Agenda - Y Pwyllgor Iechyd, Gofal Cymdeithasol a Chwaraeon

Lleoliad:
Ystafell Bwyllgora 2 - y Senedd
Dyddiad: Dydd Iau, 11 Ionawr 2018
Rhag-gyfarfod Aelodau: 09.15
Amser: 09.30

I gael rhagor o wybodaeth cysylltwch a:
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Rhag-gyfarfod anffurfiol (09.15 - 09.30)

1 Cyflwyniad, ymddiheuriadau, dirprwyon a datgan buddiannau

2 Bil Iechyd y Cyhoedd (Isafbris am Alcohol) (Cymru) - sesiwn dystiolaeth 8 - Ysgrifennydd y Cabinet dros Iechyd a Gwasanaethau Cymdeithasol

(09.30 - 11.30) (Tudalennau 1 - 28)

Vaughan Gething AC, Ysgrifennydd y Cabinet dros Iechyd a Gwasanaethau Cymdeithasol

Tracey Breheny, Dirprwy Gyfarwyddwr Polisi Camddefnyddio Sylweddau, Busnes y Llywodraeth a Chorfforaethol

Bethan Roberts, Yr Adran Gwasanaethau Cyfreithio

Janine Hale, Prif Swyddog Ymchwil (Economeg Iechyd)

3 Papurau i'w nodi

3.1 Ymchwiliad i ofal sylfaenol - llythyr gan y Gymdeithas Siartredig Ffisiotherapi at Gadeirydd y Pwyllgor yn dilyn adroddiad y Pwyllgor

(Tudalennau 29 - 32)

3.2 Ymchwiliad i unigrwydd ac unigedd - llythyr gan Age Cymru at Gadeirydd y Pwyllgor yn dilyn adroddiad y Pwyllgor

(Tudalen 33)

3.3 Bil Iechyd y Cyhoedd (Isafbris am Alcohol) (Cymru) - gwybodaeth ychwanegol gan Alcohol Concern Cymru

(Tudalen 34)

3.4 Ymchwiliad i ofal sylfaenol - llythyr gan Gadeirydd y Pwyllgor at Gymdeithas Siartredig Ffisiotherapi yn dilyn adroddiad y Pwyllgor

(Tudalennau 35 - 36)

3.5 Ymchwiliad i unigrwydd ac unigedd - llythyr gan Gymdeithas Alzheimer at Gadeirydd y Pwyllgor yn dilyn adroddiad y Pwyllgor

(Tudalennau 37 - 41)

3.6 Ymchwiliad i recriwtio meddygol - llythyr gan Ysgrifennydd y Cabinet dros Iechyd, Llesiant a Chwaraeon at Gadeirydd y Pwyllgor ynghylch Cymhellion Hyfforddi Meddygon Teulu

(Tudalennau 42 - 43)

4 Cynnig o dan Reol Sefydlog 17.42 i benderfynu gwahardd y cyhoedd o weddill y cyfarfod

Egwyl (11.30 - 11.40)

5 Bil Iechyd y Cyhoedd (Isafbris am Alcohol) (Cymru) - trafod y dystiolaeth a thrafod y materion allweddol

(11.40 - 12.25) (Tudalennau 44 - 45)

5.1 Bil Iechyd y Cyhoedd (Isafbris am Alcohol) (Cymru): Ymatebion i'r Ymgynghoriad

6 Atal hunanladdiad - y wybodaeth ddiweddaraf

(12.25 - 12.40) (Tudalennau 46 - 48)

6.1 Atal Hunanladdiad: Ymatebion i'r ymgynghoriad

7 Trafod Memorandwm Cydsyniad Deddfwriaethol: Bil Ymosodiadau ar Weithwyr Argyfwng (Troseddau)

(12.40 - 12.50) (Tudalennau 49 - 57)

Mae cyfyngiadau ar y ddogfen hon

Cynulliad Cenedlaethol Cymru
Y Pwyllgor Iechyd, Gofal Cymdeithasol a Chwaraeon

National Assembly for Wales
Health, Social Care and Sport Committee

Vaughan Gething AC
Ysgrifennydd y Cabinet dros Iechyd a Gwasanaethau Cymdeithasol

11 Rhagfyr 2017

Annwyl Vaughan

Bil Iechyd y Cyhoedd (Isafbris am Alcohol) (Cymru)

Rwyf yn ysgrifennu i ofyn am eglurhad ynglŷn â'r gwaith mae Prifysgol Sheffield yn ei wneud ar hyn o bryd o ran diweddaru ei ddadansoddiad o effeithiau wedi'u modelu Isafbris am Alcohol Nghymru. Yn y sesiwn briffio technegol a ddarparwyd gan eich swyddogion ar 25 Hydref ac yn eich llythyr dyddiedig 14 Tachwedd, dywedwyd wrth y Pwyllgor Iechyd, Gofal Cymdeithasol a Chwaraeon y cyhoeddir yr adroddiad llawn sy'n manylu ar y dadansoddiad diweddar hwn ym mis Ionawr 2018. Fodd bynnag, yn ystod eich ymddangosiad gerbron y Pwyllgor Cyllid ar 7 Rhagfyr gwnaethoch nifer o gyfeiriadau at yr adroddiad hwn yn cael ei gyhoeddi ym mis Chwefror:

> "As you'll be aware, the original 2014 modelling that was done for the draft Bill in the last term of the Assembly set out the impact of minimum unit prices in 5p increments from between 35p to 70p. The update of that work is due to be published early in the new year. I've been given a note saying we expect it to be in February next year. So, that will be available and it will help to inform our approach to setting a minimum unit price here."

Mae cyhoeddi'r adroddiad hwn ym mis Ionawr yn hanfodol i'r Pwyllgor Iechyd, Gofal Cymdeithasol a Chwaraeon allu craffu ar y Bil gan fod y Pwyllgor wedi'i gyfarwyddo i gwblhau ei waith craffu erbyn 16 Chwefror 2018.

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Byddai'n ddefnyddiol pe baech yn gallu rhoi eglurhad ar y mater hwn cyn gynted ag y bo modd.

Yn gywir

Dr Dai Lloyd AC
Cadeirydd y Pwyllgor Iechyd, Gofal Cymdeithasol a Chwaraeon

Vaughan Gething AC/AM
Ysgrifennydd y Cabinet dros Iechyd a Gwasanaethau Cymdeithasol
Cabinet Secretary for Health and Social Services

Llywodraeth Cymru
Welsh Government

Ein cyf/Our ref : MA-L/VG/0867/17

Dr Dai Lloyd AC
Cadeirydd y Pwyllgor Iechyd, Gofal Cymdeithasol a Chwaraeon

19 Rhagfyr 2017

Annwyl Dai

Diolch am eich llythyr dyddiedig 11 Rhagfyr yn gofyn imi daflu mwy o oleuni ar ddyddiad cyhoeddi arfaethedig yr adroddiad llawn gan Brifysgol Sheffield ar effaith yr isafbris uned yng Nghymru.

Bydd yr adroddiad llawn sy'n cael ei gyhoeddi gan Brifysgol Sheffield yn cynnwys dadansoddiad o'r effeithiau wedi'u modelu o wahanol isafbrisiau uned (gan amrywio fesul cynyddran 5 ceiniog, o 35 ceiniog i 75 ceiniog). Ceir ynddo hefyd ddadansoddiad o'r effeithiau ehangach o gyflwyno isafbris uned, sy'n cynnwys yr effaith ar absenoldebau o'r gweithle ac ar drosedd. Bydd hefyd yn cynnwys cymhariaeth o'r cynnydd cyfrannol y byddai ei angen yn y doll ar alcohol i gyflawni'r un lefel o ostyngiad yn yr alcohol a gaiff ei yfed gan yfwyr peryglus a niweidiol, a'r marwolaethau y gellir eu priodoli i alcohol, fel enghraifft o isafbris uned. Erbyn hyn, bwriedir cyhoeddi'r adroddiad hwn ym mis Chwefror 2018.

Fel yr amlygwyd gan swyddogion yn y Digwyddiad Briffio Technegol ar y Bil a gynhaliwyd ar gyfer y Pwyllgor Iechyd, Gofal Cymdeithasol a Chwaraeon (ar 25 Hydref), ac yn y llythyr a anfonais i'r Pwyllgor ar 14 Tachwedd, yn wreiddiol, bwriadwyd cyhoeddi'r adroddiad llawn ym mis Ionawr 2018. Fodd bynnag, bu oedi wrth geisio cael data gan y Weinyddiaeth Gyfiawnder (sy'n cael eu defnyddio i lywio'r gwaith o fodelu effaith cyflwyno isafbris uned ar drosedd). O ganlyniad, bu oedi hefyd o safbwynt Prifysgol Sheffield oherwydd nid ydynt wedi gallu diweddaru'r elfen hon ar eu gwaith modelu a dadansoddi hyd yma. Adeg y Digwyddiad Briffio Technegol, roedd swyddogion yn disgwyl y byddai data'r Weinyddiaeth Gyfiawnder yn dod i law yr wythnos honno. Yn anffodus, dim ond yn ystod yr wythnos yn dechrau 4 Rhagfyr y derbyniodd swyddogion Llywodraeth Cymru y data hyn.

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Byddwch yn gwybod, fodd bynnag, fod Prifysgol Sheffield wedi cyhoeddi adroddiad interim ar 29 Tachwedd. Gan ystyried ei fod yn canolbwyntio ar yr effeithiau iechyd y disgwylir i isafsbrif uned eu cael, bydd yr adroddiad hwn yn hynod berthnasol wrth ichi graff ar y Bil. Mae'n diweddaru'r enghraifft o isafbris uned o 50 ceiniog a ddefnyddiwyd yn adroddiad 2014 ac sydd wedi'i chynnwys yn y Memorandwm Esboniadol. Bydd y data ychwanegol a fydd yn cael eu cynnwys yn yr adroddiad llawn yn amlwg yn bwysig, ond bydd yn arbennig o berthnasol wrth osod lefel yr isafbris uned.

Rwy'n gwerthfawrogi bod gennych bryderon am sut y bydd hyn yn cyd-fynd â'ch amserlen ar gyfer cwblhau eich adroddiad. Byddaf yn sicrhau bod fy swyddogion i'n rhoi'r wybodaeth ddiweddaraf am y cynnydd i'r Pwyllgorau ac yn rhannu'r adroddiad llawn gan Brifysgol Sheffield cyn gynted ag y bydd wedi'i gwblhau.

Edrychaf ymlaen at ddod i'r sesiwn graffu sydd wedi'i threfnu ar gyfer 11 Ionawr.

Yn gywir

Vaughan Gething AC/AM
Ysgrifennydd y Cabinet dros Iechyd a Gwasanaethau Cymdeithasol
Cabinet Secretary for Health and Social Services

Cynulliad Cenedlaethol Cymru
Y Pwyllgor Iechyd, Gofal Cymdeithasol a Chwaraeon

National Assembly for Wales
Health, Social Care and Sport Committee

Vaughan Gething AC
Ysgrifennydd y Cabinet dros Iechyd a Gwasanaethau Cymdeithasol

20 Rhagfyr 2017

Annwyl Vaughan

Diolch am eich llythyr ar 19 Rhagfyr ynglŷn â dyddiad cyhoeddi'r adroddiad llawn gan Brifysgol Sheffield ar effeithiau cyflwyno isafbris ar gyfer uned o alcohol yng Nghymru.
Er fy mod yn cydnabod y bu'n rhaid aros am wybodaeth gan Weinyddiaeth Amddiffyn y DU y dylid ei hystyried wrth gyflawni'r gwaith modelu diwygiedig, rwy'n siomedig y bydd yr oedi hwnnw'n arwain at gyhoeddi'r adroddiad llawn gan Brifysgol Sheffield naill ai'n agos iawn at y terfyn amser ar gyfer ein hadroddiad, neu hyd yn oed wedi'r dyddiad y mae'n rhaid i'r Pwyllgor gwblhau ei waith craffu ar gyfer Cyfnod 1.

Yn eich llythyr, rydych yn nodi bod disgwyl i'r adroddiad llawn gynnwys gwybodaeth newydd am y model a luniwyd i ddangos effeithiau isafbrisiau gwahanol ar gyfer uned o alcohol, dadansoddiad o'r effeithiau ehangach os cyflwynir isafbris fesul uned, a chymhariaeth o faint y byddai angen cynyddu'r dreth ar alcohol i gyflawni'r un gostyngiad yn y defnydd o alcohol a nifer y marwolaethau y gellir eu priodoli i alcohol. Mae'r Pwyllgor Iechyd, Gofal Cymdeithasol a Chwaraeon wedi clywed llawer o dystiolaeth ar y materion hyn, yn enwedig pa mor bwysig yw'r isafbris a bennir yn y pen draw er mwyn sicrhau canlyniadau iechyd, a bydd am wneud sylwadau ar y materion hyn yn yr adroddiad ar Gyfnod 1.

Gwn fod Cadeirydd y Pwyllgor Cyllid wedi ysgrifennu atoch hefyd (llythyr dyddiedig 12 Rhagfyr) i nodi pa mor bwysig ydyw i ni gael gafael ar y gwaith diwygiedig gan Brifysgol Sheffield mewn da bryd er mwyn i'r ddau bwyllgor allu ei drafod a'i ystyried yn ein hadroddiadau perthnasol.

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Byddwn yn ddiolchgar pe gallech gadarnhau'r union ddyddiad arfaethedig ar gyfer cyhoeddi adroddiad llawn Prifysgol Sheffield. Hoffwn hefyd eich annog i ymchwilio a fyddai modd cyhoeddi'r adroddiad yn gynharach na hynny. Er gwybodaeth, ac yn dilyn eich gohebiaeth ddiweddar, rwy'n ystyried yr opsiwn o ysgrifennu at y Pwyllgor Busnes i ofyn a ellid ymestyn y terfyn amser ar gyfer ein hadroddiad i 16 Chwefror.

Edrychaf ymlaen at glywed gennych cyn gynted â phosibl.

Cofion

Dr Dai Lloyd AC
Cadeirydd y Pwyllgor Iechyd, Gofal Cymdeithasol a Chwaraeon

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Dr Dai Lloyd AM
Chair of the Health, Social Care and Sport Committee
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Tuesday 5th of December 2017

Dear Chair and Committee Members

Inquiry into Primary Care: Clusters – Response from the Chartered Society of Physiotherapy

The Chartered Society of Physiotherapy (CSP) is writing to you to highlight a concern in relation to something that has been included within your recent publication.

On page 25, Section 73 it is noted that 'both the Chartered Society of Physiotherapy and DPCMH report that musculoskeletal (MSK) services within cluster teams are resulting in reductions in GP consultation for MSK conditions.' This was referenced to written evidence PC08 from the CSP that was evidence based.

The next sentence says, 'However, whilst many of the clusters have invested in additional physiotherapy services, there was limited hard evidence to prove that this has directly reduced pressures on GPs'. This sentence has not been attributed to any written oral evidence specifically so it is not clear on what the conclusion is based.

The CSP is very disappointed in the inference given by the report on the use of MSK services within Clusters. Whilst it is still early days, there is a gathering body of evidence from pilots, vanguards and services that are being 'scaled up' across geographical areas in the UK demonstrating that time is being saved for GPs where they employ physiotherapists to manage MSK in General Practice.

There are a variety of different models available using First Contact Physiotherapy (FCP), physiotherapy MSK triage and patient direct access/self-referral. All divert patients away from the GP. The time of the GP is therefore 'freed up' to see other patients.

Both the BMA Cymru Wales and the Royal College of General Practitioners Wales support the use of physiotherapy and see the benefits that this profession can bring to General Practice. Both have supported the CSP in the development of Guidance, 'General Practice Physiotherapy posts – A guide for implementation and evaluation' http://www.csp.org.uk/publications/implementing-physiotherapy-services-general-practice-guide-implementation-evaluation

At the recent Primary Care Summit in Swansea in November a GP from Neath described the telephone triage model which includes physiotherapy MSK triage as part of the model. She reported that using this model has "restored work life balance for the GPs in the cluster". The same GP provided feedback to the CSP as part of the profession's 'Think Physio for Primary Care' publication http://www.csp.org.uk/professional-union/practice/primary-care/physiotherapy-primary-care-summary-briefing saying,

"Over the last 18 months we have diverted all MSK queries to a diagnostic physio. This has saved hours of GP time and gives the patient a better, more informed service. It has been met with warm approval from patients and GPs alike. Our aim is to expand this service with further additions to the physio team. I don't believe primary care is sustainable without such investment in valued para-medical clinicians"

The CSP is pleased to provide some further examples of impact from around the UK

1. **Betsi Cadwaladr University Health Board**

- What started in January 2015 as a pilot with one FCP serving four GP surgeries has developed so that 14 full-time equivalent practitioners now cover 66 primary care practices
- So far the service has seen nearly 21,000 patients
- 38% of patients attending the GP have been seen as a first point of contact by a FCP and only 8% needed another appointment with physio
- Almost 3,000 referrals to secondary care have been avoided, saving the NHS £373,000
- Patients are seen quicker – typically within a week or two, against a wait of three weeks to see their local doctor or 12 weeks for a hospital appointment.

2. **Cheshire and Wirral Partnership NHS Foundation Trust and the Countess of Chester Hospital Foundation Trust**

- Services to 36 GP surgeries in West Cheshire
- Physiotherapists see around 1,000 patients/month – a quarter of the GP's caseload
- Less than 3% are referred back to their GP (for a medication review, a fit note or a non MSK condition)
- Over 60% can be discharged after one appointment

The service has:

- Saved GP locum time – 84% of patients seen by the physiotherapist would have been seen by the GP – value £540k/year
- Decreased plain x-ray referrals by 5.9% - value £28k/year
- Decreased MRI referrals by 4.9% - value £83k/year
- Decreased referrals to orthopods by 2% - value £70k/year
- Reduced referrals to physiotherapy services by 3%
- High patient satisfaction – 99% rated this service good or excellent, 97% had their issues addressed
- High GP satisfaction – 91% rated the service as being 8 or over for how beneficial they felt the service is to their practice with 45% scoring 10 out of 10.

3. **Darlington GP MSK Pilot**

- 1,128 GP appointments were saved and a subsequent reduction in follow-up appointments
- 2 nominated GP practices
- FCP physiotherapist available two hours/day
- 20-minute appointments
- 1,147 patients seen (up to the end of September 2016) and only 19 (2%) required reference back to their GP
- Of the patients seen 849 (74%) were managed with early advice and did not need on-going treatment.

4. **Cumbria**

- Direct access to a specialist MSK physiotherapist
- Pilot saved nearly 600 GP appointments and cost savings from reduction in investigations such as MRI
- 19% fewer patients were referred to secondary care
- Band 8a, 20 minutes allocated for treatment/assessment
- 11-month service audit
- 79% of referrals seen by MSK practitioner would have normally seen the GP – releasing 561 appointments
- 62% of patients presenting with MSK were managed and discharged from the MSK service
- 27% were referred on for physiotherapy
- 19% fewer patients were referred on to secondary care
- Injection therapy has brought a financial reward to the practice as well as keeping them out of secondary care. NB enhanced payment for injection therapy
- The MSK practitioner has reduced the referral rate to secondary care by 20% with a 90% conversion rate to surgery of those referred by the MSK practitioner.

5. **Primary Care in Forth Valley, Scotland**

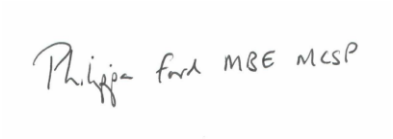
- An 18-month pilot
- Standard GP appointments have risen from 10 to 15 minutes
- 2 physiotherapists with advanced practice skills were employed by Forth Valley NHS to work part-time at Bannockburn medical practice in Stirling and the medical practice in Grangemouth
- The physiotherapists have taken on the GP MSK caseload, deciding on the best pathway for each patient
- They provide advice, support and self-management, show exercises and administer injections and where necessary order investigations (bloods, imaging) plus they refer to orthopaedics, pain and rheumatology clinics
- 97% of patients report confidence and trust in the physiotherapists
- 75% of patients are able to self-manage their MSK conditions
- Referrals to orthopaedics are down to 2%
- Referrals to imaging are down to 6%
- 98.5% of appointments with physiotherapists are appropriate.

The CSP hopes the committee finds these examples useful and our continued evidence of the value of employing physiotherapists within Clusters to support GPs and the rest of the primary care team. MSK health issues are the most common cause of repeat GP appointments and account for 1 in 5 of all GP appointments http://www.csp.org.uk/professional-union/practice/primary-care/physiotherapy-primary-care-summary-briefing.

We are unsure if the committee is able to make a change to the published document but we do hope that clarification can be given. Whilst the workload of GPs may not have decreased due to the relentless demand on their time and skills, the CSP asserts that the 'case mix' of patients they are seeing will have changed due to the people with MSK conditions being seen successfully by the physiotherapists working in and/or supporting General Practice.

I look forward to meeting with the committee in the New Year ahead of the debate on this important committee inquiry publication.

Yours sincerely



Pip Ford MBE MCSP
CSP Public Affairs & Policy Manager for Wales
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Creu Cymru oed gyfeillgar
Creating an age friendly Wales

Dr Dai Lloyd AM
Chair of Health, Social Care and Sport Committee
National Assembly for Wales
Cardiff
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11 December, 2017

Dear Dai,

I am writing to you to express concern regarding some of the comments published in the Health, Social Care and Sport Committee's Inquiry into Loneliness published last week in relation to the role of the third sector.

Both national and local third sector organisations deliver many community based, person centred services that support older people to maintain their independence and develop the community networks that are so important in tackling loneliness. Age Cymru has a small policy and public affairs team based in Cardiff which champions the voice of the older person at a national level and which seeks to ensure policies and legislation consider the needs of an ageing population. We believe there is huge value in sharing the intelligence and learning derived from the services delivered by us and our local Age Cymru partners to influence positive change for older people.

Yours sincerely

Victoria Lloyd.

Victoria Lloyd
Interim CEO, Age Cymru

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Numbers accessing treatment

Public Health England's National Drug Treatment Monitoring System has reported that while 595,000 adults in England were "drinking at dependent levels and potentially in need of specialist treatment", only 109,000 accessed alcohol treatment services in 2016-7, i.e. 18% or just under 1 in 5. This figure of 595,000 dependent drinkers is based on a study by Sheffield University and King's College London, and equates to 1.4% of the adult population of England. The same analysis has not be done in Wales, but there is no reason to suppose that the percentage of dependent drinkers in the population would be very different.

Using the 1.4% estimate from England would mean that around 36,000 adults in Wales would be alcohol dependent. The total number of people starting substance misuse treatment in Wales in 2016-17 was 16,406, of whom around 53% had been assessed for problematic alcohol use and around 47% for problematic use of other drugs. Since that 53% will include many other drinkers who are not alcohol dependent, it is not possible to make a meaningful comparison with the English figures above.

Polydrug use

Firm information on the nature and extent of polydrug use is scarce, although all drug and alcohol services recognise that it happens. The UK Government's 2017 Drug Strategy states that "use of multiple drugs ('poly-substance misuse')…poses an evolving challenge". The Welsh Government's Substance Misuse Annual Report and Forward Look for 2017 says that "[hospital] admissions data suggests that use of multiple drugs may be increasing".

Probably the most comprehensive source of information is the European Monitoring Centre for Drugs and Drug Addiction's report on polydrug use, based on data on young adults (15–34 years) from 2005 to 2008 in nine EU Member States, including the UK. They found that:

- The use of multiple substances is a widespread pattern of drug use in Europe
- Polydrug use reflects both the increasingly wide range of drugs available and the willingness of different groups of young people to experiment in the use of psychoactive substances
- The data indicates the existence of three distinct populations of polydrug users:
    - Co-users of heroin and cocaine, who are often marginalised
    - Socially integrated cocaine inhalers and alcohol users
    - Younger co-users of cannabis and alcohol.
- Alcohol is almost always the first drug used by young people and is a fundamental component of most polydrug use profiles
- The strongest associations between heavy alcohol use and illicit drug use were found in the countries with the lowest prevalence of heavy alcohol use (Cyprus, France, Italy, Portugal), and the weakest associations in those countries where frequent or heavy alcohol use is more widespread, such as Ireland and the United Kingdom.

Cynulliad Cenedlaethol Cymru
Y Pwyllgor Iechyd, Gofal Cymdeithasol a Chwaraeon

National Assembly for Wales
Health, Social Care and Sport Committee

Pip Ford MBE MCSP
CSP Public Affairs & Policy Manager for Wales

14 December 2017

Dear Pip

Thank you for your letter dated 5 December 2017 which you sent on behalf of the Chartered Society of Physiotherapy in respect of the Committee's report into Primary Care clusters. I have noted its contents and the updated information you have provided in it.

The Committee's report set out our view on all aspects of this inquiry's terms of reference, including whether clusters can reduce demand on GPs; how the contributions of the new multi-disciplinary teams can be measured; and also whether there is a robust enough framework to evaluate cluster outcomes.

Based on the evidence provided to us, including the written and oral evidence from the CSP and others, the report concludes 'whilst there was strong evidence in support of the great potential clusters have to reduce demands on GPs, there was limited data to show this was actually happening on the ground' (para 69).

A key theme emerging from the evidence is highlighted on page 59 of the report in respect of 'concerns that there is limited quantifiable evidence on the impact of clusters'. When asked about the limited hard evidence on the impact of clusters you told us it was 'early days' and that you 'haven't seen official evidence'. We also noted your written evidence which stated that 'Measuring the benefits of physiotherapy as part of the multi-disciplinary team in primary care will have to be looked at across a range of areas. These include: Benefits for GPs - freeing up their time, with fewer repeat appointments and less money spent on locums'.

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I'm pleased to say the Committees findings were fully supportive of the multi-disciplinary approach, including MSK services. On page 33 we say that 'general practice is clearly a core element of primary care, but increasingly a wide range of other services and professionals have a vital role in its delivery'. On page 43 we also refer to the 'obvious and substantial benefits to the multi-disciplinary team approach'.

I am very grateful for the CSPs on-going support for the Committee's scrutiny work. Your letter has been circulated to all Members of the Committee and will be published on our website. I'm also pleased that you are able to represent the CSP at our primary care event on 17 January where there will be an opportunity for stakeholders and Members to discuss the report further.

Yours sincerely,

Dr Dai Lloyd AM
Chair, Health, Social Care and Sport Committee

Alzheimer's Society Cymru,
16 Columbus Walk,
Brigantine Place,
Cardiff, CF10 4BY

[redacted]
alzheimers.org.

Dr Dai Lloyd AM,
Health, Social Care & Sport Committee,
National Assembly for Wales,
Cardiff,
CF99 1NA.
SeneddHealth@assembly.wales

15th December 2017

Dear Dr. Lloyd,

Re: Report on the Committee inquiry on loneliness and isolation

We would like to take this opportunity to welcome the report from the Health, Social Care and Sport Committee on its inquiry into loneliness and isolation, published in December 2017. We were very glad to read the committee's recommendations.

In particular, we look forward to seeing the Government's strategy for loneliness and isolation and strongly agree it should dovetail with and build on existing Welsh Government strategies such as the Dementia Action Plan, the Carers Strategy and the Strategy for Older People. We also welcome the Committee's recommendation that the Government takes a cross-departmental approach to its strategy on loneliness and isolation, and agree the National Dementia Strategy and Carers Strategic Action Plan should include reference to tackling loneliness and isolation.

We also welcome the Committee's recommendation 4 regarding funding. Lack of stable funding is a key challenge faced by voluntary sector organisations of all sizes. In order to provide vital specialist services for vulnerable communities, we strongly support the Committee's recommendation that the Government should work with the voluntary sector and local government to provide stable funding, including by introducing three year funding programmes.

However, we feel the need to clarify comments made by Dr Victor Aziz included in the report. We appreciate the acknowledgement that these comments were made in a personal capacity and do not represent the views of the Royal College of Psychiatrists. But we feel we must make clear that Alzheimer's Society Cymru is fundamentally not "moving from patients and carers into more policy and strategy" and that we are committed to supporting every person affected by dementia.

Alzheimer's Society has the vision of a world without dementia. Our mission is to transform the landscape of dementia forever – until we have a cure, we will strive to create a society where those affected by dementia are supported and accepted, able to live in their community without fear or prejudice. Our new five-year strategy *The New Deal on Dementia* was published this year to set out our path to achieving this vision. Through our strategy, we will ensure we reach every person who has a diagnosis of dementia and wants our help; change the conversation on dementia and mainstream the rights of those affected by it; and drive the research agenda – working tirelessly to improve support today and unlock the answers for a cure tomorrow. Please see the enclosed briefing for further information.

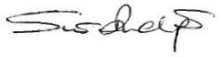
Alzheimer's Society Cymru is the leading voice for people affected by dementia in Wales. We are committed to supporting and improving the lives of all people affected by dementia. Our new deal on support will provide easy access to telephone and email support and face-to-face support for people with more complex needs to help people navigate the maze of health and social care services; help people keep connected to their communities and interests through Side by Side; and connect people at all times through our online community (Talking Point) and online service directory. Our service will be available to every single person at the point of diagnosis onwards so no-one has to face dementia alone. Our ambition, by 2022, is to reach out to everyone from the time of diagnosis to offer help, and deliver a universally accessible support and advice service. We will build awareness and understanding of dementia, grow dementia friendly communities and partnerships, recruit four million Dementia Friends and help them play their part in changing how society supports people affected by dementia. You can read more about our new strategy at alzheimers.org.uk/strategy

We acknowledge that our services are in high demand, which can mean longer waiting times than we would like – this is partly to do with reduced funding from service commissioners, which is a challenge across the voluntary sector, and increasing demand because of rising numbers of people with a diagnosis of dementia. There are no easy solutions, but we hope that more stable funding in the sector, as recommended by the Committee, would help the third sector meet these challenges. We hope our service offer can dovetail with the proposals in the Dementia Action Plan, ensuring that the third sector plays an integral role in supporting people affected by dementia as a valued partner in service delivery.

Our policy, strategy and public affairs work is designed to support this – we advocate with and on behalf of people affected by dementia to make sure we get the best deal we can for one of Wales' most vulnerable communities. We have engaged with the Health, Social Care and Sport Committee, Welsh Government, and individual AMs to do this, and facilitate the Cross Party Group on Dementia. We also work with local commissioners and health and social care sector representatives to ensure that the support people affected by dementia tell us they need is in place. We want to see all of Welsh society united against dementia and for Wales to be a place where people affected by dementia feel valued and able to contribute. Our strategy is designed to achieve this through the work of our services, our volunteers and our supporters.

I would be happy to discuss this further if you would like. Please don't hesitate to contact me if Alzheimer's Society can be of any use to your ongoing work.

Yours sincerely,



Sue Phelps
Country Director, Alzheimer's Society Cymru

The New Deal on Dementia

Alzheimer's Society Cymru briefing

Alzheimer's Society's new strategy and brand

Finding out you have dementia can devastate lives. For someone living with dementia, for their loved ones, for their friends, dementia means the plans you made will not be so. Until the day we find a cure, we will strive to create a society where those affected by dementia are supported, accepted, and able to live in their communities, without fear or prejudice.

This year sees the launch of Alzheimer's Society's new five-year strategy: *The New Deal on Dementia*. Through it, we will ensure we reach every person who has a diagnosis of dementia and wants our help; change the conversation on dementia and mainstream the rights of those affected by it; drive the research agenda – working tirelessly to improve support today and unlock the answers for a cure tomorrow.

It is worth reflecting on the achievements of the community here in Wales over the course of our current strategy, *Delivering on Dementia*. We have built the biggest social movement around health, with nearly 80,000 Dementia Friends. There are over 50 communities up and down Wales working towards becoming dementia friendly. And we have been working together as the Welsh Government develops Wales' first dementia strategy to ensure the voices of people affected by dementia are heard and that we have a truly ambitious strategy to make Wales a dementia friendly nation.

We have unveiled our bold new brand, enabling us to speak louder for people affected by dementia, as well as attract more people to join the growing dementia movement. In Wales, we have become Alzheimer's Society Cymru, reflecting our position as the leading voice for people affected by dementia in Wales.

Our new strategy is built on three key pillars:

1) New deal on support

We will provide information and support to anyone who needs it, in the way they need it – combining local face-to-face support with telephone and online advice to help people navigate the maze of health and social care services. This service will be available to every single person at the point of diagnosis onwards so no-one has to face dementia alone. Our ambition, by 2022, is to reach out to everyone from the time of diagnosis to offer help, and deliver a universally accessible support and advice service.

2) New deal on society

We will change the conversation on dementia. We will bring dementia rights into the mainstream and make sure people with dementia are treated as equal members of society. We will secure change nationally and in communities, galvanising all those who want to achieve change and joining them in the dementia movement. In 2022 more people living with dementia will say they live in communities that support them.

We will have increased public awareness and understanding of dementia, ending the stigma associated with the condition today.

3) New deal on research

We will drive the dementia research agenda - joining together the research community and putting the knowledge and experiences of people affected by dementia at its heart. This includes investing £50 million in the UK's first dedicated Dementia Research Institute and a further £100 million into pioneering research across the spectrum including biomedical, prevention, assistive technology and care research. Cardiff University has recently been named as one of the six new partner centres for the UK Dementia Research Institute, meaning a £13 million investment in new research. Our ambition by 2022 is to have made our biggest ever investment in dementia prevention, care and cure research. This will transform the landscape of dementia research, here and abroad.

To view a full version of the strategy, visit alzheimers.org.uk/strategy

Morgan Griffith-David
Policy Officer
[redacted]

Eitem 3.6

Vaughan Gething AC/AM
Ysgrifennydd y Cabinet dros Iechyd, Llesiant a Chwaraeon
Cabinet Secretary for Health, Well-being and Sport

Llywodraeth Cymru
Welsh Government

Ein cyf/Our ref: MA-P/VG/4593/17

Dr Dai Lloyd AC
Cadeirydd
Y Pwyllgor Iechyd, Gofal Cymdeithasol a Chwaraeon

19 Rhagfyr 2017

Annwyl Dai

Roedd ymchwiliad y Pwyllgor i recriwtio meddygol a'r adroddiad dilynol yn cynnwys yr argymhelliad:

"Dylai Llywodraeth Cymru roi'r wybodaeth ddiweddaraf i'r Pwyllgor erbyn diwedd 2017 (ac yn flynyddol wedi hynny) am effaith y cynllun cymhelliant i feddygon teulu, ac archwilio ac ymgymryd â gwaith i ganfod opsiynau posibl ar gyfer cynlluniau cymhelliant ariannol neu rai eraill tebyg i ddenu a chadw darpar feddygon a rhai sy'n ymarfer." (argymhelliad 12).

Derbyniais yr argymhelliad hwn yn fy ymateb i'r adroddiad ym mis Awst.

Cyhoeddais ddatganiad ysgrifenedig ar 20 Tachwedd yn rhoi'r wybodaeth ddiweddaraf ar ymgyrch Hyfforddi Gweithio Byw a'r lleoedd cysylltiedig sydd wedi cael eu llenwi ar gyfer hyfforddiant ymarferwyr cyffredinol yng Nghymru. Gellir gweld y datganiad trwy'r ddolen isod;
http://gov.wales/about/cabinet/cabinetstatements/2017/gptrainingupdate/?skip=1&lang=cy

Yn ogystal â'r wybodaeth a ddarperir yn y datganiad, mae'r tabl canlynol yn dangos y lleoedd sydd wedi'u llenwi ym maes hyfforddi ymarferwyr cyffredinol ar draws y pum ardal hyfforddi a gwmpesir gan y cynllun hyfforddi wedi'i dargedu, gan gynnwys y ffigurau ar gyfer 2017 – h.y. ers i ymgyrch Hyfforddi Gweithio Byw gael ei chyflwyno ac ers i'r dull gweithredu a seilir ar gymhelliant gael ei gyflwyno.

Cynllun Hyfforddi	Nifer y Lleoedd Hyfforddi	2013	2014	2015	2016	2017
Aberystwyth	6	33%	50%	0%	17%	100%
Dyffryn Clwyd	8	50%	50%	50%	100%	50%
Sir Benfro	6	100%	67%	33%	0%	100%
Wrecsam	8	88%	63%	50%	88%	112%
Bangor	8	100%	63%	100%	63%	150%

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Gohebiaeth.Vaughan.Gething@llyw.cymru
Correspondence.Vaughan.Gething@gov.wales

Mae'r tabl yn dangos gwelliant nodedig ym mhedair o'r pum ardal sy'n destun cymhelliant. Bydd fy swyddogion yn gweithio gyda Deoniaeth Cymru er mwyn parhau i fonitro'r sefyllfa yn ardal hyfforddi Dyffryn Clwyd wrth i recriwtio i garfan 2018 fynd yn ei flaen.

Byddaf yn parhau i roi'r wybodaeth ddiweddaraf bob blwyddyn i'r Pwyllgor am effaith cynlluniau cymhelliant, yn unol ag argymhelliad y Pwyllgor.

Yn gywir

Vaughan Gething AC/AM
Ysgrifennydd y Cabinet dros Iechyd, Llesiant a Chwaraeon
Cabinet Secretary for Health, Well-being and Sport

Mae cyfyngiadau ar y ddogfen hon

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