To reflect on the experiences of NM patients and their carers. Raise standards of care and support for people with a NM condition – to enhance the patient experience in a way that is meaningful to users of the service.

- Ensure an equitable and accessible service for patients and their families across Wales, based on agreed patient pathways.
- Act as a reference group and resource across Wales – support ongoing NM training and education for both professionals and patients and their carers.
- To operate differently – incorporating a MDT approach (often wider than the NHS) with patient perspective as the focus of all we do.

Current NM resources (see appendix 1)

A priority of the NM network was to fully map current service provision. One of the greatest challenges clinicians and care advisors face when managing patients with NM conditions is being aware of the most appropriate referral patterns for that area. The management of these conditions requires a multi-disciplinary team approach. Mapping of current service provision will allow the most appropriate referral route to be met in each area with the aim of enabling patients to be managed as locally as possible.

Audits of interest to NM network

Clinical audit has been recognised as an effective mechanism for improving the quality of care patients receive and will act as a crucial component of the drive to improve quality for the NM network as a whole. A number of audits have been undertaken by network professionals and summaries are provided below:

- A collaborative audit of admissions in adults with NM disease – C & V UHB and ABUHB^x. This has shown
 1. 33% of all unplanned admissions are avoidable
 2. The mean duration for an unplanned admission was 10.3 days
 3. Avoidable unplanned NM admissions accounted for 164.8 bed days in 2011
 4. 63% of patients admitted with an avoidable admission had a confirmed NM condition, only 19% were known to local NM services pre admission
 5. A demonstrated lack of emergency care planning as documented in the case notes of patients with NM conditions

Based on similar audit showing that 42% of all admissions in pts were avoidable and 4.5% potentially avoidable^x.

- Ongoing audit of intravenous immunoglobulin (IVIg) use in the treatment of immune mediated NM conditions – an awareness of current IVIg use is critical to assess whether alternative therapies could be considered for some patients. Any reduction in IVIg use would have significant cost savings

- Audit on the clinical usefulness of peripheral nerve biopsies^{xi} – has shown
 1. 79% nerve biopsies conducted added usefully to the process of reaching a clinical NM diagnosis for the patient
 2. made recommendations – double muscle/ nerve biopsy suggested for all and made recommendations about when/ when not to request a biopsy
 3. overall provided agreed guidance about how to investigate patients with a potential NM diagnosis

- Audit based on the guidelines for management of Duchenne muscular dystrophy are planned for 2013-14. Standards of care for DMD - Lancet Neurology, 2010, 9, 77-93 & 177-189) Bushby K et al.

Financial/ Economic case

Investing in services for people with NM conditions in order to proactively manage their care not only delivers the services these patients are entitled to but can also reduce NHS costs, particularly in relation to avoiding unnecessary hospital admission . Indeed, we cannot afford not to invest in services that will support this vulnerable group of patients.

The recent audit on unplanned NM admissions showed that 33% of all unplanned admissions are avoidable and the reasons for these admissions are multifactorial. In the majority of cases it demonstrated that a lack of access to initial NM diagnosis and lack of surveillance and monitoring of the NM condition were major contributory factors.

Investing in early intervention and emergency care planning helps reduce unplanned hospital admissions, improve outcomes for patients and reduce costs for those commissioning services^{xii}. The mean duration for an unplanned admission was 10.3 days. Avoidable unplanned NM admissions accounted for 164.8 bed days in this audit period. Unplanned admissions are extremely costly and avoidable and admission to a specialist ward can cost the NHS up to £1,925 per day^{xiii}.

Identified service gaps and challenges across current NM network services

Impact of emergency hospital admission. Not only are unplanned admissions costly, they also have a negative impact on a patient’s health, jeopardise their rehabilitation prospects and consequent independence. The MDC’s report ‘Health care not health risk’ based on the MDC’s 2011 hospital

survey revealed the ways in which poor quality care whilst in hospital have a devastating impact on the health of patients with NM conditions^{xiv}. They looked at various aspects of inpatient care and were able to show how these had affected patients;

- access to vital facilities whilst and inpatient – hoists etc. They found that a third of patients who required a profiling bed were not able to use one in hospital.
‘When I ask for a hoist I feel like I’m causing trouble and they don’t want to know’. It is important to consider that access to this type of facility is critical for patients with a wide range of long term and mobility conditions and not specific for those suffering with NM conditions.
- being looked after by health professionals who did not understand their rare condition. 27% of patients rated their experience of hospital as poor or very poor in terms of being given poor advice that was not appropriate for their condition.
‘I was treated by people who did not understand my condition and as a consequence my treatment resulted in my permanent need for a wheelchair. I broke my leg and guidelines for people with muscular dystrophy are that prolonged immobilisation should be avoided. In my case I was placed in a full leg cast for 12 weeks’
- inadequate support on leaving hospital alongside poor coordination of care resulting in lengthy hospital stays. 12% were not given the right care and support for a timely discharge from hospital.
- inadequate preventative care – 2 in 5 patients admitted to hospital as an emergency admission felt that this could have been prevented if they had received timely specialist care.

NM family care advisors (FCA) provide support in terms of both health and social care for paediatric and adult patients with NM conditions. However, it must be recognised that the care advisors have been tasked with establishing a new service in a very complex care environment. Challenges remain in ensuring that the Care Advisors are adequately supported in their peripatetic roles as part of improvements to NM services.

The care advisors are clear on the demonstrable benefits they provide to their patients – mainly from patient case studies and feedback. The 3 post holders are aware of the need to work together in developing their roles. This includes looking at the most appropriate approach to the documentation of their case load – factoring in travel time/ complexity of cases / numbers of affected family members etc. Overall a ‘case study’/ ‘individual stories’ approach has been suggested as a possible mechanism by which the care advisors can demonstrate the benefits to patients as a result of care advisor support.

The role of the care advisors is still subject to ongoing development recognising current limited capacity. Development of protocols for service provision will form part of the service improvement aims of the network. The care advisors have emphasised the need for emergency planning for patients with NM conditions. Ideally all patients should be issued with an advance emergency care plan to allow case appropriate agreed care to be given at times of clinical deterioration.

Transition. This is the process of transferring from paediatric to adult services. It requires the paediatric services to identify required adult services and arrange transfer. It involves all services including physiotherapy, orthotics, speech and language therapy services. Where gaps are identified it is the responsibility of paediatric services to search for next best services. Transition clinics involving paediatric and adult service representatives should be established so that young people can have a comprehensive and well managed transfer. Where numbers are insufficient to justify such a clinic, a named individual in paediatrics needs to manage transition on an individual basis. Good engagement with adult services is essential in maintaining optimal healthcare for young adults and the point of transition is often where young people are lost to follow up with significant consequences.

Specialist physiotherapy involvement. Throughout Wales patients with NM conditions have very different experiences of physiotherapy involvement. As a network we believe a more equitable delivery of physiotherapy with agreed care pathways would be beneficial. It has been noted that the expectation of patients and their families appears to be high and in some cases unrealistic. Agreed care pathways and minimum requirements of assessment may allow a more equitable delivery of service and help address patients expectations. In view of the rarity of some of NM conditions, general physiotherapists may feel uncomfortable in providing support for such patients. This has been raised as a problem especially in North Wales.

Currently there are no specialist NM physiotherapists for adults in Wales. The involvement of NM physiotherapists into clinics where adult patients are regularly seen is essential. The situation for children and young adults differs in that a specialised NM physiotherapist is available in such clinics in South Wales. In north wales there is no specialist NM physiotherapists in either child or adult clinics, a situation we feel needs to be addressed. We hope to create links between specialised NM physiotherapists and the community based physiotherapists as appropriate.

Respiratory Care. Respiratory disorders are recognised as the leading cause of mortality in NM disease^{xv}. Respiratory muscle weakness is a very common feature to most NM conditions and is often inevitable in the later stages of such conditions. However, treatment including ventilation, has been shown to improve both quality and length of life^{xvi}. An All Wales pathway for the management of respiratory problems (ventilation cough and others) in NM problems has been produced^{xvii}. Nevertheless there is variable provision of specialist nurses/physiotherapists who can enable patients to be safely managed at home and access to important equipment such as cough assist devices is patchy across Wales.

WHSSC fund invasive ventilation but not non invasive ventilation. In Hywel Dda they have developed an innovative way of dealing with a geographically dispersed population via a virtual respiratory network. Non invasive ventilation occurs in all hospitals and all health boards have teams dealing with patients requiring non invasive ventilation in the community. It can be difficult to get them to take on NM patients as these services are all under resourced.

NM patient experience – ‘...due to the lack of specialized consultants my breathing inadequacy was not noticed, resulting in a heart strain leading to water retention, giving me in the end heart failure. Had there been specialist monitoring of my condition - realising my chest muscles were weak, a Bi-pap ventilator could have been placed in use to assist breathing before I ended up with heart failure’

Cardiac care is reasonably well organized with most areas having systems in place for routine monitoring. It has been recognised, largely due to pressure on services and the way they are structured, that some adults with NM disease are not receiving the necessary monitoring of their condition that is required.

Clinical psychology and counselling involvement. Psychological support is a vital element of the care required by patients and their families often living with lifelong, disabling NM conditions. It is recognised that there are ‘key times’ such as; Diagnosis, genetic counselling, becoming wheelchair dependent, transition and when end of life approaches where psychological support is required.

Currently there is no dedicated NM psychology service for adults or children in Wales. Some areas have better access to generic services than others. In Cardiff over the last 12 months a limited provision of clinical psychological services has been made available to patients attending the transitional care clinic in Rookwood.

Psychological problems often present indirectly to health care services and inclusion of psychological expertise in the multidisciplinary team will ensure that identification and treatment of such problems, so potentially reducing unplanned hospital admission. Psychological expertise is therefore a key component of providing quality services and managing costs. The Muscular dystrophy campaign (MDC) recognises the value of psychological expertise and in a patient survey they report that half of all respondents were not satisfied with the level of emotional support available to their families and to themselves^{xviii}.

NM patient experience - ‘Support on the onset is vital especially in later adult cases, without it there is a large tendency... to think I could not care less attitude...I am going to die.. lack of knowledge about the disease...enable easy access to aids i.e. wheelchairs, home adaptation etc, the stress due to lack of knowledge is immense. Mentoring is essential during the onset period when the patient is not aware how deep the water is’.

‘The ignorance of the establishment continually wanting proof of your incapacity is another topic that dangerously tips the balance of sanity. The patient is already in a traumatic state dealing with the life threatening condition, we must avoid “Incidents of double trauma” which this personal independence payments (PIP) reassessment is causing’.

NM conditions are long term medical conditions. There is evidence available that demonstrates the increased risk of psychological and mental health difficulties in people with long term medical conditions^{xix xx xxi}, as well as for their families and carers^{xxii}. There is also some more specific research on NM disorders that demonstrates the relevance of psychosocial factors to healthy coping and

adjustment and the risk of psychological/mental health issues in sufferers and their families^{xxiii xxiv xxv}
^{xxvi}.

As well as affecting NM conditions generally, studies have shown specific psychological problems associated with muscular dystrophy. The incidence of autistic spectrum disorders, attention deficit hyperactivity disorders and obsessive compulsive disorders is higher in males affected by Duchenne muscular dystrophy^{xxvii}. In addition behavioural changes have been shown to be an adverse side effect of treatment with corticosteroids – which is used to prolong ambulation and preserve muscle strength and respiratory function^{xxviii}. Early input from a clinical psychologist may help parents develop strategies with which to manage these behavioural difficulties and thus prevent the need to withdraw steroid treatment.

Psychological expertise in NM conditions should include:

- Direct clinical work with patients and their families - psychological assessment, problem formulation, psychological intervention/treatment and reviews.
- Consultancy, supervision of other professionals using psychological approaches, and team support.
- Leadership, development and management of organised systems of psychological care within NM services
- Service improvement and development projects
- Research and audit skills
- Teaching and training on the psychological aspects of NM disorders.

As a network we believe a more equitable service is required across Wales. A Health and Care Professions Council (HCPC) Registered Practitioner Psychologist is required. This Practitioner Psychologist would be a clinical (or counselling) psychologist with experience of applying psychology in medical settings.

NM rehabilitation. Currently adult NM rehabilitation clinics are able to provide help to maintain independence or in adapting to changes that affect social and domestic life. These include a number of services including physiotherapy, access to communication and controls, occupational therapy, speech and language therapy, wheelchair services and orthotics.

Orthotic Services. Maintaining mobility is a significant challenge for patients with NM conditions and access to local orthotic services is essential to enhance ability and support independence.

Each health board in Wales provides an orthotic service, supplying a diverse range of both stock and made to measure orthotic products and footwear to suit individual clinical need. Most orthotic services in Wales are now managed in-house but a few health boards still outsource their service to commercial contractors.

Regardless of how the service is commissioned there is a significant degree of collaboration between all of the Welsh orthotic services to ensure parity of care and service provision.

Patients can normally be referred to their local orthotist led clinical service by letter or application form where provided and the service is available for both adults and children. In addition, stock orthotic products are generally available for in-patients and for busy out-patient clinics where a more rapid solution is required.

Whereas most, if not all orthotists, have experience of treating patients with NM problems there is a perceived need to develop specialist orthotists to work alongside the multidisciplinary team to ensure the best outcomes are achieved. The orthotic needs of NM patients can be quite complex and require adequate time and expertise to address effectively. NM patients often become orthotic patients for life and it is recognised that a mutual understanding of their needs built up over time produces the best results.

Patient needs. It has been raised that patients with a NM condition require a named individual who is able to provide advice and support at critical times during the disease process. Within the network it is the family care advisors who are best placed to provide this function however with large caseloads this may not always be possible. The care advisors provide an advocacy role for patients. This is also provided free of charge from the MDC who have produced an advocacy pack which provides information on access to Personal Independence Payments (PIPs), Employment Support Allowance as well as housing and care packages. The care advisors have significant concerns regarding the introduction to the newer PIP system as described in Appendix 2.

Self care and Complementary services.

Patients and families/ carers are aware of the importance of 'self-care' such as stretching exercises, posture and good diet to maintain the best quality of life for patients. Encouragement and support in these types of activities is important and best delivered by a specialist NM network. Patients need to be both empowered to make decisions about appropriate care for themselves (by participating in emergency care planning) and to engage in self-care exercise.

Currently there are drop-in sessions available twice yearly for families affected by NM conditions to share experiences and receive support from others in a similar position^{xxix}. Currently these are run in Cardiff but we hope these could be relayed across Wales in a similar format.

Many patients with NM conditions find hydrotherapy and other water-based activity beneficial however at the current time in the UK it is seen as a complimentary therapy and access/ provision is very variable. The MDC encourage patients who have been able to access such services to work in collaboration with them so that others may be able to benefit from these. A list of availability of hydrotherapy services in Wales is shown in Appendix 3.

Visions for the future of the Wales NM network

Advances have been made in recent years to improve care delivery to patients with NM conditions for example the development of NM care advisors and specialist paediatric/ transition NM physiotherapists. However gaps in service provision still need to be addressed.

Future service developments proposed by the network include:

- **Developing Care advisor roles.**

These posts should be full time with administrative support. This would allow care advisors to provide a more equitable service across the wide range of NM conditions, across their geographical area and would allow further development of care pathways, emergency care planning for individuals and protocols for service provision.

Predominant support is to patients with muscular dystrophy and to a lesser degree to some with hereditary neuropathy. At the current time the care advisors are unable to offer support to patients within the wider range of NM conditions that the network covers (for example inflammatory neuropathy or myasthenia gravis). It is suggested that these patients would also benefit from their support.

Currently the majority of patients with a NM condition are not known to NM services. The audit on unplanned NM admissions also showed that whilst 63% of patients admitted with an avoidable admission had a confirmed NM condition, only 19% were known to local NM services pre admission. Even after an unplanned admission, only 53% had follow up arranged with NM services.

The muscular dystrophy campaign estimate a ratio of 1 Whole time equivalent (WTE) care advisor to 1000 patients with a NM condition^{xxx} (estimated 3400 in Wales would suggest at least 3 fulltime equivalents are needed). The Thomas report calculate that the cost of 3 WTE care advisors would be £129,036 per annum^{xxxi} (2009 cost). In Wales in view of the wide geographical distribution of patients it may be argued that additional posts are needed. Currently we have 3 care advisors working in total 87.5 hours a week. We require another 25.5 hours a week to be provided to meet the recommendations calculated by the Thomas report.

- **Appointment of specialist paediatric/ transition NM physiotherapists for N Wales**

Currently there are no NM physiotherapists for paediatric or adult care in N Wales. Some who attend paediatric clinics in Alder Hey Children's Hospital have access once or twice yearly to the NM physiotherapist linked with their clinics, this is not provided locally.

- **Appointment of specialist adult NM physiotherapists**

Currently there are no specialist NM physiotherapists for adults in Wales. As a network we feel that the involvement of physiotherapy into clinics where NM patients are regularly seen would be of benefit.

- **Appointment of specialist adult NM clinicians**

In the audit of unplanned admissions for NM conditions a significant proportion of the potentially avoidable unplanned admissions were due to poor surveillance and a lack of monitoring of the underlying NM condition. The Thomas report supports the employment of an additional 1.5 WTE consultants specialising in NM conditions (with secretarial support), with an approximate cost of £195,000 per annum (2009 cost). The addition of further specialist clinicians would also increase the amount of support available to the care advisors.

The clinicians working in Wales should have the NM components of their day to day work recognised in their job plans. The network has established that the amount of consultant led clinical care that is currently formally dedicated to NM conditions is approximately 10 sessions a week. While it may appear that a significant number of consultants are involved in the care of such patients, it is important to realise that the number of whole time equivalent (WTE) sessions that are currently dedicated to NM care in Wales is very small. See appendix 4.

The solution for North Wales is dependant on what contracts are made with the current English providers. Increased support for patients on immunosuppressive regimes will also be needed. A consistent approach regarding treatment decisions and the ability to endorse decisions made by NM network would be of benefit.

In the recent National Patient Survey by the MDC more than a quarter of patients responded to have spent more than 12 months to see a specialist consultant even after they had been diagnosed with a NM condition. Of those seeing a consultant, a quarter of responders see the specialist less than once a year^{xxxii}.

The newly developed 'Service specification for Neurosciences' developed by NHS England gives a framework for the provision of NM services and states that patients to be reviewed by a specialist MDT including NM consultant at least every six months, or if rapidly progressive every three months^{xxxiii}.

NHS Wales will launch its Neurological Conditions Delivery Plan in October 2013

- **Joined-up clinics**

We aim to provide more opportunities for a 'one stop shop' adult NM clinics in Wales - incorporating a specialist adult NM clinician, adult NM physiotherapist, NMCA and links with respiratory and cardiac monitoring. This has been newly established in ABMU. A similar clinic would be useful in Cardiff.

In the audit of unplanned admissions for NM conditions a significant proportion of the potentially avoidable unplanned admissions were due to poor surveillance and lack of monitoring of the underlying NM condition. This type of clinic offers the varied needs of these complex patients to be considered by members of the NM multidisciplinary team. It is hoped that over time some of the routine monitoring of patients could be taken on by the physiotherapist and care advisor so freeing up the clinician.

NM carers perspective – ‘When it comes to accessing medical care in North Wales there appears to be no advice on where we go and who to see. We attend Gobowen for all the Muscular dystrophy stuff. However, we have separate appointments to be seen by Dr. Willis and her team, ORLAU and spinal....For cardiac care we go to see Dr Chickermane in Birmingham Childrens Hospital....For respiratory care we go to Wrexham....For wheel chair services we attend Wrexham and for anything else we go to the Maelor, apart from dentistry who we see in Mold but get the impression they want us to go elsewhere. All the above makes a list of 7 clinics we need to attend in 5 hospitals’.

NM Patient perspective – ‘I was greatly encouraged... as far as I am concerned I know that when I have my annual appointment later this year that it will be a "one stop shop" with the neurologist, physio, family care adviser all in the same place (hopefully).

- **Provision of clinical psychology**

The provision of clinical psychology is a key component to provide quality services and to manage the costs of the care of patients with NM conditions. Whilst there are no definite recommendations for the psychology workforce in NM conditions, the Thomas report suggested the employment of 0.5 WTE Psychologist (mid grade band 8a) with an approximate cost of £25,533 per annum (2009 costs).

In Wales, in view of the wide geographical distribution of patients it should be argued that additional posts are needed. We view the recommendations made by the Thomas report an absolute minimum. In other areas of physical healthcare (such as renal medicine, HIV/AIDS and oncology) recommendations have been made using formulas such as 0.5 WTE psychological cover per medical consultant.

A comparison may be made with services that have been established in Wales for Cystic Fibrosis – a chronic condition, which may be seen to mimic some genetic NM disorders quite closely. This has a psychology post for paediatric services (8a 0.5 WTE); a more senior post for transitional/adult services (8b 0.6 WTE) and a post for adult services (8a 0.5 WTE), providing a total of 1.6 WTE for a population of about 400 patients.

The West Midlands specialised commissioning group suggested a 2 WTE psychology support for a population of 5500 NM patients. If this were applied to the Welsh NM population (3400) we

estimate approximately 1.2 WTE psychology posts would be appropriate. Splitting these posts into 2/3 part-time posts would allow best geographic coverage of Wales.

- **Provision of shared electronic health records together with support from a data manager**

The development of a network crossing organisation and disciplinary boundaries requires shared access to health records ideally in electronic form so that records can be viewed from sites across NHS Wales. Current health records are located within individual organisations and access to these records is generally not possible from other sites. Lack of access to shared systems prevents an integrated team-based approach to the care of patients. Shared electronic records record the narrative history of patients' problems and stories but also form a vital part of monitoring outcomes for patients with neuromuscular disease. As such, a successful NM network will be dependent on the development and maintenance of a database accessible across Wales together with administrative support from a data manager.

- **Provision of administrative support and a NM network manager**

To be able to achieve the NM network aims of providing strategic direction, to raise standards of care and to act as a reference/ resource for other professionals across Wales, the network requires administrative support and management. The Thomas report suggest the employment of 1 WTE Network manager (band 7-mid range) with an approximate cost of £43,012 per annum (2009 cost) and 0.5 WTE administrator (band 5-mid range) with an approximate cost of £14,591 per annum (2009 cost).

- **NM educational programme**

Providing specialist education and support for health care professionals who support patients in the community is a vital part of keeping patients out of hospital and maintaining optimal health. Upskilling where necessary is as important as providing clear signposting for professionals in seeking advice and support when required. Encouraging and empowering patients to manage their own complex health needs is also part of this equation. As a network we aim to establish an education programme focusing on the management on NM conditions to achieve this. Plans for the education programme are outlined in appendix 4.

- **Improvement in inpatient care/ emergency care**

A well organised and funded clinical NM network can provide a 'joined-up', patient-centred co-ordinated service. This has been shown to be able to assist in enabling a better quality of inpatient service as well as preventing some hospital admissions in the first place^{xxxiv}. The care advisor role is central to this process as well as support from specialist clinicians. All patients with a NM diagnosis should have a documented emergency care plan which specifies a clear point of access for the emergency care. This should include telephone access for the patient to a known NM specialist team for times of worsening health^{xxxv}.

In addition we feel that the 'patient passport' scheme may be a simple communication tool that could be utilised by NM patients who may be vulnerable in mainstream emergency services that do not understand rare NM conditions. It allows the normal everyday needs of a person to be documented, their wishes, emergency plan, as well as information as to their specific condition. This may enable mainstream services to deliver better patient centred care to NM patients.

Appendix 1

3 NM family care advisors – specialising in the support of paediatric and adult patients with NM conditions throughout Wales

- SE Wales - Rachel Salmon (C&V – Sept 2010 onwards, 25 hrs/wk)
- SW Wales - Sarah Harris (ABMU - June 2011 onwards, 30 hrs until Feb 2013, then 25 hrs)
- N Wales - Sam Power (October 2011 onwards, 37.5 hrs)

NM physiotherapists

- SE Wales (Bethan Parsons- June 2011 18.75 hrs) – paediatric care
- SW Wales (Kate Greenfield – June 2011 18.75 Hrs) - paediatric care
- All Wales paediatric palliative care/transitional physiotherapist for Wales (Sarah Clements – appointed 2011 37.5 Hrs) – ages 16-24
- North Wales - no dedicated NM physiotherapist for community consultant paediatricians – no NM physiotherapist for adult services.

Genetic services

- Clinical genetics clinics in DGHs

Peripheral nerve clinics

Adult

- Cardiff – Dr Gareth Llewelyn (adult neurology)
- Swansea – Dr Nigel Hinds and others (adult neurology)

Paediatric

- Swansea - Dr Cathy White, Kate Greenfield, Sarah Harris
- Neath - Dr Cathy White, Kate Greenfield, Sarah Harris
- Hywel Dda – Wthybush clinic Dr Cathy White, Kate Greenfield, Sarah Harris

Muscle/ NM clinics

Adult

- Cardiff – Dr Jon Walters (adult neurology) and Rachel Salmon,
- Cardiff – Dr Mark Rogers, Prof Angus Clarke (clinical genetics), Rachel Salmon - plans underway to involve an adult physiotherapist with an interest in NM conditions
- Newport – Dr Gareth Llewelyn
- Swansea – Dr Marguerite Hill (adult neurology, myasthenia interest)
- Swansea – Dr Jon Walters , Sarah Harris, respiratory technician Simon Hilldrup, and adult neuro-physiotherapist Richard Pawsey

Paediatric

- Cardiff – Dr Louise Hartley, Bethan Parsons and Rachel Salmon
- Penarth Ysgol Erw'r Delyn transitioning clinics_ - Dr Louise Hartley, Rachel Salmon, Bethan Parsons, OT Eithne Wood, School Nurse , Respiratory Nurses
- Swansea – Dr Cathy White, Kate Greenfield, Sarah Harris with ALAC wheelchair services, Transition physio and OT invited to non ambulant clinics.
- Royal Glamorgan Hospital (Cwm Taf)– both teams for problem solving, discussion and local provision
- Aberdare (Cwm Taf)- Dr Louise Hartley, Bethan Parsons and Rachel Salmon
- Serennu Childrens Centre (ABHB) - Dr Louise Hartley, Bethan Parsons and Rachel Salmon
- Wthybush Hospital (Hywel Dda)- Dr Cathy White, Kate Greenfield, Sarah Harris

- North Wales:-
- Central: Colwyn Bay Hospital : Dr Val Klimach (lead consultant paediatrician for NM care) as part of NM paediatric clinic with Sam Power (NMCA). Tertiary NM specialist services held at Alder Hey Children's Hospital, Liverpool run by Dr Stefan Spinty

Dr Val Klimach resp consultant and local MDT and Sam Power

East : Dr B Harrington, Dr Praveen Jauhari (lead paediatrician for Wrexham & Flintshire), Dr Sathymoory (pending)

West:: Dr Janet Horn (lead paediatrician for Gwynedd), Sam Power and MDT members locally (pending)

Transition and young adult rehabilitation clinics

- Cardiff – covers ABUHB, CTHB and CVUHB) Dr Gareth Llewelyn, Dr Louise Hartley (peripheral neuropathy/neuromuscular)
- Cardiff - Dr Jenny Thomas (rehabilitation), Dr Victoria Lidstone and Sarah Clements and Rachel Salmon
- Swansea- Covers ABMU and Hywel Dda Transition patients. Dr Cathy White (paediatric neurology), Sarah Harris, Sarah Clements and Dr David Abankwa (neuro rehabilitation) Lynette Thacker (pall care CNS). Clinics began in April 2013
- Cardiff - for dystrophy patients - Dr Simon Barry (respiratory), Dr Zaheer Yousef (cardiology) and Dr Victoria Lidstone (transition/ palliative care)
- Swansea - Adult Muscle Clinic where patients have access to the Consultant, Dr Walters, Sarah Harris (NMCA), Richard Pawsey (Adult Physio), Lung Function suite and ECG monitoring. This clinic has now been running for 4 sessions.
- North Wales: Glan Clwyd clinics: Dr Val Klimach, Sam Power, OT, Physio

Respiratory

- Cardiff- for NM patients – Dr Simon Barry and Dr Mark Rogers
- Swansea - Dr Jon Walters , Sarah Harris, respiratory technician Simon Hilldrup, and adult neuro physiotherapist Richard.
- North Wales

Central and East – Dr Nick Duffy, Dr Liz Brohan and Laura Bryant (specialist respiratory nurse) at Wrexham Maelor Hospital.

West – Mike Wild and Julia Roberts (specialist respiratory nurse – adult pts) at Ysbyty Gwynedd.

Clinical Psychology

- Cardiff- Dr Richard Cuddihy (consultant clinical psychologist, ALAS Cardiff and Vale UHB). This is a very limited service development initiative which is currently accessed via Dr Jenny Thomas's adult/ transitional clinics at ALAS. There are no dedicated NM sessions at the present time.
- North Wales, - no dedicated sessions at present

Adult NM rehabilitation clinic

- Cardiff- Dr Jenny Thomas
- Swansea – Dr David Abankwa
- North wales - no clinics at present

Patient Support Groups

South East Wales - Implementation of twice monthly support groups for patients and families affected by NM conditions. Held at Rookwood Hospital Cardiff. Focusing on increasing awareness, signposting to relevant services, sharing information, information from guest speakers and peer support.

South Wales Motor Neurone Disease (MND) Care Network

South Wales MND Care Network was established in 2011/2012 with joint funding via the NHS and a grant from the Motor Neurone Disease Association (MNDA). It seeks to make systematic improvements in care for MND patients, improve equity of access and also reduce the chronic inequities in care provision across South Wales in line with the MND Association Standards of Care. These include:

- Rapid and accurate diagnosis,
- Sensitive communication of diagnosis with appropriate emotional/psychological support
- Holistic approach to assessment, regular monitoring and review
- Provision of information to patients' carers and professionals involved in providing care
- Provision of services proactively, with flexibility and speed in response with timely access to services. A key worker approach and communication between agencies.

This is to be achieved through:

- Improved support and co-ordination of services

- Promotion of effective integrated working between sectors
- Development of multidisciplinary teams
- Introduction of Integrated care pathways

Collaborative working between neurology and palliative care services is a central feature to the MND network, allowing for sharing of expertise. This builds on the established links between key professionals from a variety of relevant specialties and help forge new links across primary, secondary and tertiary care, across health and social care and across community and hospital settings. Whilst the care of MND patients may be managed by a specific clinical network we are able to work together in the Welsh NM network, where we identify very similar patient needs.

A Steering group comprising of key professionals and managers from all local health boards has worked towards identifying priorities and the network team is now in post. The MND network has two hubs, with bases in Swansea for South West Wales and in Cardiff for South East Wales and the team comprises

- Ruth Glew, Network Lead and Care coordinator for South West Wales
- Katie Hancock, Care coordinator for South East Wales (0.8WTE)
- Sara Mallams Network Occupational Therapist (0.2WTE).

The service will be audited in lines with the MNDA standards of care, and opportunities will be sought for patients to be involved in research

Motor Neurone Disease clinics:

- Cardiff - Dr Ken Dawson (adult neurology), Dr Andrea Lowman, Katie Hancock, Care Co-ordinator and additional Specialist nurse)
- ABUHB – Dr K Dawson and Katie Hancock
- Cwm Taf HB – Dr Mark Wardle (adult neurology), Katie Hancock - clinic in development
- ABMU HB – Swansea – Dr Savvas Hadjikoutis (adult neurology) Ruth Glew, Care Network lead coordinator
Bridgend – Dr Jon Walters (adult neurology), Ruth Glew - clinic in development
- Hywel Dda – Carmarthen – Dr Nigel Hinds / Dr Claire Hirst (adult neurology), Ruth Glew - clinic in development

Programmed investigation unit (PIU)

The PIU is based in University Hospital of Wales Cardiff and is led by Sister Lynette Herrity (specialist nurse) and Natalie Ryan (nurse). The unit admits patients with NM conditions from C&V and ABHB for planned short term inpatient care – particularly inflammatory neuropathy, myasthenia gravis and metabolic myopathies. It is able to

- provide intravenous immunoglobulin and intravenous cyclophosphamide therapy

- provide plasma exchange safely and efficiently, so providing an alternative to intravenous immunoglobulin use in the acute setting to treat acute inflammatory neuropathy.

ABMU and Hywel Dda patients would be admitted at Morriston Hospital, Swansea for similar treatments.

Wheelchair Service

The Artificial Limb and Appliance Service (ALAS) aims to offer a consistent and equitable service to people in Wales who have a permanent or long-term impairment. It is provided by a unique collaboration between three NHS Trusts and is commissioned via Welsh health specialised services committee (WHSSC). The three ALAS centres (ALAC's) are situated in Cardiff, Swansea and Wrexham, working together to provide an All-Wales service.

Orthotic Service Contacts

ABMU (Swansea)	Jane Neathey
ABMU (Bridgend)	Martin Wright
ABUHB	Lance Reed
Betsi Cadwaladr UHB	Stuart Harmes
Cardiff & Vale UHB	Paul Mason
Cwm Taf Health Board	Bryan Watters
Hywel Dda Health Board	Mike Mulroy
Powys Teaching Health Board	Karen Meyrick

Appendix 2

Welsh Neuromuscular network response to introduction of Personal Independence Payments (PIPs)

Following a discussion about the introduction of PIPs in the March 6th 2013 cross-party NM meeting in Cardiff, the Welsh NM network wished to express its concerns regarding the introduction of such benefits. Whilst accepting that a review of the Disability Living allowance (DLA) is welcomed, PIPs must continue to allow people with NM conditions to meet these extra costs and enable them to live the lives they want to.

With the Government aiming for a “reduction target” of 20% in DLA payments, as set out in the Budget Report in June 2010, we are concerned that some people’s needs may not be recognised, meaning some may miss out on the vital support they need to live an independent life.

We support the work of the muscular dystrophy campaign (MDC) who continue to be very active in campaigning the government to consider the complex needs arising from their NM condition.

As a network we feel it necessary to emphasise a few points;

- The first part of the assessment focuses on activities vital to daily living such as feeding, toileting and dressing. The second part focuses on mobility. None assess the needs of the individual for access to education, work or involvement in local community.
- In our experience as a clinical network, we are well aware that people with NM conditions tend to be very focused on the positive and their ability to do things. We feel this attitude may hinder people getting the care they need.
- We believe the assessment (with the possibility of losing a benefit) by an independent healthcare professional that has limited/ no knowledge of NM conditions will be distressing for people. Most cases require a supporting document outlining the specifics of the condition to support the applications.
- We are very aware of the psychological stress that is associated with having a lifelong likely progressive disabling condition and are very concerned that the process of having to justify their genuine need for benefits will compound this stress.
- Since the changes and pilot schemes have been underway the family care advisors have been inundated with telephone calls and requests for advice from patients and their families. They have been able to advise families in to how to fill in the documentation appropriately the first time to avoid the refusal and then appeal process. This involves support in how to word the documentation effectively to ensure that safety, efficacy and risk factors are included and stressed upon how their NM condition affects then especially when completing the mobility component. The care advisors are only aware of the families who contact them directly. We are concerned for the large numbers of patients who are completing these applications without appropriate support and advice, then being declined and giving up.

Appendix 3

Access to hydrotherapy for NM patients – the picture across Wales

The purpose of this appendix is to act as a 'signposting' tool for interested patients, families and carers. The information reflects the collated position as at June 2013.

Aneurin Bevan Health Board

The physiotherapy departments do not control access to all of the pools that NHS care is provided from. Most of them are controlled by education/charities. This does sometimes lead the service to be very cautious with recommending any non-NHS managed pools to patients in continuing with their rehabilitation as there have been concerns about safety systems and processes in the past. As a result, patients make the decision on further access themselves.

The only other element to consider in relation to the above information is the fact that the neuromuscular patients have to be independent with washing and dressing in order to access most of the non-NHS pools or pay more to have their carer attend with them. This, and the fact that it would take up another space for a client, precludes them from attending the Health Board self management sessions.

Cardiff and Vale University Health Board

Children and Young Peoples Physiotherapy Services (CYPPS)

Recreational swimming / exercise:

Within Cardiff and the Vale, information is provided to patients and their families as to where and how, they can access a swimming pool for recreational activity / exercise. The Families First Directory of services is available at all Children's Centres and Special Schools, and for children and young people, a Disability Sports Directory is also available from Disability Sport Wales. (www.disability-sport-wales.org.uk) (www.cardiff.gov.uk/sport)

Access to hydrotherapy via education:

Within Cardiff and the Vale, the pool at Ty Gwyn School provides access to hydrotherapy for pupils with additional needs on the Western Learning Campus in Ely. There is also limited access for other Cardiff pupils by arrangement with the Head Teacher. The new sensory pool which is planned for the Penarth Learning Community and is due to open in 2015, will provide access to hydrotherapy for all children and young people with additional needs in the Vale area.

Access to NHS hydrotherapy pools:

There is currently limited access to hydrotherapy for paediatric inpatients at the University Hospital of Wales (UHW); however the new hydrotherapy pool planned for the Children's Hospital for Wales, which will open in 2015, will provide NHS access to hydrotherapy for all children and young people within Cardiff and the Vale.

At present the UHB is unable to accept referrals for hydrotherapy for paediatric outpatients, however all patients referred are assessed by a specialist paediatric physiotherapist and will be provided with alternative treatment options for their conditions.

Adult Physiotherapy Services

Recreational swimming / exercise:

Discussion has been undertaken with the Local authority services in order to determine the suitability of using pools in leisure centres for adults with complex physical needs; the advice that has been received is that they are unable to provide the temperature and water environment required for hydrotherapy access.

Access to NHS hydrotherapy pools:

Rookwood Hospital- The pool at Rookwood is suitable for use by inpatient rehabilitation patients but has been risk assessed as unsuitable for paediatric outpatients and social / recreational use by adults with LD or physical impairment, due to the physical capacity of changing facilities within the unit which cannot afford privacy and dignity for clients.

UHW pool – The pool at the UHW has an above deck level installation and therefore has restricted access for patients with complex disability. It is currently fully committed to waiting list outpatient sessions; additional out of hours use by third sector partners has been agreed.

Hywel Dda Health Board

All children who have a significant level of disability due to neuromuscular disorders like Duchenne MD have access to ongoing, weekly hydrotherapy sessions at Glangwili hospital. These are ongoing and continue until they leave our service at age 19 years.

Children with neuromuscular conditions living in the Carmarthen and Llanelli area of Hywel Dda have access to the hydrotherapy pool at Glangwili general hospital two mornings a week. The paediatric physiotherapists also run an after school club on a Wednesday in the pool for patients who have attended formal hydrotherapy sessions and are able to continue their exercises independently or with the help of a carer. They are charged £1.50 a session.

Ammanford patients are also seen in Glangwili hydro pool and some who do not need the heat of the hydro pool are seen in the leisure centre at Ammanford supervised by a physiotherapist.

Withybush does not have a hydrotherapy pool and patients in Haverfordwest are seen in the leisure centre in the town. They also have limited access to Portfields Special Needs school hydrotherapy pool. There is a resident physiotherapist at the school employed by the council.

Bronglais Hospital in Aberystwyth does not have a pool and patients in that area have to travel to Carmarthen if needed. The same applies to Cardigan patients.

Betsi Cadwaladr University Health Board

No information available at this time

Abertawe Bro Morgannwg University Health Board

Swansea

For access in Swansea for the community paediatrics team there is a weekly hydrotherapy session in the hospital.

There is also Ysgol Crug Glas (a special school) providing pool time once a week (out of therapy time) and a contribution is needed from those who wish to access the pool. The pool can cater for up to 20 users at a time, it is used by pupils at the school, it is also rented out at a cost to groups like the Stroke association, mother and toddler groups and is used by other schools and day service users with profound physical and mental health needs.

Further information from the hospital based paediatrics physiotherapists on the availability of Singleton and Morriston hospital pools is being sought.

Bridgend

The physiotherapy department uses Heronsbridges's hydrotherapy pool (a local special school) for 3 blocks a year and sometimes an extra one in the summer holidays. The therapists put the children they would like to attend on the hydro waiting list and they are seen when a slot becomes available. The patients would not normally get more than 1 session a year. There is also the possibility of patients using the hydrotherapy pool at the Sandville self help centre in Ton Kenfig however users are asked to make a voluntary contribution.

Neath/Port Talbot

The physiotherapy department uses the hydrotherapy facilities at Ysgo-Maes-y-Coed (a special school) in Neath but in school time only. Ysgo-Maes-y-Coed is a Special Needs School situated in Neath. It is our understanding is that the pool is used every day for pupils and that it is not available during the day for other users.

Sessions are also booked at the Neath Port Talbot hospital hydrotherapy pool. This is used primarily for in house patients. There is no overhead hoist in place to assist wheelchair users in the changing area. It is a poorly designed pool, there are steps on the side, there is a hoist which can assist ambulant persons who are unable to climb the stairs.

The Pontardawe pool is used for both therapy and non-therapy sessions and can be accessed at any time. It is primarily used by children not suitable for adult NM patients as the pool is only one metre in depth, therefore one would have to be on ones knees to support an adult which is not appropriate.

Welsh patient experience

'I have had 4 sessions of hydrotherapy. This was about a year ago. Once I had had these sessions plus 2 physiotherapy sessions I had received "my quota" and that was that. I realise that all health authorities have limited budgets. However, my argument is that if I could receive regular, even if only occasional, hydro sessions, in the long run this could save the authority money as it would help me to manage my condition and help stop it deteriorating. It was suggested that a hydrotherapy pool in Swansea could be hired by a group of us with the same or similar conditions (we would have to pay obviously) but I can't see how this could work'.

'Up until the Summer of last year I was receiving post surgical rehabilitation at The Royal Glam in Llantrisant. This included week sessions of hydrotherapy. I joined a group of about 6 and we were basically allowed to do our own thing whilst under the supervision of a physiotherapist. Assistance was provided to access the pool using a pool-side powered chair. We were all hugely benefiting from the sessions which unfortunately stopped when the physiotherapist Megan McDonald retired! Personally and as a wheelchair dependent MD sufferer, I was able to undertake a rigorous and 'high-energy' work out performing exercised I devised myself. Admittedly, I was pretty 'limp' afterwards but felt so revitalized having pumped blood into parts of my body which maybe hadn't received a

good blood flow since the last session. Dressing afterwards was a challenge and I would have benefited much from having some assistance, but I managed nonetheless.

Since the facility of the hydro sessions have ended I have put on quite a bit of weight and the onset of my LGMD has accelerated.

With appropriate support I would very much like to resume hydro sessions whilst I still can however I understand that some services are already under review at RGH and I rather suspect that hydro would not feature as being very important.

I have kept in touch with other members of the group all of whom miss the weekly sessions very much. We are all of the opinion that it wasn't then and wouldn't be now necessary to have a 'life-guard' in attendance - we were all adults and were always on stand-by to help each other. That said, I realise that it would be essential to have an able bodied person in attendance and, personally, I would now need help to dress. But since the end of the sessions I don't get out so much and have lost the benefit of a weekly discipline from which I was really benefiting'.

Appendix 4

Wales NM network – NM work demonstrated in job plans by clinicians

Gareth Llewelyn – 0.75/wk (C & V)

Jon Walters – 0.5/wk (C & V), 0.17/wk (ABMU)

Nigel Hinds – no figures given

Marguerite Hill – 0.5/wk (ABMU)

Louise Hartley – 2.0/wk (C & V)

Cathy White – 0/wk (ABMU)

Victoria Lidstone – 3.5/wk

Mark Rogers – 2.5/wk

Total 9.92 sessions/wk total

Appendix 5

Plans for NM educational programme

- ‘meet the team’ session – opportunity for users of the Welsh NM network to meet individual team members for ‘question and answer’ session. Possibly linked to a X-party meeting in Cardiff. Other patient groups – hereditary neuropathy/ myasthenia – invited to attend.
- Respiratory involvement in NM disease – Professional session planned for October 2013. To be run in ABMU initially, with a view to be run elsewhere at a later stage. Primarily for respiratory physicians, respiratory nurses with an aim to increase awareness of NM conditions and how they can be managed successfully.
- Therapy for NM conditions – Professional session planned for October 2013. For all members of NM network. Aim to increase awareness of how NM conditions can be managed from specialist physiotherapist viewpoint. Hope to involve speakers from both adult/ paediatric specialist physiotherapy – both in terms of peripheral nerve and muscle physio from within UK
- General Practice session – Professional session. For GPs. Delivered by NM network with aim of making GPs aware of the different ways in patients with NM conditions may present clinically. To highlight situations in which early referral to NM specialist care is necessary. The mechanism by which this could be delivered is still undecided.

References

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Useful sources of support

- The MD Campaign – www.muscular-dystrophy.org - provision of educational sessions for families in the paediatric and adult setting – in SE and SW Wales – planning is underway to provide a similar support day for those in NWales
- Action Duchenne - www.actionduchenne.org
- Myotonic Support Group - www.myotonicdystrophysupportgroup.org
- MND association - www.mndassociation.org

Other useful references

Standards of better Health, Department of Health, 2004 (updated 2006) - 4132991
www.dh.gov.uk

National Service Framework for Long Term Neurological Conditions (march 2005) – 4105361
www.dh.gov.uk

Current care standards

Exist for;

- SMA - www.treat-nmd.eu/sma.care
- DMD – www.treat-nmd.eu/dmd.care & also Scottish muscle network
Standards of care for DMD - Lancet Neurology, 2010, 9, 77-93 & 177-189) Bushby K et al
- CMD
- MyD – produced by Scottish muscle network – upon Scottish intercollegiate guidelines network, www.sign.ac.uk

Eitem 2.2

P-04-533 Cynllunio Amgylcheddol ar gyfer Safleoedd Tyrbinau Gwynt ar Raddfa Fach

Geiriad y ddeiseb:

Rydym yn galw ar Gynulliad Cenedlaethol Cymru i ofyn i Lywodraeth Cymru basio deddfwriaeth i roi grym i'r gyfraith gynllunio a ganlyn. Byddai'r cyfreithiau yn gosod amodau ar bob cais ar gyfer tyrbinau gwynt nad yw'n rhan o ddatblygiad fferm wynt masnachol. Gofynnwn yr hyn a ganlyn: 1) Nad yw tyrbinau o'r fath yn fwy na 47 metr o hyd, hyd at flaen y llafn. 2) Bod gofyn i 50% o'r preswylwyr dros 16 oed sy'n byw o fewn 3km i'r safle arfaethedig ddarparu llofnod i ddangos eu bod yn cymeradwyo'r cynllun. 3) Bod pob tyrbinau nad yw'n rhan o ddatblygiadau ffermydd gwynt wedi'i gyfyngu i gyfnod gweithredol o rhwng 06.00 a 21.00 er mwyn gwarchod adar a mamaliaid sy'n effro yn ystod y nos. 4) Y caiff tystiolaeth ysgrifenedig ei chynnig a'i darparu i bob preswylfa o fewn 4km i safle arfaethedig, ac y cynigir cyfle iddynt gymryd rhan mewn ymgynghoriad cyhoeddus, er mwyn cydymffurfio â chonfensiwn Aarhus. 5) Y dylai pob tyrbinau gael ei adeiladu gan ddefnyddio deunyddiau y gellir eu hailgylchu 100% a bod yr holl sylfeini'n cael eu codi ar ddiwedd y gweithrediadau.

Prif ddeisebydd: GALAR

Ysytiriwyd am y tro cyntaf gan y Pwyllgor: 4 Chwefror 2014

Nifer y llofnodion: 433

P-04-534 Ymgyrch i ddiogelu YSBYTY ABERTEIFI

Geiriad y ddeiseb:

Rydym yn arwyddo'r ddeiseb hon i ddangos ein cefnogaeth i GYNGOR TREF ABERTEIFI a

CHYFEILLION YSBYTY ABERTEIFI A'R GYMUNED sy'n galw ar Fwrdd Iechyd Hywel Dda i:

(a) gwrthdroi'r penderfyniad diweddar i gau gwelyau cleifion mewnol yn Ysbyty Cymunedol Aberteifi;

(b) rhoi amserlen glir ar gyfer dyfodol gwasanaethau iechyd yn Aberteifi a'r cylch; ac

(c) gweithio tuag at gael Ysbyty newydd, gyda gwelyau, yn Aberteifi, , cyn gynted â phosibl.

Prif ddeisebydd: Chyfeillion Ysbyty Aberteifi A'r Gymuned

Ysytiriwyd am y tro cyntaf gan y Pwyllgor: 4 Chwefror 2014

Nifer y llofnodion: TBC

Eitem 3.1

Mark Drakeford AC / AM
Y Gweinidog Iechyd a Gwasanaethau Cymdeithasol
Minister for Health and Social Services



Llywodraeth Cymru
Welsh Government

Eich cyf/Your ref P-04-367 / 394 / 430 / 431 / 455
Ein cyf/Our ref MD/03564/13

William Powell AC
Cadeirydd
Y Pwyllgor Deisebau
William.Powell@wales.gov.uk

Stephen.George@wales.gov.uk
Clerc y Pwyllgor

14 Rhagfyr 2013

Diolch am eich llythyr dyddiedig 6 Rhagfyr am nifer o ddeisebau y mae'r Pwyllgor yn eu hystyried ar hyn o bryd mewn perthynas â newidiadau i'r Gwasanaethau Iechyd yn y Canolbarth a'r Gorllewin. Mae'r sefyllfa bresennol o ran y tri mater i'w gweld isod yn unol â'ch cais.

Uned Mân Anafiadau Dinbych-y-pysgod

Caewyd Uned Mân Anafiadau Dinbych-y-pysgod ar 1 Rhagfyr. Mae Bwrdd Iechyd Hywel Dda wedi rhoi sicrwydd i mi fod lefel priodol o ofal yn cael ei rhoi yn ei lle ar gyfer trigolion Dinbych-y-pysgod. Y bwriad yw adleoli'r uwch-ymarferwyr nyrso i'r Adran Argyfwng yn Ysbyty Cyffredinol Llwynhelyg. Rwy'n disgwyl i'r Bwrdd Iechyd a'r Cyngor Iechyd Cymuned lleol gadw llygaid ar y sefyllfa yn Ninbych-y-pysgod ac ymateb yn briodol os yw'r darparwyr y gwasanaeth newydd yn ei chael hi'n anodd bodloni'r nifer gweddol fychan o gleifion sy'n mynd i'r cyn Uned Mân Anafiadau.

Penderfynodd y Bwrdd Iechyd gau'r Uned Mân Anafiadau yn dilyn gwerthusiad o'r gwasanaeth peilot ar gyfer mân anafiadau a oedd yn cael ei redeg gan y Groes Goch. Rwy'n deall bod y Bwrdd Iechyd yn bwriadu comisiynu gwasanaeth tebyg ar gyfer y tymor ymwelwyr yn y dyfodol.

Gwasanaethau Newyddenedigol yn Ysbytai Glangwili a Llwynhelyg

Fel y gwyddoch, cyfeiriodd y Cyngor lechyd Cymuned lleol gynigion y Bwrdd lechyd i newid gwasanaethau newyddenedigol yn Ysbytai Glangwili a Llwynhelyg ataf mi benderfynu arnynt. Galwyd Panel Craffu annibynnol i roi cyngor ac argymhellion i mi yn sail i'm penderfyniad. Adroddodd y Panel Craffu yn ôl i mi ym mis Medi.

Ar 24 Medi, cefnogais argymhelliad y Panel i ddatblygu uned newyddenedigol lefel 2 yn Ysbyty Glangwili, ond rhoddais gyfarwyddyd i'r Bwrdd lechyd i wneud darn o waith pellach i egluro'r modelau ar gyfer gwasanaethau ym maes obstetreg a mamolaeth yn yr ardal

Bellach, mae'r Bwrdd lechyd wedi gwneud y gwaith ychwanegol hwn ac mae'r Panel Craffu'n ailymgynnull i ystyried yr adroddiad ac i roi cyngor ac argymhellion pellach i mi. Rwy'n bwriadu gwneud fy mhenderfyniad terfynol ar y mater hwn ar 21 Ionawr 2014.

Model o Ofal Brys yn Ysbyty'r Tywysog Philip

Hefyd, cyfeiriodd y Cyngor lechyd Cymuned lleol gynigion y Bwrdd lechyd ar gyfer gofal brys yn Ysbyty'r Tywysog Phillip yn Llanelli ataf i mi benderfynu arnynt. Yn dilyn cyngor y Panel Craffu, ar 24 Medi, yn y Senedd, cyhoeddais fy mhenderfyniad ar y model gofal yn yr Ysbyty.

Bydd yr Adran Argyfwng Leol yn cael ei harwain yn glinigol gan feddygon a'i chyflenwi ar y cyd ag ymarferwyr nyrso brys. Dylai cleifion sy'n mynd i'r uned gael barn feddygol pan fo angen ac rwy'n gwbl glir y dylai'r cyfrifoldeb dros arwain yn glinigol yn yr amgylchiadau hynny, fod yn nwylo'r Ymarferwyr Cyffredinol neu'r Ymgynghorwyr fel bo'n briodol.

Gobeithio bod hyn yn rhoi'r wybodaeth angenrheidiol i'r Pwyllgor Deisebau. Yn unol â'ch cais, rwy'n mynd i anfon copïau o'r wybodaeth ddiweddar a roddwyd gan y deisebwyr, a oedd ac yn amgaaedig gyda'ch llythyr, ymlaen i'r Panel Craffu . Rwyf hefyd wedi rhoi gwybod am eich llythyr i Brif Weithredwr Bwrdd lechyd Hywel Dda, am i'r Bwrdd fethu ag ymateb i ohebiaeth ynghylch y deisebau.

In gywir
Mark

Mark Drakeford AC / AM

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

Eitem 3.2

P-04-394 Achub ein Gwasanaethau - Ysbyty Tywysog Philip

Geiriad y ddeiseb:

Rydym ni, pobl Llanelli, y dref â'r boblogaeth fwyaf yn ardal Hywel Dda, yn mynnu bod Ysbyty Tywysog Philip yn cael ei adfer yn Ysbyty Cyffredinol Dosbarth cwbl weithredol, a bod llawfeddygaeth ddewisol fawr yn dychwelyd yno, gan gynnwys llawfeddygaeth gastroberfeddol, fasgwlaidd, ac ym meysydd wroleg, gynecoleg a thrawma. Byddai hynny wedi'i gefnogi gan y 5 gwely Uned Therapi Dwys gwreiddiol, a fyddai wedi'u staffio'n llawn, ac a fyddai'n cefnogi Adran Damweiniau ac Achosion Brys wedi'i staffio'n llawn, y byddai arbenigwyr ymgynghorol yn ei harwain, gan ddarparu cymorth i'r meddygon.

Cyflwynwyd y ddeiseb gan: Rhwydwaith Gweithredu Tywysog Philip

Ystyriwyd y ddeiseb am y tro cyntaf: 29 Mai 2012

Nifer y llofnodion: tua 24,000

P-04-430 : Y bwriad i gau Uned Mân Anafiadau Dinbych-y-pysgod

Geiriad y ddeiseb

Rydym ni, sydd wedi llofnodi isod, yn galw ar Gynulliad Cenedlaethol Cymru i sicrhau nad yw'r cynigion a amlinellir yn nogfen Bwrdd Iechyd Hywel Dda, Eich Iechyd / Eich Dyfodol, sy'n cyfeirio at gau'r Uned Mân Anafiadau yn Ninbych-y-pysgod yn cael eu gwireddu a bod yr Uned Mân Anafiadau yn Ninbych-y-pysgod yn parhau ar agor.

Prif ddeisebydd: Andrew James Davies

Ysytyriwyd am y tro cyntaf gan y Pwyllgor: 6 Tachwedd 2012

Nifer y llofnodion: 157 Casglwyd dros 581 o lofnodion gan ddeisebau cysylltiedig.

Eitem 3.4

P-04-431 : Preswylwyr Sir Benfro yn erbyn toriadau i wasanaethau iechyd

Geiriad y ddeiseb

Mae SWAT (Tîm Gweithredu i Achub Ysbyty Llwynhelyg) wedi brwydro i gadw gwasanaethau gofal iechyd eilaidd diogel, effeithiol a hygyrch i bobl Sir Benfro ers 2005.

Ar ran SWAT, galwaf ar Gynulliad Cenedlaethol Cymru i annog Llywodraeth Cymru i sicrhau bod y cynlluniau ar gyfer darparu Gofal Iechyd Eilaidd, y mae ymgynghoriad yn cael ei gynnal arnynt ar hyn o bryd yn ardal Bwrdd Iechyd Lleol Hywel Dda, yn cynnal y lefel bresennol o wasanaethau sydd ar gael yn Ysbyty Llwynhelyg. Nid yw'r 14,000 o bobl a lofnododd y deisebau a ddsbarthwyd i'ch swyddfa gan SWAT yn cytuno â'r opsiwn a ffefrir, sef bod Bwrdd Iechyd Lleol Hywel Dda yn canoli'r rhan fwyaf o wasanaethau cleifion mewnol yn safle Glangwili. Mae'n eithaf clir i bobl Sir Benfro a thu hwnt sydd wedi llofnodi'r deisebau hyn, os oes yn rhaid canoli gwasanaethau, mai Ysbyty Llwynhelyg yw'r safle y dylid ei ffafrio. Byddai hyn yn sicrhau darparu gwasanaeth gofal iechyd eilaidd teg, hygyrch, diogel a chynaliadwy i ardal gyfan Bwrdd Iechyd Lleol Hywel Dda tra byddai canoli gwasanaethau yn safle Glangwili yn rhoi pobl Sir Benfro o dan anfantais ddifrifol.

Prif ddeisebydd: Tîm Achub Ysbyty Llwynhelyg

Ysytiriwyd am y tro cyntaf gan y Pwyllgor: 6 Tachwedd 2012

Nifer y llofnodion: Casglwyd deiseb gysylltiedig tua 14,000 o lofnodion. Casglodd deiseb gysylltiedig tua 14,000 o lofnodion. O'r 14,000 llofnod, casglwyd dros 10,000 o lofnodion ar gyfer deiseb a oedd yn galw'n benodol am achub Uned Gofal Arbennig Babanod Llwynhelyg, a 4,000 o lofnodion ar gyfer deisebau a oedd yn galw am ddiogelu'r holl wasanaethau yn Ysbyty Llwynhelyg.

P-04-455 : Achub adran achosion brys yn Ysbyty'r Tywysog Philip

Geiriad y ddeiseb:

Mae Bwrdd Iechyd Hywel Dda yn bwriadu israddio neu gau'r gwasanaethau damweiniau ac achosion brys yn Ysbyty'r Tywysog Philip. Mae hwn yn wasanaeth hanfodol i Lanelli a'r cymunedau lleol a rhaid i'r gymuned weithredu i achub ein Hadran Ddamweiniau ac Achosion Brys. Llofnodwch y ddeiseb hon i atal y gwasanaeth hanfodol hwn rhag cau, ac i sicrhau nad yw bywydau yn y fantol o ganlyniad i gam o'r fath.

Prif ddeisebydd: Angharad Howells

Ysytiriwyd am y tro cyntaf gan y Pwyllgor: 29 Ionawr 2013

Nifer y llofnodion: 1038

Mark Drakeford AC / AM
Y Gweinidog Iechyd a Gwasanaethau Cymdeithasol
Minister for Health and Social Services



Llywodraeth Cymru
Welsh Government

Eich cyf/Your ref P-04-367 / 394 / 430 / 431 / 455
Ein cyf/Our ref MD/03564/13

William Powell AC
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Stephen.George@wales.gov.uk
Clerc y Pwyllgor

14 Rhagfyr 2013

Amwg Williams

Diolch am eich llythyr dyddiedig 6 Rhagfyr am nifer o ddeisebau y mae'r Pwyllgor yn eu hystyried ar hyn o bryd mewn porthynas â newidiadau i'r Gwasanaethau Iechyd yn y Canolbarth a'r Gorllewin. Mae'r sefyllfa bresennol o ran y tri mater i'w gweld isod yn unol â'ch cais.

Uned Mân Anafiadau Dinbych-y-pysgod

Caewyd Uned Mân Anafiadau Dinbych-y-pysgod ar 1 Rhagfyr. Mae Bwrdd Iechyd Hywel Dda wedi rhoi sicrwydd i mi fod lfeil priodol o ofal yn cael ei rhoi yn ei lle ar gyfer trigolion Dinbych-y-pysgod. Y bwriad yw adleoli'r uwch-ymatferwyr nyrso i'r Adran Argyfwng yn Ysbyty Cyffredinol Llwynhelyg. Rwy'n disgwyl i'r Bwrdd Iechyd a'r Cyngor Iechyd Cymuned lleol gadw llygaid ar y sefyllfa yn Ninbych-y-pysgod ac ymateb yn briodol os yw'r darparwyr y gwasanaeth newydd yn ei chael hi'n anodd bodloni'r nifer gweddol fychan o gleifion sy'n mynd i'r cyn Uned Mân Anafiadau.

Penderfynodd y Bwrdd Iechyd gau'r Uned Mân Anafiadau yn dilyn gwerthusiad o'r gwasanaeth peilot ar gyfer mân anafiadau a oedd yn cael ei redeg gan y Groes Goch. Rwy'n deall bod y Bwrdd Iechyd yn bwriadu comisiynu gwasanaeth tebyg ar gyfer y tymor ymwelwyr yn y dyfodol.

Gwasanaethau Newyddenedigol yn Ysbytai Glangwili a Llwynhelyg

Fel y gwyddoch, cyfeiriodd y Cyngor lechyd Cymuned lleol gynigion y Bwrdd lechyd i newid gwasanaethau newyddenedigol yn Ysbytai Glangwili a Llwynhelyg ataf mi benderfynu arnynt. Galwyd Panel Craffu annibynnol i roi cyngor ac argymhellion i mi yn sail i'm penderfyniad. Adroddodd y Panel Craffu yn ôl i mi ym mis Medi.

Ar 24 Medi, cefnogais argymhelliad y Panel i ddatblygu uned newyddenedigol lefel 2 yn Ysbyty Glangwili, ond rhoddais gyfarwyddyd i'r Bwrdd lechyd i wneud darn o waith pellach i egluro'r modelau ar gyfer gwasanaethau ym maes obstetreg a mamolaeth yn yr ardal

Bellach, mae'r Bwrdd lechyd wedi gwneud y gwaith ychwanegol hwn ac mae'r Panel Craffu'n ailymgynnull i ystyried yr adroddiad ac i roi cyngor ac argymhellion pellach i mi. Rwy'n bwriadu gwneud fy mhenderfyniad terfynol ar y mater hwn ar 21 Ionawr 2014.

Model o Ofal Brys yn Ysbyty'r Tywysog Philip

Hefyd, cyfeiriodd y Cyngor lechyd Cymuned lleol gynigion y Bwrdd lechyd ar gyfer gofal brys yn Ysbyty'r Tywysog Philip yn Llanelli ataf i mi benderfynu arnynt. Yn dilyn cyngor y Panel Craffu, ar 24 Medi, yn y Senedd, cyhoeddais fy mhenderfyniad ar y model gofal yn yr Ysbyty.

Bydd yr Adran Argyfwng Leol yn cael ei harwain yn glinigol gan feddygon a'i chyflenwi ar y cyd ag ymarferwyr nyrso brys. Dylai cleifion sy'n mynd i'r uned gael barn feddygol pan fo angen ac rwy'n gwbl glir y dylai'r cyfrifoldeb dros arwain yn glinigol yn yr amgylchiadau hynny, fod yn rwylo'r Ymarferwyr Cyffredinol neu'r Ymgynghorwyr fel bo'n briodol.

Gobeithio bod hyn yn rhoi'r wybodaeth angenrheidiol i'r Pwyllgor Deisebau. Yn unol â'ch cais, rwy'n mynd i anfon copiâu o'r wybodaeth ddiweddar a roddwyd gan y deisebwyr, a oedd ac yn amgaaedig gyda'ch llythyr, ymlaen i'r Panel Craffu . Rwyf hefyd wedi rhoi gwybod am eich llythyr i Brif Weithredwr Bwrdd lechyd Hywel Dda, am i'r Bwrdd fethu ag ymateb i ohebiaeth ynghylch y deisebau.

In gywir
Mark

Mark Drakeford AC / AM

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



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd
Hywel Dda
Health Board

Ein cyf/Our ref:	TP/elc	Hywel Dda Health Board Headquarters Merlins Court, Winch Lane, Haverfordwest, Pembrokeshire, SA61 1SB Tel Nr: (01437) 771220
Gofynnwch am/Please ask for:	Trevor Purt, Chief Executive	
Rhif Ffôn /Telephone:	01437 771220	
Ffacs/Facsimile:	01437 771222	Hywel Dda Health Board Headquarters Merlins Court, Winch Lane, Haverfordwest, Pembrokeshire, SA61 1SB Tel Nr: (01437) 771220
E-bost/E-mail:	Trevor.purt@wales.nhs.uk	

13th December 2013

William Powell AC/AM
Chair
Petitions Committee
National Assembly for Wales
Cardiff Bay
Cardiff
CF99 1NA

Dear Mr Powell

Your reference P-04-367/394/430/431/455

Firstly, I most sincerely apologise for our lack of response to your original letter. I would like to reassure you that we have a clear process in place for ensuring correspondence is managed and I am happy to share that with you if you would wish. On this occasion it would seem that whilst my office believed a response had been sent, through human error on this occasion it appears not to have been the case. I would assure you that letters from Senedd Committees such as yours are treated as the highest of priorities and can again only apologise in this instance.

The CHC referred the potential closure of Tenby and South Pems MIUs to the Minister in accordance with the guidance and the Health Board had taken into consideration an earlier petition from Tenby residents in advance of the decision to close the Unit taken on 15 January 2013.

The Minister directed that the issue be resolved locally and the Health Board undertook this through an Implementation Board, chaired by an Independent Member, which has the CHC in attendance as associate members (and which has delegated authority for approval of consultation specific service change).

Pencadlys Bwrdd Iechyd Hywel Dda
Llys Myrddin, Lôn Winch, Hwlfordd,
Sir Benfro, SA61 1SB
Rhif Ffôn: (01437) 771220
Rhif Ffacs: (01437) 771222

Hywel Dda Health Board Headquarters
Merlins Court, Winch Lane, Haverfordwest,
Pembrokeshire, SA61 1SB
Tel Nr: (01437) 771220
Fax Nr: (01437) 771222

Cadeirydd / Chairman
Mr Chris Martin
Prif Weithredwr /Chief Executive
Yr Athro/Professor Trevor Purt

Tudalen 45

Bwrdd Iechyd Hywel Dda yw enw gweithredol Bwrdd Iechyd Lleol Hywel Dda
Hywel Dda Health Board is the operational name of Hywel Dda Local Health Board

At the time of the original letter to the Health Board, we were in the middle of this process and it is unfortunate this was not relayed at the time to the Petitions Committee. However, the final decision was taken to close the Unit after close scrutiny of a local gateway mechanism to provide assurance that the requirements of the Board's decision (made on 15 January 2013) had been met.

In making the decision the Implementation Board carefully considered the issues raised by the and the local needs of the population. These included:

- GP access – an undertaking was given to continue discussions with local GPs on their intentions around the provision of treatment room services and access; the outcome of these discussions was that the local practices would continue to provide treatment room services for their registered lists.
- The provision of a service over the summer period to manage the influx of tourists – following a successful pilot service we had commissioned for summer 2013, we agreed to review the requirement for 2014 and future years between February and March next year and to engage, GPs and the CHC in the process.
- Equality impact - the impact assessment showed that there were low numbers of patients presenting at the MIU and a breakdown of the cases showed that the vast majority would be more appropriate for treatment by a GP or self-care.
- Transport – our evidence showed that the vast majority of those presenting at the MIU had their own transport and that with the majority of those presenting having minor injuries that would be more appropriate for treatment by a local GP or by self-care. The impact therefore was minimal and the Health Board was clear that it does not provide transport for minor injuries services.

It is worth noting that the closure of the MIU needs to be kept in context. Registered patients in the Tenby area will have the same access through the winter to health services as the great majority of the population in the 3 counties of Hywel Dda. This includes access to local GP's (through the treatment room LES), community pharmacies, self care, community based service and emergency care at the district general hospitals. There will also be an enhanced level of service commissioned for the summer which is unique to the Tenby area. Also, the ENPs from the MIU can be redeployed to support A&E services in Withybush over winter which will have a significantly positive



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd
Hywel Dda
Health Board

impact on the wider Pembrokeshire population.

Yours sincerely

Trevor Purt
Chief Executive

Pencadlys Bwrdd Iechyd Hywel Dda
Llys Myrddin, Lôn Winch, Hwlfordd,
Sir Benfro, SA61 1SB
Rhif Ffôn: (01437) 771220
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Cadeirydd / Chairman
Mr Chris Martin
Prif Weithredwr /Chief Executive
Yr Athro/Professor Trevor Purt

Tudalen 47

Bwrdd Iechyd Hywel Dda yw enw gweithredol Bwrdd Iechyd Lleol Hywel Dda
Hywel Dda Health Board is the operational name of Hywel Dda Local Health Board

**P-04-394 Save our Services – Prince Philip Action Group –
Correspondence from the Petitioner to Clerking Team, 26.01.2014**

Dear Deputy Clerk, Thank you for this opportunity to,once again,respond to the Petitions Committee.

C.I.H.S./SOSPPAN has the following observations to make:

1. Trevor Purt's letter of apology to Mr Powell AM (13-12-13) makes NO reference to the future of A&E at PPH,Llanelli.

The Hywel Dda Health Board has consistently ignored the demands of the people of Llanelli. The LHB has brushed aside the largest petition received by WAG and has totally failed to take note and regard of the feelings of the people who reside in largest conurbation served by the Hywel Dda Health Board.

C.I.H.S./SOSPPAN is aware that a Judicial Review is to take place and is unable to comment further.

2. C.I.H.S./SOSPPAN notes,with interest, the Minister's response to Mr Powell AM. C.I.H.S./SOSPPAN is unable to make comments as it understands that a Judicial Review is taking place.

Dyminiadau gorau/ Kind Regards, V.Bryan Hitchman (Chairman CIHS/SOSPPAN)

Eitem 3.6

P-04-502 Canolfan Lles ar gyfer Cymru

Geiriad y ddeiseb:

Rydym ni, sydd wedi llofnodi isod, yn galw ar y Cynulliad Cenedlaethol i annog Llywodraeth Cymru i sefydlu Canolfan Lles newydd ar gyfer Cymru a fyddai'n rhoi lles unigolion a chymunedau(1) wrth wraidd gwleidyddiaeth Cymru, a byddai ei harian craidd yn dod oddi wrth y llywodraeth.

Gwybodaeth ychwanegol:

Er ein bod yn sylweddoli bod Llywodraeth Cymru wedi cymryd camau mawr ymlaen o ran polisi lles, dengys yr ystadegau diweddaraf gan Rwydwaith Iechyd Meddwl Cymru Gyfan bod iechyd meddwl gwael, er enghraifft, yn costio £7.2 biliwn y flwyddyn(2) i economi Cymru a bod sgoriau lles goddrychol ardaloedd diwydiannol de ddwyrain Cymru ymhlith y sgoriau isaf yn y Deyrnas Unedig.(3)

Rydym ni o'r farn bod angen datrys y sefyllfa hon.

Byddai Canolfan Lles i Gymru yn darparu datrysiadau polisi sy'n seiliedig ar dystiolaeth i broblem lefelau lles yng Nghymru sydd, ar gyfartaledd, yn is na'r lefel gyfartaledd ar gyfer y DU. Byddai'n defnyddio arbenigedd amrywiaeth eang o bartneriaid ar draws y sectorau; gan gynnwys y bobl hynny sydd ag arbenigedd ym maes llunio polisi a hanes blaenorol o ymgysylltiad gwleidyddol effeithiol; unigolion sydd â phrofiad o ddarparu cynlluniau lles sylfaenol, er enghraifft cynrychiolwyr o'r sector gwirfoddol; pobl sydd â chefnidir ym maes ymchwil gweithredu; yn ogystal ag academyddion a rhwydweithiau academaidd.

Byddai Canolfan Lles i Gymru yn cael ei hysbrydoli gan sefydliadau polisi mawreddog fel y Ganolfan Gyfiawnder Cymdeithasol (CSJ). Fel yn achos Cynghrair Brwydro yn erbyn Tlodi'r Ganolfan Gyfiawnder Cymdeithasol, byddai'r Ganolfan hefyd yn ceisio adeiladu ar sylfeini'r rhwydwaith bywiog o elusennau a sefydliadau gwirfoddol sy'n gweithio yn y maes. Sefydlwyd y rhwydwaith hwnnw eisoes gan Lles Cymru Wellbeing Wales, i greu Rhwydwaith Lles deinamig a fyddai'n gweithredu, nid yn unig i arddangos modelau o arfer gorau ac i lunio atebion deallus o ran polisi, ond hefyd i bontio rhwng cymunedau a'r llywodraeth.

Gallai Canolfan Lles i Gymru hefyd ddarparu ffocws ar gyfer ystod eang o fentrau arloesol sy'n hybu lles. Er enghraifft, drwy weithio gyda'r sector cyhoeddus a'r sector preifat gallai ddarparu rhaglenni hyfforddiant yn y gweithle wedi'u seilio ar faterion lles, gan gynnwys hyfforddiant lles yn y gweithle a dargedwyd ar gyfer pobl ar incwm isel; gan uwchraddio adnoddau

fel y Pecyn Cymorth Lles Cynaliadwy, a ddatblygwyd gan Lles Cymru Wellbeing Wales, i gynorthwyo sefydliadau i weithredu a mesur rhaglenni lles; i fapio asedau cymunedol yng Nghymru er budd y cyhoedd; neu greu adnoddau digidol i gynyddu ymwybyddiaeth y cyhoedd o faterion lles, fel creu aps electronig am ddim i fesur lles unigolion. Byddai'r Ganolfan yn chwilio am arian ar gyfer ei rhaglen o brosiectau a digwyddiadau gan ymddiriedolaethau a sefydliadau elusennol, yn ogystal â chan noddwyr corfforaethol, unigolion preifat, a phartneriaethau â'r sector preifat.

Yn gryno, rydym ni sydd wedi llofnodi isod yn credu bod angen ymdrech ar y cyd gan asiantaethau niferus, oll yn cydweithio, i wireddu amcanion lles y llywodraeth, a amlinellwyd yn ei rhaglen ddeddfwriaethol. Byddai Canolfan Lles i Gymru yn gyfrwng perffaith i geisio sicrhau newid.

[1] “Mae lles yn gyflwr corfforol, cymdeithasol a meddyliol cadarnhaol; nid absenoldeb poen, anesmwythder ac anallu yn unig mohono. Mae'n deillio, nid yn unig o gamau unigolion, ond o gasgliad o elfennau a pherthnasoedd â phobl eraill. Mae lles person yn ei gwneud yn ofynnol bod ei anghenion sylfaenol yn cael eu diwallu, bod ganddo ymdeimlad o bwrpas, a'i fod yn teimlo y gall gyrraedd nodau pwysig a chymryd rhan mewn cymdeithas. Caiff y cyflwr ei wella gan amodau sy'n cynnwys perthnasoedd personol cefnogol, cael eich cynnwys mewn cymunedau grymus, iechyd da, sicrwydd ariannol, cyflogaeth foddhaus, ac amgylchedd iach a deniadol.

Darn allan o 'Local Wellbeing: Can We Measure it?' New Economics Foundation, Medi 2008

(2) Promoting mental health and preventing mental illness: the economic case for investment in Wales - gan Lynne Friedli a Michael Parsonage Hydref 2009. I gael rhagor o fanylion ewch i:
<http://www.publicmentalhealth.org/news.cfm?orgid=749&contentid=15934>

[3] <http://www.wiserd.ac.uk/training-events/annual-conference/programme/health-and-wellbeing/analysis-subjective-wellbeing-wales-evidence-annual-populati/>

Prif ddeisebydd: Wellbeing Wales

Ysytiriwyd am y tro cyntaf gan y Pwyllgor: 24 Medi 2013

Nifer y llofnodion: 52

Mark Drakeford AC / AM
Y Gweinidog Iechyd a Gwasanaethau Cymdeithasol
Minister for Health and Social Services



Llywodraeth Cymru
Welsh Government

Eich cyf/Your ref P-04-502
Ein cyf/Our ref MD/02674/13

William Powell AM
William.powell@wales.gov.uk

21 October 2013

Deu William

Thank you for your letter of 3 October calling on the Welsh Government to establish a new Wellbeing Centre for Wales. We are already supporting work on wellbeing.

Together for Mental Health sets out the Welsh Government's joined-up, 10-year strategic approach to improving the lives of those with mental health problems, and, where possible, preventing such problems developing in the first place by improving the mental wellbeing of the population.

The All Wales Mental Health Promotion Network, managed by Public Health Wales, provides strong leadership and a focus for mental health promotion and wellbeing in Wales. It increases public and professional understanding of public mental health, develops evidence and learning exchanges, and acts as a conduit for the dissemination of promising practices in public mental health wellbeing.

To guide and develop the network an Advisory Board, chaired by Professor Sir Mansel Aylward, meets on a quarterly basis and comprises experts in the field of mental health and representatives from mental health promotion and wellbeing. The Board is currently reviewing its terms of reference and membership to ensure that it is 'fit for purpose' in relation to its role in the delivery of aspects of Together for Mental Health, which includes a commitment to build skills to support policy development and practical action for promoting mental wellbeing.

I have asked Public Health Wales to liaise with Dafydd Thomas, Executive Director of Lles Cymru, to determine how the work on wellbeing can best be taken forward.

*Best wishes
Mark*

Mark Drakeford AC / AM
Y Gweinidog Iechyd a Gwasanaethau Cymdeithasol
Minister for Health and Social Services

Bae Caerdydd • Cardiff Bay
Caerdydd • Cardiff
CF99 1NA

English Enquiry Line 0845 010 3300
Llinell Ymholiadau Cymraeg 0845 010 4400
Correspondence: Mark.Drakeford@wales.gsi.gov.uk

Wedi'i argraffu ar bapur wedi'i ailgylchu 100% **Tudalen 51**

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P-04-385 Deiseb ynghylch rhyddhau balwnau a llusernau

Geiriad ddeiseb:

Rydym yn galw ar Gynulliad Cenedlaethol Cymru i annog Llywodraeth Cymru i ddeddfu yn erbyn rhyddhau balwnau a llusernau Tsieineaidd (neu llusernau awyr) i'r awyr yn fwriadol.

Cyflwynwyd y ddeiseb gan: Bryony Bromley

Ysytiriwyd am y tro cyntaf gan y Pwyllgor: 1 Mai 2012

Nifer y llofnodion: 564

Gwybodaeth ategol: Derbyniodd Eco-bwyllgor Rhanbarthol Caerdydd (sy'n cynnwys cynrychiolwyr o eco-ysgolion baner werdd Caerdydd) gynnig yn ddiweddar i weithio tuag at gael deddfwriaeth i atal rhyddhau nifer fawr o falwnau a llusernau Tsieineaidd/llusernau awyr yn fwriadol ar yr un pryd gan eu bod yn cael effaith niweidiol ar fywyd gwylt, ar y tir ac yn y môr.

Rhyddhau balwnau

Cafwyd sawl achos o anifeiliaid gwylt yn cael eu darganfod gyda balwnau latecs yn eu stumogau, a oedd yn rhwystro eu llwybr treuliad. Gall rhywogaethau morol, yn enwedig crwbanod morol a rhai adar môr, feddwl mai sglefren fôr, sy'n ysglyfaeth iddynt, yw'r balwnau ar wyneb y dŵr a'u llyncu neu efallai y byddant yn mynd yn sownd ac yn boddi. Unwaith y bydd balwn wedi'i lyncu, gall rwystro'r llwybr treulio a gallai hynny arwain at farwolaeth drwy lwgu. Mae'r Gymdeithas Cadwraeth Forol wedi cynnal awtopsiâu ar nifer sylweddol o anifeiliaid gwylt yn y môr sydd wedi cael eu canfod wedi'u golchi ar draethau, gan gadarnhau effaith balwnau ar y llwybr treulio.

Mae Undeb Cenedlaethol yr Amaethwyr wedi hysbysebu'r risg y gall anifeiliaid sy'n pori dagu ar falwnau ac y gall falwnau halogi gwair, sydd eto'n peri risg o dagu

(<http://www.telegraph.co.uk/earth/agriculture/farming/8494881/Farmer-wins-compensation-after-Red-Nose-Day-balloon-kills-cow.html>)

Mae ymgyrchoedd marchnata diweddar wedi awgrymu ei bod yn bosibl rhyddhau balwnau 'ecogyfeillgar' gan ddefnyddio balwnau bioddiraddadwy sy'n gallu pydru ar yr un raddfa â deilen Dderw.

- Mae lefel uchel o daninau mewn dail Derw a gall gymryd dwy flynedd iddynt bydru'n llwyr os na chânt lefelau uchel o olau haul neu ddŵr.

Yn dilyn gwaith ymchwil a wnaed yn 2008, mae Cadw Cymru'n Daclus wedi datgan y dylid ystyried bod rhyddhau balwnau'n fwriadol yn fath o daflu sbwriel. Ers iddo ddechrau cofnodi sbwriel ar ffurf balwnau fel rhan o'i arolwg LEAMS (System Archwilio a Rheoli Amgylcheddol Lleol) yn 2008-09, mae Cadw Cymru'n Daclus wedi gweld sbwriel ar ffurf balwnau ym mhob un o 22 o awdurdodau lleol Cymru. Yn un sir, gwelwyd sbwriel ar ffurf balwnau ar 17% o'r strydoedd.

Mae'r Gymdeithas Cadwraeth Forol wedi cynnal ymgyrchoedd i atal rhyddhau balwnau ers 1996, ac mae o leiaf 23 o awdurdodau yn y DU ar hyn o bryd yn gweithredu gwaharddiad ar ryddhau nifer fawr o falwnau ar yr un pryd. Mae'r data'n dangos bod cyfanswm y sbwriel ar ffurf balwnau a geir ar draethau Cymru wedi treblu dros y 15 mlynedd nesaf yn anffodus, wrth i'r arfer ddod yn fwy poblogaidd.

Mae tua 10% o'r balwnau a gaiff eu rhyddhau i'r awyr yn disgyn i'r ddaear mewn un darn. Mae'r ffigur hwn yn uwch pan fydd rhubanau a thagioau plastig wedi'u clymu wrthynt.

<http://www.mcsuk.org/downloads/pollution/dont%20let%20go.pdf>

Llusernau Tsieineaidd / Llusernau Awyr

Mae Asiantaeth y Môr a Gwylwyr y Glannau wedi cyhoeddi rhybudd ynghylch peryglon llusernau Tsieineaidd, ar sail y ffaith eu bod yn cael eu camgymryd am fflaglau a ddefnyddir os bydd pobl mewn perygl.

Mae'r RSPCA wedi rhybuddio y gallai'r weiren sy'n llunio strwythur y llusernau achosi "anesmwythder anhygoel" i wartheg os caiff ei llyncu.

Mae Undeb Cenedlaethol yr Amaethwyr wedi galw am wahardd llusernau Tsieineaidd, oherwydd y perygl y gallent ei beri i anifeiliaid sy'n pori.

<http://www.bbc.co.uk/news/magazine-11265560>

Oherwydd y perygl o dân, rhybuddiodd Cymdeithas y Prif Swyddogion Tân bobl i beidio â rhyddhau llusernau, gan ddweud, er eu bod yn edrych yn wych, ni ellir eu rheoli unwaith y maent yn yr awyr.

<http://www.bbc.co.uk/news/uk-england-13934378>

Mae Cymdeithas Hedfan Iwerddon wedi amlygu'r risg y mae llusernau'n ei beri i awyrennau ac y mae'n mynnu yn awr y dylid gofyn am ei chaniatâd cyn i lusernau gael eu rhyddhau yng Ngweriniaeth Iwerddon. Mae hefyd yn

mynnu y dylid hysbysu'r Uned Rheoli Traffig Awyr agosaf, Gwylwyr y Glannau Iwerddon a'r Orsaf Garda leol.

(Cyhoeddiad gan Gymdeithas Hedfan Iwerddon 'Sky Lanterns and the risk to Aviation'.)



Eich cyf/Your ref P-04-385
Ein cyf/Our ref AD-/01131/13

William Powell AC
AC Canolbarth a Gorllewin Cymru
Cadeirydd y Pwyllgor Deisebau
Tŷ Hywel
Bae Caerdydd
Caerdydd
CF99 1NA

15 Hydref 2013

Annwyl William

Llusernau awyr

Diolch am eich llythyr dyddiedig 23 Gorffennaf yn gofyn a fydd newid yn ein ffordd o reoli'r risgiau sy'n gysylltiedig â llusernau awyr yn dilyn y tân yn Smethwick.

Yn fy llythyr dyddiedig 30 Mehefin a'r datganiad ysgrifenedig ar 18 Gorffennaf, fe wnes i gyflwyno cyfres o gamau arfaethedig yn dilyn cyhoeddi'r adroddiad ymchwil ar effaith llusernau awyr a balwnau heliwm. Wrth gwrs, roedd y tân yn Smethwick yn ddigwyddiad difrifol iawn, ac o'r herwydd mae swyddogion Llywodraeth y DU yn mynd ati'n ofalus i adolygu'r dystiolaeth sy'n dod i'r amlwg am y peryglon tân sy'n gysylltiedig â llusernau awyr.

Fel yr esboniais yn fy llythyr blaenorol a'r datganiad ysgrifenedig, bydd Llywodraeth Cymru yn cydweithio â'n partneriaid ac â Llywodraeth y DU, a bydd yn dilyn hynt eu hadolygiad yn fanwl. Byddaf innau yn monitro hynt ein gwaith gyda manwerthwyr, gwneuthurwyr ac eraill i wneud y cyhoedd yn fwy ymwybodol o'r ffordd gyfrifol o ddefnyddio'r pethau hyn.

Byddaf yn ysgrifennu at yr awdurdodau lleol i'w hannog i ystyried peryglon llusernau awyr a balwnau heliwm sy'n cael eu rhyddhau yn eu hardaloedd, a byddaf hefyd yn codi'r mater gyda mudiadau elusennol i sicrhau eu bod hwythau'n ystyried effeithiau ehangach rhyddhau llusernau awyr yn eu digwyddiadau.

Cyn bo hir, bydd Dr Christianne Glossop, fy Mhrif Swyddog Milfeddygol yn rhoi cyngor i godi ymwybyddiaeth am yr effeithiau posibl ar iechyd a lles da byw, a'r peryglon i adeiladau da byw. O safbwynt perygl tân, mae'r Awdurdodau Tân ac Achub eisoes yn mynd ati i annog pobl i beidio â defnyddio llusernau awyr.

Hawdd deall bod y tân yn Smethwick wedi arwain at bryder o'r newydd am y peryglon sy'n gysylltiedig â llusernau. Yn amlwg, dylai ymateb Llywodraeth Cymru fod yn gymesur ac wedi ei seilio ar dystiolaeth gadarn, a dyna pam rwyf wedi cymryd y camau uchod.

Rwy'n copïo'r llythyr hwn at y Gweinidog Llywodraeth Leol a Busnes y Llywodraeth gan mai hi sy'n gyfrifol am ddiogelwch tân yng Nghymru.

A handwritten signature in black ink, appearing to read 'Alun Davies', with a horizontal line underneath.

Alun Davies AC / AM

Y Gweinidog Cyfoeth Naturiol a Bwyd
Minister for Natural Resources and Food

Eitem 3.8

P-04-445 : Achub ein cŵn a chathod yng Nghymru rhag cael eu lladd ar y ffyrdd

Geiriad y ddeiseb:

Rydym ni, y rhai a lofnodwyd isod, yn galw ar breswylwyr Cymru sy'n berchen ar gŵn a chathod i gefnogi ein deiseb i Lywodraeth Cymru i gael gwared ar y gwaharddiad ar goler electronig wedi'u cysylltu â ffensys ffin anweladwy/ffensys cudd fel y gallwn ddiogelu ein hanifeiliaid anwes rhag niwed naill ai o: a) Traffig Ffyrdd b) Crwydro i Berygl c) Achosi damweiniau a allai olygu y byddwn ni, perchenogion y cŵn a'r cathod, yn gyfreithiol atebol iddynt.

Prif ddeisebydd: Monima O'Connor

Ysytyriwyd am y tro cyntaf gan y Pwyllgor: 15 Ionawr 2013

Nifer y llofnodion: 10 - Casglodd deiseb gysylltiedig 500 o lofnodion



Cymdeithas Frenhinol Atal Creulondeb i Anifeiliaid Royal Society for the Prevention of Cruelty to Animals

20 January 2014

William Powell AM
Chair, Petitions Committee,
National Assembly for Wales,
Cardiff Bay,
Cardiff,
CF99 1NA

Dear William Powell AM,

Re: P-04-445 - 'Save our Welsh cats & dogs from death on the roads'

Thank you for your letter in relation to P-04-445, 'Save our Welsh cats & dogs from death on the roads'.

RSPCA Cymru is very pleased to be invited by the Petitions Committee to provide further information following the petitioner's more recent correspondence.

Further to this, the issues raised by the petitioner have been considered in detail by scientists in the RSPCA's Companion Animals department. Please see enclosed a response prepared by the department, based on scientific evidence.

It is hoped this clearly demonstrates why the RSPCA is deeply concerned by any proposals to remove the ban on electric collars linked with invisible boundary fencing or hidden fencing.

We welcome the Welsh Government's assertion made in February 2013 that no significant proposals have been brought forward to suggest changes to the legislation are warranted. Further to this, we understand the legislation will be reviewed this year, and we look forward to closely engaging with that process to ensure animal welfare does not take a backwards step in Wales.

RSPCA Cymru is also concerned that the policy of the Kennel Club may have been misunderstood as part of this campaign, as may have been inferred by correspondence received by the Petitions Committee. We welcome that the organisation is not seeking legislative change in Wales in relation to these

RSPCA Cymru
10 Cwrt Ty Nant/ Ty Nant Court
Treforgan /Morganstown
Caerdydd /Cardiff
CF15 8LW

Cruelty Line
0300 1234 999

Elusen a gofrestrwyd yng Nghymru
a Lloegr Rhif. 219099
A charity registered in England &
Wales Charity no. 219099

www.rspca.org.uk/wales

Noddwr Ei Mawrhydi Y Frenhines
Patron HM The Queen

Chris O'Brien, Public Affairs Manager, RSPCA Cymru

Christopher.O'Brien@rspca.org.uk 0300 123 8912

Facebook: RSPCA www.politicalanimal.org.uk/wales Twitter: @RSPCAcymru

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Cymdeithas Frenhinol Atal Creulondeb i Anifeiliaid Royal Society for the Prevention of Cruelty to Animals

devices.

It is imperative that the Animal Welfare (Electronic Collars) (Wales) Regulations 2010 are not amended in any way which impinges upon the welfare of animals, and the attached paper provides detailed information further to this.

As ever, should you require any further information, please do not hesitate to get in touch.

Yours Sincerely,

A handwritten signature in blue ink, appearing to read 'C. O'Brien', written over a faint circular stamp.

Chris O'Brien
Public Affairs Manager, RSPCA Cymru



Evidence Paper

ELECTRONIC BOUNDARY FENCES - JANUARY 2014

RSPCA Cymru is pleased to submit the following evidence to the National Assembly for Wales' Petitions Committee, concerning petition P-04-445. This follows a request from the Committee Chair, William Powell AM, for further information following recent correspondence from the petitioner.

1. RSPCA'S POSITION ON ELECTRONIC BOUNDARY FENCES

- a) The RSPCA opposes the use of electronic training devices, including fences to train and control dogs and cats, as demonstrated by RSPCA policy¹ and position².
- b) Based on the principles of learning theory, the electric stimulus delivered by a collar has to be aversive, causing pain or fear, to effectively inhibit the unwanted behaviour for example, preventing a dog or cat escaping from the garden.
- c) There is evidence which shows that the application of an electric stimulus can cause both a physiological stress response³ and behavioural responses associated with pain, fear and stress in animals⁴.
- d) Recent Defra funded research shows that, at least in a proportion of animals trained using e-collars, there is a negative impact on welfare⁵. Furthermore, the use of e-collars does negatively impact on the welfare of some dogs when trained even when the training is being carried out by professionals using protocols based on advised best practice⁶.
- e) There is great potential for misuse of these devices, either through ignorance or malice by those intent on deliberate cruelty. In addition, the intensity and duration of the shock can be altered by the user. This can result in a high end shock being delivered which far exceeds the level at which the shock is aversive to the animal.

2. ELECTRONIC TRAINING DEVICES AND THE DELIVERY OF PAINFUL STIMULI

- a) With regard to specific points in the petitioner's letter, the RSPCA does not agree with the implied notion that just because animals of the same species cause pain to one another it is acceptable for humans to do so to another species. For example, dogs are very complex

¹ 'No technical device should be used (or offered for sale) where an animal can be subjected to a painful stimulus at the direct instigation of a human or where a painful stimulus is delivered as a result of an animal's action from which it cannot retreat.

² As an example, see www.dogwelfarecampaign.org.uk

³ Schalke, E., Stichnoth, J. And Jones-Baade, R. (2005) Stress symptoms caused by the use of electric training collars on dogs (*Canis familiaris*) in everyday life situations. Current Issues and Research in Veterinary Behavioural Medicine: Papers presented at the 5th International Veterinary Behaviour meeting. Purdue University Press, West Lafayette, Indiana.

⁴ Tortora, D.F. (a982). Understanding Electronic Dog Training Part 1. *Canine Practice* 9 (2), 17-22.. Beerda, B., Schilder., M.B.H., van Hoof, J.A.R.A.M., de Vries, H.W. and Mol, J.A. (1998) Behavioural, saliva cortisol and heart arte responses to different types of stimuli in dogs. *Applied Animal Behaviour Science* 59, 365-381.

⁵ Cooper, J., Wright, H., Mills, D., Casey, R., Blackwell, E. Van Driel, K., Lines., 2013. Studies to assess the effect of pet training aids, specifically remote static pulse systems on the welfare of domestic dogs. Report to Defra.

⁶ Cooper, J., Cracknell, N., Hardiman, J., Mills, D., 2013. Studies to assess the effect of pet training aids, specifically remote static pulse systems, on the welfare of domestic dogs; field study of dogs in training. Report to Defra.

communicators reliant upon very subtle changes in body language to communicate to one another which humans could never replicate or time in the same way as dogs can. This elaborate repertoire of behaviour allows dogs to avoid aggressive encounters which could otherwise be injurious.

- b) The stimulus delivered by the collar should not be compared to a nip given by an adult to its offspring in the wild. This suggests that the stimulus delivered by the collar will be no more painful than a nip which is not the case as the intensity and duration of the stimulus delivered by the collar can be altered to such a level that physical lesions can be caused⁷. In addition, the experience of the shock, in dogs for example, will be affected by the dog's temperament, previous experiences, frequency of application, location of shock, thickness of hair and the level of moisture on the skin⁸. Thus even if the collar was set to deliver a stimulus believed to be the same as a nip it may in fact cause more pain than intended.

3. ELECTRONIC BOUNDARY FENCES AND DOGS

- a) The RSPCA strongly believes that there are suitable and viable alternatives to the use of electronic boundary fences for the control of dogs, for example, fencing or training and as such they are not necessary. In addition, practical experience gained by members of the Association of Pet Behaviour Counsellors (APBC) shows that electronic boundary fences can compromise welfare and in some cases can result in other behaviour problems not previously present e.g. aggression⁹.

4. ELECTRONIC BOUNDARY FENCES AND CATS

- a) Electronic boundary fences are most likely to be used to contain cats within an area to prevent fatal road accidents which we acknowledge are a significant welfare problem.
- b) The RSPCA strongly believes that those who acquire an animal should be prepared to provide for its welfare needs in accordance with the Animal Welfare Act 2006 and should ensure their environment protects their animal from Road Traffic Accidents and painful stimuli. Our rehoming practice reflects this. When assessing the suitability of a prospective owner, the traffic volume is a consideration along with the needs of the individual cat. A young cat with no experience of a road and which is likely to roam would be highly unlikely to be rehomed next to a busy road.
- c) Owners who wish to contain cats within their garden should consider all viable alternatives such as fencing or the construction of a large enclosure; expert opinion suggests that keeping cats in at night is a good preventative for protecting cats from fatal road traffic accidents⁹.
- d) Based on cat's physical and psychological needs, it is important that the potential impact on cat welfare is acknowledged.
 - i. Recent research has shown that owned male domestic cats will range an average of 100m from their home and owned female domestic cats an average of 50m¹⁰. Despite

⁷ Seksel, K. (1999) Comments on collars policy: No. *Aust Vet Journal* 77, 78.

⁸ Blackwell, E.J., Casey, R.A., 1993. The use of shock collars and their impact on the welfare of dogs: A review of the current literature. Report to the RSPCA.

⁹ www.apbc.org.uk/node/353

¹⁰ Wilson, A., Usherwood, J., Lowe, J., Myatt, J. (2013) Research presented on BBC Horizon 'The Secret Lives of Cats'. Royal Veterinary College. <http://www.rvc.ac.uk/SML/People/awilson/BBC-Horizon-the-secret-life-of-the-cat.cfm>

being well-fed and neutered and therefore having no need to roam in regards to hunting and mating, owned domestic cats still chose to perform this behaviour suggesting they are highly motivated to do so¹¹. Prevention from performing this behaviour is likely to negatively affect their welfare.

- ii. In addition, the use of electronic boundary fences for cats is likely to reduce their ability to manage and control social interactions. A cat's preferred strategy when faced with a social threat such as a neighbouring cat is to use avoidance to keep themselves safe. The decision to fight is generally a last resort due to the risk to health and fitness. The presence of an electric boundary fence may reduce their ability to avoid and/or flee from a perceived threat. In this case the cat may be forced to experience the pain from the electric fence or engage in a fight that it would have otherwise avoided. Strong motivation to escape the fenced area due to social conflicts or other threats will likely mean that low level shocks are not sufficient to keep the cat in and therefore a relatively high level shock would need to be used at all times.
- e) Based on the aforementioned evidence, the RSPCA believes that there is the potential for a negative impact on welfare when using electronic boundary fence systems for cats and this should be subject to further enquiry before introducing any legislative changes.

5. EXEMPTING ELECTRONIC BOUNDARY FENCES FROM THE ANIMAL WELFARE (ELECTRONIC COLLARS) (WALES) REGULATIONS 2010

- a) Prior to any exemption being considered, the RSPCA would require assurance that there are no long term harms to cat welfare. Reversing the ban with an absence of evidence that welfare is not compromised could be a backwards step for animal welfare. It could also lead to irresponsible pet ownership and a prevalence of ineffective, aversive approaches to animal training.
- b) If an exemption were to be granted, there must be a regulatory system in place with effective enforcement. There is great potential for the misuse of electronic training devices (1e) and a regulatory system would be necessary to minimise harm. Such a system would, however, pose significant financial and practical implications.
- c) One such practical implication is ensuring that those who train animals to respond to an electronic boundary fence are suitably qualified to minimise harm. Behaviour organisations such as the Association of Pet Behaviour Counsellors strongly oppose the use of electronic training devices¹² including the use of electronic boundary systems and so there is a risk that those who train may not be suitably qualified, knowledgeable, skilled or experienced. Defra research shows that with regards to electronic training devices there is a negative impact on welfare for at least some dogs, even when trained using best practice.

6. RSPCA'S POSITION ON ELECTRONIC LIVESTOCK FENCING

- a) The RSPCA does not support electronic livestock fencing rather the RSPCA is not against livestock fencing when used appropriately and when correctly managed. In addition:

¹¹ Bradshaw, J. (2013) Cat Sense. New York, USA: Basic Books.

¹² www.apbc.org.uk/node/353

- a. Electronic livestock fencing generally follows a visible boundary or is marked with white tape which is not the case for buried or hidden boundary fences, which require the dog or cat to learn the position of a boundary in the absence of any geographic features; the ability of which requires further research.¹³
- b. Viable alternatives to livestock fencing are not as readily available for livestock as they are for companion animals due to the economic cost of fencing large areas of pasture.
- c. Based on our expertise, we believe that the probability of livestock leaving a bound area, compared to cats and dogs, is likely to be less as the welfare needs of livestock can generally be provided for within the area. Dogs are more likely to be strongly motivated to leave an area to gain access to something which it highly values or to avoid something which it is frightened of thus are more likely to try and leave the area and be punished as a consequence.

¹³ Companion Animal Welfare Council (2012) The Use of Electric Pulse Training Ads (EPTAs) in Companion Animals.

P-04-445 – Correspondence from the Petitioner to the Committee, 27.01.2014

Save our Welsh Cats & Dogs From Death on the Roads

I am very pleased to respond back to the Chair of the Petitions Committee Williams Powell AM in respect of the concerns raised by the RSPCA in its letter dated 20th January 2014.

Animal Welfare (Electronic Collars) 2010

Before the 2010 ban, the animal-activated electronic boundary fencing was in use for decades in Wales without any adverse reports from the Police, Animal Welfare organisations or the veterinary community and no prosecutions have ever been brought under the Animal Welfare Act of 2006 throughout the UK.

RSPCA's Scientific Evidence

2009: Seksel (Australia)
1993: Blackwell & Casey, (UK)
1998 Beerda Schilda Van Hoof & Mol (Holland)
2005: Schalke E., Stichnoth J & Jones-Baade (Germany)
1982: Tortura D.F. (Columbia)

The above studies were conducted exclusively for human-activated training collars for dogs. All of them were undertaken between 9 to 32 years ago using the then prevailing technology. Some carried far more powerful outputs than the British standard maximum; specifically the Schalke study with German technology used Telekat micro 3000 which exceeds the British technical standard maximum by a magnitude of 8 times.

Misuse (RSPCA Point 1e)

As there is no human input into operation of the animal-activated fencing system, there is zero potential of misuse.

Most pet owners adore and cherish their pets as one of the family and the cost of professionally installed invisible fencing system is around £600 which compares favourably with vets' bills for road casualty pets. If any pet owner is intent on deliberate cruelty there are far simpler ways.

Electronic Training Devices

Human-activated training collars for dogs are completely different from animal-activated fencing collars as:

- a) they do not carry any warning alerts
- b) the human can repeatedly activate the correction.
- c) are used to train dogs in more complex tasks than simply remaining within the animal's home territory.

Retreat from Stimulus (RSPCA Point 1c)

In practice, once the pet is trained, it doesn't receive a correction again as it doesn't come close to the warning zone. This was clearly demonstrated in the campaign film I provided.

Livestock fences and Rehoming

The RSPCA accepts that aversive live electric shocks from livestock fencing can contain animals safely when managed correctly as there is no viable alternative. Similarly, there would be a significant reduction in the reported 3,400 healthy cats and dogs destroyed by the RSPCA in 2012 for non-medical reasons such as the lack of available space in kennels, catteries and suitable homes. Electronic fencing systems installed in homes with gardens situated near a busy road would dramatically increase the availability of homes. Electronic boundary fencing with a low static impulse is a viable alternative for this shocking slaughter of innocent cats & dogs.

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It would free up the RSPCA's resources to concentrate on the real culprits of appalling animal neglect and cruelty, images of which are shown so graphically on its website and thoroughly deserving of a prison sentence.

RSPCA Point D: The more recent DEFRA research, Cracknell, Hardiman, Mills Cooper concluded after the 3 year study period that a ban on these dog collars could not be justified because the research provided no evidence that these collars posed a significant risk to dog welfare. Furthermore, there is no evidence at all that there the correction is painful. A vet's injection is painful and the pet does either yelp or caterwaul.

More importantly from the perspective of this petition, there were no proposals from DEFRA to place any restrictions on the use of animal-activated fencing collars.

The RSPCA cites the APBC which say that electronic boundary systems can compromise welfare and may lead to aggression, but there are approximately 170 different types of electronic collars available in the world (www.smartraining.com) but the APBC it doesn't say a) when the study was undertaken b) which system was evaluated and c) who were the scientists involved. There is only one collar in the British accredited standard.

RSPCA's Point 2b saying that a nip of a fencing e-collar "*can be altered in intensity and duration to such a level that physical lesions can be caused*" is wildly incorrect as the impulse is activated by the pet's own behaviour.

To suggest that an animal will voluntarily subject itself to a sufficiently high impulse for any length of time is palpable nonsense and not 'evidence' at all. It demonstrates a complete lack of understanding by the RSPCA of how the animal-activated fencing collars work.

In actual fact, in the Australian Veterinary Journal the Society refers to, it was a story that the RSPCA in Australia had claimed that an Innotek collar had burned a dog and in 2002 it was proven in court in that this was physically impossible and the RSPCA had to pay several hundreds of thousands in costs.

In addition, the British accredited fencing collar is not capable of producing sufficient power to damage an animal's skin.

The RSPCA has muddled up the human-activated training collars for dogs with the animal-activated fencing collars.

Points 3 & 4 Electronic boundary fencing for cats and dogs:

The boundary fencing provides a safe and secure environment for the pet to avoid external dangers and roam freely as it is its natural instinct. As the Companion Animal Welfare Council has concurred, "the element of the Welsh ban that extends to the boundary fencing system is not conducive to good welfare and may in fact be increasing animal suffering".

Threat /Social Interaction.

A vast majority of cat owners have cat flaps in their homes. In the event of a perceived threat within its home garden, a cat will instinctively flee to the home base (or up a tree) and it is highly unlikely a pursuing threat would proceed into another's house. In practice though, I have seen a cat rear up, claws extended hissing furiously at a visiting dog which crouched in submission until it was taken away by the owner. I have also witnessed cats becoming pals with other cats in the neighbourhood and similar feline behaviour was also highlighted in the BBC Horizon programme "The Secret Life of Cats". No single cat shares the same personality with another. We have no personal experience of owning dogs.

Training

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The gentle training regime initially involves switching the impulse of the animal-activated fencing collars off and placing marker flags around the garden to indicate the position of the boundary and in most cases it will follow major geographical features of the garden, i.e. trees, fences, buildings and shrubs. The warning alerts cut in several feet before the electronic impulse is triggered and after training and reinforcement at a low level impulse, the cat or dog comes to recognise the area where the warning alerts start and does not proceed further.

RSPCA Points 10 & 12.

Viable alternatives such as cages or enclosures as suggested by the RSPCA (Point 3a) do not respect an animal's natural physical and psychological instincts to roam and seem to be contra to Section 9 (c) of the Animal Welfare Act 2006 which requires the need of a pet to exhibit normal behaviour patterns.

Regulation

Regulation for what? Accredited suppliers of animal-activated fencing systems will only supply and install their systems with on-site training for the pet. As in livestock fencing, humans are not involved in the operation of the fence.

RSPCA

I did speak to RSPCA's Chris O'Brien in early December having sent in late November an email including the campaign films to Clare Lawson who forwarded them over to him. We had pleasant, open conversation. Amongst other things, I enquired as to whether the RSPCA Cymru had been in touch with their former Chief Veterinary Officer Chris Laurence who has been using an invisible fencing system for his cat and dogs for years and years at his home near Chippenham Wiltshire. (We have links to him and his wife Mary through friends in England).

Unfortunately, RSPCA Cymru have not been in touch with their former colleague and I feel strongly this should be a priority for the RSPCA Cymru's understanding the British animal-activated fencing system.

Visit

In his capacity as Member of the Environmental and Sustainability Committee, at my own cost I would like to invite the Chair, William Powell AM to accompany me to visit a domestic dwelling which has an accredited electronic fencing system just across the Severn Bridge

[Copy of a recent email from a petitioner in North Wales to his Assembly Member](#)

"I AM WRITING TO ASK FOR YOUR SUPPORT IN LIFTING THE BAN ON INVISIBLE FENCING WHICH IS THE ONLY WAY WE CAN PROTECT OUR DOGS.

I UNDERSTAND THAT THE MINISTER, ALUN DAVIES, HAS AGREED TO A REVIEW OF THIS LEGISLATION IN THE SUMMER. MY WIFE AND I HAVE LIVED IN THIS AREA OF NORTH WALES FOR 20 YEARS. OUR PROPERTY IS IN GARDENS OF 6 ACRES. WE OWN TWO LITTLE DOGS, WHO ARE VERY PRECIOUS TO US. WE ARE SURROUNDED BY SHEEP FARMING LAND ON ALL SIDES. OUR DOGS ARE TOO LITTLE TO MAKE ALL OUR FENCES SECURE.

FOR EXAMPLE, IF A RABBIT DIGS UNDER THE FENCE OUR DOGS CAN FOLLOW. OUR DOGS DO NOT CHASE THE SHEEP, HOWEVER THE SHEEP RUN FROM OUR DOGS. THIS IS ENOUGH TO MAKE THEM ABORT WHEN THEY ARE IN LAMB. THE FARMERS HAVE EVERY RIGHT TO SHOOT OUR DOGS, AS THIS IS THEIR LIVELIHOOD. OUR INVISIBLE FENCE IS THE ONLY POSSIBLE WAY TO PROTECT OUR DOGS, AND BE RESPONSIBLE CITIZENS LIVING IN THIS AREA"

I trust that the Petition Committee can appreciate huge differences between both types of collar.

**P-04-445 – Correspondence from the Petitioner to the Committee,
27.01.2014**

Save our Welsh Cats & Dogs From Death on the Roads

Monima O'Connor
24th January 2013

Eitem 3.9

P-03-263 Rhestru Parc y Strade

Geiriad y ddeiseb

Rydym yn galw ar Gynulliad Cenedlaethol Cymru i annog y Gweinidog dros Dreftadaeth i roi statws rhestredig i Barc y Strade, er mwyn diogelu treftadaeth y maes rygbi byd enwog a'r eicon diwylliannol hwn i bobl Cymru.

Cynigwyd gan: Mr V Jones

Y dyddiad yr ystyriodd y Pwyllgor y ddeiseb am y tro cyntaf: Tachwedd 2009

Nifer y llofnodion: 4,383

Deiseb i restru Parc y Strade

Cafodd y ddeiseb i restru Parc y Strade ei hysbrydoli gan alwadau "*i wneud rhywbeth*" i ddiogelu treftadaeth y lleoliad enwog hwn. Mae'n arwyddocaol bod y galwadau hyn wedi parhau wedi i'r Scarlets symud ar draws Llanelli i'w stadiwm newydd. Mae'n amlwg bod Parc y Strade yn fwy na dim ond stadiwm lle byddai pobl yn gwyllo rygbi - mae'n rhan o ddiwylliant lleol ac o dreftadaeth genedlaethol.

Gellir diffinio eicon diwylliannol fel unrhyw beth sy'n hawdd ei adnabod ac, yn gyffredinol, mae'n cynrychioli gwrthrych neu gysyniad sydd â chryn arwyddocâd diwylliannol i grŵp diwylliannol eang. Ymhen amser, gall fod â statws arbennig fel rhywbeth sy'n cynrychioli grŵp arbennig o bobl neu gyfnod arbennig mewn hanes.

Mae Parc y Strade yn symbol o gefnogaeth cymuned Gymreig i'w chlwb rygbi yn yr ugeinfed ganrif - y mae, heb amheuaeth, yn eicon diwylliannol.

Mae Parc y Strade yn adnabyddus drwy'r byd i gyd, nid yn unig oherwydd gorchestion y rhai a fu'n chwarae ar y cae enwog, ond hefyd oherwydd cefnogaeth angerddol y rhai a fyddai'n heidio i'r eisteddle a'r teras yn ystod y gemau, ac yn heidio ar y cae ei hun yn ystod hanner amser ac ar ôl y chwiban olaf.

Daeth y gefnogaeth honno'n enwog drwy'r byd fel cefnogaeth nodweddiadol Gymreig, a chryfhawyd y ddelwedd gan ganeuon yn dathlu buddugoliaethau enwog ym Mharc y Strade, fel cân "9-3" Max Boyce am fuddugoliaeth 1972 dros y Crysau Duon - y tro diwethaf i unrhyw dîm clwb eu trechu. Mae'r geiriau "All roads led to Stradey Park", "The day the pubs ran dry" ac "I was there" i gyd yn ein hatgoffa o'r diwrnod hwnnw ym Mharc y Strade pan gafodd y capten, Delme Thomas, ei gario oddi ar y cae gan ei gyd chwaraewyr, drwy ganol miloedd o gefnogwyr.

Pan sonnir am Barc y Strade, y darlun a ddaw i'r meddwl yw gweithwyr yn gorffen eu sifft yn y gweithfeydd tunplat, y dociau neu'r pyllau glo cyn chwarae gêm o flaen miloedd o'u cydweithwyr o Tinopolis. Gosodwyd y sosbenni enwog ar byst y Strade i gyfeirio'n uniongyrchol at y prif gynnyrch a allforiwyd o Lanelli - tunplat - ac yn enwedig y gwaith "stampio" lai na milltir o Barc y Strade lle byddai sosbenni'n cael eu cynhyrchu a'u hallforio i bob cwr o'r byd.

Roedd Parc y Strade yn cael ei ystyried bob amser fel cae 'mwyaf Cymreig' Cymru, gyda'r sgorfwrdd Cymraeg a'r caneuon Cymraeg y byddai'r dorf yn eu canu. Daeth 'Sosban Fach' yn adnabyddus drwy'r byd i gyd wedi i'r cefnogwyr ei mabwysiadu a'i chanu oherwydd y 'sosbenni' ar y pyst. Cynhaliwyd cymanfa ganu cyn y gêm yn erbyn y Crysau Duon ym 1972.

Fel cae rygbi a oedd yn galon i'r gymuned, cynhaliwyd nifer o ddigwyddiadau ar wahân i rygbi ym Mharc y Strade, gan gynnwys nifer o chwaraeon eraill, a byddai noson Guto Ffowc a than gwylt yn cael ei chynnal yno bob blwyddyn.

Ar 15 Tachwedd 2007, cynhaliwyd angladd Ray Gravell ar gael Parc y Strade. Roedd hwn yn ddigwyddiad unigryw yn hanes Cymru ac fe'i disgrifiwyd yn y wasg fel 'angladd gwladol Cymreig'. Daeth 6000 o bobl i'r stadiwm i alaru, gan gynnwys pobl flaenllaw o'r byd gwleidyddol, y byd diwylliannol a'r byd chwaraeon yng Nghymru ac roedd miloedd eto'n llenwi'r strydoedd y tu allan. Cafodd lluniau o'r arch ar y cae, a Cheidwad y Cledd wrth ei hochr, ynghyd â'r holl bobl a fu'n talu teyrnged iddo, eu darlledu'n fyw ar S4C.

Heb amheuaeth, mae arwyddocâd hanesyddol a diwylliannol pwysig i Barc y Strade o safbwynt Cymru. Gwelwyd sawl brwydr ar y cae, ac roedd yn symbol penodol o angerdd y Cymry dros rygbi yn yr ugeinfed ganrif. Llwyddwyd i gasglu dros 3500 o lofnodion ac mae'r ffaith bod hon yn ddeiseb sy'n ymwneud â threftadaeth yn hytrach na rygbi yn ychwanegu at arwyddocâd hynny. Casglwyd y ddeiseb ar gownteri siopau drwy sir Gaerfyrddin a, heb fawr ddim cyhoeddusrwydd, cafwyd cefnogaeth gref gan fod pobl yn credu y dylid achub cae Parc y Strade i nodi'i leoliad a'i dreftadaeth.

Er mai teitl y ddeiseb yw 'Rhestru Parc y Strade', a byddai llawer yn hoffi gweld y stadiwm gyfan yn cael ei hachub, derbynir yn gyffredinol y byddai rhestru Parc y Strade yn golygu rhestru'r cae a'i gadw fel man agored fel rhan o unrhyw ddatblygiad. Mae'r cae hwn, lle gwelwyd sawl brwydr yn yr oes fodern, mor unigryw oherwydd y cyfan sydd wedi digwydd arno; buddugoliaethau'r tîm rygbi wrth gwrs ac 'angladd gwladol' bythgofiadwy Ray Gravell, ond hefyd yr atgofion am yr holl gefnogwyr a fyddai'n heidio ar y cae yn ystod hanner amser ac ar ôl y chwiban olaf i chwarae yn yr union fan lle'r oedd eu harwyr newydd fod yn sefyll.

I restru cae chwarae, mae'n debyg y bydd angen creu categori rhestru newydd neu newid un o'r categorïau presennol. Wrth i bwysigrwydd y diwydiant ymwelwyr gynyddu o hyd yng Nghymru, mae angen diogelu

lleoliadau sy'n bwysig i dreftadaeth fodern Cymru, fel Parc y Strade, felly mae angen i'r Cynulliad Cenedlaethol roi cyfarwyddyd i Cadw i greu neu i newid categori rhestru ar gyfer meysydd chwarae.

Cyn gynted ag y caiff safle fel Parc y Strade ei golli fel rhan o gynllun datblygu, mae'n mynd yn gwbl ddiwerth. Hwyrach y bydd ambell ymwelydd yn cael ei ddenu i ddarllen panel gwybodaeth neu blac glas ger y safle, ond go brin y byddai hynny o unrhyw fudd i'r economi leol. Mae angen gwarchod lleoedd fel Parc y Strade i ganiatáu iddynt gael eu marchnata fel safleoedd treftadaeth Cymru fodern ar gyfer yr unfed ganrif ar hugain. Mae ymwelwyr am fedru troedio'r cae, nid dim ond darllen amdano.

Yn ogystal â'r 3500+ o lofnodion, mae grŵp Facebook, sydd â dros 520 o aelodau, nifer o gyrff lleol, gan gynnwys Cyngor Tref Llanelli a Chyngor Gwledig Llanelli, yn cefnogi amcanion y ddeiseb, sef gwarchod cae Parc y Strade. Nid oes gan yr un o'r gyrff hyn, fodd bynnag, y pŵer i wneud hynny.

Cafwyd cefnogaeth ryngwladol i'r ddeiseb, yn ogystal â chefnogaeth o rannau eraill o Gymru a'r DU, gan ddangos yn glir fod pwysigrwydd cenedlaethol ynghlwm wrth Parc y Strade. Yn lleol, mae'r ddeiseb hefyd wedi cael cefnogaeth cyn fawrion timau Llanelli, Cymru a'r Llewod fel Delme Thomas a Phil Bennett.

Mae gwefan yn cefnogi'r ddeiseb i'w gweld os ewch i www.stradeparkpetition.co.uk. Mae rhagor o wybodaeth ar gael hefyd, o hanes Ystâd Stradey yn rhoi darn o dir o fewn ei waliau terfyn i greu'r cae ym 1879 hyd at gau'r stadiwm ym mis Hydref 2008.

John Griffiths AC /AM
Y Gweinidog Diwylliant a Chwaraeon
Minister for Culture and Sport



Llywodraeth Cymru
Welsh Government

Eich cyf/Your ref P-04-263
Ein cyf/Our ref JG/01510/13

William Powell AM
Chair Petitions committee
Ty Hywel
Cardiff Bay
Cardiff
CF99 1NA

25 November 2013

Dear William,

Thank you for your letter of 23 October to Cadw's Director about the petition to protect the pitch at Stradey Park. I am responding as the Minister responsible for the historic environment and I would be grateful if in future, correspondence could be sent directly to me.

There seems to be some misunderstanding about the content of Cadw's report, of February 2013, scoping the options for protecting our sporting heritage. It has always been possible to include sporting venues within the *Register of Parks and Gardens of Historic Interest in Wales* but it has not been the principal reason for inclusion of a site. In this instance my officials in Cadw assessed Stradey Park as a sporting venue in its own right.

I appreciate that the decision was disappointing but Cadw concluded that the sporting venue at Stradey Park included more than just the pitch itself, and too many of its associated structures had been lost to justify its inclusion within the Register. Cadw recognised the significance of the pitch as the centrepiece but it also considered that the stands and the other associated structures were significant components of the sporting venue.

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Tudalen 71

The associative value of the site comes not simply from the important events, games and famous players that played there but also from the fact that they were played in public. The associated key structures need not have been listed buildings to have enabled the site to be registered as a historic park but so many of them have been removed that their absence is critically damaging to the historic associative and cultural value of the site as a whole.

It is Carmarthenshire County Council that is responsible for engaging directly with a developer in the planning process and if the Council had considered that Cadw's input would have been helpful, my officials would have been more than happy to contribute. Cadw itself is part of the Welsh Government and has no legal identity separate from the Welsh Ministers. It must, therefore, operate in a manner that is consistent with administrative law and within its remit. In particular, it must not predetermine, or give the impression of having predetermined, any application for planning permission which is the responsibility of the local planning authority.

I hope that my reply is of help.

Yours,



John Griffiths AC / AM
Y Gweinidog Diwylliant a Chwaraeon
Minister for Culture and Sport

John Griffiths AC /AM
Y Gweinidog Diwylliant a Chwaraeon
Minister for Culture and Sport



Llywodraeth Cymru
Welsh Government

Eich cyf/Your ref P-04-263
Ein cyf/Our ref JG/01510/13

William Powell AC
AC Canolbarth a Gorllewin Cymru
Cadeirydd y Pwyllgor Deisebau
Tŷ Hywel
Bae Caerdydd
Caerdydd
CF99 1NA

25 Tachwedd 2013

committeebusiness@cymru.gsi.gov.uk

Dea William

Diolch i chi am eich llythyr 23 Hydref at Gyfarwyddwr Cadw ynghylch y ddeiseb o blaid diogelu cae chwarae Parc y Strade. Fi sy'n ymateb gan mai fi yw'r Gweinidog sy'n gyfrifol am yr amgylchedd hanesyddol a byddwn yn ddiolchgar pe gallai gohebiaeth gael ei hanfon yn uniongyrchol ataf fi yn y dyfodol.

Mae'n ymddangos bod yna gamddeall ynglŷn â chynnwys adroddiad Cadw ym mis Chwefror 2013, yn cwmpasu'r opsiynau ynghylch diogelu'n treftadaeth chwaraeon. Mae bob amser wedi bod yn bosibl cynnwys lleoliadau chwaraeon yn y *Gofrestr o Barciau a Gerddi o Ddiddordeb Hanesyddol yng Nghymru* ond nid yw hyn wedi bod yn brif reswm dros gynnwys safle. Yn yr achos hwn, bu fy swyddogion i yn Cadw yn asesu Parc y Strade fel lleoliad chwaraeon yn ei hawl ei hun.

Rwy'n sylweddoli bod y penderfyniad wedi peri siom ond daeth Cadw i'r casgliad bod lleoliad chwaraeon Parc y Strade yn cynnwys mwy na'r cae ei hunan, a bod gormod o'r strwythurau perthynol wedi'u colli i gyfiawnhau ei gynnwys yn y Gofrestr. Cydnabu Cadw arwyddocâd y cae fel y canolbwynt, ond roedden nhw o'r farn hefyd fod yr eisteddleoedd a'r strwythurau perthynol eraill yn gydrannau arwyddocaol o'r lleoliad chwaraeon.

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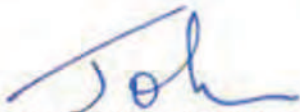
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Mae gwerth cysylltiadol y safle yn codi nid dim ond o'r digwyddiadau, y gemau a'r chwaraewyr enwog a fu'n chwarae yno ond hefyd o'r ffaith eu bod wedi chwarae yn gyhoeddus. Doedd dim angen i'r strwythurau perthynol allweddol fod yn adeiladau rhestredig er mwyn caniatáu i'r safle gael ei gofrestru fel parc hanesyddol ond mae cynifer ohonyn nhw wedi'u colli nes bod eu habsenoldeb yn peri niwed i hanfod gwerth cysylltiadau hanesyddol a diwylliannol y safle yn ei gyfanrwydd.

Cyngor Sir Caerfyrddin sy'n gyfrifol am ymwneud yn uniongyrchol â datblygwr yn y broses gynllunio a phe bai'r Cyngor wedi barnu y byddai cyfraniad gan Cadw wedi bod o gymorth, fe fyddai fy swyddogion i wedi bod yn fwy na bodlon cyfrannu. Mae Cadw ei hun yn rhan o Lywodraeth Cymru, heb hunaniaeth gyfreithiol ar wahân i Weinidogion Cymru. Gan hynny, mae'n rhaid i Cadw weithredu mewn modd sy'n gyson â'r gyfraith weinyddol ac o fewn ei gyloch gorchwyl. Yn benodol, rhaid i Cadw beidio â dyfarnu ymlaen llaw, na rhoi'r argraff ei fod wedi dyfarnu ymlaen llaw, ar unrhyw gais am ganiatâd cynllunio sy'n gyfrifoldeb i'r awdurdod cynllunio lleol.

Gobeithio bod yr ateb hwn o gymorth.

Yn gywir,



John Griffiths AC / AM
Y Gweinidog Diwylliant a Chwaraeon
Minister for Culture and Sport

P-03-263 List Stradey Park – Correspondence from Carmarthenshire County Council to Committee, 24.10.2013

By way of explanation, my response would be:

‘The Authority does not have the resources to consider buildings of local interest. The priorities are to determine listed building consent applications as quickly as possible to the standard expected by the Government, and to tackle the endemic situation of unauthorised works to listed buildings’.

However, I am forwarding this e-mail to Eifion Bowen, Head of Planning as he may want to amend the above draft response.

John G Llewelyn

P-04-509 Achub Canolfan Tennis Genedlaethol Cymru

Geiriad y ddeiseb:

Mae Virgin Active Caerdydd wedi cyhoeddi bod Canolfan Tennis Genedlaethol Cymru yn cau o 23 Awst 2013 ymlaen. Mae chwe chwrt dan do a saith cwrt clai, yn yr awyr agored, yn y ganolfan. Mae'r cyfleuster yn darparu'r unig gyrtiau cyhoeddus dan do yng Nghaerdydd. Caiff y cyrtiau eu defnyddio gan bobl o bob math, ac o bob oedran, ac mae defnyddwyr y ganolfan yn amrywio o 3 i 83 mlwydd oed. Defnyddir y ganolfan gan alluoedd o bob math hefyd, gan gynnwys defnyddwyr cadeiriau olwyn a rhai sydd ag anabledau dysgu, ac o ddechreuwyr i unigolion sy'n chwarae tenis ar lefel genedlaethol. Mae hon yn ganolfan ar gyfer hyrwyddo rhagoriaeth yn y gamp ac mae'n darparu hyfforddiant tenis i blant ac oedolion ifanc. Caiff twrnament tenis pwysig eu cynnal yn y lleoliad hwn. Mae cau'r cyfleuster hwn yn ergyd i denis yn y gymuned ac yn y wlad hon.

Rydym yn galw ar Gynulliad Cenedlaethol Cymru i annog Llywodraeth Cymru i warchod y ganolfan ac i wneud popeth o fewn ei gallu i ddiogelu Canolfan Tennis Genedlaethol Cymru fel cyfleuster i chwarae tenis.

Prif ddeisebydd: Save The Welsh National Tennis Centre

Ysytirwyd am y tro cyntaf gan y Pwyllgor: 8 Hydref 2013

Nifer y llofnodion : 496

John Griffiths AC /AM
Y Gweinidog Diwylliant a Chwaraeon
Minister for Culture and Sport



Llywodraeth Cymru
Welsh Government

Eich cyf/Your ref P-04-509
Ein cyf/Our ref JH/01513/13
William Powell AC
AC y Canolbarth a'r Gorllewin
Cadeirydd y Pwyllgor Deisebau
Tŷ Hywel
Bae Caerdydd
Caerdydd
CF99 1NA

14 Tachwedd 2013

committeebusiness@Wales.gsi.gov.uk
Stephen.george@wales.gsi.gov.uk

Annwyl William,

Diolch am eich llythyr diweddar ynghylch cau'r Ganolfan Tennis Genedlaethol.

Ar ôl gwneud ymholiadau gyda Thŷ'r Cwmnïau, nid oes cwmni wedi'i gofrestru o dan yr enw 'the Welsh National Tennis Centre'. Byddai unrhyw sefydliad sy'n ceisio cofrestru gyda Thŷ'r Cwmnïau gyda'r enw 'National'/Cenedlaethol' a/neu "Wales"/"Cymru" neu "Welsh"/"Cymreig" yn cael ei gyfeirio at Lywodraeth Cymru er mwyn cael cymorth ysgrifenedig. Yr unig beth sy'n ofynnol i Lywodraeth Cymru ei wneud yw cadarnhau nad yw'n gwrthwynebu i'r geiriau gael eu defnyddio yn enw'r cwmni. Nid yw hyn yn golygu ein bod yn mynd i unrhyw gytundeb nac yn cydnabod hyn yn swyddogol ac nid yw'n gysylltiedig â chyllid.

Byddwch yn gwerthfawrogi mai Cyngor Dinas Caerdydd fydd yn gyfrifol am y defnydd a wneir o'r Ganolfan Tennis yn y dyfodol. Fodd bynnag, gobeithiaf y gellir datrys y mater, o ganlyniad i drafodaethau parhaus gyda phartneriaid allweddol, sy'n cynnwys Chwaraeon Cymru, ac y gall pawb sydd ynghlwm gytuno ar ganlyniad ffafriol, fel y gall y gymuned gyfan barhau i chwarae a mwynhau tenis.

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Wedi'i argraffu ar bapur wedi'i ailgylchu (100%)

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Correspondence: John.Griffiths@wales.gsi.gov.uk

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Rwyf wedi gofyn am gael gwybod am unrhyw ddatblygiadau, a gobeithiaf fod hyn yn egluro'r sefyllfa.

Yn gywir,



John Griffiths AC / AM

Y Gweinidog Diwylliant a Chwaraeon
Minister for Culture and Sport

John Griffiths AC /AM
Y Gweinidog Diwylliant a Chwaraeon
Minister for Culture and Sport



Llywodraeth Cymru
Welsh Government

Eich cyf/Your ref P-04-509
Ein cyf/Our ref JG/01513/13
William Powell AM
AM for Mid & West Wales
Chair Petitions Committee
Ty Hywel
Cardiff Bay
Cardiff
CF99 1NA

14 November 2013

committeebusiness@Wales.gsi.gov.uk
Stephen.george@wales.gsi.gov.uk

Dear William,

Thank you for your recent correspondence concerning the closure of the National Tennis Centre.

Following enquiries made to Companies House, there is no company registered under the name of 'the Welsh National Tennis Centre'. Organisations who attempt to register with Companies House under the terms 'National' and/or "Wales" or "Welsh" would be referred to the Welsh Government to provide written support. The Welsh Government is only required to confirm that it has no objection to the terms being used in the company's title. This does not mean we enter into any official agreement or recognition and has no connection to funding.

You will appreciate, that the future use of the Tennis Centre falls under the responsibility of Cardiff City Council. However, I do hope that as a result of on going discussions involving key partners, which include Sport Wales, that the matter can be resolved and a favourable outcome is agreed by all parties so that tennis can continue to be played and enjoyed by all groups of the community.

I have asked to be kept informed of developments and I trust this clarifies the position.

Best wishes,

John

John Griffiths AC / AM
Y Gweinidog Diwylliant a Chwaraeon
Minister for Culture and Sport

Can the National Tennis Centre in Cardiff work?

After the announcement came that the National Tennis Centre was closing down I have to admit I was not shocked. Having visited a few times I was often greeted by empty courts, quiet fitness suites and a major lack of atmosphere. I found it to be in-excusable that such an amazing facility would be underutilised in such a way and that the staff or people working with the centre did not seem inspired or motivated to bring people to the doors. A general acceptance of the centre's fate seemed to be evident. Many big operators have tried and failed over the years to turn this facility into a financial success so why should another attempt to operate the facility be entertained? After all it's in a deprived, non-affluent area and if the big guns can't do it, then who can?

I firmly believe that with the right business model and strategy this centre can be a huge success. Although many companies operated the facility a similar model was in existence for each, a focus around selling expensive yearly membership alienated thousands of people in that part of Cardiff. It was hoped ultimately that the membership sales would be so strong that in the long run it would subsidise on court activities and empty courts would not have a detrimental effect on the performance of the facility. Unfortunately both low membership and low numbers of people playing tennis conspired to its doom.

It would be my recommendation that the centre be operated as a low cost, high volume inclusive community indoor venue offering not just fitness and tennis but a range of other activities also. This model would stand the best chance of working and is currently being replicated across indoor centres across the UK and would change the focus of the centre completely. Focus would be put on "selling tennis" and making it inclusive to all, breaking down the perception and barrier that "Tennis is for the wealthy" when in actual fact this model allows "tennis for all". With the National School Sport Survey and Ugov statistics clearly showing a huge demand for tennis in that area, it is about making the facility a financially viable option for people to play tennis at. The tennis in its own right should hold its head above water alongside all other activities offered at the facility. Low costs allow inclusive, high volume, high participation and finally to long-term sustainability.

As a community venue it would not only look at what happens within its own doors but what happens across the city and be at the forefront of community tennis development linking all clubs and community activities back to the NTC as the Hub. So do we have an example of this? Only 30 miles down the road is Swansea Tennis Centre operated by Tennis Swansea 365. No better example in the United Kingdom can be given.

Swansea Tennis Centre is situated in a deprived part of Swansea with very little public transport available and isolated in a commercial environment. With losses of up to £180,000 a year Swansea City County Council announced its closure early 2011 and the building was closed and boarded up for 4 months. How could this centre be saved? Impossible you would think? Yet just over 2 years since re-opening in June 2011 the Tennis Centre which is the Hub for all tennis activities in the city, operates a healthy profit, and has more people playing tennis in it than any other 4 indoor court venue in the whole of the UK. Nearly 600 people have lessons across the centre's programmes in the city and we had over 60,000 participations in tennis last year. The rate at which the centre continues

to grow is truly unbelievable, with revenue going from £190k to £350K from year 1 to year 2. Such is the success at the centre that it is now used as “Best Practise” by the Lawn Tennis Foundation and the Tennis Foundation. The centre has also picked up an “Outstanding achievement Award” and was a recent finalist for “Social Enterprise of the Year”.

It is important to identify that Swansea Tennis Centre is not operated like traditional tennis centres. All primary focus is put into development tennis at high volume, packing courts to make them as profitable as possible. A huge emphasis on sales and selling tennis and selling the right types of tennis are critical for its success. Trying to hire a court at Swansea Tennis Centre can be difficult, not only are there very little courts available due to the centres popularity but staff at the centre are trained to engage people in cheaper alternatives such as lessons. “That’s right; lessons are cheaper than hiring a court!

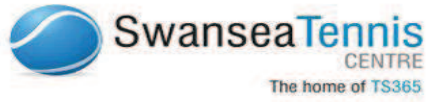
The staffing structure is also very different to other centres. The centre consists of a very small team that are up skilled to deal with all roles, from cleaning, reception duties, running sports camps to going on court and delivering tennis. This allows the centre offer affordable tennis to its community.

Too often in the past, too much prestige and flexibility has been given to coaches and performance players and all focus has been given to these individuals. Unfortunately this does not pay. At Swansea Tennis Centre the operational team are the key component to the centres success at the coaching team deliver the product. Coaches adhere to strict guidelines which act fully in the interest of the centre. Setting up break away sessions is not allowed and coaches from outside the centre cannot deliver at the centre. Coaches also have accountability for improving the numbers on their sessions and are conscious their sessions could be cancelled if their numbers drop, as the coaches are self-employed prohibitions do not exist entitling coaches to set hours, they must perform well in sessions to drive numbers to create hours for themselves. This type of pressure is not day to day at most tennis centres. It’s very much the coach looking after his/her own interests.

The very nature of TS365 as an independent operator allows for greater accountability for all its work force. It’s too easy to sit and watch a huge operator fail as “it’s always somebody else problem” or “my job is secure”. The team at Swansea Tennis Centre are dependent on the facility doing well. They won’t be deployed elsewhere should the business fail. This does however allow for greater freedom in decision making and the power to tackle problems with performance head on.

The centre also leads all Tennis development activities outside of the centre, creating clone sites across the city all feeding back to the same venue, again utilising sales orientated staff to deliver these sessions. Effectively Tennis development is about selling the sport and TS365 have fully grasped that concept.

It is very important to point out that TS365 as an organisation are not dependant on funding and with the exception of some kick-start funding which is still unused the centre has not utilised any to operate the facility. Sustainability does not come from relying on funding and if funding disappears where do we go? The centres future is in its own hands and funding should only be used as a short term solution to kick start the project would be my only commendation



In summary if a social enterprise consisting of a small group of volunteers can turn the prosperities of such a facility then surely it can be done in Cardiff, either by a group similar to TS365 or by a larger organisations adopting such “Best Practises”. The closure of the centre should be seen as a positive, it is now a great opportunity for a new operator to come in and change its direction and focus and make a success of the facility.



SwanseaTennis
CENTRE
The home of TS365

Tudalen 84

Wales National Tennis Centre

How to make it work

By Barry Cawte

What are our key objectives?

- Increasing participation in tennis within Cardiff as a whole
- Maximising court utilisation
- Creation of successful marketing and promotion campaign
- High levels of gym usage
- First class customer service
- Ensuring the centre is the tennis hub for all events, activities, performance, development, disability and all other forms of tennis
- Make certain that the centre is sustainable and profitable. Ensuring nothing runs at a loss

HOW DO WE DO IT?

THE TEAM

- Staff “buy in”, ensure all staff are made aware of the key objectives and fully understand the importance of these objectives
- Ensure implementation of the correct staff structure
- Expand job descriptions to make more versatile
- Make your staff “jacks of all trades” refs, organisers, coaches
- Coaches to be self-employed ?
- Integrating all coaches and operational team, a joined up approach
- Include! Increase frequency of meetings and responsibilities
- Incentivise
- Lead by example
- Volunteers , apprentices

Selling Tennis

- Capturing data, mass emails, texts
- The **PATHWAY**
- Work to targets, competition
- Sales calls
- Ensure they know all financials
- Lead at front of house, Management to roll sleeves up
- Create “Sales habits” answering phone, upselling ,latest offers, checking courts availability, mystery shop
- Put them out of their comfort zone everyday, leaflets, external promo
- Bonus scheme for hitting targets
- Don’t turn away policy, **Flexible pricing**, based on availability etc.



Tennis Swansea 365

Formulation of Innovative Marketing, Promotion and Sales Plan

- Leaflet distribution, Newspaper, TV/Radio, Banners, school outreach, prior to every term, Adopt TennIS brand, All Play and BTM
- Enquiry database, emails, newsletters, offers, SALES CALLS
- Text message service, reminders , offers, book courts
- up to date website, offers, online bookings, player forums
- Social networks, daily offers at quiet times /Groupon, Tennis centre APP
- Sales weeks
- Innovation and contribution from team
- Video loops
- “Bring a friend” day
- “Learn to play tennis in a day” packages
- GP referral
- Cardio Tennis
- Business Packages
- Fill quiet times with activities that will draw new people (then sell)
- Incentives for customers, academy players , early sign ups
- Audible and visual selling
- Adopting latest trends, touch tennis, TRX , Crossfit, Herbalife

Increase Innovation



Birthday Parties at Swansea Tennis Centre!

Subscribed to a Birthday Party at Swansea Tennis Centre? Please see below for details on our offer!

All Swansea Tennis Centre members want to ensure your party will be one to remember. But whether this is a coach led tennis session, a coach led multi-sport session or just taking a court out for your children's birthday equipment for their own fun.

Clear hour coach led multi-sport session for up to 12 children between the ages of 8-16. £55.00

Multi-sports package

Clear hour coach led multi-sport session for up to 10 children of any age! £55.00

Please note we are able to offer many more packages in our tennis different sports and activities. Contact us on 01792 650484



Workplace Wimbledon Tennis Championships

Workplace Wimbledon is the perfect outlet to compete with your workmates and represent your company or organisation. No experience is necessary and you can even pull out your best John McEnroe or Sue Barker outfits for the occasion!

When:
Sunday 15th July

- Prizes:**
- Winners Trophies
 - Swansea Tennis Centre Vouchers

Deadline: Friday 6th July
Contact Swansea Tennis Centre to obtain an entry form as follows:
• Call 01792 650484
• Email enquiries@swanseatenniscentre.co.uk
• Download from www.swanseatenniscentre.co.uk
Entry forms can be submitted by email or post, no later than Friday 6th July (Payment required by cash or card before the tournament starts).
All entry confirmations and orders of play will be emailed to teams no later than Monday 9th July.

- Tournaments:**
- Men's Doubles
 - Women's Doubles
 - Mixed Doubles



Coaching you from Bishopston

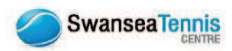
Swansea Tennis Centre is now operating at Bishopston Leisure Centre. Programmes start in October. For more information contact us on 01792 650484.

TS365 at Bishopston



Entry Fee: £10 per Doubles Team
There is no limit to the number of teams entered per company. (Rackets and equipment available)

Every team entered receives a **FREE Cardio Tennis session** prior to the tournament, available any Wednesday 7.00-8.00pm. 'Cardio Tennis' is a series of tennis-based drills and activities played to up tempo music on a tennis court. It does not require tennis skills, but is all about keeping your heart rate up, burning calories and having fun!



FREE TENNIS COACHING

- We have a range of September sessions!
- Free Cardio Tennis
 - A box of Hit w...

Along with coaches the...



Outdoor Membership

On our brand new floodlit outdoor courts
Blow the cobwebs away at Swansea Tennis Centre



Swansea Tennis Centre
TS365

Have YOU made...

Commfix Tennis

Finalists will be notified after our final event! This Don't miss this last opportunity!

Tennis Development, selling Tennis!

- Senior centre management team to formulate own Tennis Development plan ensuring the centre is the HUB
- To link with the LTA's development plan to meet objectives
- Create other spokes or “clones” throughout the city as feeders
- Strategic plan for increasing the coaching and operational work force, “from volunteer to integral team player”
- Ensure enough places to play are available for people to play at
- Identify clear exit routes from all external programmes
- Offer a variety of tennis activities to cater for all, cardio , disability
- School outreach with clear strategy for converting
- Utilise Ugov statistic to ensure the right promotional activity is completed

Tennis Development cont. INCLUSION

Changing the perception of tennis

- Take tennis to the community
- Affordable court hire when it makes sense to do so
- “FREE” tennis days
- Outdoor community programme
- Avoid the term members ?
- Welcome beginners , beginners comps, sessions, beginners leagues
- Sell the fitness/health benefits of playing tennis, over 50's , over weight
- Link with local sports development schemes



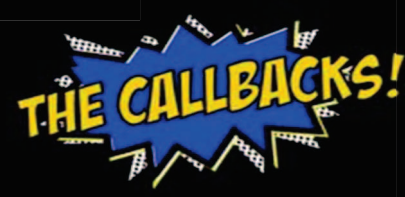
Programme Management

Development Programme

- Key to have high numbers for sustainability, prog to be main contributor
- Detailed scrutiny from Head coaches and senior management
- Sessions should not run at a loss, 3 strikes policy
- Clear links and pathway between Development and Performance , i.e. future stars etc. talent id pathway
- One lead development coach working closing with performance coach
- Fewer coaches creates more accountability and better communication
- Implement SLA with freelancers ensuring they are directing into Hub and prevention of coaches creating private group sessions
- Utilisation of up skilled staff or apprentices
- Clear identity of programme and signposting to other activities, tournaments etc.

RETENTION

- Facility audit
- Converse
- Visible at all times
- Location of reception, waiting times
- Café, presentation
- Incentives
- Forums
- Re invest
- Look to better standard
- Comments box
- Communicate/Newsletters, e-letters, mass emails
- Prepare to compensate
- Don't turn away custom if FULL



We miss you.

Bring a
Friend for
FREE!



Tudalalen 94

Other revenue streams

- Major events, exhibitions, wedding fayres , conferences
- Selling available space, maximising existing space, multiuse, camps
- Sponsorship, naming rights, performance sponsors
- School scholarships
- Badminton, circuits
- Major Tournaments
- Tournaments catering for variation of players

The TEAM

SALES

Up skill

Marketing and
Sales Plan

Tudalen 96
Cheaper
Participation

Revenue

Retention

Tennis
Development

Hub & Spoke
Clone sites

Inclusion

Programme
Management
Development

Development
Programme

Focus on
numbers

Pathways

Performance

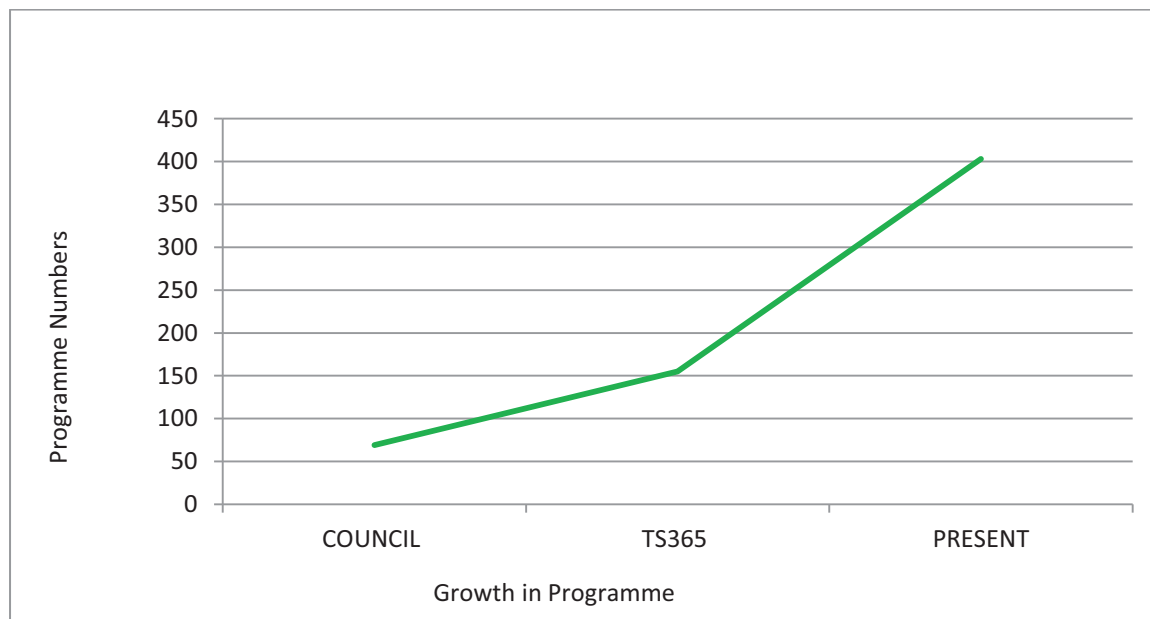
Continual
growth

Sustainability

Cardiff National Tennis Centre – Can it work?

Under the councils operation Swansea Tennis Centre had fewer than 100 children on their coaching programme. TS365 has seen a steady increase in numbers since taking over in June 2011 and boasts over 400 players on their development programme alone, engaging a further 200 players on external sites across Swansea and with a footfall of 70,000 (approx for 2012) Swansea Tennis Centre is now the best performing 4 court indoor venue in the UK. Below shows the growth of the development coaching programme from when the council run the facility, to the start of TS365 to present.

Graph 1: Growth rate in participation to date since re-opening



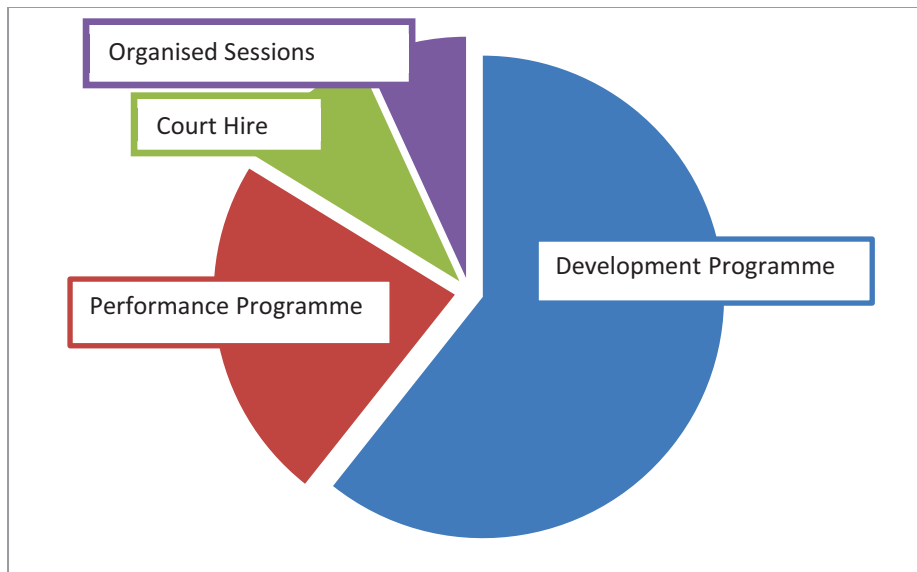
In order to achieve this success TS365 follows a 'high volume' model and it is important to ensure profitability of all sessions. All operational staff and coaches need to follow this model and implement procedures to ensure this can happen. These procedures include maximising participation in all sessions, cancelling sessions breaking even or losing money and up skilling operational staff to coach on the programme.

Why is this high volume important? High volume means more players on court, the more players on court the more profitable the session becomes. Due to court ratios performance programmes make very little money. A development programme allows for almost double the players per court per coach. For example, an 8 & under development session can take up to 8 children where as a performance session would hold only 4 and require higher level coaches and therefore have a greater expense. Once a development programme is in place and making a healthy profit, a performance programme and external programmes can be implemented and sustained from those profits where justifiable.

Previously Cardiff NTC has implemented an extensive performance programme making very little profit, if any. However, if the centre was run as a Community Indoor Tennis Centre (CITC) the centre would start seeing a healthy profit which could go back into the centre in many forms, including sustaining a performance programme. The ultimate aim is to get as many people playing as possible

and with the NTC being situated in the city centre there is a huge potential. See below the percentage of court usage currently implemented in Swansea Tennis Centre.

Figure 1: Peak court usage at Swansea Tennis Centre



As you can see above the Development programme makes up over 70% of the peak hours. (Peak times are considered to be evenings after 4pm and weekends). If we have 24 children on mini red lessons, this certainly offers much more profit than four people hiring a court for an hour. If we were fortunate enough to sell every court, every hour of every day at the going rate the total income would be in the region of £200,000. This is an impossible task but Swansea Tennis Centre in year 2 took £170,000 in lessons alone, over £20,000 more than the **total income** the centre had in its best years under the operation of the local authority.

Once a CITC development programme is established and becomes sustainable feeder programmes can be launched. The ideal would be the CITC as a “hub and spoke” becoming a flagship for all other programmes and community sessions to feed into, offering tennis to everyone at affordable prices. Adopting this model the example, Swansea Tennis Centre was able to almost double their income over their second year.



VIRGIN ACTIVE HEALTH CLUBS

Virgin Active Limited
Active House, 21 North Fourth Street, Central Milton Keynes, MK9 1HL
t/01908 546 600 f/01908 546 601 w/virginactive.co.uk
Registered in England & Wales No: 03448441

26 November 2013

Mr William Powell AM
Chair
National Assembly for Wales Petition's Committee
Cardiff Bay
Cardiff CF99 1NA
William.powell@wales.gov.uk

Dear Mr Powell

Reference: P-04-509

I thank you for your letter dated 23rd October 2013, which I have just recently received.

We closed the Virgin Active facilities in Cardiff on the 23rd August 2013. The centre was leased by us from Cardiff council with a right for us to bring it to an end on notice. We have exercised our right to end the lease and bring our obligations to an end. The lease does not include provisions relating to the centre's designation as a national tennis centre.

Unfortunately, when we acquired the club as part of our acquisition of Esporta in July 2011 it was making a significant operating loss. After two years of running the facility we reached the conclusion that it was not financially viable, and made the difficult decision to withdraw from this operation. We understand how important the tennis courts were to the local community and we directed a number of enquiries from interested operators to the council.

We are continuing to invest in our other clubs including 20 racquets clubs across the UK. We are also proud of our partnerships with the LTA and tennis foundation, through which we are able to offer many differently abled people across the UK the access and opportunity to play tennis in our clubs.

Again, I thank you for your letter and for seeking our views on this matter.

Yours sincerely,

Phil Tranfield
Chief Operating Officer
Virgin Active UK

cc. Stephen George, Committee Clerk, Stephen.George@wales.gov.uk



Tudalen 99

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22 January 2014

William Powell AM
AM for Mid & West Wales
Chair Petitions Committee
Ty HYwel
Cardiff Bay
Cardiff CF99 1NA

Dear William,

Closing of the Wales National Tennis Centre

On the back of Andy Murray's historic Wimbledon victory, which has caused a huge surge in tennis interest and participation across Wales and Great Britain, you are aware that Wales is now in serious danger of permanently losing its National Tennis Centre in Cardiff, the only public access indoor tennis facility in the Capital of Wales. The National Tennis Centre has now been closed as of August 23rd, temporarily at this stage. However I believe that rather than being a negative situation, there is an extremely positive opportunity here for Welsh tennis and for the Cardiff Council if the right parties approach this situation in the right way.

Tennis Wales and the entire Welsh tennis community are obviously extremely concerned about this situation, and we want to work positively and proactively with the Cardiff City Council and Welsh Government to do everything possible to ensure that this centre can re-open at some point under a very different business model. Under a more ideal business model we strongly believe that the centre can be used in the way that it was originally intended and built for, which is a community access tennis centre for mass community participation, as well as a 'National Centre of Excellence' for Welsh tennis. Under the previous business operations at the centre, and with the centre being operated as a 'Commercial Centre', it was not at all possible for this to occur. Under the previous commercial operators, despite several of them being very large companies, there was next to no chance of the centre being successful.

We very much believe that if given the right opportunity with the right business model and the right operators, the tennis centre can really flourish as a successful and financially sustainable community sports facility, and Tennis Wales, Sport Wales, and the Lawn Tennis Association (LTA) are very eager to support the Cardiff City Council to help make that happen. We have a tremendous case study example of exactly this situation in Swansea. In 2011 the Swansea City Council closed the Swansea Indoor Tennis Centre for similar reasons to the situation in Cardiff, with a lack of tennis users. However, Tennis Wales and the LTA worked with a committed group of volunteers to organise a Trust Group called Tennis Swansea 365, and the Swansea Council re-opened the tennis centre under the management of TS365. By taking a very different approach to running and promoting the tennis centre, TS365, Tennis Wales, and the LTA have transformed the Swansea Tennis Centre and it is now at bursting point with tennis

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players from all sectors of the community, including people from very deprived areas and people with disabilities.

The 'Commercial' business model at the Cardiff Centre was based around expensive annual membership fees for the whole centre of between £500-600 per year. Alternatively, the public was able to have some limited opportunities to hire a tennis court, but at very high cost of up to £25 per hour. Consequently, the centre had a low membership of just 1,800 people (gym, swimming pool, and tennis) and the tennis courts stood empty for much of the time. Contrast this with the business model that we have helped to implement at the Swansea Tennis Centre. They now base their business model on mass community participation at very affordable rates and with a range of flexible options for how the public can access and pay for using the centre. As a result, two years later the centre is now absolutely booming and is at capacity. There are over 600 people formally signed up to regular tennis programmes (previously only 100 at the time it was closed down) and 11,000 tennis players on their database. The centre has moved from making a substantial financial loss when it was closed down, to now making a significant annual surplus which is able to be re-invested back into the centre and re-invested back into the tennis programmes for the community. The Swansea Tennis Centre is now a shining beacon of success for the Swansea City Council and Welsh tennis, and has been presented by the LTA across Britain as a model of best practice for other Community Indoor Tennis Centres.

We would now very much like to work with the Cardiff City Council to help create a similar situation with the Cardiff Tennis Centre. Expressions of interest from 12 different potential partners have been put forwards to Cardiff City Council to potentially take over as operators of the centre. We are aware of many of these and there are at least several of these options who we strongly believe would be able to operate the centre in a similar way to what I have described with the Swansea Centre, including the group who are currently operating the Swansea Centre. Obviously a very robust and sustainable business plan would have to be presented for this, but Tennis Wales and the LTA are confident that there is great potential here, and both Tennis Wales and the LTA would provide substantial support to a potential new operator to make the centre successful, including significant financial support.

In partnership with Sport Wales and the LTA, Tennis Wales has set a very ambitious 8 year plan to double community tennis participation in Wales. Cardiff has been the initial priority area for Tennis Wales to launch these community tennis plans, and over the period preceding and during Wimbledon 2013, Tennis Wales launched the 'Tennis with A DIFF' campaign across Cardiff with over 2,400 members of the public having a go at tennis during the various promotional events. The LTA's recent YouGov research in Cardiff shows that more than 40,000 people in Cardiff are interested in playing tennis if the right opportunities were there. Tennis participation rates for juniors in Wales have doubled in the last three years, and on the back of Andy Murray's amazing win at Wimbledon, these levels of interest will have gone much higher now. Enclosed are the results of the 2013 Sport Wales School Sport Survey which clearly shows that the interest in tennis by school children is absolutely exploding over the last several years. Tennis is now the third most popular sport that school children in Wales would like to participate in, behind Football and Swimming. However, with the closure of the Cardiff Tennis Centre, there is now no public access indoor tennis centre in the capital of Wales with which to take advantage of this booming interest in tennis, as has been done in Swansea.

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The Cardiff Tennis Centre, if re-opened as a truly community focussed and accessible tennis centre, can play a major role in helping Tennis Wales, Sport Cardiff, Sport Wales, and the LTA to allow this huge desire in the community to play tennis to be more fully taken advantage of, as the Swansea model has demonstrated. Cardiff City Council is currently assessing their options as to the best use of the land and the facility where the National Tennis Centre is located. Surely if there are viable options available to have the centre operating in the manner that I have outlined here then this must be a priority. Wales and Cardiff are quite rightly very proud sporting communities, and as part of this proud sporting culture, Cardiff has some truly outstanding sporting facilities for a city of its size. In 2014, Cardiff becomes the European Capital City of Sport, further testament to this proud sporting culture. If the National Tennis Centre in Cardiff closes down permanently, and is instead used for some other purpose, Cardiff will be one of the very few major cities in Britain without a public access indoor tennis centre, just at a time when tennis in Wales has a really fantastic opportunity to surge forwards as a fun, accessible, family, community sport.

Without the National Tennis Centre in Cardiff, the plans of Tennis Wales, Sport Wales, and the LTA to double community tennis participation in Wales will be severely impacted, and the proud sporting city of Cardiff, the 2014 European Capital City of Sport, will have lost a very vital national sports facility when there are extremely good options on the table to potentially allow for a very different outcome and a very positive outcome for Welsh sport.

We would very much welcome any support from you with this issue, and we look forward to supporting this process in any way possible.

Yours sincerely

Peter Drew
Chief Executive Officer
Tennis Wales Ltd

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Tel: 029 2046 3335
Email: info@tenniswales.org.uk
Chief Executive: Peter Drew

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Pro-Copy Ltd, ttk Sportswear and Tetrapak

Registered in England and Wales No. 5760866



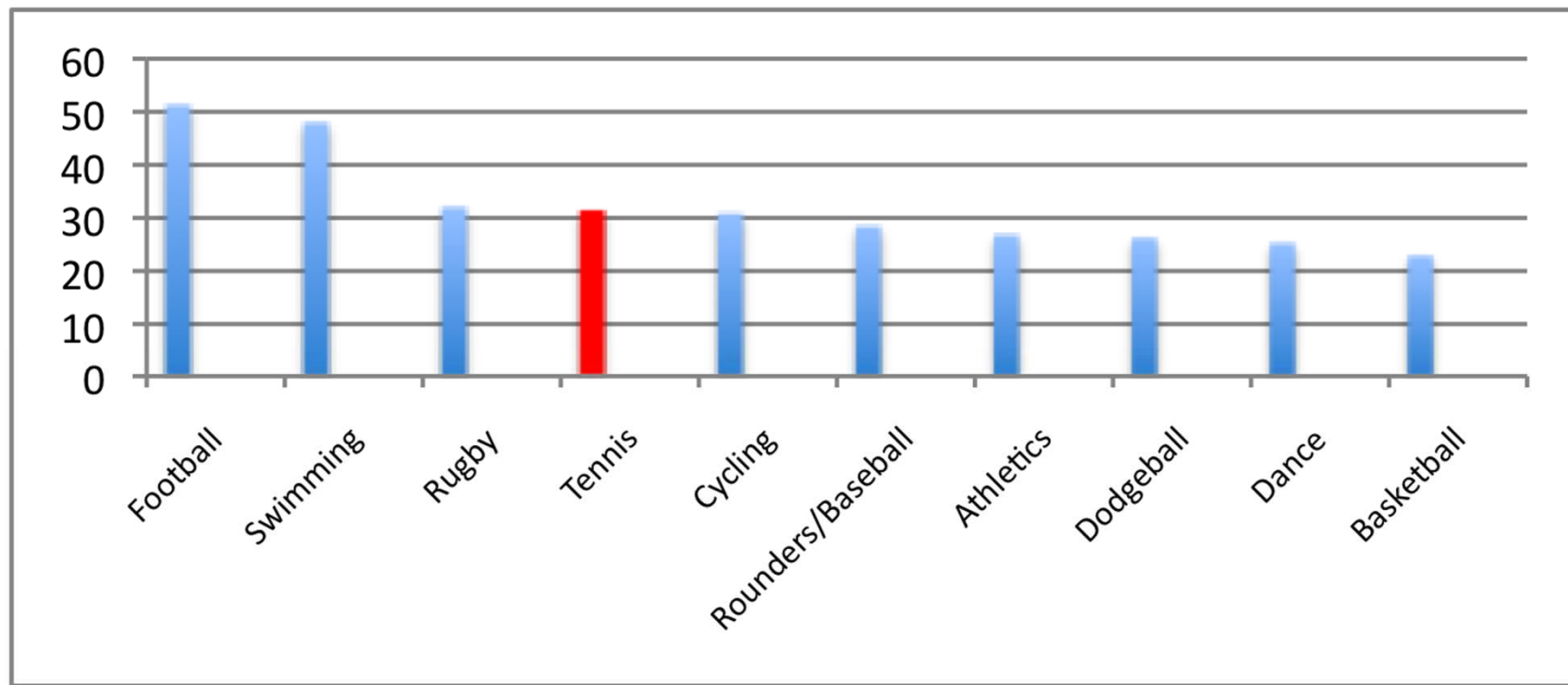
School Sports Survey 2013

Tennis Wales Key Findings



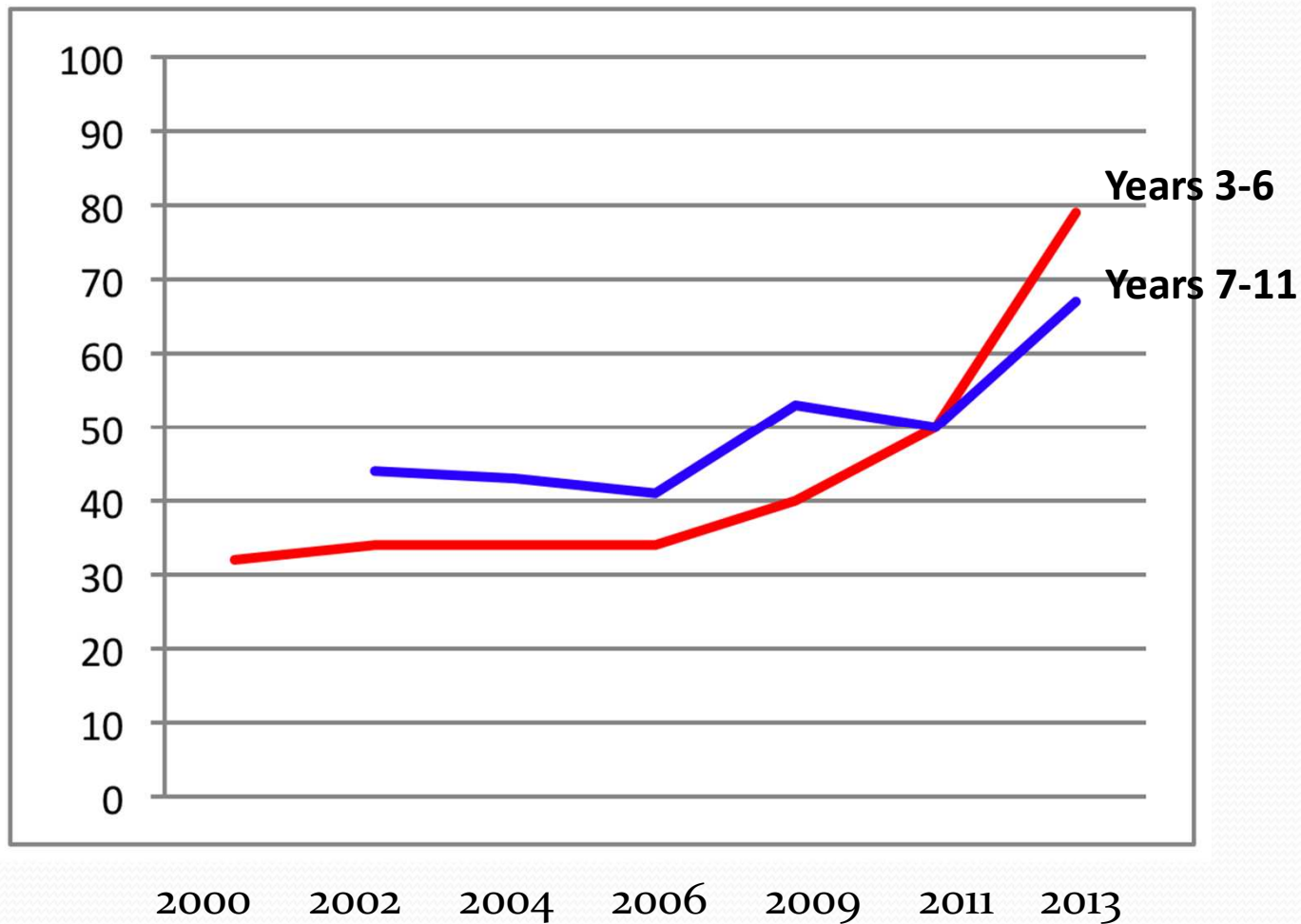
Any participation in tennis*

*Any participation in tennis in last year (any setting, extracurricular, club and other)



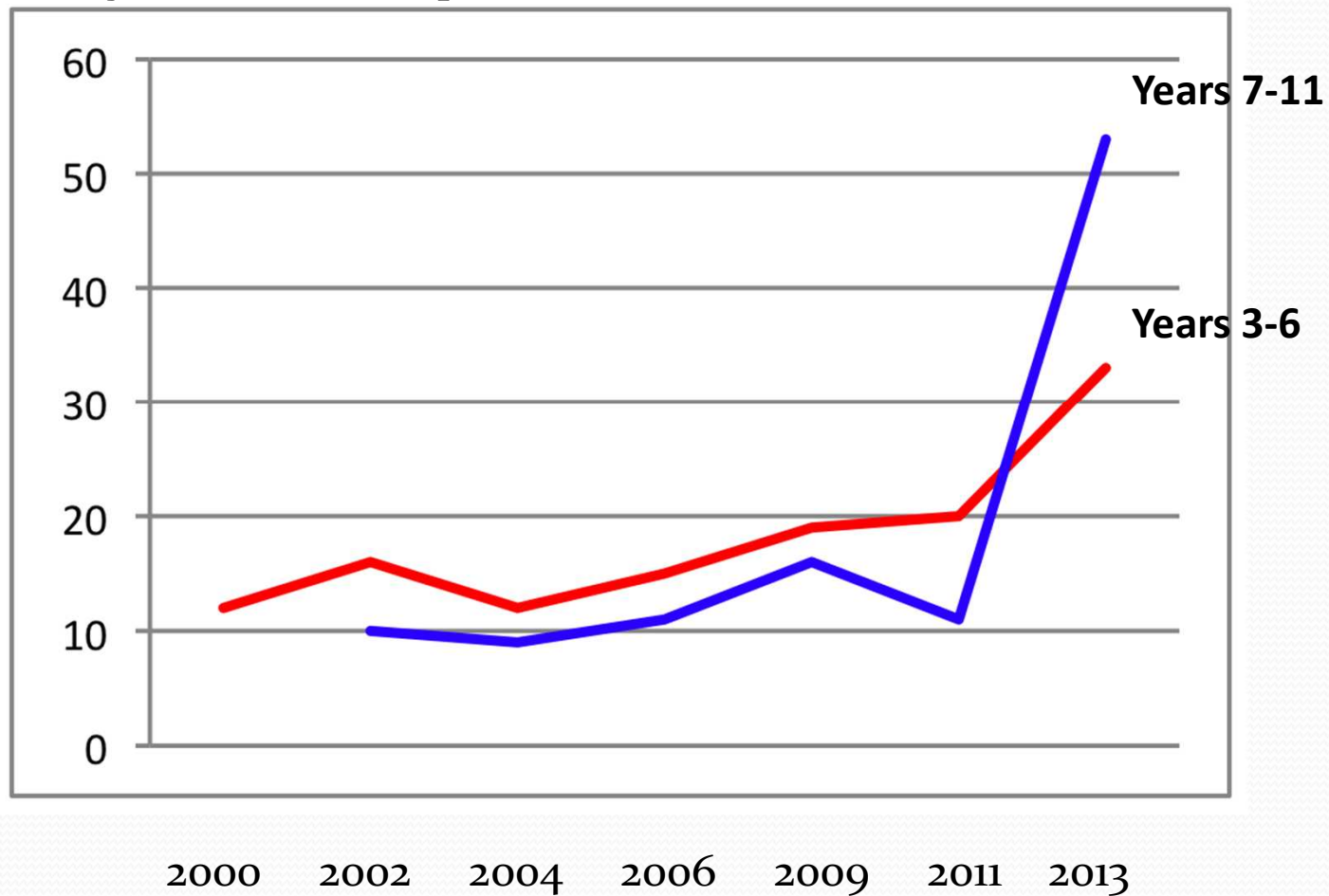
Curricular provision*

* Any curricular provision of tennis



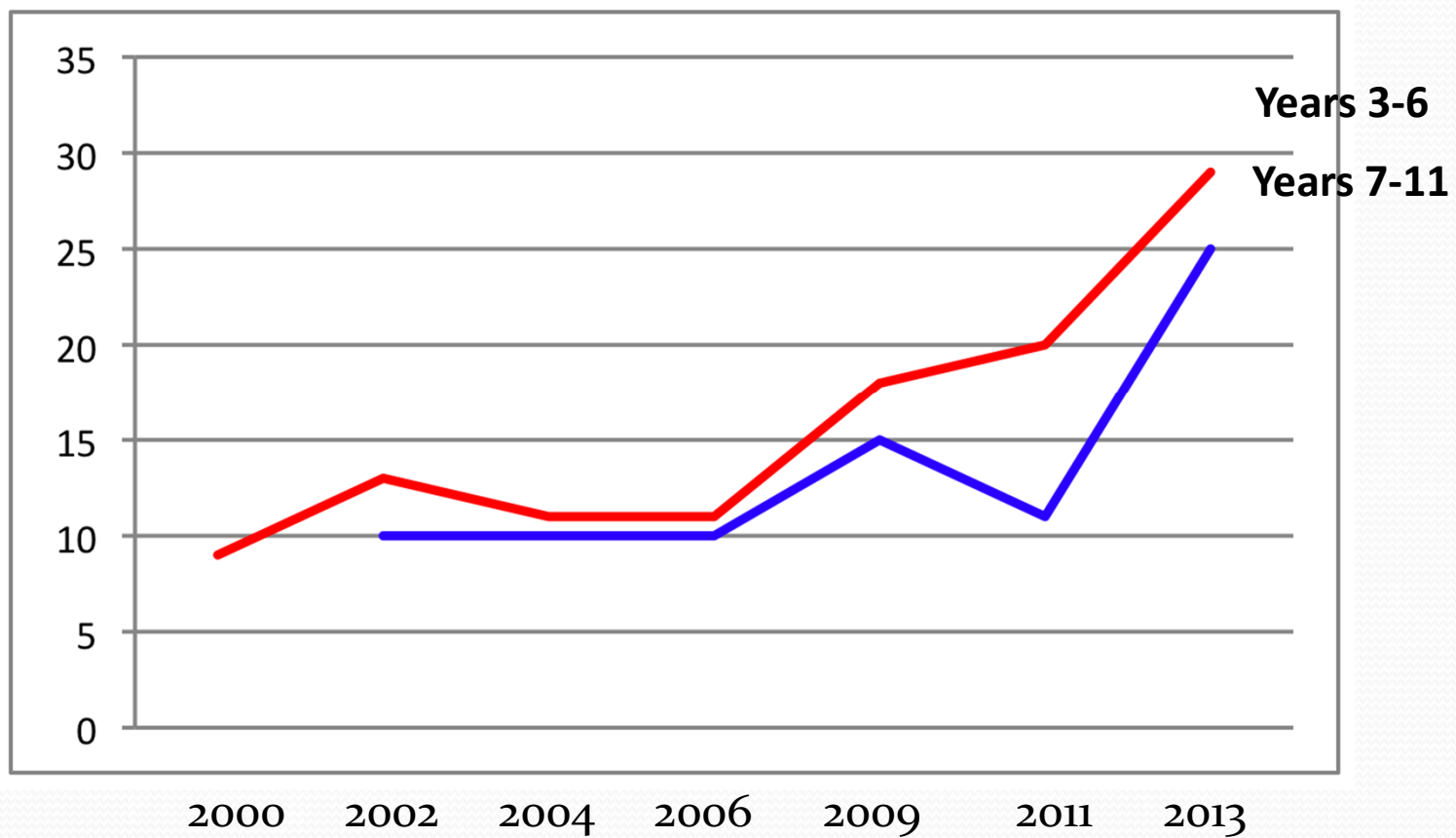
Extracurricular provision*

* Any extracurricular provision of tennis



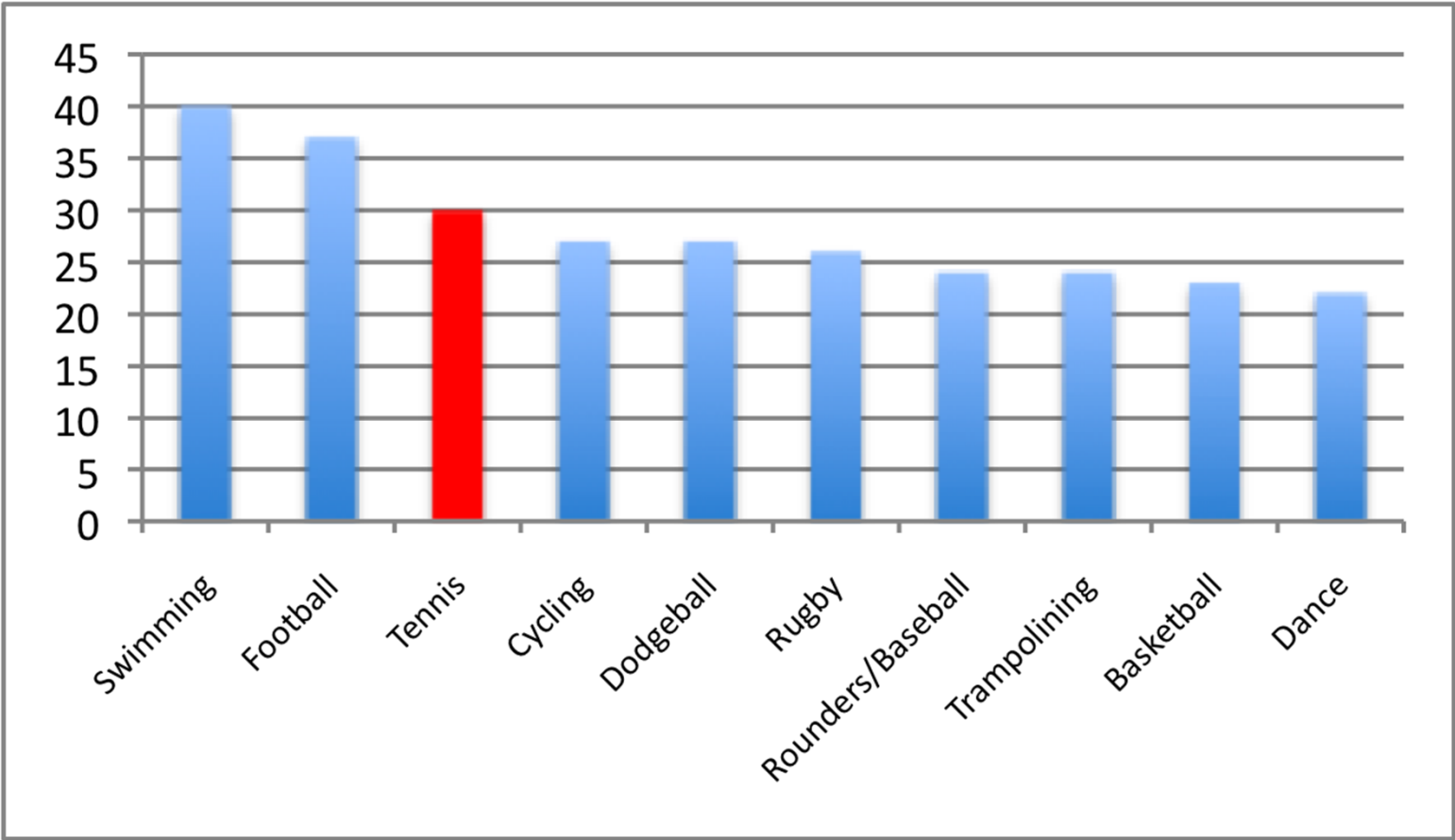
Club participation*

* Tennis played at a club



Latent demand*

*Likely to play tennis in the future



Tennis is one of the most strongly considered sports to play in the future, especially for those in years 7-11

P-04-365 Diogelu adeiladau nodedig ar safle hen Ysbyty Canolbarth Cymru

Geiriad y ddeiseb:

Rydym yn galw ar Gynulliad Cenedlaethol Cymru i annog Llywodraeth Cymru i restru, neu i ddiogelu mewn ffordd arall, yr adeiladau nodedig ar safle hen Ysbyty Canolbarth Cymru. A hwythau heb eu rhestru, ond wedi'u lleoli yn yr Ardal Gadwraeth, maent yn rhan werthfawr o dreftadaeth bensaernïol a chymdeithasol Talgarth.

Prif ddeisebydd: John Tushingam

Ystyriwyd gan y Pwyllgor am y tro cyntaf: 28 Chwefror 2012

Nifer y deisebwyr: 206

Gwybodaeth ategol: Cafodd Ysbyty Aberhonddu a Sir Faesyfed achlysur agor mawreddog ym 1903. Mae'r coflyfr yn disgrifio'r miloedd o bobl oedd yn bresennol a bod pob twll a chornel o'r adeilad anferthol yn cael ei archwilio. Ar y cyfan, roedd y sefydliad yn rhyfeddod o'i oes. Mae bellach mewn cyflwr truenus, ond mae'r enghraifft bwysig hon o noddfa Edwardaidd cynnar ar ffurf esielon neu saeth, a gynlluniwyd gan Giles, Gough a Trollope, a nodwyd gan Pevsner ac sydd ar gofrestr Adeiladau mewn Perygl SAVE Britain's Heritage, yn gwbl deilwng o'i chadw. Wedi'i lleoli tua hanner milltir o Dalgarth mewn ardal eithriadol o hardd o gefn gwlad ym Mharc Cenedlaethol Bannau Brycheiniog ac Ardal Gadwraeth Talgarth, mae ganddi berthynas arbennig â Thalgarth. Byddai colli unrhyw ran o'r adeiladau gwreiddiol/nodedig yn golled annerbyniol i asedau treftadaeth Talgarth.



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One of Britain's breathing spaces

William Powell AM
Chair Petitions Committee
National Assembly for Wales
Cardiff bay
Cardiff
CF99 1NA

15th January 2014

Dear Mr Powell

Former Mid Wales Hospital, Talgarth.

Thank you for your letter received in this office on 2nd January 2014 regarding the above.

The Brecon Beacons National Park Authority adopted its Local Development Plan (LDP) on 17th December 2013. The Former Mid Wales Hospital site is allocated in the LDP for mixed use. A Development Brief is required to be produced by the developer/landowner and approved by this Authority on all mixed use sites, as specified in paragraph 7.2.1 of the LDP, prior to the consideration of any planning application. The Local Development Plan is available to view on our website at www.beacons-npa.gov.uk.

The Authority will consider the proposed Local List for the Former Mid Wales Hospital site at its meeting on 7th February 2014.

I trust this updates the Petitions Committee on the current situation.

Yours sincerely

Tracy Nettleton
Head of Strategy, Policy and Heritage



Awdurdod Parc Cenedlaethol Bannau Brycheiniog
Plas y Ffynnon, Ffordd Cambrian, Aberhonddu, Powys, LD3 7HP
Ffôn: (01874) 624437 Ffacs: (01874) 622574
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Safle ar y we: www.bannaubrycheiniog.org

Mae'r Awdurdod yn croeso i chi gyswrtu â ni yn Gymraeg neu'n Saesneg

Brecon Beacons National Park Authority
Plas y Ffynnon, Cambrian Way, Brecon, Powys, LD3
Telephone: (01874) 624437 Fax: (01874) 622574
E-mail: enquiries@breconbeacons.org
Website: www.breconbeacons.org

The Authority welcomes correspondence in Welsh or English

P-04-397 Cyflog Byw

Geiriad y ddeiseb:

Rydym yn galw ar Lywodraeth Cymru i gadw at ei haddewid i weithio tuag at gyflog byw i bob gweithiwr yng Nghymru a dweud wrthym pryd a sut y bydd yn gwneud i hyn ddigwydd.

Waeth pa mor galed y maent yn ymdrechu, nid yw'r isafswm cyflog yn ddigon i rai rhieni gael deupen llinyn ynghyd a rhoi'r cyfle gorau mewn bywyd i blant fel ni. Mae'r cyflog byw yn golygu y byddai rhieni sy'n gweithio yn ennill o leiaf £7.20 yr awr.

Rydym yn ymgyrchwyr ifanc sy'n gweithio gydag Achub y Plant ledled y DU o blaid newid. Rydym yn ymgyrchu dros gyflog byw, ac yn cynrychioli barn pobl ifanc, teuluoedd a chymunedau yng Nghymru.

Cyflwynwyd y ddeiseb gan: Achub y Plant

Ystyriwyd y ddeiseb am y tro cyntaf: 19 Mehefin 2012

Nifer y llofnodion: 483

Lesley Griffiths AC / AM
Y Gweinidog Llywodraeth Leol a Busnes y Llywodraeth
Minister for Local Government and Government Business



Llywodraeth Cymru
Welsh Government

Eich cyf/Your ref P-04-397
Ein cyf/Our ref LG/00007/14

William Powell AM
Chair Petitions Committee
Ty Hywel
Cardiff Bay
Cardiff CF99 1NA

committeebusiness@Wales.gsi.gov.uk

16 January 2014

Dear Bill

Thank you for your letter of 19 December about the timeframe for the Workforce Partnership Council's (WPC) work on the Living Wage.

A discussion paper about workforce issues in the public sector, including the Living Wage, was tabled at the December meeting.

The paper was referred to the WPC sector groups for further discussion and initial responses are expected for the next meeting due to be held on 10 March.

Now the Living Wage has been referred to the WPC the future timeframe will depend upon the direction and development of the policy initiative by social partners, particularly the public sector employer and the trade union members.

Regards

Lesley Griffiths AC / AM
Y Gweinidog Llywodraeth Leol a Busnes y Llywodraeth
Minister for Local Government and Government Business

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Caerdydd • Cardiff

Wedi'i argraffu ar bapur wedi'i ailgylchu (100%)
Tudalen 1/3

English Enquiry Line 0845 010 3300
Llinell Ymholiadau Cymraeg 0845 010 4400
Correspondence.lesley.Griffiths@wales.gsi.gov.uk
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P-04-446 : Rhyddhad Ardrethi Busnes i siopau elusen yng Nghymru

Geiriad y ddeiseb:

Mae siopau elusen yn gwneud cyfraniad hollbwysig i godi arian ar gyfer ystod eang o achosion da yng Nghymru. Mae 100 y cant o'u helw yn mynd i elusen, gan godi dros £12 miliwn bob blwyddyn yng Nghymru.

Byddai cynlluniau i leihau cymorth cyfradd i siopau elusen yng Nghymru yn lleihau'r incwm hwn, a byddai'n achosi i siopau elusen i gau, gan adael mwy o siopau gwag ar strydoedd mawr Cymru ac yn bygwth 700 o swyddi llawn amser a 9,000 o gyfleoedd gwirfoddoli sy'n cael eu cynnig gan siopau elusen yng Nghymru. Byddai'n lleihau y gwasanaethau mae elusennau yn gallu eu darparu i gymunedau yng Nghymru yn arwyddocaol.

Rydym ni'n galw ar Gynulliad Cenedlaethol Cymru i annog Llywodraeth Cymru i wrthod cynlluniau allai gyfyngu y cymorth cyfradd hanfodol i siopau elusen Cymru.

Prif ddeisebydd: Charity Retail Association

Ysytiriwyd am y tro cyntaf gan y Pwyllgor: 15 Ionawr 2013

Nifer y llofnodion: +22,600

Edwina Hart MBE CStJ AC / AM
Gweinidog yr Economi, Gwyddoniaeth a Thrafnidiaeth
Minister for Economy, Science and Transport



Llywodraeth Cymru
Welsh Government

Eich cyf/Your ref P-04-446
Ein cyf/Our ref EH/00014/14

William Powell AM
Chair Petitions Committee

committeebusiness@Wales.gsi.gov.uk

07 January 2014

Dear William,

Thank you for your letter of 16 December about the petition on Business Rate Relief for charity shops in Wales.

I am currently seeking views from the UK Government and devolved administrations on this issue. After receiving and considering all of these, I will inform Members of my proposed course of action.

I will ensure that the Petitions Committee is kept updated on progress.

A handwritten signature in black ink, appearing to be 'Edwina Hart'.

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Caerdydd • Cardiff

Wedi'i argraffu ar bapur wedi'i ailgylchu (100%)
Tudalen 1 o 5

English Enquiry Line 0845 010 3300
Llinell Ymholiadau Cymraeg 0845 010 4400
Correspondence.edwina.Hart@Wales.gsi.gov.uk
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P-04-475 Yn eisiau - Bysiau i Feirionnydd

Geiriad y ddeiseb:

Rydym yn galw ar Gynulliad Cenedlaethol Cymru i annog Llywodraeth Cymru i:

- Adolygu'r arian a ddarperir ar gyfer gwasanaethau bysiau gwledig i sicrhau bod gwasanaethau digonol ar gael ar gyfer Gwynedd yn ei chyfanwydd, ond yn benodol ar gyfer de Meirionnydd.
- Ystyried rhoi sicrwydd bod arian ar gael i ddarparu ar gyfer gwasanaethau ychwanegol, er mwyn ei gwneud yn haws i gyrraedd gwasanaethau iechyd, addysg a chyflogaeth, ac i gefnogi economi a thwristiaeth yn yr ardal.

Prif ddeisebydd: Barbara Snowball

Ysytirwyd am y tro cyntaf gan y Pwyllgor: 30 Ebrill 2013

Nifer y llofnodion : 174

Eitem 3.15

P-04-513 Achub gwasanaeth bws X94 Wrecsam/Abermo

Geiriad y ddeiseb:

Mae Bysiau Arriva wedi cyhoeddi y bydd yn cael gwared ar wasanaeth X94, sy'n cysylltu trefi Abermo, Dolgellau, Bala, Corwen, Llangollen a Wrecsam, a phump o wasanaethau bws eraill ar 21 Rhagfyr eleni. Mae'r holl wasanaethau bws yma'n cysylltu cymunedau ledled Cymru â'i gilydd, o'r gogledd i'r de ac o'r dwyrain i'r gorllewin. Rydym yn galw ar Lywodraeth Cymru i ymchwilio i sut y gellir osgoi cael gwared ar y gwasanaethau yma ac i'r ffordd orau o sicrhau a hyrwyddo gwasanaethau bysiau cenedlaethol sy'n cysylltu rhanbarthau Cymru â'i gilydd, yn enwedig lle nad oes gwasanaeth rheilffordd ar gael.

Prif ddeisebydd: Karen Dunford

Ysytiriwyd am y tro cyntaf gan y Pwyllgor: 11 Tachwedd 2013

Nifer y llofnodion: 494

P-04-515 Darparu rhagor o arian ar gyfer Gwasanaethau Bysiau Cymru

Geiriad y ddeiseb:

Rydym yn galw ar Gynulliad Cenedlaethol Cymru i annog Llywodraeth Cymru i ddarparu rhagor o arian ar gyfer gwasanaethau bysiau, er mwyn iddi ymlynu wrth amcanion ei pholisi ei hun o leihau tlodi ac allgáu, a sicrhau nad yw pobl ar draws Cymru o dan unrhyw anfantais cymdeithasol nac economaidd oherwydd eu lleoliad.

Gwybodaeth ychwanegol: Nod y ddeiseb hon yw cynyddu'r arian a gaiff ei roi i ardaloedd anghysbell, a than anfantais yng Nghymru. Mae nifer o ardaloedd awdurdodau lleol wedi gorfod lleihau amllder y bysiau a'r dewis o lwybrau bysiau sydd ar gael ers i'r Grant Gwasanaethau Trafnidiaeth Rhanbarthol gael ei gyflwyno. Mae nifer o breswylwyr yn teimlo'n ynysig oherwydd hwn, yn arbennig ar benwythnosau ac ar ddyddiau gŵyl banc.

Prif ddeisebydd: Daniel Thomas

Ysytiriwyd am y tro cyntaf gan y Pwyllgor: 11 Tachwedd 2013

Nifer y llofnodion: 246

Edwina Hart MBE CStJ AC / AM
Gweinidog yr Economi, Gwyddoniaeth a Thrafnidiaeth
Minister for Economy, Science and Transport



Llywodraeth Cymru
Welsh Government

Eich cyf/Your ref P-04-513
Ein cyf/Our ref EH/04171/13

William Powell AM
Chair Petitions Committee
National Assembly of Wales

committeebusiness@Wales.gsi.gov.uk

17 December 2013

Dear William,

Thank you for your letter of 6 December enclosing a petition from Karen Dunford about the X94 bus service.

I share the concerns about the potential impact the loss of the X94 bus service will have. I would like to reassure you that we are working hard with local authorities to ensure alternative services are provided on these routes using other local bus operators. In the interim, I have identified funding to protect this service up until 30 June 2014.

I have also asked officials to develop with local authorities detailed long-term plans to improve bus services, and will consult passengers and other key stakeholders when developing these proposals.

A handwritten signature in black ink, appearing to be 'Edwina Hart', written in a cursive style.

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Wedi'i argraffu ar bapur wedi'i ailgylchu (100%)
Tudalen 119

English Enquiry Line 0845 010 3300
Llinell Ymholiadau Cymraeg 0845 010 4400
Correspondence.edwina.Hart@Wales.gsi.gov.uk
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**P-04-513 Save the Wrexham/Barmouth X94 bus service –
Correspondence from Arriva Buses Wales to the Clerk,
17.12.2013**

Good morning Mr George

Thank you for your letter of 6th December 2013, reference P-04-513.

As you may be aware, Service X94 was put out to tender by Gwynedd County Council following our decision to withdraw the route from our commercial operations.

We understand that the contract has now been let, though, despite the fact that there are staff redundancies effective this weekend, Gwynedd County Council have not told us that we have not been successful.

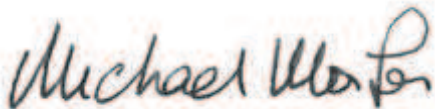
Gwynedd County Council will be able to let you know which company has been awarded the temporary contract for this service.

Services that we have withdrawn in South Cambria between Aberystwyth and Carmarthen via Lampeter and between Aberystwyth and New Quay/Synod Inn have been let by Ceredigion County Council and will continue to operate after 21st December. These services are provided on behalf of Ceredigion CC by First South Wales, Lewis of Llanrhystudd and Richards Brothers.

I understand that the Traws Cymru Network Manager is looking at the best means to provide these services in a substantive form after June 2014.

I trust that this answers your query but please do feel free to come back to me if you wish to know more.

With Kindest Regards



Michael Morton, BSc,FCILT,FCIM,MInstTA
Area Managing Director (Rheolwr Gyfarwyddwr)
Arriva Buses Wales (Bysiau Arriva Cymru)

Uned Rheolaeth
Gorsaf y Fflint
Y Farchnad, Y Fflint
Sir y Fflint. CH6 5NW

Management Unit
Flint Station
Market Square, Flint
Flintshire. CH6 5NW

Ffôn/Tel 01352 704561
Ffacs/Fax 01352 704560



Gweithio ar gyfer trafndiaeth integredig yng Ngogledd Cymru
Working for integrated transport in North Wales

Gofynnwch am / Ask for: **Cllr Mike Priestley**
Rhif ffôn / Telephone: **01352 704561**
Ein Cyf / Our Ref: **Cllr MP/CLH**

20th December 2013

William Powell AC/AM
Chair
Petitions Committee
National Assembly for Wales
Cardiff Bay
Cardiff
CF99 1NA

Dear Bill

X94 Bus Service

Thank you for your letter of 6th December and the comments made regarding the X94 bus service between Barmouth and Wrexham.

We are fully aware of the need to retain this important service that provides the only public transport access for many communities along the route. We have been working closely with colleagues in Welsh Government and in the three local authorities along the route. An alternatives service has now been tendered by Gwynedd Council, and will commence from the 22 December for a six month period. This will allow time for a review of the service demand along the route to be undertaken and a long term plan for service re-provision to be developed. Our intention is to ensure that as effective a service as possible within funding constraints is provided for the communities currently served by the X94. The additional costs incurred for the six month interim service have been identified from within the existing Regional Transport Services grant provided to Taith by the Welsh Government.

We are also in the final stages of completing the Regional Bus Network Strategy for North Wales, which will be submitted to the Welsh Government in January 2014. This provides a framework for the development of an integrated bus and community transport network across the region, and identifies potential opportunities for increasing access to public transport in rural North Wales.

William Powell AC/AM
20th December 2013

If we can provide any additional information to support your Committee's response to the petition, please let me know.

Yours sincerely

A handwritten signature in black ink, appearing to read 'M Priestley', written in a cursive style.

Councillor Mike Priestley
Chair of Taith

Edwina Hart MBE CStJ AC / AM
Gweinidog yr Economi, Gwyddoniaeth a Thrafnidiaeth
Minister for Economy, Science and Transport



Llywodraeth Cymru
Welsh Government

Eich cyf/Your ref P-04-515
Ein cvf/Our ref EH/04334/13

William Powell AM
Chair
Petitions committee
committeebusiness@Wales.gsi.gov.uk

03 January 2014

Dear William,

Thank you for your letter of 16 December about the petition you have received urging the Welsh Government to provide increased funding to bus services.

The Welsh Government is committed to supporting bus services. I have allocated £25m under the Regional Transport Services Grant scheme in 2013-14 to help boost the number and range of subsidised, socially-necessary bus and community transport services. Also as part of that, we are actively looking at ways to maximise value for money in very difficult circumstances to secure the best possible provision of services, especially to enhance accessibility for disadvantaged groups.

A handwritten signature in black ink, appearing to be 'Edwina Hart', written in a cursive style.

Bae Caerdydd • Cardiff Bay
Caerdydd • Cardiff

Tudalen 123

Wedi'i argraffu ar bapur wedi'i ailgylchu (100%)

English Enquiry Line 0845 010 3300
Llinell Ymholiadau Cymraeg 0845 010 4400
Correspondence.edwina.Hart@Wales.gsi.gov.uk
Printed on 100% recycled paper

P-04-475 Wanted - Buses for Meirionnydd – Correspondence from the Petitioner to Clerking Team, 21.01.2014.

For attention of the Petitions Committee for further consideration on Tuesday, 4th February 2014.

Re: X94 Bus service Barmouth to Wrexham

I would urge that further consideration is given to the continuance of the X94 service after the current trial period.

The loss of the service would isolate the community in Barmouth, Dolgellau and all the surrounding areas. There is no alternative route to Wrexham.

It would prevent people from attending Wrexham Hospital.

It would cause great hardship and deprivation to people who can not afford to run a car.

It would result in job losses for some people who use the X94 to commute to work.

It would cause financial deprivation on a large scale. Many businesses which rely on the summer tourist trade would cease to exist.

This would result in a major loss of revenue to Gwynedd Council.

Re: No. 28 Bus service Dolgellau to Tywyn – pilot scheme

I would urge that consideration is given to a further 6 months pilot scheme after the ending of the current pilot scheme (end March/early April).

Please convey gratitude to Taith for providing the funding.

- However, a winter pilot is not the best time and can not give a true picture. We requested a 12 month trial period to give a more accurate assessment.
- Elderly people do not feel safe venturing out for the day when they have to return home in the dark.
- There are no tourists in the area during the winter to increase passenger numbers.

Other important factors are:

- People have been let down by poor connections and are loath to put their confidence in the buses.
- Where so many bus companies are involved, there is lack of cohesion.

- When most journeys in the area were serviced by just one bus company (Arriva), the connections were a lot better. The drivers communicated with each other if they were running late.
- There was an incident where an elderly couple arrived back in Dolgellau from Wrexham. The X94 was running 10 minutes late and did not manage to catch up on time. It arrived in Dolgellau at 8.01 pm, and the No. 28 bus had left 1 minute earlier at 8.0 pm. The couple had to continue on the X94 to Barmouth, from where they walked over the Barmouth bridge and home to Fairbourne (the Cambrian trains are not running). They arrived home well over an hour later, utterly exhausted. Express Motors was later requested to wait for 5 minutes until the X94 arrives in Eldon Square, Dolgellau. They have complied with this request.

There has been evidence of more passenger use on the evening No. 28 buses but still not enough.

- There have been ‘cinema evenings’ to Tywyn on the bus. This also helps the cinema.
- There have been people having evening meals out in Tywyn and Brynchrug, helping local business.
- On one evening recently, there were 19 passengers on and off at different stops, which shows that there is a slowly growing trend to use the evening buses.

The most important aspect of a public transport network is its integration. This has clearly failed on many occasions due to so many bus operators, and misunderstandings between them, or just poor communications. There have been complaints from the public about missed connections. The public have had such bad experiences that they are not using the buses as they once did, hence the drop in passenger numbers. Unfortunately, the outcome is that bus services are reduced because they are “not being used enough”. The only way it can work is if there is someone who can proactively co-ordinate all the interconnecting services; and the only person / body who can do that is the Local Authority, and specifically the Transport Officer.

People need to see there is a good, integrated bus service they can rely on.

I would therefore urge that consideration is given to having the right “body” in place who thoroughly understands the Public Transport system and who has the knowledge and experience to effectively integrate all the services and timetabling.

Barbara Snowball
Mawddach Bus Users

Mae cyfyngiadau ar y ddogfen hon

Eitem 3.17

P-04-498 Addysgu Cymru

Geiriad y ddeiseb:

Mae'r sawl sydd wedi llofnodi'r ddeiseb hon yn galw ar Lywodraeth Cymru i annog plant i aros mewn addysg o'r ysgol gynradd hyd at brifysgol.

Prif ddeisebydd: Matthew Hopkins

Ysytiriwyd am y tro cyntaf gan y Pwyllgor: 24 Medi 2013

Nifer y llofnodion : 12

P-04-499 Rhoi Hwb i Gwricwlwm yr Iaith Gymraeg

Geiriad y ddeiseb:

Rydym ni, sydd wedi llofnodi isod, yn galw ar Gynulliad Cenedlaethol Cymru i annog Llywodraeth Cymru i newid Cwricwlwm yr Iaith Gymraeg mewn ysgolion uwchradd; er mwyn annog y defnydd o'r iaith Gymraeg ar ffurf sgyrsiol yn hytrach nag ar ddysgu Cymraeg i basio arholiad.

Gwybodaeth ychwanegol: Rydym ni, fel disgyblion mewn ysgol uwchradd yng Nghymru, yn credu nad yw'r system bresennol o ddysgu Cymraeg yn annog dysgu gydol oes ar gyfer bywyd go iawn y tu allan i'r ysgol. Credwn nad yw'r ffocws presennol ar basio arholiad yn mynd i'r afael yn effeithiol â'r defnydd o Gymraeg go iawn ac mae'r rhan fwyaf o bobl yn gadael yr ysgol ac yn anghofio'r rhan fwyaf o'r hyn maent wedi'i ddysgu yn ystod eu plum mlynedd o addysg uwchradd. Rydym eisiau i'r Cynulliad fynd i'r afael â'r mater o ddysgu Cymraeg gydol oes mewn ysgolion uwchradd Saesneg eu cyfrwng er mwyn cadw'r iaith Gymraeg yn fyw ledled y wlad. Credwn fod angen gwneud y newid hwn cyn bo hir cyn bod difrod na ellir ei ddadwneud yn digwydd a bod yr iaith Gymraeg yn datblygu'n iaith ar gyfer arwyddion ffyrdd ac amgueddfeydd.

Prif ddeisebydd: Eva Bowers a Lauren Davies

Ysytiriwyd am y tro cyntaf gan y Pwyllgor: 24 Medi 2013

Nifer y llofnodion: 19

P-04-449 Kick Start the Welsh Language Curriculum –
Correspondence from Petitioner to Chair, 22.01.2014

Miss Eva Bowers

82 James Street

Llanelli

Carmarthenshire

SA15 1EA

22/01/2014

Petitions Committee

National Assembly for Wales

Cardiff Bay

Cardiff

CF99 1NA

In response to reference:

P-04-499

Dear Mr W Powell AC/AM:

I am writing to hopefully try and change the way Welsh is taught in English Medium schools, so that the younger generation can use conversational Welsh in and out of school. I appreciate the time you gave to write a response and to gather a detailed response from the minister regarding my petition. In my opinion there are lots of reasons both for and against my petition after reading some of the report.

In my personal experience I feel I have benefited from my teachers going slightly off the curriculum and looking into more conversational Welsh, but in not as much detail as I would like, I am sure this cannot be said for all schools.

I feel that less people in this generation are as keen to speak Welsh compared to our Grandparents which is a shame as I would like to speak more Welsh to my Great Gran and also my Scottish family to show them how proud I am to be Welsh and then maybe they could learn a thing or two.

Some of my ideas include changing the topics taught in welsh lessons to include more questions like; what they did at the weekend? Their ambitions and how people are in general, the kind of 'chit-chat' we use every day in English.

Also more consistency between Primary and Secondary as I have found there is repetition from Primary to year 7 in particular, so a year is technically wasted where we could have learnt a new topic.

I think that in general Teachers are under too much pressure to meet targets and grades and therefore stick to the exam syllabus or curriculum not having the time to spend really using the Welsh Language. If there was less pressure for teachers to meet targets rather than being restricted to specific content and time frames then there would be more time to help individual or small groups of pupils really learn the art of conversing in Welsh. To do this there could be fewer topics on the curriculum but we could learn about each one more in-depth really getting to grips with and committing the knowledge to our long term memory.

The use of drama as a subject in the curriculum where some performances had to be delivered in Welsh throughout the year would benefit everyone, as the most effective way to learn something is to use it. People would grow in confidence not only in using the language but they would literally be practising to use it in everyday situations.

Hopefully my ideas will help you realise the time and efforts I have taken thinking about this issue. Whilst I realise, being in year 10, it is probably too late for any changes to affect me, I have a younger brother and cousins and it is important to me that they learn to speak Welsh and with more confidence than myself. It should be important to all of us that the Welsh Language thrives and becomes a part of all our lives and stays that way.

I hope you take the time to consider my thoughts and opinions in your next committee meeting,
Thank you.

Yours Sincerely,

Eva Bowers

Eitem 5

Mae cyfngiadau ar y ddogfen hon