

## Y Pwyllgor Iechyd a Gofal Cymdeithasol

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Lleoliad:  
**Ystafell Bwyllgora 3 – Y Senedd**

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Dyddiad:  
**Dydd Iau, 8 Mawrth 2012**

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Amser:  
**09:30**

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Cynulliad  
Cenedlaethol  
Cymru

National  
Assembly for  
Wales



I gael rhagor o wybodaeth, cysylltwch â:

**Llinos Dafydd**  
Clerc y Pwyllgor  
029 2089 8403  
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### Agenda

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#### 1. Cyflwyniad, ymddiheuriadau a dirprwyon

**2. Ymchwiliad undydd i wasanaethau cadeiriau olwyn yng Nghymru – tystiolaeth lafar (09.30 – 11.40)** (Tudalennau 1 – 13)  
HSC(4)–08–12 paper 1 – Y diweddaraf gan Lywodraeth Cymru

**2a. Safbwynt y defnyddiwr (09.30 – 10.30)** (Tudalennau 14 – 35)  
HSC(4)–08–12 papur 2  
Joseph Carter, Cadeirydd, Cyngor Niwrolegol Cymru

HSC(4)–08–12 papur 3  
Keith Bowen, Rheolwr, Cyswllt Teulu Cymru

HSC(4)–08–12 papur 4  
Matt O’Grady, Uwch Swyddog Polisi ac Ymgyrchu, Scope Cymru

**2b. Safbwynt yr ymarferydd (10.30 – 11.00)** (Tudalennau 36 – 47)  
HSC(4)–08–12 papur 5  
Philippa Ford, Swyddog polisi dros Gymru, Cymdeithas Siartredig Ffisiotherapi Cymru  
Ruth Jones, Cymdeithas Siartredig Ffisiotherapi Cymru

HSC(4)-08-12 papur 6

Sandra Morgan, Coleg y Therapyddion Galwedigaethol Cymru  
Ellis Peters, Coleg y Therapyddion Galwedigaethol Cymru

Egwyl 11.00 - 11.10

**2c. Safbwynt y darparwr elusennol (11.10 - 11.40) (Tudalennau 48 - 51)**

HSC(4)-08-12 papur 7

Jeff Collins, Cyfarwyddwr - Cymru, Y Groes Goch Brydeinig  
Nicola Wannell, Rheolwr Datblygu Gwasanaethau (De Ddwyrain Cymru), Y  
Groes Goch Brydeinig

**3. Ymchwiliad undydd i thrombo-emboldd gwythiennol - trafod y  
cylch gorchwyl (11.40 - 11.50) (Tudalennau 52 - 56)**

HSC(4)-08-12 papur 8

**4. Papurau i'w nodi (Tudalennau 57 - 58)**

Cofnodion cyfarfod 23 Chwefror

HSC(4)-06-12 cofnodion

**4a. Gwybodaeth ddilynol o gyfarfod 25 Ionawr - materion yn ymwneud â'r UE -  
hawliau cleifion i ofal iechyd trawsffiniol (Tudalennau 59 - 61)**

HSC(4)-08-12 papur 9

**4b. Gwybodaeth ddilynol o gyfarfod 25 Ionawr - materion yn ymwneud â'r UE -  
moderneiddio'r gyfarwyddeb cymwysterau proffesiynol (Tudalennau 62 - 66)**

HSC(4)-08-12 papur 10

**4c. Y Bil Drafft ynghylch Sgorio Hylendid Bwyd (Cymru) - gwybodaeth  
ychwanegol gan swyddogion Llywodraeth Cymru (Tudalennau 67 - 73)**

HSC(4)-08-12 papur 11

## **Y Pwyllgor Iechyd a Gofal Cymdeithasol**

**HSC(4)-08-12 papur 1**

### **Ymchwiliad undydd i wasanaethau cadeiriau olwyn yng Nghymru – Y Wybodaeth Ddiweddaraf gan Lywodraeth Cymru**

**Y Wybodaeth Ddiweddaraf gan Lywodraeth Cymru i'r Pwyllgor Iechyd a Gofal Cymdeithasol ar weithredu argymhellion adroddiad y Pwyllgor Iechyd, Lles a Llywodraeth Leol ar Wasanaethau Cadeiriau Olwyn.**

#### **Cyflwyniad**

Cynhaliwyd ymchwiliad gan Bwyllgor Iechyd a Lles Cynulliad Cenedlaethol Cymru i Wasanaethau Cadeiriau Olwyn yng Nghymru a chyflwynodd adroddiad ym mis Mai 2010 gyda 23 o argymhellion. Yn dilyn hynny, anfonodd y Gweinidog dros lechyd a Gwasanaethau Cymdeithasol wybodaeth ysgrifenedig at Gadeirydd y Pwyllgor ym mis Tachwedd 2010 yn dilyn rhyddhau adroddiad Adolygiad ar Ystum Corff a Symudedd Cymru Gyfan Cam 2. Mae'r papur hwn yn rhoi gwybodaeth i'r Pwyllgor Iechyd a Gofal Cymdeithasol ar y cynnydd a wnaed hyd at fis Tachwedd pryd cyfarfu Bwrdd Partneriaeth Ystum a Symudedd Cymru gyfan ddiwethaf.

#### **Cefndir**

Ym mis Mai 2008, cyhoeddodd y Gweinidog dros lechyd a Gwasanaethau Cymdeithasol adolygiad o'r ddarpariaeth cadeiriau olwyn yng Nghymru. Byddai'r adolygiad yn cwmpasu benthyca cadeiriau olwyn i oedolion a phlant yn yr hirdymor a'r tymor byr. Cynhaliwyd yr adolygiad mewn dau gam. Cyflwynwyd adroddiad Cam 1 i'r Gweinidog ym mis Hydref 2009, a oedd yn disgrifio'r ddarpariaeth gwasanaeth ar draws Cymru, yn cynnwys sut yr oedd gwasanaethau yn cael eu rheoli. Roedd yr adolygiad yn argymhell newidiadau i wella profiad defnyddwyr gwasanaeth.

Ym mis Mai 2010, cyhoeddwyd adroddiad Pwyllgor Iechyd, Lles a Llywodraeth Leol y Cynulliad Cenedlaethol ar yr 'Ymchwiliad i Wasanaethau Cadeiriau Olwyn yng Nghymru'. Cyflwynwyd tair ar hugain o argymhellion gan y Pwyllgor.

Ymatebodd y Gweinidog i adroddiad y Pwyllgor ym mis Mehefin 2010, gan dderbyn pob un o'r argymhellion. Dechreuwyd bwrdd prosiect ar gyfer adolygiad Cam 2 o'r gwasanaethau Ystum Corff a Symudedd a chyhoeddodd y Gweinidog dros lechyd a Gwasanaethau Cymdeithasol mai Ms. Sue Kent, Dirprwy Gadeirydd Bwrdd Iechyd Lleol Aneurin Bevan fyddai'r Gadeirydd. Cynhaliwyd cyfarfod cyntaf y Bwrdd Prosiect ym mis Mai 2010. Sefydlwyd Grŵp Cyfeirio Ehangach hefyd i gefnogi'r Bwrdd Prosiect. Bu'r Bwrdd Prosiect yn canolbwyntio ar brif themâu gwaith Cam 1 gan ddatblygu'r argymhellion ymhellach er mwyn sicrhau bod y cynigion ar wella'r gwasanaeth yn mynd i'r afael â'r prif faterion a nodwyd. Trefnwyd ffrydiau gwaith i ystyried y prif faterion a datblygu argymhellion i'w gweithredu. Roedd gwaith y ffrydiau gwaith unigol yn edrych yn fanwl ar y meini prawf cymhwyster, y dangosyddion ansawdd a'r dangosyddion perfformiad allweddol ynghyd â

chamau gweithredu amrywiol i sicrhau bod gwasanaeth effeithlon ac effeithiol yn cael ei ddarparu i ddefnyddwyr sefydledig a defnyddwyr newydd.

Cyflwynodd y bwrdd prosiect adroddiad ym mis Hydref 2010, ac anfonwyd copi at Darren Millar AC, Cadeirydd y Pwyllgor Iechyd, Lles a Llywodraeth Leol ar y pryd, gyda manylion y gwelliannau yr oedd angen eu gwneud.

Un o'r argymhellion yn yr adroddiad oedd gweithredu manylebau ar gyfer cadeiriau olwyn ar sail Cymru Gyfan a rheoli perfformiad drwy Fwrdd Partneriaeth a fyddai'n disodli'r Grŵp Llywio Ystum Corff a Symudedd blaenorol.

Sefydlwyd Bwrdd Partneriaeth Ystum Corff a Symudedd Cymru Gyfan, wedi'i gadeirio a'i arwain gan Bwyllgor Gwasanaethau Arbenigol Iechyd Cymru (WHSSC), fel comisiynwyr y gwasanaethau cadeiriau olwyn, i oruchwylio'r holl raglenni gwaith. Mae'r Bwrdd Partneriaeth yn cynnwys cynrychiolwyr defnyddwyr gwasanaeth a darparwyr gwasanaeth ac mae'n adolygu perfformiad yn erbyn dangosyddion ansawdd a pherfformiad y cytunwyd arnynt. Mae'r Bwrdd yn cwrdd yn chwarterol a chynhelir y cyfarfod nesaf ar 1 Mawrth 2012.

Mae'r Gwasanaeth Aelodau Artiffisial a Chyfarpar (ALAS) yn cael ei ddarparu drwy gydweithrediad tri Bwrdd Iechyd Lleol (BILL): Caerdydd a'r Fro, Abertawe Bro Morgannwg a Betsi Cadwaladr. Mae canolfannau'r Gwasanaeth Aelodau Artiffisial a Chyfarpar wedi'u lleoli yng Nghaerdydd, Abertawe a Wrecsam ac maent yn cydweithio i ddarparu gwasanaeth ledled Cymru. Mae'r Awdurdodau hyn yn cael eu cefnogi gan Unedau Peirianeg Adsefydlu (REU) yng Nghaerdydd, Abertawe ac Ysbyty Bryn y Neuadd yng Ngogledd Cymru. Mae'r Unedau'n darparu atebion pwrpasol ar gyfer gofynion mwyaf cymhleth cleifion.

### **Argymhelliad 1**

Rydym yn argymhell bod Llywodraeth Cymru'n sicrhau bod manyleb gwasanaeth lawn, cenedlaethol yn cael ei pharatoi, gan gynnwys manylion am ddull y gwasanaeth o gydweithio â sefydliadau ac unigolion eraill; cyllido ar y cyd â sefydliadau ac unigolion; a gwybodaeth am dargedau perfformiad a systemau monitro.

### **Y Diweddaraf**

Mae'r fanyleb gryno ar fin cael ei chwblhau a bydd yn ffurfio'r sail ar gyfer y cynllun gwasanaeth Ystum Corff a Symudedd Cymru Gyfan a datblygu manyleb gyflawn. Mae fframwaith yn cael ei ystyried hefyd ar gyfer gwneud penderfyniadau, sy'n seiliedig ar feini prawf a lefelau penderfynu amrywiol a fydd yn gweithredu fel atodiad i'r uchod. Bydd hyn yn darparu eglurder i ddefnyddwyr gwasanaeth a chlinigwyr ynglŷn â darparu cyfarpar. Bwriedir i'r gwaith hwn gael ei gyflwyno a'i gymeradwyo gan y Bwrdd Partneriaeth yn y cyfarfod nesaf ar 1 Mawrth. Mae'r gwaith hwn yn cyd-fynd â'r meini prawf cymhwyster a gwblhawyd mewn cam cynharach.

Fel y sefydliad comisiynu, mae WHSSC yn ei gwneud yn ofynnol i'r gwasanaeth weithio i gydymffurfio â meini prawf Atgyfeirio ar gyfer Triniaeth Llywodraeth Cymru ar gyfer gwasanaethau aciwt, a'r Fframwaith Gwasanaeth Cenedlaethol ar gyfer Plant.

## **Argymhelliad 2**

Rydym yn argymhell y dylai Llywodraeth Cymru lunio cynllun strategol, i roi cyfeiriad i'r gwasanaeth dros y blynyddoedd nesaf. Dylid gwneud hyn ar y cyd â'r darparwyr gwasanaeth, defnyddwyr, rhanddeiliaid a phartion eraill â diddordeb.

### **Y Diweddara**

Sefydlwyd Bwrdd Partneriaeth sy'n cynnwys defnyddwyr gwasanaeth a darparwyr gwasanaeth a fydd yn darparu cyfeiriad strategol i'r gwasanaeth yn y blynyddoedd nesaf. Mae hyn yn cynnwys datblygu manylebau gwasanaeth a dangosyddion ansawdd.

Sefydlwyd ffrwd waith ymgysylltu â defnyddwyr gwasanaeth i sicrhau bod safbwyntiau staff, defnyddwyr gwasanaeth a rhanddeiliaid yn llywio datblygiad y gwasanaeth cadeiriau olwyn yn awr ac yn y dyfodol. Mae'r ymagwedd yn cael ei harwain gan ddefnyddwyr gwasanaeth ac yn cael ei gefnogi gan Asiantaeth Genedlaethol Arwain ac Arloesi mewn Gofal Iechyd (NLIAH) a bydd yn ymgynghori â defnyddwyr gwasanaeth yn benodol er mwyn:

- Adnabod elfennau o arfer da o ran darpariaeth gwasanaeth/profiad defnyddwyr gwasanaeth
- Adnabod elfennau sy'n peri pryder o ran darpariaeth gwasanaeth/profiad defnyddwyr gwasanaeth
- Adnabod darparwyr gwasanaeth sy'n barod i weithio gyda'r gwasanaeth i wella profiad defnyddwyr gwasanaeth – fforymau ffisegol neu rithiwr defnyddwyr gwasanaeth
- Adnabod ffyrdd o gynnwys defnyddwyr gwasanaeth yn y ddarpariaeth gwasanaeth yn y dyfodol

Y bwriad yw cynhyrchu model fel rhan o'r ffrwd gwaith hwn i gasglu safbwyntiau defnyddwyr gwasanaeth yn rheolaidd a darparu dolen adborth a fydd yn hysbysu'r broses o gyflenwi a datblygu gwasanaethau.

## **Argymhelliad 3**

Rydym yn argymhell y dylai'r cynllun strategol roi sylw i'r angen i integreiddio'r gwasanaeth yn well â gwasanaethau cymunedol a gwasanaethau eraill y GIG, ac â'r gwasanaethau cymdeithasol.

### **Y Diweddara**

Mae gwasanaethau ALAS yn cydweithio'n agos gyda staff cymunedol, ar sail unigol a hefyd er enghraifft drwy ddarparu hyfforddiant i grwpiau proffesiynol megis nyrsys hyfywedd meinwe ledled Cymru. Mae fideo hyfforddiant wedi'i ddatblygu hefyd i'w ddefnyddio gan Therapyddion, adrannau gofal cymdeithasol a sefydliadau'r Trydydd Sector.

Sefydlwyd system i gylchdroi staff therapi i ALAS. Yn Ne Cymru, mae gan y gwasanaeth swyddi Band 6 cylchdro blwyddyn sy'n galluogi therapyddion galwedigaethol o wasanaethau eraill i feithrin lefel uchel o arbenigedd wrth asesu a gosod ar gyfer materion yn ymwneud ag ystum corff a symudedd, Yna, caiff y sgil yma ei rannu a'i drosglwyddo i gydweithwyr eraill gan arwain

at welliannau yn ansawdd yr atgyfeiriadau a galluogi gwasanaethau ALAS i ragnodi yn syth ar ôl atgyfeirio.

Yng Ngogledd Cymru, sefydlwyd swydd gylchdro therapydd 12 mis gyda gwasanaeth cymunedol y BILL i weithio yn ALAS. Bydd hyn yn gwella'r sail wybodaeth yn y Gwasanaethau Therapi Cymunedol a hyrwyddo cydweithio.

#### **Argymhelliad 4**

Rydym yn argymhell bod Llywodraeth Cymru'n sicrhau bod y trefniadau am wasanaeth cadeiriau olwyn wedi'i ailstrwythuro'n cynnwys cyfrifoldebau a llinellau atebolrwydd clir ar gyfer cyflenwi'r gwasanaeth.

#### **Y Diweddara**

Mae'r BILLau a gwasanaethau ALAS yn mynd i'r afael â hyn, drwy gydweithio'n agos i gytuno ar fanylebau ar y cyd mewn cydweithrediad â'r Asiantaeth Genedlaethol Arwain ac Arloesi mewn Gofal Iechyd (NLIAH). Mae gwaith ailstrwythuro wedi dechrau gan greu un gwasanaeth ALAS, o'r ALAS a'r REU blaenorol, o fis Awst 2011. Yng Ngogledd Cymru, sefydlwyd swydd newydd Cyfarwyddwr Clinigol ac mae'r strwythurau staffio newydd yn cael eu hadolygu.

#### **Argymhelliad 5**

Rydym yn argymhell y dylai mesurau perfformiad newydd ganolbwyntio ar ganlyniadau i ddefnyddwyr, gan ystyried eu hanghenion ehangach.

#### **Y Diweddara**

Hyd yma, mae'r gwaith ar ddangosyddion perfformiad wedi canolbwyntio ar ddarparu gwasanaeth ymatebol sydd wedi'i nodi fel un o anghenion defnyddwyr gwasanaeth. Datblygwyd dangosyddion perfformiad allweddol, sy'n cynnwys:

Mae **Atgyfeiriad at Driniaeth (RTT)** yn gosod fframwaith o reolau ar gyfer dechrau'r cloc a stopio'r cloc i fesur amseroedd aros i gleifion wrth ddefnyddio'r GIG. Mae'r cloc yn dechrau ar ôl derbyn atgyfeiriad wedi'i gwblhau. Ar gyfer y Gwasanaeth Cadeiriau Olwyn, mae'r cloc yn stopio ar ôl i'r cleient dderbyn cadair olwyn.

**Cydnabod Atgyfeiriadau.** Mae hyn yn mesur yr amser rhwng derbyn atgyfeiriad a chyhoeddi cydnabyddiaeth i'r atgyfeiriwr a'r defnyddiwr gwasanaeth.

**Amser o'r Atgyfeiriad i gyflenwi cadair olwyn safonol.** Mae hyn yn mesur yr amser rhwng y pwynt atgyfeirio a'r pwynt cyflenwi cadair olwyn safonol i gleient.

**Amser o'r atgyfeiriad i'r amser cyflenwi cadair olwyn gymhleth a/neu system rheoli ystum corff a archebwyd gan wneuthurwr.** Mae hyn yn mesur yr amser rhwng y pwynt atgyfeirio a'r pwynt cyflenwi cadair olwyn gymhleth i'r cleient.

**Wedi'i atgyweirio ar amser (Atgyweiriadau brys).** Mae hyn yn mesur perfformiad y Gwasanaeth Cadair Olwyn yn erbyn atgyweiriadau brys.

**Wedi'i atgyweirio ar amser (Atgyweiriadau nad ydynt yn rhai brys)** Mae hyn yn mesur perfformiad y Gwasanaeth Cadair Olwyn yn erbyn atgyweiriadau nad ydynt yn rhai brys.

**Wedi'i gasglu ar amser (Atgyweiriadau nad ydynt yn rhai brys)** Mae hyn yn mesur perfformiad y Gwasanaeth Cadair Olwyn a'r atgyweiriwr yn erbyn y gwasanaeth casglu.

Gweler hefyd y wybodaeth yn Argymhelliad 2 a fydd hefyd yn hysbysu unrhyw ddangosyddion pellach y gallai fod angen eu casglu.

### **Argymhelliad 6**

Rydym yn argymhell y dylai'r Gweinidog barhau i adolygu'r mesurau perfformiad a'r targedau a gynllunnir, ac y dylai gyflwyno sancsiynau am ddiffyg cydymffurfio.

### **Y Diweddara**

Mae'r NLIAH a'r Uned Gyflenwi Gwasanaeth (DSU) wedi bod yn cynorthwyo ALAS i sicrhau bod amseroedd aros yn cael eu mesur yn unol â mesurau'r broses Atgyfeirio at Driniaeth. Mae'r DSU yn cynnal asesiadau yn y ddwy ganolfan er mwyn sicrhau bod hyn ar waith.

Bydd WHSCC yn casglu data perfformiad o fis Ebrill 2012 ymlaen. Bydd Llywodraeth Cymru yn derbyn adroddiadau am y rhain a bydd BILI yn atebol i gyflenwi'r safonau perfformiad gofynnol.

### **Argymhelliad 7**

Rydym yn argymhell y dylai'r fanyleb gwasanaeth gynnwys cynllun gweithredu, sy'n cynnwys targedau a cherrig milltir, i fodloni safonau'r NSF Plant ar gadeiriau olwyn.

### **Y Diweddara**

Mae'r gwaith hwn wedi'i gynnwys yn y wybodaeth am Atgyfeirio am Driniaeth. Yn Ne Cymru mae'r safonau Fframwaith Gwasanaeth Cenedlaethol wedi'u cyflawni a gweithredwyd adolygiadau blynyddol ar gyfer gwasanaeth cadeiriau olwyn i blant ac mewn adolygiadau chwe mis yn REU Caerdydd. Yng Ngogledd Cymru, bydd gwasanaeth ALAS yn darparu asesiadau ar gyfer pob plentyn o fewn 6 wythnos o gael eu hatgyfeirio, erbyn diwedd mis Mawrth 2012. Mae'r gwasanaeth yn bwriadu cydymffurfio'n llwyr â'r Fframwaith Gwasanaeth Cenedlaethol erbyn diwedd mis Mawrth yn cynnwys 8 wythnos rhwng cyflenwi a gosod cyfarpar.

### **Argymhelliad 8**

Rydym yn argymhell bod Llywodraeth Cymru'n sicrhau bod y gwasanaeth yn paratoi strategaeth gyfathrebu, i amlinellu sut y bydd yn gwella cyfathrebu â defnyddwyr a rhanddeiliaid. Dylid llunio'r strategaeth gyfathrebu hon a'i chyflwyno fel mater o frys.

### **Y Diweddara**

Mae Llywodraeth Cymru yn ariannu Ffrwd Gwaith Ymgysylltu â Defnyddwyr Gwasanaeth Cymru Gyfan, gyda gweithgor yn cynnwys aelodau ALAS a defnyddwyr gwasanaeth am gyfnod o dair blynedd i:

- Adnabod ffyrdd effeithiol o gasglu safbwyntiau a phrofiadau defnyddwyr gwasanaeth;
- Casglu safbwyntiau a phrofiadau sylfaenol defnyddwyr drwy ddulliau meintiol ac ansoddol.
- Paratoi a gweithredu strategaeth dair blynedd i ymgysylltu â defnyddwyr gwasanaeth gan ddefnyddio'r wybodaeth sylfaenol i dargedu gwelliannau parhaus yn y gwaith o ymgysylltu â defnyddwyr gwasanaeth.

Dechreuodd y gwaith hwn yn 2011 yn dilyn proses dendro gystadleuol. Penodwyd gwasanaeth ymgynghori allanol (Kafka Brigade), i gynorthwyo'r gweithgor i ddatblygu dealltwriaeth fanwl o brofiadau defnyddwyr yn ystod blwyddyn gyntaf y strategaeth. Nod rhannol y broses hon oedd dechrau creu cohort o ddefnyddwyr gwasanaeth a staff a fydd yn mynd ymlaen i gyd-gynllunio gwasanaethau yn y dyfodol yn ystod yr ail flwyddyn gan ddefnyddio Cydgyllun yn Seiliedig ar Brofiad (EBCD) a gymeradwywyd gan y Kings Fund. Bydd y canfyddiadau yn llywio system adborth a fydd yn ffynhonnell wybodaeth barhaus i ALAS. Rhagwelir hefyd y bydd y gwaith sylfaenol cynhwysfawr hwn gyda defnyddwyr gwasanaeth ALAS yn dechrau dialog lle gall y gwasanaeth sicrhau dealltwriaeth well o'r ffordd y byddai defnyddwyr gwasanaeth yn hoffi derbyn gwybodaeth am ddatblygiadau o fewn y gwasanaeth.

### **Argymhelliad 9**

Rydym yn argymhell y dylai'r strategaeth gyfathrebu gynnwys mesurau i ddarparu gwell gwybodaeth i ddefnyddwyr yn gyffredinol, ond yn enwedig am gynnydd o fewn y system.

### **Y Diweddraf**

Gweler yr ymateb i Argymhelliad 8 ynglŷn â'r ffrwd Gwaith Ymgysylltu â Defnyddwyr Gwasanaeth.

### **Argymhelliad 10**

Rydym yn argymhell y dylai Llywodraeth Cymru archwilio, gyda'r gwasanaeth, mudiadau gwirfoddol ac elusennau, opsiynau i ddarparu'r datrysiadau dros dro gorau posibl i ddefnyddwyr a fydd yn aros am gyfnodau arwyddocaol am gyflenwi neu gynnal a chadw cadair.

### **Y Diweddraf**

Mae pob gwasanaeth ALAS wedi datblygu atebion ymarferol i'r mater hwn:

Yn Ne Cymru mae'r NLIAH wedi cynorthwyo ALAS De Cymru i ddatblygu clinig atgyweirio galw heibio yng Nghaerdydd i alluogi asesu ac atgyweirio cyfarpar cleientiaid ar adeg sy'n gyfleus iddynt hwy. Mae gyrrwr cyflenwi a gosodwr hefyd wedi ei ddynodi ar gyfer Gorllewin Cymru sy'n lleihau amseroedd a chostau teithio ac sydd hefyd yn golygu bod gwasanaeth mwy cyfleus a hygyrch ar gael i gleientiaid yn yr ardal honno.



Yng Ngogledd Cymru, mae'r gwasanaeth ALAS yn canfod cadair briodol y gellir ei benthg ar sail dros dro (mor agos â phosibl i'r fanyleb wreiddiol) ac yn awdurdodi'r atgyweiriwr cymeradwyo i'w chyflenwi wrth i addasiadau neu atgyweiriadau gael eu gwneud. Mae ALAS yn gweithio gyda'n hatgyweiriwr cymeradwy er mwyn osgoi achosion o oedi pan fydd yn bosibl e.e. drwy gadw lefelau uwch o ddarnau sbâr.

### **Argymhelliad 11**

Rydym yn argymell y dylai Llywodraeth Cymru gynnal asesiad o anghenion adnoddau hirdymor y gwasanaeth, gan roi ystyriaeth benodol i'r adnoddau sy'n ofynnol er mwyn cynnal gwell amseroedd aros; darparu adolygiadau rheolaidd i rai defnyddwyr; a chlirio ôl-groniad y rhestr aros yng Ngogledd Cymru. Yna, dylai'r Llywodraeth roi datganiad clir sy'n amlinellu sut y mae'n bwriadu bodloni'r gofynion hyn o ran adnoddau yn y cylch cyllideb presennol.

### **Y Diweddara**

Mae NLIAH wedi cynorthwyo'r gwasanaeth i gynnal dadansoddiad o gapasiti a galw sydd, yn Ne Cymru, wedi adnabod nifer o welliannau gwasanaeth a fydd yn rhyddhau 13% o amser clinigol; cynyddu clinigau ategol; cyflwyno clinigau un stop a chlinigau penwythnos a fydd yn lleihau amseroedd aros ar gyfer asesiadau pediatreg i uchafswm o 5 wythnos ac amseroedd aros i oedolion am asesiadau i uchafswm o 16 wythnos.

Cynhelir dadansoddiad tebyg o gapasiti a galw ar gyfer Gogledd Cymru ym mis Ebrill a disgwylir buddiannau a gwelliannau tebyg. Cafwyd oedi ynghylch hyn oherwydd materion staffio.

Gwelwyd buddsoddiad canolog o £2.2 miliwn i gynyddu capasiti sydd wedi'i dargedu'n benodol i wella ansawdd gwasanaethau plant. Mae gwelliannau mewn gwasanaethau plant wedi cynnwys moderneiddio ac ailgynllunio gwasanaethau a rhagwelir y bydd hyn yn cael effaith gadarnhaol hefyd ar amseroedd aros oedolion.

### **Argymhelliad 12**

Rydym yn argymell y dylai Llywodraeth Cymru archwilio cyfleoedd i gydweithio rhwng ALAS a sefydliadau, elusennau, therapyddion cymunedol ac eraill, ac y dylai hyn ffurfio rhan ganolog o gynllun strategol y gwasanaeth.

### **Y Diweddara**

Mae'r AGAAGI wedi cefnogi ALAS wrth ddatblygu clinigau ar y cyd, sy'n sicrhau bod yr atgyfeiriwr a'r Technegydd Cadair Olwyn neu'r Therapydd Galwedigaethol Cadair Olwyn yn asesu gyda'i gilydd i ddatblygu ateb rhagnodol diffiniol gan leihau'r llwybr i'r defnyddiwr gwasanaeth.

Gweler hefyd y diweddariad ar gyfer Argymhelliad 17

### **Argymhelliad 13**

Rydym yn argymell bod Llywodraeth Cymru'n sicrhau y gwneir ymdrechion i symleiddio'r broses atgyfeirio, o bosibl drwy ddatblygu adnoddau ar-lein.

## Y Diweddaraf

Mae datblygu trefniadau atgyfeirio, yn cynnwys protocolau a phrosesau wedi bod yn rhan allweddol o'r gwaith a wnaed fel sy'n cael ei nodi gan yr enghreifftiau isod:

Mae gwasanaethau ALAS yn gwneud y newid i'r rheolau cenedlaethol ar gyfer atgyfeirio am driniaeth (RTT) ac mae adnodd ar-lein wedi cael ei ddatblygu. Caiff pob atgyfeiriad ei flaenoriaethu o fewn 24 awr o'i dderbyn ac mae system TG bwrpasol BEST (Gwell Gwasanaethau Cyfarpar ar y Cyd) yn caniatáu cofnodi cleifion ar y system ar adeg eu hatgyfeirio, casglu'r wybodaeth atgyfeirio am driniaeth a darparu system adrodd cadarn ar gyfer adrodd neu rybuddio am unrhyw un allai fynd yn groes i'r atgyfeiriad am driniaeth.

Mae'r AGAAGI wedi sefydlu Ffrwd Waith Atgyfeiriadau i adolygu'r broses atgyfeirio gyda'r nod o ddatblygu ffurflen atgyfeirio well sy'n gyson ar draws y Gwasanaethau De a Gogledd Cymru. Yn dilyn archwiliad o atgyfeiriadau i Dde Cymru gan adolygu 12 mis o ddata atgyfeirio, dychwelwyd 5.6% o'r holl atgyfeiriadau i'r atgyfeiriwr fel rhai anghyflawn, gyda 22% pellach o'r rhain yn cael eu dychwelyd am yr eildro. Nododd yr archwiliad hefyd y rhesymau cyffredin dros anfon atgyfeiriadau yn ôl, er enghraifft, mesuriadau cleientiaid annigonol. O ganlyniad, mae'r ffurflen a ailddyluniwyd yn ceisio cael eglurder ynghylch y safonau mesur disgwylidig ac fe gynhyrchwyd fideo esboniadol ar gyfer atgyfeirwyr gan yr Hyfforddwr Cymru Gyfan.

Mae gweithdy terfynol i gytuno ar ffurflen atgyfeirio ddiwygiedig i'w threialu yn cael ei drefnu ar hyn o bryd a rhagwelir y caiff ei gynnal ym Mawrth 2012. Yn y cyfarfod hwn, bydd Soft Options, datblygwyr y system TG BEST, yn arddangos y datblygiadau diweddaraf mewn atgyfeiriadau electronig er mwyn trafod sut y gellir datblygu hyn yn y dyfodol o fewn ALAS.

Bydd ffrwd waith AGAAGI yn cynhyrchu ffurflen atgyfeirio newydd a fydd yn symleiddio'r broses atgyfeirio, ac yn y pen draw yn darparu cyfleuster atgyfeirio electronig y gellir ei defnyddio gyda'r system rheoli cleifion bresennol (BEST).

## Argymhelliad 14

Rydym yn argymhell y dylai Llywodraeth Cymru sicrhau y ceir digon o therapyddion cymunedol sydd wedi'u hyfforddi i gynnal asesiadau Lefel 3.

## Y Diweddaraf

Bwriad yr argymhelliad hwn oedd cynorthwyo gyda'r lleihad cynaliadwy mewn amseroedd aros ar gyfer asesiadau. Fodd bynnag, ers yr adolygiad gyda'r lefel o wella parhaus ni theimlir bod angen dwys bellach am therapyddion cymunedol sydd wedi'u hyfforddi i gynnal asesiadau Lefel 3.

Ar draws Cymru cafodd dros 1000 o staff cymunedol ac atgyfeirwyr eu hyfforddi i lefel 1 ac mae atgyfeirwyr wedi cael eu hyfforddi i lefel 1 fel y mae staff o fewn y Groes Goch Brydeinig hefyd. I wneud defnydd llawn o alluoedd asesu y therapyddion cymunedol hynny sydd wedi'u hyfforddi i Lefel 3 byddai gofyn eu diweddarau'n gyson ar dros 160 o ddarnau cyfarpar. Felly mae'r gwasanaethau ALAS yn teimlo nad hyfforddi therapyddion cymunedol

i'r lefel hon yw'r ffordd orau o gyflawni'r amcan hwn a rhoddir cynlluniau eraill yn eu lle i hyfforddi clinigwyr cymunedol i wneud atgyfeiriadau da i mewn i'r gwasanaeth.

Er enghraifft, yn rhanbarth Gogledd Cymru mae 7 o Aseswyr Dibynadwy yn eu lle ar hyn o bryd sydd wedi derbyn hyfforddiant uwch. Mae'r Aseswyr Dibynadwy sy'n gweithio yn y gymuned yn staff sy'n gymwys i gyflawni cyfres gytunedig o gymwyseddau cydnabyddedig cenedlaethol ac mae ganddynt sgiliau, gwybodaeth a dealltwriaeth angenrheidiol ar gyfer ymagwedd 'gwasanaeth-defnyddiwr' effeithiol i ddarparu cyfarpar, ar ba bynnag rôl neu lefel y maent yn gweithio ynddo. Yng nghyd-destun yr hyfforddiant hwn, maent yn gallu asesu a rhagnodi cyfarpar a thrwy hynny leihau'r baich gwaith ar gyfer therapyddion a swyddogion technegol ALAS Gogledd Cymru.

Yn Ne Cymru mae ALAS yn systematig wedi lleihau amseroedd aros paediatrig ac oedolion ar gyfer asesu. Llwyddwyd i gyflawni hyn oherwydd amrywiaeth o welliannau sy'n cynnwys:

- a. Gwelliannau yn y cysylltiadau rhwng system TG BEST a system gaffael ORACLE gan leihau dyblygu a galluogi archebu cyflymach
- b. Datblygiadau yn system TG BEST sy'n hwyluso system fwy effeithlon i gadw nodiadau.
- c. Penodi staff cymorth gweinyddol ar gyfer y timau clinigol a thechnegol sydd wedi eu rhyddhau i ymgymryd â dyletswyddau mwy cymhleth
- d. Blaenoriaethu pob atgyfeiriad o fewn 24 awr o'i dderbyn.

Mae'r lefel yma o wella parhaus yn golygu nad oes angen bellach hyfforddi therapyddion cymunedol yn Ne Cymru i gynnal asesiadau Lefel 3.

Mae'r AGAAGI hefyd wedi cefnogi swydd hyfforddi ledled Cymru trwy ddatblygu DVD. Bwriad yr adnodd DVD yma yw cefnogi hyfforddiant atgyfeirwyr trwy ddarparu cyfarwyddiadau clir a phenodol ar y mesuriadau gofynnol a sut y dylid ymgymryd â'r rhain. Mesuriadau anghywir neu anghyflawn yw'r prif resymau pam oedi gydag atgyfeiriadau wrth i ALAS geisio cael rhagor o wybodaeth. Rhagwelir y bydd gostyngiad yn y nifer o fesuriadau anghyflawn neu anghywir yn arwain at ddsbarthu cyfarpar yn gynt. Bydd y gwelliannau yng nghywirdeb y wybodaeth gychwynnol yma yn lleihau oedi i'r defnyddwyr gwasanaeth hynny sydd angen asesiad pellach.

### **Argymhelliad 15**

Rydym yn argymhell, fel mater o frys, y dylai Llywodraeth Cymru egluro a chyhoeddi'r polisiau a'r trefniadau ar gyfer cyllido ar y cyd â sefydliadau ac unigolion.

### **Y Diweddaraf**

Mae Llywodraeth Cymru yn darparu arweiniad ar sut i sefydlu a chyflenwi partneriaethau a chyllidebau cyfun drwy wefan AGGC yn <http://www.ssiacymru.org.uk/partnerships>

Mae BILLau eisoes yn ymgymryd â chyllido ar y cyd gyda sefydliadau fel Whizz Kids er enghraifft ar gyfer codi o sedd. Gellir cynnal addasiadau cadair

olwyn wedi'u hunan ariannu (nad oes eu hangen at ddibenion iechyd) hefyd ar yr amod nad ydynt yn peryglu diogelwch neu ymarferoldeb y gadair olwyn.

Gweler hefyd yr ymateb i Argymhelliad 17.

### **Argymhelliad 16**

Rydym yn argymhell bod Llywodraeth Cymru'n egluro ac yn cyhoeddi eu polisiau a'u trefniadau ar gyfer cynnal a chadw ac atgyweirio cyfarpar a brynir gan unigolion.

#### **Y Diweddaraf**

Y polisi a dderbyniwyd oedd bod y cyfrifoldeb ar gyfer cynnal a chadw ac atgyweirio cyfarpar a brynir gan unigolion yn parhau i fod gyda'r unigolyn hwnnw ac mae'r polisi hwn yn parhau.

### **Argymhelliad 17**

Rydym yn argymhell y dylai Llywodraeth Cymru archwilio ymhellach y posibilrwydd o gyfuno cyllidebau sy'n bodoli eisoes, yn enwedig cyllidebau addysg, yng nghyswllt darparu cyfarpar i ddefnyddwyr.

#### **Y Diweddaraf**

Mae gan Fyrddau Iechyd Lleol eisoes bwerau i sefydlu cyllidebau cyfun a threfniadau gweithio ar y cyd gyda Llywodraeth Leol. Cyn hir bydd y Llywodraeth Cymru yn lansio ymgynghoriad ar y Bil Gwasanaethau Cymdeithasol arfaethedig a fydd yn amlinellu pwerau pellach mewn perthynas â gweithio mewn partneriaeth. Fel nodwyd eisoes o dan Argymhelliad 15, mae Llywodraeth Cymru yn rhoi arweiniad ar sut i sefydlu a chyflawni partneriaethau a chyllidebau ar y cyd drwy wefan AGGC yn <http://www.ssiacymru.org.uk/partnerships>

Prif ffocws y Bwrdd Partneriaeth hyd yma fu cyflenwi amseroedd aros gwell a chynyddu capasiti. Caiff Llywodraeth Leol ei gynrychioli ar y Bwrdd Partneriaeth ac mae cyfle yn awr i edrych ar ffyrdd o wella cyflenwi gwasanaeth drwy weithio ar y cyd pellach (gan gynnwys cyllidebau cyfun) a chaiff hyn ei gynnwys yn y rhaglen waith ar gyfer 2012.

### **Argymhelliad 18**

Rydym yn argymhell y dylai Llywodraeth Cymru adolygu trefniadau benthyca cadeiriau olwyn tymor byr, nad ydynt yn cael eu darparu gan ALAS, i sicrhau bod digon o adnoddau i ddarparu'r gwasanaeth hwn.

#### **Y Diweddaraf**

Y cam cyntaf tuag at gyflawni hyn yw cynnal nifer o gynlluniau peilot a gaiff eu cyflenwi gan y Groes Goch Brydeinig (Cymru) ar y cyd â GIG (Cymru). Bydd y rhain yn cael eu hariannu i ddechrau gan y Gymdeithas a Llywodraeth Cymru sydd wedi darparu swm o £100K y flwyddyn am y blynyddoedd 2011/12, 2012/13 a 2013/14.

Caiff y cynlluniau peilot eu cyflenwi gyda Bwrdd Iechyd Aneurin Bevan, Bwrdd Iechyd Prifysgol Betsi Cadwaladr a Bwrdd Iechyd Hywel Dda.

Mae deilliannau disgwylidig y prosiect yn cynnwys:

- Cynhyrchu Manyleb Model Gwasanaeth ar gyfer y gwasanaeth cadeiriau olwyn byr dymor, gan gynnwys meini prawf cymhwysedd.
- Gwasanaeth â meini prawf mynediad safonol, offer ac argaeledd
- Mwy o weithio integredig o fewn cwmpas y Bwrdd Iechyd, Awdurdod Lleol a'r y Groes Goch Brydeinig.
- Cyfeirio cliriach i wella cyflymder mynediad at y rhai sydd ag angen cadair olwyn byr dymor.
- Datblygu system rheoli data TG priodol gan y Groes Goch Brydeinig i fonitro'r defnydd a'r deilliannau ar gyfer y gwasanaeth cadair olwyn byr dymor.

### **Argymhelliad 19**

Rydym yn argymhell hefyd y dylai Llywodraeth Cymru sicrhau y ceir cydweithio agosach rhwng ALAS a'r sawl sy'n darparu cadeiriau olwyn am fenthyciadau tymor byr, yn enwedig y Groes Goch Brydeinig.

### **Y Diweddaraf**

Sefydlwyd grŵp Benthyc Cadair Olwyn byr dymor dan arweiniad Bwrdd Iechyd Prifysgol Betsi Cadwaladr a gwahoddwyd cynrychiolwyr i ymuno â'r grŵp o ALAS, y Groes Goch Brydeinig (Cymru), AGAAGI, ynghyd â chynrychiolwyr o gyrff eraill y GIG a Llywodraeth Cymru.

Penderfynodd y grŵp ganolbwyntio ar y meysydd allweddol canlynol i ddechrau:

- **Defnydd o Gyfarpar:** Casglu cyfarpar ei gilydd gan ddefnyddwyr os yn bosibl, a thrwy hynny arbed amser, tanwydd a gwella amseroedd gweithredu.
- **Hyfforddiant:** Darparu peth hyfforddiant ar gyfer timau'r Groes Goch Brydeinig.
- **Caffael:** Adolygu trefniadau prynu er mwyn gweld a oes modd negydu gwell telerau gyda chyflenwyr gan ymestyn hynny o bosib i gynnwys darnau sbâr ayb.
- **Rhannu Gwybodaeth:** Hwyluso rhannu gwybodaeth briodol wrth i gynlluniau gael eu symud yn eu blaen.

Symudwyd ymlaen yn y meysydd hyn fel a ganlyn

### **Defnydd o Gyfarpar**

Ceir enghreifftiau da ar draws Cymru o gyfarpar yn cael ei ddefnyddio gan y ddau wasanaeth a'i ddychwelyd i'w gilydd gan arbed amser ac adnoddau eraill.

### **Hyfforddiant**

Cyfarfu'r hyfforddwr ALAS gyda thimau'r Groes Goch Brydeinig (Cymru) gan adolygu eu dogfennaeth hyfforddiant. Cynhaliwyd y r hyfforddiant cychwynnol gyda 5 aelod o'r Groes Goch yn ALAS Caerdydd ar 4 Chwefror 2011 gyda sesiynau pellach wedi'u trefnu yn Ebrill a Mai ar gyfer staff a gwirfoddolwyr y Groes Goch.

### **Caffael**

Ers hynny cynghorwyd y grŵp nad yw'n bosibl ymestyn contract caffael cadeiriau olwyn yr GIG i gynnwys y Groes Goch Brydeinig (Cymru).

## **Rhannu Gwybodaeth**

Mae'r Cytundeb Cymru ar Rannu Gwybodaeth Bersonol Cymru (WASPI) yn darparu fframwaith ar gyfer sefydliadau sy'n darparu gwasanaeth a sefydliadau eraill sy'n ymwneud yn uniongyrchol â lles unigolyn i rannu gwybodaeth rhyngddynt mewn ffordd gyfreithlon a deallus.

Mynychodd Richard Howells, aelod o'r tîm cenedlaethol sy'n datblygu WASPI, y cyfarfod ar 5 Ionawr 2011 i gyflwyno WASPI a thrafod sut y gellid ei ddefnyddio i sefydlu Protocol Rhannu Gwybodaeth rhwng y sefydliadau os oes angen.

Bellach mae'r gwaith yma yn symud ymlaen fel prosiect gyda'r Groes Goch Brydeinig (Cymru) fel nodir yn Argymhelliad 18 uchod ac yn cael ei adrodd i'r Bwrdd Partneriaeth Ystum Corff a Symudedd.

## **Argymhelliad 20**

Rydym yn argymhell y dylai Llywodraeth Cymru sicrhau bod trefniadau cynnal a chadw ac atgyweirio ALAC Caerdydd ac ALAC Wrecsam yn parhau i gael eu hadolygu, er mwyn sicrhau bod y gwasanaeth yn bodloni'r safonau gofynnol.

### **Y Diweddaraf**

Mae safonau wedi cael eu datblygu ac maent yn cael eu defnyddio gan y BILLau i fonitro eu perfformiad eu hunain.

Mae gwasanaeth De Cymru wedi sicrhau hyblygrwydd o ran cyflenwi gwasanaeth ers gwneud gwaith cynnal a chadw ac atgyweirio yn fewnol ac mae gwasanaeth torri i lawr ar gael 24/7 o 7yb tan 9yh

Yng Ngogledd Cymru cynhelir cyfarfodydd adolygu chwarterol gyda'r Atgyweiriwr Cymeradwy lle caiff ystadegau perfformiad eu monitro yn ogystal â derbyn adroddiadau misol.

## **Argymhelliad 21**

Rydym yn argymhell y dylai Llywodraeth Cymru sicrhau bod ALAS yn ymgynghori â defnyddwyr a rhanddeiliaid am eu hanghenion cyn cynnal unrhyw broses dendro yn y dyfodol ar gyfer contractau atgyweirio a chynnal a chadw.

### **Y Diweddaraf**

Mae defnyddwyr gwasanaeth a chynrychiolwyr wedi bod yn rhan o'r broses contractio cadeiriau olwyn gan fynychu sesiynau dewis cynnyrch a chyflwyniadau mewn gwasanaethau ALAS. Cafodd cynrychiolwyr defnyddwyr gwasanaeth eu cynnwys yn llawn yn y broses i ddewis y gyfres newydd o gadeiriau olwyn yn y contract a fydd yn dechrau ar 1/4/2012 ac a fydd yn rhedeg am 3 blynedd.

Bydd yr ymgynghoriad Ffrwd Waith Ymgysylltu Defnyddiwr Gwasanaeth (gweler Argymhelliad 8) a gynhaliwyd mewn partneriaeth â'r Kafka Brigade hefyd yn casglu unrhyw brofiadau defnyddwyr gwasanaeth sy'n berthnasol i'r argymhelliad hwn.

## **Argymhelliad 22**

Rydym yn argymhell y dylai Llywodraeth Cymru sicrhau y cyflenwir adolygiadau rheolaidd i ddefnyddwyr, yn enwedig i blant ac i ddefnyddwyr eraill â chyflyrau sy'n newid.

#### **Y Diweddara**

Mae safonau wedi cael eu diffinio ac yn cael eu hystyried fel rhan o ddangosyddion ansawdd y ffrwd waith. Cydnabyddir y bydd amllder adolygiadau yn amrywio rhwng defnyddwyr ac mae gwaith pellach yn cael ei drefnu ar gyfer Mawrth 2012

#### **Argymhelliad 23**

Rydym yn argymhell y dylai Llywodraeth Cymru sicrhau bod ALAS yn archwilio cyfleoedd i gydweithio ag elusennau i ddarparu hyfforddiant i ddefnyddwyr.

#### **Y Diweddara**

Mae Llywodraeth Cymru wedi dyrannu cyllid am y 2 flynedd nesaf i sefydlu cyrsiau hyfforddi cadeiriau olwyn i gefnogi hyfforddiant defnyddwyr gwasanaeth, yn enwedig rhai cleientiaid Paediatrig arbennig. Mae tendr yn cael ei ddrafftio gan yr AGAAGI er mwyn darparu'r hyfforddiant yma ar draws Cymru.



## **Health and Social Care Committee Short Inquiry into wheelchair waiting times in Wales**

*The Wales Neurological Alliance is concerned by the lack of progress of the Welsh Government's work to implement the 23 recommendations of the May 2010 Health, Wellbeing and Local Government Committee report into wheelchair waiting lists.*

### **Background**

In Autumn 2008, the Wales Neurological Alliance was approached by a number of individuals who had been waiting for specialist electric wheelchairs for over 18 months. Constituent organisations spoke to the Artificial Limbs and Appliances Service (ALAS), which confirmed that there were a large number of patients, who had been waiting for a specialist wheelchair for 18 months to two years. It appeared that the problems were centred around the Artificial Limb and Appliance Centre (ALAC) in Wrexham, rather than the Cardiff ALAC, and that the waiting lists were typically longer the further someone lived from Wrexham.

### **WNA research**

The 26 charities of the Wales Neurological Alliance surveyed their members and stakeholders to ask them whether they were currently waiting for a wheelchair. The worst examples of delays are listed:

- Example 1 – man living with MS from Knighton in Powys was first referred for a wheelchair in May 2010. The powered wheelchair arrived in December 2011, but when he was assessed for the new chair by his occupational therapist, it was deemed unsuitable and had to be sent back for alterations. In February 2012 an altered wheelchair arrived, but he is still waiting to see a occupational therapist to confirm that the replacement is suitable
- Example 2 – 11 year old boy with Spina Bifida from Pembrokeshire saw a physiotherapist in December 2010 to seek a reassessment for a replacement wheelchair. By January 2011 the family had not heard anything so they contacted ALAS only to be told that the earliest he could be assessed would be July 2011. In order to speed up the process the family offered to travel to Cardiff and were given an appointment in April. The wheelchair arrived in August, but it was not suitable and did not have any handles. A further 2 visits were required before the wheelchair was fit for purpose in October 2012.

### **Health, Wellbeing and Local Government committee Inquiry**

Between November 2009 and May 2010 the Health, Wellbeing and Local Government Committee held an inquiry into wheelchair waiting lists and set itself the following terms of references:



“To inquire into the provision of wheelchair services in Wales for children and adults, including:

- Waiting times for assessments and wheelchair provision;
- The arrangements for commissioning and providing wheelchairs both through the Artificial Limb and Appliance Service and through local arrangements for short-term use;
- The effectiveness of wheelchair services in meeting individual needs, such as those of children and young people, war veterans, and those with progressive conditions such as Multiple Sclerosis;
- The arrangements for reviewing individual need and for the updating, maintenance and repair of wheelchairs;
- Equality considerations in the provision of wheelchairs including, for example, geographical variation; provision across age-groups; issues affecting BME groups and Welsh speakers; and the accessibility of wheelchair services in terms of location, opening times and information;
- The use and effectiveness of performance and quality indicators in wheelchair services; and
- The resourcing of wheelchair services in Wales.”

The Wales Neurological Alliance contributed to the inquiry, giving oral and written evidence expressing concerns around the lack of targets, the structure of ALAS and the assessment process.

### **Recommendations and their implementation**

In May 2010 the HWLG Committee published its report and set out 23 recommendations. The Welsh Government had already established its own advisory Expert Group to investigate concerns with the wheelchair services and this had first met in early 2009. By the time the HWLG Committee was calling witnesses, voluntary sector organisations had become frustrated with the lack of progress of this group. The inquiry and the subsequent report put the Welsh Government under pressure to do something about wheelchair waiting lists and gave greater impetus to the work of the Expert Group.

The Minister for Health and Social Services formally responded to the committee on 30 June 2010 and set the Expert Group a deadline of August 2010 to report to her. In October 2010 the Expert Group published a lengthy report setting out its own recommendations for how the wheelchair service should be reformed. The Minister announced that an extra £2million would be allocated to the service in 2011/12 to support the implementation of the recommendations with most of this money focussed on reducing the waiting times for paediatric wheelchairs.

In July 2011 the Welsh Health Specialist Services Committee established the All Wales Posture and Mobility Partnership Board to implement the recommendations. This group has brought together professionals and a small number of voluntary sector stakeholders.

The Appendix sets out the recommendations of the HWLG Committee and to what extent they have been implemented.

### **Wales Neurological Alliance concerns**

The Appendix illustrates that some of the recommendations have been taken forward, but after almost two years many of them have still not been implemented. The WNA therefore has the following principal concerns.

## **Timescale**

The Welsh Government's review has been ongoing for four years and yet only limited progress has been made. In May 2008 Edwina Hart AM, Minister for Health and Social Services, announced that she had commissioned a review of all wheelchair provision in Wales, encompassing long term and short term loans and paediatric wheelchair services. This work was still ongoing when the HWLG Committee undertook its inquiry and only came to a conclusion in October 2010.

However between October 2010 and July 2011 there was a 9 month break before the All Wales Posture and Mobility Partnership Board was formally established to implement the Expert Group's recommendation.

In January 2012 many recommendations have not been implemented and even the Minister's target of March 2012 for achieving the targets set by the Children and Young People's NSF will not be met.

## **Targets**

The Recommendations specifically relating to performance monitoring and targets (Recommendations 1, 5, 6, and 7) have still not been met. The Expert Group's October 2010 report proposed 18 Quality Indicators including a target of 18 weeks from referral to delivery, but these have not been implemented and it is unclear when this will be implemented.

The HWLG Committee report made a specific reference to paediatric wheelchairs in Recommendation 7 and the Welsh Government committed an additional £2million to meet the NSF target by March 2012. However in November 2011, the All Wales Posture and Mobility Partnership Board reported that this was unlikely to be achieved. A report stated that: "it is unclear at the current time what the combined impact of the new investment and measures implemented through the service improvement programme, will be on waiting times by March 2012."

## **Communication**

Recommendations 8 and 9 focussed on the need for a Communication Strategy so that stakeholders were engaged and informed. The Wales Neurological Alliance has seen no evidence that this has been developed and it did not feature in the recommendations of the Expert Group. Communication remains as poor today as it was before the HWLG Committee inquiry. For example the establishment of the All Wales Posture and Mobility Partnership Board was not communicated and groups that had participated in the Expert Groups were not invited to take part in it. The role of communication and stakeholder engagement was an important element of establishing monitoring and Quality Indicators and yet after two years this has not happened.

## **Direct Payments**

Recommendation 15 focussed on the joint funding of equipment with organisations and individuals. Whilst some progress has been made concerning joint funding with organisations and a draft protocol has been designed, there was very little progress on joint funding with individuals.

The WNA would like the Welsh Government to allow individuals to purchase wheelchairs via Direct Payments and have the option to provide joint funding through their own money if they so desire. The charity believes that this would give individuals the ability to purchase a

wheelchair from a private provider if they were not prepared to wait for ALAS to provide one. This agenda has not been taken forward by the Welsh Government.

### **Structure of ALAS**

In Recommendations 3 and 4 the HWLG Committee expressed their concern for the structure of ALAS and of the absence of a strategic plan that integrated the wheelchair services with social services, education and other public bodies.

The Expert Group proposed ways to better integrate systems between the different sites and establish regional hubs, but there does not appear to be any proposals to develop a strategic plan or restructure the service. The WNA was concerned that the current structure of the Artificial Limb and Appliance Service (ALAS), based on two centres was too centralised and that responsibility should be devolved to the Health Boards. Currently the Wrexham ALAC serves half of Wales and covers an area as far south as Ceredigion. This is huge geographic area, and staff and equipment have to be transported great distances, whilst patients waiting for an assessment might have to travel over 100 miles to the centre.

In England, the responsibility for assessing and providing a wheelchair rests with the Primary Care Trust, the local health organisation. English PCTs have been encouraged to reduce wheelchair waiting lists to 18 weeks. Many have succeeded including Sefton PCT in Merseyside, meaning that depending on whether someone lives in Wrexham or across the border into Merseyside, the difference in wait for a wheelchair could be 18 weeks or 18 months.

### **Resource allocation**

Neither the Expert Group or the All Wales Posture and Mobility Partnership Board have made any recommendations on the level of additional funding required to sustain improved waiting times. Recommendation 11 of the HWLG Committee report asked the Welsh Government to “make a clear statement setting out how it intends to meet these resource requirements for the current budget cycle.” After two years this has still not occurred.

The only area where specific additional funding has been allocated was Paediatric wheelchairs (Recommendation 7). However the allocation of an additional £2million no longer seems sufficient to achieve this aim.

### **Number of Therapists**

During the inquiry the Wales Neurological Alliance was concerned about a possible shortage of Therapists in the Wrexham ALAC that might be contributing to the delay in assessment for a specialist wheelchair. This and evidence specifically from the College of Occupational Therapists influenced Recommendation 13.

Whilst the Expert Group has recommended greater training and the use of satellite clinics to improve services, it remains unclear whether the number of Occupational Therapists is sufficient.

### **Taking the agenda forward**

On 17 January 2012 the Cross-Party Group for Neurological Conditions made wheelchair waiting lists the main focus of the meeting and invited the Welsh Health Specialised Services Committee to give a presentation setting out what achievements had been made.

The paper is included as Appendix B, but the key areas of progress were:

- Developments to improve waiting list management:
  - Agreement of definitions for measuring referral to delivery
  - Systems in place to enter all patients on waiting list within 24 hrs of receipt of referral, ability to actively monitor long waits/early warning systems/trigger points
- Upgrade of IT systems to support waiting list management
- Unification of IT system across Rehabilitation Engineering and ALAS
- Establishing satellite clinics
- Agreement to commence joint assessments with community therapists
- Changes in skill mix/allocation of duties introduced as a result of analysis of duties untaken for capacity and demand analysis

The Cross-Party Group for Neurological Conditions accepted that some progress had been made, but was disappointed that the majority of the 23 recommendations had not been met.

### **About the Wales Neurological Alliance**

The Wales Neurological Alliance (WNA) was established in 2002 to meet the challenges of a changing institutional and political structure in Wales post devolution. Membership has grown to include 26 voluntary organisations representing over 100,000 people and their families affected by a neurological condition living in Wales. The charities are:

- |   |   |
|---|---|
| ▪ Alzheimer's Society                   | ▪ Motor Neurone Disease Association                                     |
| ▪ Ataxia South Wales                    | ▪ MS Society Cymru  |
| ▪ Cerebra                               | ▪ Muscular Dystrophy Campaign   |
| ▪ Charcot-Marie-Tooth United Kingdom    | ▪ Myasthenia Gravis Association   |
| ▪ Chartered Society of Physiotherapy    | ▪ Myotonic Dystrophy Support Group                                      |
| ▪ College of Occupational Therapists    | ▪ National Tremor Foundation  |
| ▪ Dystonia Society                      | ▪ Parkinson's UK  |
| ▪ Epilepsy Action                       | ▪ Progressive Supranuclear Palsy Society                                |
| ▪ Epilepsy Wales                        | ▪ SHINE - Spina Bifida, Hydrocephalus, Information, Networking Equality |
| ▪ Genetic Alliance UK                   | ▪ Stroke Association  |
| ▪ Guillain-Barré Syndrome Support Group | ▪ Tourette's Syndrome Association                                       |
| ▪ Headway                               | ▪ Tuberos Sclerosis Association   |
| ▪ Huntington's Disease Association      | ▪ Welsh Association of ME & Chronic Fatigue Syndrome                    |

The aims of the Wales Neurological Alliance are to:

- Raise awareness of neurological conditions and their impact on individuals and alliance
- Inform and influence policy makers in Wales about the needs of people with neurological conditions
- Secure improved services and care for people with a neurological condition living in Wales
- Promote the dissemination of information about neurological conditions
- Support and promote appropriate research

**Progress on the 23 recommendations of the HWLG Committee report**

Recommendations from the HWLG Committee in May 2010	Response from the Welsh Government in June 2010	Progress to date
<p><b>Recommendation 1</b> We recommend that the Welsh Government ensures that a full, national service specification be prepared, including details on the service's approach to joint working with other organisations and individuals; and information on performance targets and monitoring systems.</p>	<p>Response: Accept This is being taken forward by the Project Board referred to in the Introduction. The development of a service specification and robust key performance indicators, to support performance improvement, are specified in the Terms of Reference.</p>	<p>The Project Board proposed 18 Quality Indicators subject to consultation. The consultation is yet to commence.</p> <p>The maximum referral to delivery time should be 18 weeks, but the Project Group recommended concentrating on reducing component waits first.</p>
<p><b>Recommendation 2</b> We recommend that the Welsh Government should draw up a strategic plan, to give direction to the service over the coming years. This should be done in conjunction with the service providers, users, stakeholders and other interested parties.</p>	<p>Response: Accept The Project Board will advise me [The Minister] on the strategic priorities for service development and delivery. The Board is supported by a wider Reference Group, whose membership includes representatives from health and social care bodies, professional advisory groups, third sector and patient and user groups.</p>	<p>This recommendation has transferred to the All Wales Posture and Mobility Partnership Board. This group includes health and social care bodies, third sector representatives and professionals.</p> <p>The terms of reference are:</p> <ul style="list-style-type: none"> <li>- To advise the Joint Committee [of the Welsh Health Specialised Services Committee] with regard to the Quality Standards and Key Performance Indicators</li> <li>- To review performance against Quality Indicators and Key Performances Indicators, and report to LHBs through the Joint Committee</li> <li>- To revise, as the Board deems appropriate, the nature and target levels of the Quality and Key Performance Indicators, and to advise the Joint Committee of any changes proposed</li> <li>- To advise the Joint Committee on the scope and eligibility criteria for the Posture and Mobility Service</li> <li>- To provide advice to the Joint Committee on the specification for the Posture and Mobility Service</li> <li>- To provide a forum for communication and discussion between the providers of the service and its stakeholders</li> <li>- To promote understanding between the Posture and Mobility Service and its stakeholders</li> <li>- To support the provision of a high quality and responsive Posture and Mobility Service for Wales</li> </ul>
<p><b>Recommendation 3</b> We recommend that the strategic plan should address the need for better integration of the service with the community and other NHS services and with social</p>	<p>Response: Accept The Project Board is actively considering how better integration can be achieved.</p>	<p>The Project Board did not consider this to any great extent and it did not feature in the recommendations. It therefore it would appear unlikely that the All Wales Posture and Mobility Partnership Board will take forward this recommendation.</p>

services.		
<b>Recommendation 4</b> We recommend that the Welsh Government ensures that the arrangements for a restructured wheelchair service incorporate clear responsibilities and lines of accountability for service delivery.	Response: Accept The Project Board is considering future organisational arrangements, with a focus on ensuring clear responsibilities and lines of accountability.	Although there are proposals to change the systems used by ALAS the Project Board did not recommend any significant restructuring of the service.
<b>Recommendation 5</b> We recommend that new performance measures should focus on outcomes for users, taking account of their wider needs.	Response: Accept New performance indicators will be developed by the Project Board, and will reflect all aspects of service delivery, including outcomes.	The Project Board proposed 18 Quality Indicators subject to consultation. The consultation is yet to commence.  The maximum referral to delivery time should be 18 weeks, but the Project Group recommended concentrating on reducing component waits first.
<b>Recommendation 6</b> We recommend that the Minister should keep under review the planned performance measures and targets and should introduce sanctions for non-compliance.	Response: Accept The Project Board is developing performance measures. These will set out my [The Minister's] expectations for what the service users can expect to receive. The performance measures will be included in the service specification, and LHBs will be held to account for delivering the required performance standards.	The Project Board proposed 18 Quality Indicators subject to consultation.  The Project Board did not specify any sanctions for non-compliance.
<b>Recommendation 7</b> We recommend that the service specification should include an action plan, including targets and milestones, for meeting the standards in the Children's NSF on wheelchairs.	Response: Accept Once the service specification has been agreed by the Project Board, an action plan will be developed that sets out how equipment is delivered to children in a timely manner, in line with their needs and requirements. This will include amongst other areas, the reviewing of current manufacturer lead in times.	The Welsh Government had expected the NSF target to be met by March 2012 and an additional £2 million had been invested to deliver it. However in November 2011, the All Wales Posture and Mobility Partnership Board reported that this would not happen.  A report stated that: "it is unclear at the current time what the combined impact of the new investment and measures implemented through the service improvement programme, will be on waiting times by March 2012."
<b>Recommendation 8</b> We recommend that the Welsh Government ensure that the service prepares a communication strategy to outline how it will improve communication with users and stakeholders. This communication strategy should be drawn up and introduced as a matter of urgency.	Response: Accept The development of a communication strategy is being taken forward as one of the work streams reporting to the Project Board.	After two years there is little evidence of this communication strategy and there has been little communication with voluntary sector groups such as the Wales Neurological Alliance.
<b>Recommendation 9</b> We recommend that the	Response: Accept The Communication Strategy	After two years there is little evidence of this communication strategy and there has been



communication strategy should include measures to provide better information to users generally, but in particular on progress within the system.	will include such measures.	little communication with voluntary sector groups such as the Wales Neurological Alliance.
<b>Recommendation 10</b> We recommend that the Welsh Government should explore with the service, voluntary organisations and charities, options for providing the best possible interim solutions for users who will be waiting for significant periods for delivery or maintenance of a chair.	Response: Accept The Project Board is considering the arrangements for short term loans, and will define requirements and identify options for improving the service across Wales.	This recommendation has transferred to the All Wales Posture and Mobility Partnership Board. This group includes health and social care bodies, third sector representatives and professionals.
<b>Recommendation 11</b> We recommend that the Welsh Government should conduct an assessment of the long-term resources required to sustain improved waiting times; provide regular reviews for some users; and to clear the waiting list backlog in North Wales. The Government should then make a clear statement setting out how it intends to meet these resource requirements for the current budget cycle.	Response: Accept I [The Minister] will set out my intentions for the wheelchair service once I have considered the advice of the Project Board.	This recommendation does not appear to have been taken forward. Whilst an additional £2million was invested in 2011/12 to reduce the paediatric waiting lists it is currently unclear how much additional investment is needed to sustain improved waiting times.
<b>Recommendation 12</b> We recommend that the Welsh Government should explore opportunities for joint working between ALAS and organisations, charities, community therapists and others, and that this should form a central part of the service's strategic plan.	Response: Accept Developing joint working is at the heart of the strategy. Work currently in train includes building on the links already established with charities, such as Whizz Kids. The Project Board will discuss, with the Reference Group, how further opportunities can be identified and pursued.	This recommendation has transferred to the All Wales Posture and Mobility Partnership Board. This group includes health and social care bodies, third sector representatives and professionals.
<b>Recommendation 13</b> We recommend that the Welsh Government ensures that efforts are made to streamline the referrals process, possibly through the development of on-line resources.	Response: Accept The development of referral arrangements, including protocols and processes, is a key part of the work of the Project Board. I [The Minister] expect their report to identify ways in which referral arrangements can be further improved.	The Project Board found that there were inconsistencies in waiting list management practices. There were different IT systems and methods of managing patient waiting times.  The Project Board recommended that IT systems should be integrated and all referrals should be entered onto the system within 24 hours of receipt.
<b>Recommendation 14</b> We recommend that the Welsh Government should ensure that	Response: Accept. The clarification of the service specification and the	The Project Board and the HWLG Committee recognised that many of the delays were caused or worsened by the

<p>there is a sufficient number of community therapists trained to undertake Level 3 assessments.</p>	<p>development of performance standards will allow the NHS to identify the staffing requirements to deliver the service to meet my requirements. It will then be for the NHS to ensure that sufficient trained staff, including community therapists, is in place to undertake assessments and provide the service to wheelchair users.</p>	<p>absence of local community therapists.</p> <p>Satellite clinics have been established in Anglesey and in West Wales with proposals to establish further clinics.</p> <p>The recommendations focussed on increasing training for local therapists rather than recruiting additional Occupational Therapists so staffing issues remain a problem.</p>
<p><b>Recommendation 15</b> We recommend that, as a matter of urgency, the Welsh Government should clarify and make public the policies and arrangements for joint funding with organisations and individuals.</p>	<p>Response: Agreed The existing legislation allows for formal partnership arrangements between the NHS and Local Authorities. The Project Board will ensure that engagement and participation processes are refined within joint funding agreements ensuring this process is transparent. Local agreements are being developed, for example with Whizz Kids, that demonstrate this principle.</p>	<p>The Project Board recommended the adoption of 4 joint working proposals:</p> <ul style="list-style-type: none"> <li>- Contributions must be confirmed in writing</li> <li>- Funding will be provided equal to that which would have been required to accommodate essential posture and mobility needs from the posture mobility service</li> <li>- The ownership of the chair must remain with the posture and mobility service in order to guarantee ongoing maintenance and repair</li> <li>- For out-of-range products, consideration should be given to the need for an extended warranty for the additional features as part of the joint funding agreement</li> </ul>
<p><b>Recommendation 16</b> We recommend that the Welsh Government clarifies and makes public its policy and arrangements for the maintenance and repair of equipment bought by individuals.</p>	<p>Response: Accept The policy, as it currently stands is that the responsibility for maintenance and repair for equipment bought by individuals remains with that individual.</p>	<p>The Project Board did not consider this to any great extent and it did not feature in the recommendations. It therefore it would appear unlikely that the All Wales Posture and Mobility Partnership Board will take forward this recommendation.</p>
<p><b>Recommendation 17</b> We recommend that the Welsh Government should explore further the possibility of pooling existing budgets, particularly education budgets, in relation to the provision of equipment for users.</p>	<p>Response: Accept This matter will be considered by the Project Team, in liaison with other officials.</p>	<p>The Project Board did not consider this to any great extent and it did not feature in the recommendations. It therefore it would appear unlikely that the All Wales Posture and Mobility Partnership Board will take forward this recommendation.</p>
<p><b>Recommendation 18</b> We recommend that the Welsh Government should review arrangements for short term loans of wheelchairs which are not provided by ALAS to ensure that this service provision is adequately resourced.</p>	<p>Response: Accept A review of the commissioning and provision of wheelchairs for short term loan purposes will be undertaken by the Project Board.</p>	<p>The Project Board's review highlighted the important role the BRC provide in an area where there is currently no provision by ALAS. The Project Board recommended that a standard eligibility criteria and definition of a short term loan be defined.</p> <p>Three service models were proposed and will be considered by All Wales Posture and Mobility Partnership Board. The cost would</p>



		be approximately £200K and it was unclear whether the Welsh Government would provide additional funding.
<p><b>Recommendation 19</b> We also recommend that the Welsh Government should ensure closer joint working between ALAS and those providing short-term loans of wheelchairs, particularly the British Red Cross.</p>	<p>Response: Accept This is being addressed through the work stream to improve the short term wheelchair loans process referred to above.</p>	<p>The Project Board's review highlighted the important role the BRC provide in an area where there is currently no provision by ALAS. The Project Board recommended that a standard eligibility criteria and definition of a short term loan be defined.</p> <p>Three service models were proposed and will be considered by All Wales Posture and Mobility Partnership Board. The cost would be approximately £200K and it was unclear whether the Welsh Government would provide additional funding.</p>
<p><b>Recommendation 20</b> We recommend that the Welsh Government should ensure that the arrangements for maintenance and repair in Cardiff ALAC and Wrexham ALAC be kept under review, to ensure that the service is meeting the necessary standards.</p>	<p>Response: Accept Key Performance and Quality Indicators are being developed to support continuous monitoring of the maintenance and repair services and ensure that agreed standards are maintained.</p>	<p>The Project Board proposed 18 Quality Indicators subject to consultation. The consultation is yet to commence.</p>
<p><b>Recommendation 21</b> We recommend that the Welsh Government should ensure that ALAS consults users and stakeholders on their needs in advance of any future tendering process for maintenance and repair contracts.</p>	<p>Response: Accept. ALAS will consult users and stakeholders as part of any future tendering process for maintenance and repair contracts.</p>	<p>The Project Board proposed 18 Quality Indicators subject to consultation. The consultation is yet to commence.</p>
<p><b>Recommendation 22</b> We recommend the Welsh Government should ensure that regular reviews for users are delivered, particularly for children and other users with changing conditions.</p>	<p>Response: Accept. The service specification and the key performance indicators will stipulate and monitor review requirements.</p>	<p>The Project Board proposed 18 Quality Indicators subject to consultation. The consultation is yet to commence.</p>
<p><b>Recommendation 23</b> We recommend that the Welsh Government should ensure that ALAS explores joint working opportunities with charities to provide training for users.</p>	<p>Response: Accept I [The Minister] will ensure that joint working options are fully explored.</p>	<p>The Project Board did not consider this to any great extent and it did not feature in the recommendations. It therefore it would appear unlikely that the All Wales Posture and Mobility Partnership Board will take forward this recommendation.</p>

## **Welsh Health Specialised Services Committee**

### **Briefing for the Cross Party Group for Neurological Conditions**

#### **Partnership Board and Implementation of Recommendations**

Following the release of the final report of the All Wales Posture and Mobility Review in October 2010, the Welsh Government asked the Director of Specialised Services to establish the All Wales Posture and Mobility Partnership Board. The role of the Partnership Board is to audit the service against the quality indicators and to review and refresh the indicators on an annual basis.

The Partnership Board was established in April 2011, and has now held three meetings (April, July and October 2011). The next meeting is scheduled for March 2012. The Board is chaired by Director of Planning, WHSSC, and includes representation from service users, Local Health Boards, WHSSC, Local Education Authorities and Social Services. It is also attended by the Welsh Government policy lead for the Posture and Mobility Service, and representatives from both the National Leadership and Innovation Agency for Healthcare and the Delivery Support Unit

In parallel to the establishment of the Partnership Board, the wheelchair service has been engaged in a substantial service improvement programme, with the support of National Leadership and Innovation Agency for Healthcare and the Delivery Support Unit, to implement the recommendations of the Posture and Mobility Review. This programme aims to complete by March 2012.

A detailed progress report against each of the recommendations of the Review was presented to the Partnership Board in October 2011. Some of the key areas of progress include:

- Developments to improve waiting list management:
  - Agreement of definitions for measuring referral to delivery
  - Systems in place to enter all patients on waiting list within 24 hrs of receipt of referral, ability to actively monitor long waits/early warning systems/trigger points
- Upgrade of IT systems to support waiting list management
- Unification of IT system across Rehabilitation Engineering and ALAS
- Establishing satellite clinics
- Agreement to commence joint assessments with community therapists
- Changes in skill mix/allocation of duties introduced as a result of analysis of duties undertaken for capacity and demand analysis

#### **Waiting Times**

Welsh Government has invested a recurrent resource of approximately £2m from 2011/12 to support improvement in the wheelchair service, with particular emphasis on delivering the waiting times standard in the Children and Young People's National Service Framework (NSF) (6 weeks referral to assessment, 8 weeks assessment to delivery).

The Welsh Government has outlined its expectation that this standard will be met by March 2012. It is acknowledged that this will be challenging as there are a number of factors which need to be taken into account, e.g.:

- i) A valid waiting times position will not be available until the new financial year. This is due to the time lag between implementing referral to treatment times, and the impact of clock stops feeding through into reported waits.
- ii) The impact of new investment will take time to feed through into waiting times improvement largely as a result of the time required for recruitment of additional staff.

Therefore, whilst it is clear that the ongoing service improvement programmes are already beginning to deliver benefits, it is unclear what the combined impact of the new investment and the service improvements will yield on waiting times by March 2012.

A report will be prepared for the Welsh Government at year end which will:

- Set out the indicative waiting times as measured in March 2012;
- Highlight the significant achievements of the service improvement programme;
- Outline the plan for a staged approach to improving waiting times based on an assessment of what is achievable and by when.

## Health and Social Care Committee

### HSC(4)-08-12 paper 3

#### One day inquiry on wheelchair services in Wales – Evidence from Contact a Family

Contact a Family Wales supports families with disabled children and those with other health conditions. We respond to individual enquiries from parents and professionals across Wales on all aspects of caring for a disabled child, run parent workshops and family events as well as campaigning to improve the lives of disabled children and young people in Wales.

We gave evidence to the previous inquiry into wheelchair services and welcome the opportunity to revisit the work of the previous Committee and investigate progress made on the 23 recommendations.

#### **Key issues:**

Recommendations 1, 2 and 3

We are unaware of any progress on the full national service specification. There is little clarity on strategic planning for the service and on the status and availability of the outcomes from Phase Two of the government's review of wheelchair services, which is not available on the WG, WHSCC or ALAS websites.

Recommendation 4

There still do not appear to be clear and transparent responsibilities and lines of accountability for service delivery from Welsh Government level, through WHSCC to the two ALAS centres. The need for strong leadership remains to oversee and push through the changes recommended by the previous Committee and Phase Two of the wheelchair services review.

Recommendations 5 and 6

We are not aware of any new performance indicators for the service. If they have been drawn up they are not easily available or accessible on either the WHSCC or ALAS websites.

Recommendation 7

We believe that the Children's NSF waiting time targets for assessment and delivery have not been fully met, despite the investment of £2.2million additional funding. We have however received some positive reports from parents that they have noticed an improvement in waiting times for assessment and delivery in the past twelve months, others have reported no change.

*"I am OT working in social care. Assessments have been carried out quite swiftly, within several weeks. This is much improved. Wheelchairs still take several months to be delivered but this too has improved"*

*"This is our first wheelchair and we waited over 3 months (for an assessment)"*

*“ It took at least 12 months to get an assessment. It is a little longer than the last time my son was assessed”*

*“ The assessment took 3 months to happen from a request from the school. About the same time as the last one”.*

*“Our daughter was reviewed in November 2010, and a poor decision was taken on a manual wheelchair, so that when she got her new larger wheelchair in about July 2011 (8 months or so later) it was not suitable, so following another review we finally got the one she has now in January 2012. This came in within the timescales set - as I think it was ordered towards the end of the summer. The new chair is fantastic and she's improved dramatically in her mobility in it. She should have had it first time round (Quickie Youngster as opposed to the Invacare ones she had previously)”*

*“ My son had his last manual chair 4 yrs ago aged 9, he is now 13 and almost falling out of the chair, however I have just received a letter from ALAS wheelchair service telling me they are now seeing people that were referred in October 2011 and that my son is now on the waiting list until further notice.*

*T Delivery has not improved. Once the waiting time was so long from referral to delivery, that my son actually was too big for the new chair that was delivered, so they lent him an adult chair for 6 months until they could provide him one with the right support”*

*“ The new wheelchair they were going to give my daughter was brought 18 months before she was able to finally use it as they needed to adjust it. It was finally delivered to us in October 2011, but it was not until January 2012 that they finally adjusted it & got the fit right for my daughter finally to be able*

*to use it. During the time we had it we had to keep phoning them & telling them it was not right. Meanwhile we insisted we keep her old chair until the seating on the new one was right. By October 2011 the old chair was bruising my daughters hips as it was too small, but even with the bruising it was a better fit than the new one which was unusable until Jan 2012”*

*“We waited 9 months (for delivery). This about the same time as the last one”*

We would be concerned that any progress made on waiting times for children and young people must reach those with the most complex needs. In our previous experience with Disabled Facilities Grants positive progress was achieved much more readily with the small to medium size adaptations whilst the more complex cases remained much more difficult to address. We would not want this to happen with any initiatives to improve waiting times for assessment and delivery of wheelchair services.

Recommendation 8 and 9

Some families have reported that communication with the various aspects of the wheelchair service has improved on an individual basis over the past twelve months, whilst others still experience difficulties.

*“Yes, (communication has) improved since 4 years ago”*

*“Communication is always pleasant and effective (Social Care OT)*

*“If we ever have a problem the emergency/out of hours response is always fairly quick (they usually call back if you leave a message) however if a part falls off or the tyres need changing it is almost always several weeks or more than a month before it gets fixed”*

*“ This has not improved as much as I'd hoped. Ideally we would be given written advice explaining what the expected timescales were, and contacted in the event of any delays - but when there was a significant delay to the delivery of the chair in July 2011 I had to keep phoning to find out what was happening - as previously. In fact, I don't think I can point to any real improvement in this area”*

*“ Because my son has an Occupational Therapist, all communication with the wheelchair service is done through her. I only hear from the wheelchair service when a wheelchair is ready or not”*

*“ With all the difficulties we have had would not like to say”*

*“No communication feedback from the service. When we called for an update on delivery we were told for 6 months that they are waiting for parts from France!!”*

*“No communication at all - my son has had a wheelchair - provided some 18 years ago, reviewed once and had new chair about ten years ago and no communication since - needs a maintenance service at the very least !!!!!”*

Both on an individual and strategic level communication could be improved, with much better use of the WHSCC and ALAS websites to provide information on the wheelchair services, referrals, assessment process, equipment, review and maintenance. As well as publicising the full national service specification and new performance indicators for the service when they are available.

Recommendations 11, 12, 13, 14, 15, 17

We are unaware of any work undertaken to calculate the long term resource needs of the service in particular to reduce waiting times, promote joint working, streamline referrals, provide sufficient therapists, joint funding arrangements or use of pooled budgets.

Recommendation 16, 20 and 22

We have received reports from parents that there have been improvements to maintenance, repair and review over the past twelve months, although others still report delays.

*“Generally this is quite good too. Chairs from rehab engineering are usually looked at within the week and sometimes sooner (Social Care OT)”*

*“ No maintenance, unless something goes wrong and are on a call out to fix it, they usually give the chair a QUICK once over”*

*“This has been a bit better. Previously I remember calling an unanswered telephone over and over again and eventually giving up. It is easy now to get someone out to carry out some maintenance, but they often do not have a part, or there is some other reason why the problem can't be sorted. It's normally better to take the chair into ALAC and get the technicians there to look at it, in my experience”*

*“ After waiting to see the OT for 12 months, she agreed the wheelchair was too small, none of her tools fitted in order to extend different parts of the chair and we haven't seen her since”*

*“ I think they are trying. When I asked the occupational therapist for help to chase it up, she gave the advice 'Make a bloody nuisance of yourself as that seems to work!’”*

*“None!!!! And not for the past 10 years or so since delivery.”*

#### Recommendation 21

We are unaware of any communication with users in regards to the renewing of tenders but have received positive feedback since the tender for maintenance was removed from SERCO.

#### Recommendation 23

We have received positive feedback from parents in regards to training in the past twelve months, although this has been provided by Whizz-kidz (and previously by Contact a Family Wales). We do not believe that this was funded from the additional £2.2million allocated to wheelchair services this financial year despite a budget of £200,000 being pinpointed for wheelchair training.

*“(We have had training) through Whizz-kidz”*

*“ Advice and guidance is always provided and children informed/ signposted to wheelchair skills courses (Social Services OT)”*

*“ We have had no wheelchair training at all. When my son first started using a wheelchair it was his OT that practised with him at school”*

*“This has been really good over the past year. (My daughter)went on a Whizz-kidz*

*course that was brilliant, and well-attended by the ALAC team - who spent a fair bit of their time tweaking wheelchairs, assessing children and doing all kinds of things that you'd imagine would be better done back at base! We've been offered another course since then. The courses are excellent and a good opportunity especially for children in mainstream schools to meet other wheelchair-users”*

*“ We have only ever been offered wheelchair training by Whizz-kidz”*

*“Absolutely none, in fact the training we did used to get once a year has stopped as it was organised by Contact-a-family & the funding has been stopped”*

**Keith Bowen  
Manager  
Contact a Family  
Wales**



## Health and Social Care Committee

HSC(4)-08-12 paper 4

### One-day inquiry on wheelchair services in Wales - Evidence from Scope Cymru



#### **Scope Cymru written evidence to the Health and Social Services Committee one-day inquiry on wheelchair services in Wales**

##### **About Us**

Scope Cymru supports and works with disabled people and their families at every stage of their life. We believe disabled people should have the same opportunities as everyone else. We run services and campaigns with disabled people across Wales to make this happen. As a charity with expertise in complex support needs and cerebral palsy we never set limits on potential.

For more information on Scope Cymru's work visit:

<http://www.scopecymru.org.uk/>

We welcome the opportunity to provide both written and oral evidence to the committee as a follow up to our original evidence to the previous committee inquiry conducted by the Third Assembly's Health Wellbeing and Local Government Committee.

This evidence is based on the experiences of a small number of individuals that work at or use our services. This is a small sample and should be treated with caution. However, we believe these experiences may provide the committee with a useful snapshot of the current situation with wheelchair services in Wales at present.

While creating our evidence we spoke to:

- Service Managers at our services in Sully, Cwmbran and Bridgend, including the parent of a service user in Bridgend
- The Manager and volunteers at the Disability Advice Project in Torfaen
- An Occupational Therapist at Craig-y-Parc School
- Manager and service users of Face 2 Face in Bridgend
- An individual from North Wales who contacted us on this subject

While we believe there has been some improvement to wheelchair services in Wales in the two years since this inquiry was conducted, these improvements

are limited and elements of the service remain patchy and inconsistent, with individuals still facing long waiting times for new wheelchairs or repairs. We have spoken to those who use our services about their experiences with wheelchair services in Wales in the last two years since the previous committee inquiry.

As this inquiry intends to review whether the recommendations of the previous committee report have been enacted, we will attempt to match our comments to recommendations contained within this report.

**Recommendation 11. We recommend that the Welsh Government should conduct an assessment of the long-term resource needs of the service, giving particular consideration to the resources required to sustain improved waiting times; provide regular reviews for some users; and to clear the waiting list backlog in North Wales. The Government should then make a clear statement setting out how it intends to meet these resource requirements for the current budget cycle.**

There has been some improvement to waiting times, but it is a mixed picture. Our School in North Cardiff, Craig-y-Parc, said that there had been an improvement, with the time for initial referral to first contact by ALAS reduced significantly. It is now no longer a case of waiting six months, but instead around 4-6 weeks, sometimes even less. The School did highlight that there can sometimes be problems getting individual parts, such as harnesses and footplates and that this can take up to six months. Some individuals are able to use their chairs during this period, whereas others are not.

*“Generally speaking, it is much approved from two years ago.”*  
Occupational Therapist, Craig-y-Parc School

These waiting times are within the target set by the National Service Framework for Children, Young People & Maternity Services of an assessment in six weeks and equipment in the following eight weeks. However, a mother of a disabled daughter told us that she had to wait for almost twelve months for her daughter to get a wheelchair. This is not a geographical issue, as she was served by the same ALAC as Craig-y-Parc school.

We were also contacted by an adult living in North Wales who was told that she would have to wait for an assessment for over a year. She contacted her local Assembly Member and managed to get an assessment but was then told she could not have a wheelchair until her home was made accessible. She informed them that the council had approved plans for ramps but she has been told that without ramps, she will be removed from the waiting list. The council are now installing ramps but she does not know whether they will be able to complete this work before she is removed from the waiting list.

*“My MP received a letter from the Health Board telling him that I had been misinformed about the waiting times but as of today, it has been 11 months and still no sign of any wheels!”*  
Wheelchair user, Conwy

**Recommendation 15. We recommend that, as a matter of urgency, the Welsh Government should clarify and make public the policies and arrangements for joint funding with organisations and individuals.**

**Recommendation 16. We recommend that the Welsh Government clarifies and makes public its policy and arrangements for the maintenance and repair of equipment bought by individuals.**

There are still concerns about joint funding, or the apparent lack of it. Several people we spoke to mentioned the lack of choice of wheelchairs available on the NHS and that anything they required beyond this would have to be paid for privately. Any wheelchair paid for outside of the NHS would not be repaired by ALAS.

One parent we spoke to has asked the Cardiff ALAC why the chairs that she sees at trade shows are not available on the NHS and has been told that the cost of maintenance is the problem. She also highlighted that it is often not clear or widely publicized exactly what chairs are available on the NHS.

**Recommendation 18. We recommend that the Welsh Government should review arrangements for short-term loans of wheelchairs, which are not provided by ALAS, to ensure that this service provision is adequately resourced.**

**Recommendation 19. We also recommend that the Welsh Government should ensure closer joint working between ALAS and those providing short-term loans of wheelchairs, particularly the British Red Cross.**

We are aware of changes that have been made to the services provided by the British Red Cross Community Equipment Loan service. There has been an increase in the delivery charge for equipment as well as a reduction in the range of equipment that they are able to provide, although Wheelchairs are still available. There has also been an increase in the donation requested by the British Red Cross to cover the cost of a wheelchair, up from £5 a week to £1 per day, equivalent to £7 per week. They also informed us that there was an 8 week limit on a loan, compared to the 12 weeks mentioned in the last committee report.

While this may not seem a particularly large amount of money, if the individual is on a low income or benefits, it can be a high cost for something that is necessary to retain their independence.

The Red Cross state that these changes are due to 'financial constraints'.

Scope Cymru also spoke to an individual who had been unable to get a loan of a powered chair when hers was in need of repair after being dropped at an airport. She was without a chair for a week and while she had a manual chair, she was not able to get around using this without assistance. As a result of this, she was unable to attend her voluntary placement that week.

Without a loan chair, someone who requires a wheelchair can have the independence severely affected and that this could have a particular impact on those in employment who may be unable to attend work as a result.

**Recommendation 20. We recommend that the Welsh Government should ensure that the arrangements for maintenance and repair in Cardiff ALAC, and Wrexham ALAC be kept under review, to ensure that the service is meeting the necessary standards.**

Those we spoke to offered both positive and negative feedback of repair services. Our school in Cardiff and our Skills Development Centre in Cwmbran both had quite positive experiences. The school has a regular appointment where someone from the ALAC will attend and carry out maintenance on any wheelchairs in need of it while they are there. Given that the vast majority of pupils at the school are wheelchair users, this means there is often work to be carried out.

Similarly, the Cwmbran Skills Development Centre had a similar view. While they did not have a reoccurring appointment in the same way Craig-y-Parc school does, they found that if someone attending to fix one chair, they would also fix any other problems that other service users had. Cwmbran has the same member of staff each time, allowing the individual to get to know the service users and re-occurring problems.

The individual conducting repairs is also able to access detail on the chairs owned by individual service users using their name and date of birth in order to make further arrangements if needed, including referrals for new parts. This process can be completed in two weeks, significantly quicker than a referral to an Occupational Therapist.

*“If he’s here and it needs doing, he’ll fix it”*  
Service Manager, Cwmbran Skills Development Centre

However, other people we spoke to had different opinions of the service. Despite being based just down the road from our Cwmbran Skills Development Centre, our DIAL group in Cwmbran had encountered several problems.

One volunteer there said that the repair service was “very shortstaffed” and that when a repair is needed, the service would not send someone until they were in this area. This caused it to take a while for services to wheelchairs to be booked.

A service user who lives two miles from Maesteg also has to wait for repairs due to his location. He has a reoccurring problem with a footrest on his chair. He has been unable to leave his house for up to a week at a time due to needing repairs, causing him to become very frustrated and having to miss his day service.

A parent we spoke to in Bridgend has had to wait 4-6 weeks to get parts when repairs have been needed to her daughter’s chair. When her daughter started school it became apparent that she would need a headrest as she was using her

chair more. It took 4 months for this to be fitted and only occurred after her paediatrician wrote to ALAS to ensure she received the appropriate head rest.

Given that those based in physical services seemed to receive more timely repairs than those who are based in the community, we believe that ALAS should look at whether arrangements can be made to enable those who have repairs that are needed to visit technicians if they are attending a particular place or service. However, this would need to be arranged so it did not detract from the service received by those in attendance at the facility, or be used as a substitute for visiting individuals in their own homes. This should be seen as supplementary service to enable people to get repairs quicker when needed.

**Recommendation 22. We recommend that the Welsh Government should ensure that regular reviews for users are delivered, particularly for children and other users with changing conditions**

The evidence we have seen is that this is currently not occurring. A member of our Face 2 Face group in Bridgend who have requested a review for their daughter received a letter from Cardiff ALAC stating that they have, “received a large number of referrals and unfortunately not everyone can be seen immediately”, “We are currently seeing people that were referred in October 2011” and that their daughter is now on a waiting list.

Their daughter is finding her chair uncomfortable as she has grown significantly since her last review.

An adult that volunteers in one of our services has also had negative experiences. Her chair has broken on several occasions and she believes she is in need of a review, but has not been offered a review in the previous six years. She has been told during previous repairs to her chair that she has not been put forward for a new chair due to funding constraints.

*“Life can be difficult enough when you have a child who has special needs and the difficulties we have faced with ALAS have only added to that difficulty.”*

Parent, Bridgend

**For any additional information or if there are any questions, please contact Matt O’Grady, Senior Policy and Campaigns Officer for Wales on 02920 662406 or [matthew.ogrady@scope.org.uk](mailto:matthew.ogrady@scope.org.uk)**

**Mae cyfieithiad Cymraeg o'r ddogfen hon ar gael ar gais.**

# Eitem 2b

## Health and Social Care Committee

HSC(4)-08-12 paper 5

### One-day inquiry on wheelchair services in Wales – Evidence from the Chartered Society of Physiotherapy



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Dear Chair and Committee Members

#### One-day Enquiry on Wheelchair Services in Wales

The Chartered Society of Physiotherapy (CSP) in Wales is pleased to provide a written contribution to this review.

#### General introduction

The profession provided written and oral evidence to the review in 2010. Views were sought from clinicians working in the NHS across Wales and in particular views and recommendations were made by physiotherapy staff working in paediatrics, neurosciences and older people's services where clinicians had direct interaction with ALAS services.

To inform this review of progress on wheelchair services the profession has once again canvassed views from clinicians across Wales, responding with views on progress against the recommendations made by the committee.

#### Key points from the Chartered Society of Physiotherapy

**Recommendation 1. We recommend that the Welsh Government ensures that a full, national service specification be prepared, including details on the service's approach to joint working with other organisations; joint funding with organisations and individuals; and information on performance targets and monitoring systems.**

CSP members did not report that they have had sight of a national service specification but the profession understands that the Posture and Mobility Partnership Board has developed it and it forms part of their terms of reference.

**Recommendation 2. We recommend that the Welsh Government should draw up a strategic plan, to give direction to the service over the coming years. This should be done in conjunction with the service providers, users, stakeholders and other interested parties.**

The CSP understands that the National Leadership and Innovation Agency for Healthcare (NLIAH) and the Delivery Service Unit (DSU) have been working with the service to put in place the strategic priorities for service development and delivery. Members from North Wales report an 'ALAS Turnaround Team' followed by meetings with NLIAH. One of the goals of these meetings was to improve the integration of the ALAS service with the community professionals and the 'Team around the Child'. Improvement has been made but members consider more progress is needed. There has been a perception in the past of 'disconnect' between ALAS and the reality of community work with children with disabilities.

The CSP understands that the service priorities, which include Referral to Treatment Guidelines (RTT), are being monitored by ALAS on a 60 day cycle.

**Recommendation 3. We recommend that the strategic plan should address the need for better integration of the service with community and other NHS services and with social services.**

Members report that efforts have been made here. Since the publication of the first review the paediatric physiotherapy managers held a productive meeting with the manager of ALAS in South Wales to better understand the needs of their patients. This was seen as very useful and it is hoped that such meetings can continue to be a regular occurrence. The CSP understands that a range of joint clinics with paediatric therapists have been organised in the South and in increasingly varied venues in the community.

Members in the North report there has been some change in venues used which has shortened journey times for families and staff from North West Wales. There was praise for the use of the Children's Development Centre in Bangor for joint consultations with local therapists. It was also hoped that the Llanwrst clinic could be used once more which would improve access from Gwynedd and Ynys Mon.

**Recommendation 4. We recommend that the Welsh Government ensures that the arrangements for a restructured wheelchair service incorporate clear responsibilities and lines of accountability for service delivery.**

At the time of the last review there was some confusion within the physiotherapy membership around responsibilities and lines of accountability. Physiotherapists now understand that the ALAC services have direct accountability to the Executive Board of the Cardiff and Vale (in the South) and Betsi Cadwaladr (in the North) Health Boards. The Welsh Health Specialist Service Committee (WHSSC) funds, and takes monthly reports from both ALACs and the Posture and Mobility Partnership Board meets quarterly.

The CSP would like to see more information in the public domain in relation to funding and decision making at WHSSC level. The profession understands that whilst additional money was provided by Welsh Government to ALAS, the service was expected to find,

and make efficiency savings. Whilst efforts are being made to bring down waiting times it would appear counter-productive to take money away from ALAS.

**Recommendation 5. We recommend that new performance measures should focus on outcomes for users, taking account of their wider needs.**

Very few members who provided feedback had knowledge of **performance** measures that are being used by ALAS. Most commented on waiting times and others commented on communication with referrers and service users. The main performance indicators relate to the National Service Framework for Children (assessment and delivery) and the RTT target.

The CSP understands that new **quality** indicators have been agreed around:

- Provision of service information
- Providing a quality service (to include qualifications and CPD, assessment, delivery and maintenance and user feedback)
- The care pathway

In relation to taking account of a client's wider needs, South Wales ALAS encourages referring therapists to undertake joint assessment with them so that lifestyle and particular needs can be addressed. The service does stress, however, they are only funded for essential health needs.

**Recommendation 6. We recommend that the Minister should keep under review the planned performance measures and targets and should introduce sanctions for non-compliance.**

No specific comment from the CSP.

**Recommendation 7. We recommend that the service specification should include an action plan, including targets and milestones, for meeting the standards in the Children's NSF on wheelchairs.**

The CSP has not had sight of the service specification but does understand that both ALAC services aim to be meeting the Children's NSF target on wheelchairs by the end of March 2012. The challenge for the service will be sustaining the ability to meet targets.

**Recommendation 8. We recommend that the Welsh Government ensures that the service prepares a communication strategy to outline how it will improve communication with users and stakeholders. This communication strategy should be drawn up and introduced as a matter of urgency.**

The CSP highlights this was an area of concern in the last review but from the feedback received from members in Wales there has been a perceived improvement in communication for referring therapists with ALAS. Physiotherapists in mental health services report improved dialogue with ALAS, providing them with photographs and additional information on possible usage of the wheelchair.

Although the CSP has not seen a communication strategy the profession understands the ALAS service has worked closely with NLIAH holding events with stakeholders (including



community therapists) and are now involved in a Wales-wide Service User Engagement work stream with three year funding from Welsh Government.

In North Wales, a physiotherapist has been seconded to look specifically at communication with service users and with referrers to the service. A welcome pack has been developed for patients and referring therapists receive better information and access to training.

In South Wales, the CSP understands that a DVD has been developed, currently being trialled, that will provide improved support for the referring therapists.

**Recommendation 9. We recommend that the communication strategy should include measures to provide better information to users generally, but in particular on progress within the system.**

Members have not provided many examples or issues with this and it is considered that RTT process should mean that service users should have better information on timescales. ALAS will contact service users to confirm they are happy to accept appointments. Emergency call out service is in place and emergency repairs are carried out within 24 hours, according to ALAS.

**Recommendation 10. We recommend that the Welsh Government should explore with the service, voluntary organisations and charities, options for providing the best possible interim solutions for users who will be waiting for significant periods for delivery or maintenance of a chair.**

Members in North Wales were not aware of developments in this area. South Wales ALAS reported they had met with (British Red Cross) to review closer working opportunities. They have also developed a drop-in clinic to improve access to timely re-assessment and repairs.

**Recommendation 11. We recommend that the Welsh Government should conduct an assessment of the long-term resource needs of the service, giving particular consideration to the resources required to sustain improved waiting times; provide regular reviews for some users; and to clear the waiting list backlog in North Wales. The Government should then make a clear statement setting out how it intends to meet these resource requirements for the current budget cycle.**

The CSP has heard from members that waiting times have improved and it would appear that work done in North Wales has cleared the backlog. The CSP understands capacity and demand analysis has been undertaken and in both ALACs new systems have been put in place to bring about sustainable change.

RTT requires particular information on waiting times and North Wales ALAS now has a new information system that has been up and running since December 2011.

South Wales ALAS told the CSP it is undertaking work to introduce an off line working system which will enable staff to review and input data off site, releasing more clinical time.

**Recommendation 12. We recommend that the Welsh Government should explore opportunities for joint working between ALAS and organisations, charities,**

**community therapists and others, and that this should form a central part of the service's strategic plan**

Members report meetings with ALAS staff, training and joint clinics. The All Wales Paediatric Physiotherapy Service Managers met with the Head of South Wales ALAS and a senior staff member to discuss issues and ways to improve the experience for the referrer.

The CSP has not seen the service's strategic plan so cannot comment further on this.

**Recommendation 13. We recommend that the Welsh Government ensures that efforts are made to streamline the referrals process, possibly through the development of on-line resources.**

Members report still using paper based referral systems at the moment but within the NLIAH 60 day review process there has been a referrals work stream which has had the aim of developing an improved referral form which will be consistent across South and North Wales.

It would appear that ALAS is concentrating on getting the referrals that come in to them to be of a better quality rather than moving to a web based resource. Time and effort, at this stage, has been spent on sharpening up the referral but the CSP understands ALAS will be moving on to look at electronic referrals.

**Recommendation 14. We recommend that the Welsh Government should ensure that there is a sufficient number of community therapists trained to undertake Level 3 assessments.**

The CSP is pleased to note that staffing levels in the ALAS has increased as a result of the investment made in the service. At the time of the original review, the CSP lobbied hard to increase the pool of therapists with level 3 assessment skills.

NLIAH has supported the service in conducting capacity and demand analysis and funding has also supported administrative posts which in turn have freed up clinical time. So, whilst there may not be an increased capacity of community therapists trained to level 3, the capacity overall has increased.

ALAS have explained to us that to be trained to level 3 is complex and requires detailed knowledge of a wide range of seating solutions, accessories and products. Assessors need to maintain their knowledge and be safe prescribers. Where they deal with community therapists regularly they have developed a 'trusted assessor' relationship and they will accept prescriptions from these therapists.

Trusted assessors may have worked in ALAS or have been in a rotational post based in ALAS and thus have built up the expertise and knowledge.

The 'All-Wales' training manager has trained over 1000 nurses and therapists to level 1 standard over the last 2 years. A neuro clinical specialist physiotherapist reported she had requested level 1 training for specialist nurses and this was delivered and has subsequently vastly improved the quality of referrals. It has also raised the awareness of

multidisciplinary team members of when to refer for new wheelchairs and when review appointments are required.

The physiotherapists who work in South Wales ALAS tell the CSP that the amount of equipment specific information regarding the products on the contract is staggering. They comment that the recommendation needs careful consideration regarding the practicalities and possible clinical governance implications.

**Recommendation 15. We recommend that, as a matter of urgency, the Welsh Government should clarify and make public the policies and arrangements for joint funding with organisations and individuals.**

No specific comment from the CSP.

**Recommendation 16. We recommend that the Welsh Government clarifies and makes public its policy and arrangements for the maintenance and repair of equipment bought by individuals.**

The CSP does not know of any specific policy on this at the present time but understands that local agreements are being developed.

This is an area that will need further development and communication with service users and local referrers.

**Recommendation 17. We recommend that the Welsh Government should explore further the possibility of pooling existing budgets, particularly education budgets, in relation to the provision of equipment for users.**

No specific comment from the CSP.

**Recommendation 18. We recommend that the Welsh Government should review arrangements for short-term loans of wheelchairs, which are not provided by ALAS, to ensure that this service provision is adequately resourced.**

CSP members tell us that the British Red Cross take on short term loans. A Paediatric physiotherapist in North Wales noted that they usually have no children's size chairs. South Wales ALAS reported to us that assessment training has been provided to the British Red Cross. The CSP cannot comment on whether it is adequately resourced.

**Recommendation 19. We also recommend that the Welsh Government should ensure closer joint working between ALAS and those providing short-term loans of wheelchairs, particularly the British Red Cross.**

No specific comment from the CSP.

**Recommendation 20. We recommend that the Welsh Government should ensure that the arrangements for maintenance and repair in Cardiff ALAC, and Wrexham ALAC be kept under review, to ensure that the service is meeting the necessary standards.**

South Wales ALAS has brought the approved repairer service in house and has made a range of changes such as 'one stop' clinics at the depot, weekend clinics at the depot, a delivery driver and a fitter based in West Wales.

Members in North Wales report that repair services are good but there is no regular maintenance.

**Recommendation 21. We recommend that the Welsh Government should ensure that ALAS consults users and stakeholders on their needs in advance of any future tendering process for maintenance and repair contracts.**

The CSP understands that ALAS has undertaken this and NLIAH are supporting a 3-year Welsh Government user engagement work stream which will provide a valuable opportunity for service users and their families to shape improvements in the future.

**Recommendation 22. We recommend that the Welsh Government should ensure that regular reviews for users are delivered, particularly for children and other users with changing conditions.**

Responses differ from around Wales. Members in the North suggest that regular reviews are not currently in place. Community paediatric therapists have to inform ALAS when they feel the child needs reviewing. The CSP understands that once the capacity and demand analysis in North Wales ALAC has been completed regular reviews for paediatric service users will be undertaken.

In the South, the CSP understands that regular reviews are in place for Rehabilitation Engineering Unit service users because of the complexity of the client's condition. Adults are reviewed once a year and children are reviewed twice a year.

**Recommendation 23. We recommend that the Welsh Government should ensure that ALAS explores joint working opportunities with charities to provide training for users.**

The CSP understands that funding has been allocated to support training of some service users and a tender is being developed in conjunction with NLIAH to provide training across Wales.

## Concluding comments

Overall, member feedback to the CSP reports improvements in services and dealings with ALAS for the referring physiotherapists. There still seem to be a few issues but opportunities exist to raise these with ALAS and look for solutions.

Communication remains the key area where continued development will improve the experience of those referring in to the service.

Re-assessment and review, particularly for children, is on the agenda for continued development and training for service users is also under consideration. These were areas of concern raised by the CSP in the previous review.

The CSP notes that both ALAS services expect to achieve the Children's NSF target by the end of March 2012. The key issue then will be sustaining that target and continuing to make improvements in waiting times for adults. The profession hopes that the Committee will keep wheelchair services on the agenda and ask the Welsh Government and WHSSC for regular updates.

**Philippa Ford MCSP**  
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**March 2012**

### **About the CSP and Physiotherapy**

The Chartered Society of Physiotherapy is the professional, educational and trade union body for the UK's 50,000 chartered physiotherapists, physiotherapy students and support workers. The CSP represents over 2,000 members in Wales.

Physiotherapists use manual therapy, therapeutic exercise and rehabilitative approaches to restore, maintain and improve movement and activity. Physiotherapists and their teams work with a wide range of population groups (including children, those of working age and older people); across sectors; and in hospital, community and workplace settings. Physiotherapists facilitate early intervention, support self management and promote independence, helping to prevent episodes of ill health and disability developing into chronic conditions.

Physiotherapy delivers high quality, innovative services in accessible, responsive and timely ways. It is founded on an increasingly strong evidence base, an evolving scope of practice, clinical leadership and person centred professionalism. As an adaptable, engaged workforce, physiotherapy teams have the skills to address healthcare priorities, meet individual needs and to develop and deliver services in clinically and cost-effective ways. With a focus on quality and productivity, physiotherapy puts meeting patient and population needs, optimising clinical outcomes and the patient experience at the centre of all it does.

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February 2012

This submission has been developed with contribution from:  
The All Wales Physiotherapy Managers Committee  
The All Wales Children and Young People's Physiotherapy Service Managers Committee  
The Welsh Neuro Physiotherapy Network  
The Welsh Paediatric Physiotherapy Network  
The Welsh Older People's Physiotherapy Network



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## Health and Social Care Committee

HSC(4)-08-12 paper 6

### One Day Inquiry on wheelchair services in Wales – Evidence from the College of Occupational Therapists

#### Introduction

The College of Occupational Therapists is the professional body for occupational therapists and represents around 28,000 occupational therapists, support workers and students from across the United Kingdom and 1,500 in Wales. Occupational therapists work in the NHS, Local Authority housing and social services departments, wheelchair and prosthetics services, schools, prisons, voluntary and independent sectors, and vocational and employment rehabilitation services.

Occupation, i.e. all the things that people do or participate in, is fundamental to the health and wellbeing of individuals. Occupational therapists work with wheelchair users and their families and carers to enable them to take control of their lives. Wheelchairs, specialist buggies and other assistive equipment are key in enabling people live full and independent lives and participate in their communities.

Occupational therapists from all over Wales have contributed to this response.

#### General Comment

The College is aware that the posture and mobility service has undergone significant change. Much of this work has focused on developments in service priorities and in processes which will result in fundamental change as they are implemented but may take a while to show effect in practice. Occupational therapists are now beginning to report significant improvements and developments in wheelchair services across Wales and this review is occurring just as the all the changes are taking effect; in another few months the fundamental impact of change will be clearer. It will be important that the Welsh Health Specialist Services Committee (WHSSC) and host Local Health Boards continue to support the new posture and mobility service to sustain these improvements in the coming years.

Many occupational therapists report a significant reduction in waiting times for assessments and in the provision of children's wheelchairs.

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#### Specific comments



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### **National Service Specification and Strategic Plan**

The College understands that significant work has been undertaken to develop this and that strategic priorities for the service are being articulated. Occupational therapists have been included in the development of these priorities and in providing feedback to the service. These will now need to be implemented and communicated.

The College assumes these service priorities will be common for the whole service and that although remaining within two separate health boards, they and or WHSSC will be responsible for an overview to monitor performance against the priorities. This will help service users experience a common standard regardless of which centre provides that service.

### **Integration with community and other NHS services and with social services**

Occupational therapists are beginning to see improvements in this area. Regular meetings now occur with groups such as the paediatric occupational therapy managers. It is our understanding that the initial focus of ALAS' work has been on reducing waiting times for assessments and wheelchairs. The required improved communication with social services and other agencies will be the next stage of work. This is a complex area and good communication and liaison systems will be needed to ensure that when an adaptation is required to facilitate the use of a wheelchair that concurrent referrals, for example to social services for adaptations, are made to reduce delays and maximise the effectiveness of outcomes. Not all referrers are aware of the need to do this and omissions may only become apparent once someone is seen by ALAS staff. As waiting times continue to reduce and communication is improved this should become less of a problem. Some referrer education may also help. The College has discussed this with the wheelchair service and are pleased to learn that the intention is to develop clear pathways to create better integrated working.

### **Performance measures should focus on outcomes for users, taking account of their wider needs**

Some occupational therapists have reported that there are times when the complexity of the postural need results in a chair that does not facilitate good participation in activity. For example, it is difficult to transfer independently because of fixed footrests, or the chair is too big to use in the family car. However, the wheelchair service is developing new protocols to enable service users to prioritise their needs to find a solution to fit their lifestyle where those choices do not increase long term health problems. As this way of working develops and becomes more widespread there should be greater co-production of good solutions because service users, families and health professionals have been part of the decision making process.

### **Waiting times**

Occupational therapists report a significant change within the last few months.

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The posture and mobility service report that 95% of standard chairs in South Wales are delivered within five days of ALAS receiving the item and 97% in 21 days in North Wales. Waiting times for assessment for children is within six weeks. There are still some long waits for complex solutions. However, where appropriate short term loans are used. For those whose needs cannot be met except by the complex solution, which can take a long time to produce, the service is beginning to communicate processes and options so that people understand reasons for decisions.

The additional money for children's wheelchairs has been vital in increasing capacity. It will be important to sustain this. The service is also changing working patterns to create capacity and this has meant more timely assessments and the capacity to begin reviewing children's needs.

### **Communication**

Communication is improving so that people are beginning to see why they are waiting and when they might receive their chair. Therapists report that quicker responses to referrals are beginning to occur and ALAS report they invite community therapists to joint appointments. Some therapists would like to see the possibility of tracking requests online so that they are able to monitor where in the process they are, but priority so far has rightly been given to reducing waiting times over new communication developments.

The new service will need to effectively communicate its plans for change to the wider group of health and social care professionals as well as communicating specifically on the progress for delivering specific service users chairs.

### **Number of community therapists trained to undertake Level 3 assessments**

1,000 nurses and therapists have been trained to level 1 standard over the last two years. The use of year long rotations of staff into the service has also increased knowledge levels in community and hospital therapy services. The increased capacity in the service has reduced waiting times for all assessments, which has released ALAS staff with specialist expertise to assess people with complex needs themselves. So although the number of community therapists trained to level three has not increased this alternative solution has provided a quality outcome for those previously waiting for an assessment. It will be important to ensure that this level of waiting time is maintained in the long term. The work on the service priorities and further change in referral, emergency responses, review and evaluation processes will embed these improvements in the new service.

### **Joint funding and working**

The College understands from the posture and mobility service that this is being developed with charities and local authorities. Local protocols are being developed and individuals are now allowed to fund "extras" provided that ALAS staff are sure these do not compromise the effectiveness of the core provision.





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Joint funding with continuing care funding is already happening and that is making a difference for service users.

### **Maintenance and repair**

The College received some mixed comments about this. Where therapists have experienced the new system they report that the changes to the maintenance and repair service are good. Not all therapists or clients have yet experienced the new system and thus awareness is lagging behind the new developments. Those who have not, still report concerns from their previous experience.

### **Regular reviews for users are delivered, particularly for children**

ALAS has told the College that from October 2011 every child will be reviewed annually. We welcome this development and support the changes made by the service to create this capacity. Because this is new, not all service users and therapists are yet aware of this process. As it becomes established, we expect satisfaction and confidence with the service to rise. It will be vital that this new capacity and quality of service is maintained and the investment in the service will need to be protected in the difficult times facing all public services.

### **Conclusion**

The investment and strategic support for the new posture and mobility service will deliver high quality service improvements. Such fundamental change in service provision always takes time to implement and this review is occurring just as the service starts to implement real improvements. Therapists are beginning to see the effects of this change and their satisfaction is increasing and service user outcomes are improving. However, not everyone has yet experienced them. Another three or four months should see more widespread impact.

The danger is that in these difficult financial times the service will face reductions in resources that undermine the excellent work which is beginning to make such a difference

# Eitem 2c

## Health and Social Care Committee

HSC(4)-08-12 paper 7

### One-day inquiry on wheelchair services in Wales – Evidence from the British Red Cross

#### Short Term Standard Wheelchair Services in Wales

1. **Background** For many years the British Red Cross [BRC] in Wales has lent medical equipment for short periods of time as a charitable service, and the main items being lent have been standard wheelchairs for both adults and children. Over the past 6 years, however, the number of wheelchairs being lent has increased very significantly [from 4,996 in 2010 to 5,997 in 2011 – a 20% increase over the year], and the overall deficit to BRC budgets has steadily increased [Budget deficit for 2011 was forecasted to be in excess of £300,000]. Accordingly the BRC made representation to the Welsh Government and the NHS in Wales as to the untenable and financially unsustainable situation concerning the future of this service.

2. **Introduction** As a result of the representation made, this short paper addresses the recommendations made in 2010 concerning the provision of a short term standard wheelchair service in Wales. In so doing it takes forward specifically the recommendations of the National Assembly for Wales, Health, Wellbeing and Local Government Committee<sup>1</sup>, and the All Wales Posture and Mobility Review<sup>2</sup>. For easy reference the recommendations, as germane to Short Term Standard Wheelchairs were:

#### a. Health, Wellbeing and Local Government Committee

- Recommendation 10. We recommend that the Welsh Government should explore with the service, voluntary organisations and charities, options for providing the best possible interim solutions for users who will be waiting for significant periods for delivery or maintenance of a chair.
- Recommendation 12. We recommend that the Welsh Government should explore opportunities for joint working between ALAS and organisations, charities, community therapists and others, and that this should form a central part of the service's strategic plan

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<sup>1</sup> Report on Inquiry into Wheelchair Services in Wales May 2010

<sup>2</sup> Phase Two Date: October 2010

- Recommendation 18. We recommend that the Welsh Government should review arrangements for short-term loans of wheelchairs, which are not provided by ALAS, to ensure that this service provision is adequately resourced.
- Recommendation 19. We also recommend that the Welsh Government should ensure closer joint working between ALAS and those providing short-term loans of wheelchairs, particularly the British Red Cross.

#### **b. All Wales Posture and Mobility Review**

- There are no forecasts of the number of potential users if the service was freely available to all.
- There are no standard eligibility criteria for short term wheelchair loans;
- The definition of “short term” varies from organisation to organisation;
- There needs to be clarity in signposting to the service as it is unclear from where wheelchairs can be obtained and how this service is accessed;

### **3. Way Forward**

It was recognised that progress could be made prior to publication of the report in the area of STWL’s and a meeting was arranged in September 2010 with representatives invited from the ALAS, BRC (Wales), NLIAH, other NHS bodies and WAG. The key areas the group decided to initially concentrate on were to:

- Look into picking up each other's equipment from users if possible, thereby saving time, fuel and improving turnaround times.
- The sharing of training.
- Consider purchasing arrangements to see if we could negotiate a better deal with suppliers for BRC and ALAS.
- Do some work on facilitating information sharing as initiatives were taken forward.

Significant progress has been made with these initiatives and much closer collaboration between the ALAS and BRC has ensued. To take the recommendations the paper “Developing a protocol between NHS Wales and the British Red Cross in Wales” has been presented by the BRC and accepted as a way forwards. In essence this paper takes forward the recommendations under two strands of work:

- The BRC to retain the status quo [Delivery from 11 sites in Wales] and to provide an enhanced short term wheelchair service in pilot sites and collect data to address the recommendations/data requirements above. Initially these

enhanced pilot sites will be the Local Health Boards areas of Hywel Dda, Aneurin Bevan, and Betsi Cadwaladr.

- To continue and improve further cooperation and joint working ALAS/BRC and examine interfaces and the potential for efficiencies and improving the patient experience.

4. **Pilot Sites** In 2011/12 the BRC have agreed with the LHB's of Hywel Dda, Aneurin Bevan, and Betsi Cadwaladr to enhance the current service provision in those locations as pilot projects. Work has started on the following:-

- collection of statistics of wheelchair loans by LHBs;
- producing a set of draft Eligibility Criteria for discussion and eventual inclusion in a model Service Specification which will be available to all LHBs when the national roll-out takes place;
- working towards agreeing a definition of "Short Term" loan.

Since April 2011 KPI data concerning waiting times has been collected by BRC across all LHB areas in a common format and of the 4,950 wheel chairs loaned in the 9 months from April to December 2011 only 94 Service Users (1.9%) did not receive their equipment within 3 days.

5. **ALAS/BRC Cooperation** The ongoing work by the Short Term Wheelchair Loan Group remains a fundamental building block for the future partnership working with ALAS. Work currently being undertaken by the Society will continue to refine the methods of data capture such that it consistently and accurately reflects existing levels of service and so provides a sound base for more accurately predicting future demands. This will be especially important in understanding accurately the proportionality of referral pathways, and the seamless data sharing arrangements with ALAS.

This work is expected to lead to economies and far better MIS information resulting in:

- The exchange of basic data to identify shared Service Users ensuring they receive appropriate equipment and do not rely on the STWS
- Methodologies for enhancing the patient experience when they are shared Service Users i.e. Service Users who use a BRC wheelchair prior to taking delivery of a permanent ALAS chair [ Moving from 4 journeys and 2 chairs to a single chair and only two journeys]
- The possibility of common stock purchase arrangements
- Rationalisation of delivery/collection transport arrangements - BRCS and ALAS are already collecting each other's equipment for return where this is appropriate
- The possibility rationalising of storage facilities
- Sharing of training - BRC medical loan staff have received training from ALAS on the assessment of Service User requirements

- Sharing of beneficiary impact measurement tools

6. **Finance** As identified the projected shortfall in funding by the BRC for this service in 2011 was in excess of £300,000 and this is predicated also on the level of donations and small amounts of LHB/LA funding being protected. In order to facilitate the 2010 recommendations (Para 2 above) the Welsh Government have put provision in place to fund the BRC £100,000K per annum from 2011 – 2014 this will both limit the BRC deficit whilst facilitating also the pilot schemes.

7. **Next Steps** The BRC will continue to engage with LHB's to move forward with pilot arrangements in order to produce a method of joint working resulting in an overall improvement in service delivery which can be demonstrated. The "Best Practice" resulting from this can then be incorporated in a Model Service Specification available to all LHBs to adopt if desired.

The BRC will also continue to refine data collection methodology to assist both BRC and the NHS (Wales) in understanding the Short Term Loan "business" – e.g. the number of loans issued to reduce DTOC.

The Society will also be reviewing stock holdings with a view to "pooling" stocks so that temporary shortages in one area can be remedied by transfers from another.

8. **Conclusions** In overview the BRC would acknowledge the huge progress made on this subject in the past 24 months especially given a very long problematical history. On a very positive note the programme of cooperation with ALAS especially continues to bear fruit.

J A Collins  
Director Wales

March 2012

## Y Pwyllgor Iechyd a Gofal Cymdeithasol

HSC(4)-08-12 papur 8

### Ymchwiliad i atal thrombo-emboledd gwythiennol (VTE) ymhlith cleifion mewn ysbytai yng Nghymru - Y cylch gorchwyl a awgrymir

#### Cyflwynwyd

Yn ei gyfarfod ar 2 Chwefror 2012, cytunodd y Pwyllgor i lansio ymchwiliad a fydd yn canolbwyntio atal thrombo-emboledd gwythiennol (VTE). Mae VTE yn gyflwr difrifol iawn ac mae modd i gleifion ei ddatblygu tra maent yn yr ysbyty neu yn y gymuned. Amcangyfrifir bod dau draean o'r rhai sy'n marw oherwydd thrombosis yn datblygu'r clyflwr tra maent yn yr ysbyty ac ar hyn, felly, y bydd ymchwiliad y Pwyllgor yn canolbwyntio.<sup>1</sup>

Diben y papur hwn yw cyflwyno rhywfaint o wybodaeth gefndir, awgrymu cylch gorchwyl ac awgrymu tystion ar gyfer yr ymchwiliad i atal cleifion mewn ysbytai yng Nghymru rhag datblygu thrombo-emboledd gwythiennol.

Cynhyrchwyd y papur briffio hwn gan y Gwasanaeth Ymchwil ar gyfer y Pwyllgor Iechyd a Gofal Cymdeithasol.

I gael rhagor o wybodaeth, cysylltwch â Victoria Paris yn y Gwasanaeth Ymchwil

Ffôn est. 8678

E-bost: [victoria.paris@wales.gov.uk](mailto:victoria.paris@wales.gov.uk)

Research  
Service

<sup>1</sup> Lifeblood: The Thrombosis Charity, Public, [Blood clots affect all ages](#) [fel ar 23 Chwefror 2012]  
Ymholiad rhif: 12/0570/ Victoria Paris

## Gwybodaeth gefndir

Cyflwr yn ymwneud â'r gwythiennau yw hwn. Mae **thrombosis** yn digwydd pan fydd **thrombws** (clot gwaed) yn cau gwythien. Pan fydd thrombws yn symud o'r fan lle ffurfiodd, yn teithio drwy'r gwythiennau ac yn mynd yn sownd mewn rhydveli gan atal llif y gwaed, mae'n creu **emboledd**. Gall thrombosis gwythiennol ffurfio yn unrhyw ran o'r system wythiennau ond y math mwyaf cyffredin yw **thrombosis gwythien ddofn (DVT)** (thrombosis sy'n ffurfio yng ngwythiennau dwfn y corff, ac yn y goes fel arfer) pan fydd y thrombus yn symud o'r goes ac yn teithio drwy'r gwythiennau ac yn mynd yn sownd yn yr ysgyfaint gan achosi **emboledd ysgyfeiniol (PE)**. Y term ar gyfer DVT a PE ar y cyd yw **thrombo-emboledd gwythiennol (VTE)**.

### *Pa mor gyffredin yw thrombo-emboledd gwythiennol?*

Mae VTE yn **un brif achosion marwolaeth** a rhagwelir y bydd **achosion o DVT a PE yn cynyddu** wrth i'r boblogaeth heneiddio ac wrth i'r ffactorau risg gynyddu yn eu bywydau (fel llawdriniaeth, teithio ymhell, gordewdra etc). Ar hyn o bryd, amcangyfrifir:

- bod thrombosis gwythiennol yn effeithio ar hyd at un o bob 1,000 yn y DU bob blwyddyn.
- bod oddeutu un o bob 1,000 o ferched beichiog yn datblygu thrombosis, a gall hynny arwain at broblemau iechyd hirdymor cysylltiedig.
- y gall un o bob tri chlaf sy'n cael llawdriniaeth ddatblygu DVT os na chymerir camau ataliol (proffylaxis).
- y gall oddeutu 50 y cant o bobl sy'n cael DVT ddatblygu PE.
- bod rhwng 25,000 a 32,000 o bobl yn marw yn y DU bob blwyddyn oherwydd eu bod yn datblygu PE wedi iddynt gael DVT pan oeddent yn glaf yn yr ysbyty – mae hyn yn fwy na'r cyfanswm sy'n marw o ganser y fron, AIDS a damweiniau traffig gyda'i gilydd.<sup>2</sup>
- o'r cleifion sy'n gwella ar ôl achos cychwynnol o VTE, bydd hyd at 30 y cant ohonynt yn datblygu'r cyflwr eto (DVT a/neu PE) cyn pen 10 mlynedd.
- bod dros 20 y cant o'r cleifion sy'n datblygu VTE hefyd mewn perygl o ddatblygu cymhlethdodau hirdymor ar ffurf syndrom ôl-thrombotig (cyflwr poenus a all amharu gryn dipyn ar y claf, ac sy'n gysylltiedig â briwiau parhaus ar y goes sy'n anodd eu gwella) cyn pen 10 mlynedd.<sup>3</sup>

<sup>2</sup> Pwyllgor Iechyd Tŷ'r Cyffredin, HC99, [\*The Prevention of Venous Thromboembolism in Hospitalised Patients\*](#), Chwefror 2005 [fel ar 22 Chwefror 2012]

<sup>3</sup> Lifeblood: The Thrombosis Charity, Professional, Hospital-based Health Professionals, About VTE, [\*Incidence of VTE\*](#) [fel ar 22 Chwefror 2012]



### Arweiniad

Ym mis Chwefror 2005, cyhoeddodd **Pwyllgor Iechyd Tŷ'r Cyffredin** adroddiad yn dwyn y teitl *The prevention of venous thromboembolism in hospitalised patients*<sup>4</sup>. Roedd yr adroddiad hwn yn dangos y gellid priodoli nifer fawr o farwolaethau i VTE ac nad oedd thromboproffylaxis (camau a gymerir i atal thrombosis) yn cael ei ddefnyddio'r effeithiol yn y DU. Ar ôl cyhoeddi'r adroddiad, comisiynwyd **Y Sefydliad Cenedlaethol dros Iechyd a Rhagoriaeth Glinigol (NICE)** i gynhyrchu canllawiau i bob claf mewn ysbyty, nid dim ond y canllawiau llawdriniaeth roeddent yn gweithio arnynt ar y pryd. Ym mis Ebrill 2007, cyhoeddodd NICE ganllawiau'n dwyn y teitl, *Venous thromboembolism: reducing the risk of venous thromboembolism (deep vein thrombosis and pulmonary embolism) in inpatients undergoing surgery (CG46)* ac ym mis Ionawr 2010, disodlwyd y canllawiau hyn gan *Reducing the risk of venous thromboembolism (deep vein thrombosis and pulmonary embolism) in patients admitted to hospital (CG92)*<sup>5</sup>. Mae canllawiau CG92 yn gwneud argymhellion ar gyfer asesu cleifion i leihau'r perygl iddynt ddatblygu VTE yn yr ysbyty, gan gynnwys **argymhelliad y dylid cynnal asesiad risg o bob claf sy'n cyrraedd yr ysbyty**. Mae hefyd yn cynnig canllawiau ar y proffylaxis mwyaf cost-effeithiol a'r mwyaf effeithiol yn glinigol.

Yn 2010, lanswyd rhaglen gan yr elusen thrombosis, **Lifblood Wales a 1000 o Fywydau a Mwy**, i annog ysbytai ledled Cymru i ddefnyddio rhestr wirio i asesu cleifion ar gyfer clotiau gwaed. Mae'r **Dull Asesu Risg** hwn yn caniatáu i dimau gynnal asesiad trylwyr o'r perygl i glaf ddatblygu clot gwaed drwy ystyried nifer o ffactorau, gan gynnwys hanes o DVT yn y teulu, gordewdra etc, ac ar ôl yr asesiad, gellir penderfynu ar y math gorau o broffylaxis.

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<sup>4</sup> Pwyllgor Iechyd Tŷ'r Cyffredin, HC99, *[The Prevention of Venous Thromboembolism in Hospitalised Patients](#)*, Chwefror 2005 [fel ar 22 Chwefror 2012]

<sup>5</sup> NICE, CG92, *[Venous thromboembolism: reducing the risk: Reducing the risk of venous thromboembolism \(deep vein thrombosis and pulmonary embolism\) in patients admitted to hospital](#)*, Ionawr 2010 [fel ar 22 Chwefror 2012]





## Y cylch gorchwyl a awgrymir

Diben y sesiwn hon yw:

- Archwilio sut y caiff canllawiau'r Sefydliad Cenedlaethol dros lechyd a Rhagoriaeth Glinigol (NICE) a'r dull asesu risg 1000 o Fwydau a Mwy eu defnyddio ledled Cymru a pha mor ddigonol ac effeithiol ydynt o ran atal thrombo-emboledd gwythiennol (VTE) mewn cleifion sy'n gorfod treulio amser yn yr ysbyty.

Bydd y Pwyllgor hefyd yn ystyried pa aml y defnyddir proffylaccis ffarmacolegol a mecanyddol a pha mor effeithiol ydynt o ran atal VTE ac a oes unrhyw broblemau penodol o ran rhoi mesurau ar waith i atal VTE.

Noder bydd yr ymchwiliad yma yn ffocysu ar atal thrombosis **a gafwyd yn yr ysbyty yn unig.**



## Tystion

Awgrymir y dylai'r Pwyllgor gael tystiolaeth gan y cyrff a ganlyn:

- Cyrff yn y sector cyhoeddus ee Cydffederasiwn GIG Cymru ac Iechyd Cyhoeddus Cymru;
- Cyrff proffesiynol ee Coleg Nyrsio Brenhinol Cymru, Cymdeithas Orthopaedeg Cymru, Welsh Orthopaedic Association, Coleg Brenhinol y Ffisigwyr, Coleg Brenhinol yr Obstetryddion a'r Gynaecolegwyr;
- Cyrff yn y trydydd sector ee Lifeblood: yr Elusen Thrombosis, 1000 o Fywydau a Mwy, Grŵp Thrombosis Cymru Gyfan.

Mae'n bosibl y bydd yr Aeloda hefyd am ofyn am dystiolaeth ysgrifenedig gan gyrff ac unigolion sydd â diddordeb yn ogystal â galw am dystiolaeth yn gyffredinol.

Ar ddiwedd y cyfarfod, trefnir sesiwn breifat i'r Aelodau ystyried y dystiolaeth a gafwyd a chytuno ar y camau i'w cymryd. Mae'n bosibl y bydd yr Aelodau yn penderfynu cynnal sesiwn arall i glywed tystiolaeth lafar gan y Gweinidog Iechyd a Gwasanaethau Cyhoeddus a/neu Brif Swyddog Meddygol Cymru a rhanddeiliaid perthnasol eraill.

## Y Pwyllgor Iechyd a Gofal Cymdeithasol

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Lleoliad: **Ystafell Bwyllgora 1 - Y Senedd**

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Dyddiad: **Dydd Iau, 23 Chwefror 2012**

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Amser: **09:15 - 12:00**

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Cynulliad  
Cenedlaethol  
Cymru

National  
Assembly for  
Wales



Gellir gwyllo'r cyfarfod ar Senedd TV yn:

[http://www.senedd.tv/archiveplayer.jsf?v=cy\\_200002\\_23\\_02\\_2012&t=0&l=cy](http://www.senedd.tv/archiveplayer.jsf?v=cy_200002_23_02_2012&t=0&l=cy)

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### Cofnodion Cryno:

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#### Aelodau'r Cynulliad:

**Mark Drakeford (Cadeirydd)**  
**Mick Antoniw**  
**Rebecca Evans**  
**Vaughan Gething**  
**William Graham**  
**Elin Jones**  
**Darren Millar**  
**Lynne Neagle**  
**Lindsay Whittle**  
**Kirsty Williams**

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#### Tystion:

**Prof. John Bolton, y Sefydliad Gofal Cyhoeddus, Prifysgol Oxford Brookes**  
**Julie Jones, y Sefydliad Gofal Cymdeithasol er Rhagoriaeth**  
**Ruth Marks, Comisiynydd Pobl Hŷn Cymru**  
**John Moore, Fy Mywyd mewn Cartref Cymru**  
**Tom Owen, Fy Mywyd mewn Cartref**  
**Sarah Stone, Dirprwy Gomisiynydd Pobl Hŷn Cymru**  
**Alun Thomas, Swyddfa Comisiynydd Pobl Hŷn Cymru**

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#### Staff y Pwyllgor:

**Meriel Singleton (Clerc)**  
**Catherine Hunt (Dirprwy Clerc)**  
**Stephen Boyce (Ymchwilydd)**

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### 1. Cyflwyniadau, ymddiheuriadau a dirprwyon

1.1 Cafwyd ymddiheuriadau gan Kirsty Williams. Nid oedd dirprwyon.

### 2. Ymchwiliad i ofal preswyl i bobl hŷn - Tystiolaeth gan Gomisiynydd Pobl Hŷn Cymru

2.1 Bu'r tystion yn ymateb i gwestiynau gan aelodau'r Pwyllgor ar ofal preswyl i bobl hŷn.

2.2 Cytunodd y Comisiynydd i rannu ymchwil ar chwythu'r chwiban gyda'r Pwyllgor pan fydd yr ymchwil hwnnw ar gael.

2.3 Cytunodd y Pwyllgor i ysgrifennu at Lywodraeth y DU i ofyn am wybodaeth am y cynnydd a wnaed ynghylch hyrwyddo confensiwn gan y Cenhedloedd Unedig ar hawliau pobl hŷn.

### **3. Ymchwiliad i ofal preswyl i bobl hŷn – Tystiolaeth gan raglen Fy Mywyd mewn Cartref**

3.1 Bu'r tystion yn ymateb i gwestiynau gan aelodau'r Pwyllgor ar ofal preswyl i bobl hŷn.

### **4. Ymchwiliad i ofal preswyl i bobl hŷn – Tystiolaeth gan y Sefydliad Gofal Cymdeithasol er Rhagoriaeth a'r Sefydliad Gofal Cyhoeddus**

4.1 Bu'r tystion yn ymateb i gwestiynau gan aelodau'r Pwyllgor ar ofal preswyl i bobl hŷn.

4.2 Cytunodd yr Athro Bolton i ddarparu copi o'r ymchwil a wnaed gan yr Athro Andrew Kerlake (y Sefydliad Gofal Cyhoeddus) ar y cliciedau iechyd a all arwain at sefyllfa lle bydd unigolyn yn cael mynediad at ofal preswyl.

4.3 Gofynnodd y Pwyllgor am gopi o adroddiad a luniwyd gan y Gymdeithas Cyfarwyddwyr Gwasanaethau Cymdeithasol yn Lloegr ynghylch dadansoddiad cyllidebol o'r cwmni Four Seasons Health Care.

### **5. Papurau i'w nodi**

5.1 Nododd y Pwyllgor y papurau.

### **6. Cynnig o dan Reol Sefydlog 17.42(vi) i benderfynu gwahardd y cyhoedd o'r cyfarfod ar gyfer eitem 7**

6.1 Cytunodd y Pwyllgor ar gynnig i wahardd aelodau'r cyhoedd o'r cyfarfod ar gyfer eitem 7.

### **7. Goblygiadau iechyd cyhoeddus cyfleusterau toiledau cyhoeddus annigonol – Ystyried crynodeb o'r dystiolaeth**

7.1 Bu'r Pwyllgor yn trafod y dystiolaeth a gafwyd ar oblygiadau iechyd cyhoeddus cyfleusterau toiledau cyhoeddus annigonol, a chytunodd ar grynodeb ohoni.

#### **TRAWSGRIFIAD**

Gweld [trawsgripiad o'r cyfarfod](#).

## Y Pwyllgor Iechyd a Gofal Cymdeithasol

### HSC(4)-08-12 paper 9

#### Cyfarwyddeb yr UE ar Hawliau Cleifion i ofal iechyd trawsffiniol

Yng nghyfarfod y Pwyllgor ar 25 Ionawr gofynnodd Mick Antoniw AC am ragor o wybodaeth am Gyfarwyddeb yr UE ar ddefnyddio hawliau cleifion i ofal iechyd trawsffiniol, a fabwysiadwyd ym mis Ebrill 2011.

Fel y nodwyd yn y papur cefndir ar gyfer cyfarfod y Pwyllgor ar 8 Rhagfyr cynhaliodd Pwyllgor Materion Ewropeaidd ac Allanol y Trydydd Cynulliad [ymchwiliad](#) ar ddechrau 2009, a chlywodd dystiolaeth gan randdeiliaid o Gymru. Nid oes gwaith dilynol wedi'i wneud ar y cynigion hyn gan unrhyw un o bwyllgorau'r Cynulliad.

#### Papur briffio Swyddfa Ewropeaidd y GIG

Paratôdd Swyddfa Ewropeaidd y GIG, sy'n rhan o Gydffederasiwn y GIG, bapur manwl ar y Gyfarwyddeb newydd ym mis Mai 2011<sup>1</sup>, gan nodi'r prif bwyntiau perthnasol i'r GIG yn Lloegr (yn benodol). Rhoddwyd copi o'r papur gwybodaeth hwn i'r Aelodau a chyfeirir hwy ato i gael trosolwg manwl o'r gyfarwyddeb a'r goblygiadau posibl i'r GIG.

Mae gweddill y nodyn hwn yn rhoi trosolwg byr o rai o brif elfennau'r Gyfarwyddeb newydd.

#### Y cefndir

Sefydlwyd hawl cleifion i ofal iechyd mewn Aelod-wladwriaethau eraill o fewn yr Undeb Ewropeaidd, ac i gael ad-daliad gan eu system gofal iechyd eu hunain, drwy nifer o benderfyniadau Llys Cyfiawnder Ewrop.

Bwriad y Gyfarwyddeb newydd yw egluro sut y caiff yr hawl hwn ei weithredu'n ymarferol. Mae'r ddeddfwriaeth hon yn gymwys i rai sy'n dewis cael triniaeth dramor; bydd y cynllun Cerdyn Yswiriant Iechyd Ewropeaidd (EHIC) yn parhau'n berthnasol i bobl sydd angen triniaeth frys pan fyddant yn ymweld â gwlad arall yn yr UE.

#### Prif elfennau

O dan y Gyfarwyddeb:

- mae'r gofal iechyd y gall cleifion ei gael dramor yn cyfateb i'r un gofal ag y byddai ganddynt hawl iddo gan y GIG yng Nghymru;
- caiff cleifion ad-daliad am gost y gofal iechyd hwn hyd at y swm y byddai eu triniaeth wedi ei gostio i'w ddarparu gan y GIG. Nid yw'n ofynnol i'r GIG dalu costau teithio na llety;
- bydd gan y GIG yr opsiwn o gyflwyno system awdurdodi ymlaen llaw ar gyfer cleifion sy'n awyddus i gael triniaeth a gynlluniwyd, dramor, ond dim ond mewn cyfres o amgylchiadau cyfyngedig y caiff wrthod rhoi'r awdurdod.

<sup>1</sup> Cydffederasiwn y GIG (Swyddfa Ewropeaidd), [Patient choice beyond borders – Implications of the EU Directive on cross-border healthcare for NHS commissioners and providers](#), [fel ar 13 Chwefror 2012]

O ran awdurdodi ymlaen llaw, mae Swyddfa Ewropeaidd Cydffederasiwn y GIG wedi tynnu sylw at y wybodaeth a ganlyn:

...It is important to emphasise that authorisation cannot be refused where a patient is experiencing 'undue delay' in receiving treatment under the NHS. While there is no formal definition of 'undue delay', the European Court has stressed that judgments must be based on a clinical assessment of what is a medically acceptable period for the individual clinical circumstances of the patient, and that this assessment needs to be kept under review while the patient is waiting for treatment. Significantly, the European Court has said that offering treatment within a national waiting time target does not necessarily avoid 'undue delay'.

## Trosi

Rhaid rhoi'r Gyfarwydddeb ar waith yn y DU erbyn mis Hydref 2013. Nes y caiff y Gyfarwydddeb ei rhoi ar waith, bydd y rheolau presennol ar ofal iechyd trawsffiniol yn parhau mewn grym:

... The *National Health Service (Reimbursement of the Cost of EEA Treatment) (Wales) Directions 2010*<sup>2</sup> provides for a legal framework relating to prior authorisation for, and reimbursement of, costs of a patient's healthcare in a Member State of the European Economic Area (EEA) other than the United Kingdom. These regulations, which apply in England and Wales, follow on from guidance<sup>3</sup> issued by the Welsh Government to the NHS in Wales in 2007 (in tandem with Department of Health guidance to the NHS in England) to assist NHS bodies in handling requests for patient mobility.

## Camau yng Nghymru

Hyd yma, nid yw Llywodraeth Cymru wedi gwneud unrhyw ddatganiadau ar y Gyfarwydddeb newydd na sut y caiff ei throsi yng Nghymru.

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<sup>2</sup> *National Health Service (Reimbursement of the Cost of EEA Treatment) (Wales) Directions 2010*, 2010/915 [fel ar 13 Chwefror 2012]

<sup>3</sup> Cylchlythyr Iechyd Cymru, WHC (2007) 044, *Advice to Local Healthcare Commissioners on Handling Requests for Hospital Care in other European Countries following the ECJ's Judgment in the Watts case*, 24 Mai 2007 [fel ar 13 Chwefror 2012]





## Diweddariad polisi'r UE (EU2012.03):

## Moderneiddio Cyfarwyddeb Cymwysterau Proffesiynol yr UE

Diweddarwyd: 17 Chwefror 2012

### Crynodeb o brif bwyntiau'r cynigion Cyflwyniad

Ar 19 Rhagfyr 2011, cyhoeddodd y Comisiwn Ewropeaidd ('y Comisiwn') gynigion i ddiwygio Cyfarwyddeb yr UE ar gymwysterau proffesiynol 2005.<sup>1</sup>

Prif nod y diwygiadau yw helpu i ysgogi gweithwyr proffesiynol i symud o'r naill aelod-wladwriaeth i'r llall drwy ddileu'r rhwystrau sy'n eu hatal rhag gwneud hynny. Mae'r cynigion yn rhan o'r 12 menter a nodwyd yn **Neddf y Farchnad Sengl** a gyhoeddwyd fis Ebrill 2011. Nod y Ddeddf hon yw cryfhau marchnad sengl yr UE.

Mae'r Gyfarwyddeb yn gymwys i'r 'proffesiynau a reoleiddir' yn yr UE, ac mae tua 800 ohonynt. Y 'proffesiynau a reoleiddir' yw'r rheini sy'n gofyn am gymwysterau/hyfforddiant proffesiynol 'cydnabyddedig'.

Nid yw'r Comisiwn yn cynnig Cyfarwyddeb newydd ond, yn hytrach, mae'n ceisio diwygio Cyfarwyddeb 2005.<sup>2</sup>

### Crynodeb o'r prif elfennau

Dyma'r prif newidiadau sy'n cael eu cynnig:

<sup>1</sup> COM(2011)883 Gweler **gwefan Cyfarwyddiaeth Gyffredinol y Farchnad Fewnol**

<sup>2</sup> Cyfarwyddeb (2005/36/EC) Gweler **gwefan Cyfarwyddiaeth Gyffredinol y Farchnad Fewnol**

- **Creu Cerdyn Proffesiynol Ewrop:** er mwyn medru cydnabod cymwysterau'n haws ac yn gynt a'i gwneud yn haws i weithwyr proffesiynol symud i weithio dros dro mewn aelod-wladwriaeth arall. Cerdyn ar ffurf tystysgrif electronig fyddai hwn, a byddai'n caniatáu i'r gweithiwr proffesiynol gynnig gwasanaethau neu sefydlu mewn aelod-wladwriaeth arall. Lansiodd y Comisiwn grŵp arbenigol i ymchwilio i'r syniad hwn ym mis Ionawr 2011 ac, o ganlyniad, cyhoeddwyd Papur Gwyn ym mis Mehefin 2011.<sup>3</sup> Byddai Cerdyn Proffesiynol Ewrop yn cael ei roi ar waith drwy'r **System Gwybodaeth y Farchnad Fewnol (IMI)**, sy'n bod eisoes i ganiatáu i'r aelod-wladwriaethau rannu gwybodaeth.
- **Rheolau'n ymwneud â sgiilau ieithyddol:** os yw gweithwyr proffesiynol am symud i weithio mewn aelod-wladwriaeth arall, mae'r cynnig yn egluro na ddylid cadarnhau eu gallu ieithyddol nes bod eu cymhwyster wedi'i gydnabod. Yn achos gweithwyr proffesiynol sy'n ymwneud â diogelwch cleifion, gall awdurdodau sicrhau bod ganddynt y gallu ieithyddol priodol os yw'r system gofal iechyd genedlaethol, neu gyrff cenedlaethol sy'n cynrychioli cleifion, yn gofyn iddynt wneud hynny, yn enwedig yn achos gweithwyr iechyd proffesiynol hunangyflogedig.
- **System rybuddio ar gyfer gweithwyr iechyd proffesiynol sy'n cael cydnabyddiaeth awtomatig:** mae'n bosibl y bydd angen i awdurdodau cymwys mewn aelod-wladwriaeth hysbysu (drwy gyfrwng

<sup>3</sup> Gweler **gwefan Cyfarwyddiaeth Gyffredinol y Farchnad Fewnol DG**



yr IMI a nodwyd uchod), awdurdodau cymwys yr holl aelod-wladwriaethau eraill am weithwyr ieched sydd wedi'u gwahardd rhag arfer eu gwaith proffesiynol. Dim ond i'r gweithwyr ieched proffesiynol hynny sy'n cael cydnabyddiaeth awtomatig (meddygon, nyrsys, bydwagedd, deintyddion, fferyllwyr, milfeddygon) y mae hyn yn berthnasol. Yn achos y proffesiynau eraill, defnyddir y system rybuddio sydd wedi'i chynnwys eisoes yn y Gyfarwyddeb Gwasanaethau.

- **Moderneiddio gofynion hyfforddiant sylfaenol sydd wedi'u cysoni:** byddai'r cynnig yn newid y diffiniad o ofynion hyfforddiant sylfaenol gweithwyr proffesiynol sy'n cael eu cydnabod yn awtomatig, yn enwedig meddygon, nyrsys, bydwagedd a phenseiri:
  - **Meddygon:** addysg feddygol yn seiliedig ar 5,500 awr o hyfforddiant, o fewn cyfnod o bum mlynedd. Byddai'n bosibl i aelod-wladwriaethau eithrio meddygon arbenigol yn rhannol pe baent yn barod i ddilyn ail gwrs hyfforddi arbenigol.
  - **Nyrsys a bydwagedd:** codi'r lefel mynediad ar gyfer hyfforddiant nyrsio / bydwreigiaeth o 10 i 12 mlynedd o addysg gyffredinol. Ni fyddai'r cynnig yn ei gwneud yn ofynnol i aelod-wladwriaethau gyflwyno cyrsiau prifysgol i nyrsys a bydwagedd. Byddai nyrsys a bydwagedd sydd wedi dechrau hyfforddi cyn i'r Gyfarwyddeb newydd ddod i rym yn dal yn cael cydnabyddiaeth awtomatig.
  - **Penseiri:** 6 mlynedd o hyfforddiant, gan gynnwys naill ai 1 neu 2 flynedd o brofiad ymarferol dan oruchwyliaeth yn

ogystal ag addysg brifysgol.

- **Cydymffurfio â gofynion hyfforddiant sylfaenol :** byddai'r aelod-wladwriaethau yn dynodi corff cenedlaethol i fod yn gyfrifol am sicrhau bod pob diploma newydd yn cydymffurfio â'r gofynion hyfforddiant sylfaenol a ddiffinnir yn y Gyfarwyddeb (ar gyfer y **saith maes proffesiynol:** meddygon, nyrsys, bydwagedd, deintyddion, fferyllwyr, milfeddygon a phenseiri).
- **Cydwertuso'r proffesiynau sydd wedi'u rheoleiddio :** byddai'r aelod-wladwriaethau yn darparu rhestr o'r proffesiynau sydd wedi'u rheoleiddio ac yn cyfiawnhau'r angen i'w rheoleiddio. Byddai'r Comisiwn wedyn yn hwyluso proses o gyd-wertuso'r proffesiynau dan sylw.

### Amseru a'r broses ddeddfwriaethol

Ym mis Hydref 2011, galwodd y Cyngor Ewropeaidd am gytundeb gwleidyddol erbyn diwedd 2012 ar y 12 menter a nodwyd yn Neddf y Farchnad Sengl, gan gynnwys y cynigion i ddiwygio Cyfarwyddeb Cymwysterau Proffesiynol 2005. Cadarnhaodd Senedd Ewrop y safbwynt hwn yn ei adroddiad ym mis Tachwedd 2011.

### Cefndir a chyd-destun y cynigion

Mae'r cynigion yn dilyn adolygiad o Gyfarwyddeb 2005 (2005/36/EC) i gydnabod cymwysterau proffesiynol. Cynhaliodd y Comisiwn ymgynghoriad cyhoeddus ynghylch y Gyfarwyddeb bresennol ar ddechrau 2010, ac ymgynghoriad arall ynghylch **Papur Gwyrdd** <[http://ec.europa.eu/internal\\_market/consultations/2011/professional\\_qualifications\\_directive\\_en.htm](http://ec.europa.eu/internal_market/consultations/2011/professional_qualifications_directive_en.htm)> a gyhoeddwyd ym mis

Mehefin 2011. Daeth yr ymgynghoriad hwn i ben fis Medi.<sup>4</sup>

Fel y nodwyd eisoes, mae'r Gyfarwyddeb yn cael ei diwygio fel rhan o'r 12 menter a nodwyd yn **Neddf y Farchnad Sengl** a gyhoeddwyd yn 2011. Ail-lansio'r Farchnad Sengl yw un o flaenoriaethau craidd yr UE, ac mae Llywodraeth y DU yn gefnogol iawn i hynny.

## Perthnasedd i Gymru

Mae caniatáu i weithwyr proffesiynol, yn enwedig gweithwyr iechyd proffesiynol, symud yn rhwydd o'r naill aelod-wladwriaeth i'r llall, yn faes sydd o ddiddordeb i Gymru.

Ar hyn bryd, mae gan Lywodraeth y DU bwerau a gadwyd yn ôl yng nghyswllt rhai agweddau ar y proffesiwn meddygol a'r system gofal iechyd ee mae'r Cyngor Meddygol Cyffredinol yn rheoleiddio meddygon, mae'r Cyngor Fferylliaeth Cyffredinol yn rheoleiddio fferyllwyr a thechnegwyr fferyllol, mae Cyngor y Bydwagedd yn rheoleiddio nyrsys a bydwagedd ac mae'r polisi mewnfudo'n effeithio ar feddygon a myfyrwyr meddygol o dramor. Llywodraeth Cymru, fodd bynnag, sy'n gyfrifol am ddarparu gwasanaethau ac, felly, mae gwahaniaeth yn aml rhwng cyrsiau hyfforddi, dulliau recriwtio, cytundebau, cymhelliannau ac amgylcheddau gwaith yng Nghymru ac yn y DU.

Mae **Asiantaeth Genedlaethol Arwain ac Arloesi mewn Gofal Iechyd** (NLIAH) yn cynorthwyo Llywodraeth Cymru i gynllunio ac i weithredu gofynion y gweithlu, o ran niferoedd a sgiliau, ac mae'r corff yn rhan hanfodol o'r gwaith o gyflawni'r amcanion strategol allweddol a nodwyd yn agendâu

<sup>4</sup> Cafodd y Comisiwn Ewropeaidd dros 400 o ymatebion, gan gynnwys nifer gan y DU. Gweler **gwefan y Comisiwn Ewropeaidd**.

*Cynllun Oes, Cynllun Cyflenwi, Cynllun Gwaith a Law yn Llaw at Iechyd.*

Ar 1 Chwefror 2012, lansiodd Llywodraeth Cymru ymgyrch i annog rhagor o feddygon i wneud cais i weithio yng Nghymru.<sup>5</sup> Mae'n anodd denu meddygon i rai rhannau o Gymru a'r DU, yn enwedig mewn rhai meysydd arbenigol fel meddygaeth frys, seiciatreg a phaediatreg. Mae'r Gweinidog Iechyd a Gwasanaethau Cymdeithasol hefyd wedi gofyn i swyddogion Llywodraeth Cymru ystyried recriwtio rhagor o feddygol o'r UE i fynd i'r afael â phroblemau recriwtio.<sup>6</sup>

Mae'r **Cyngor Meddygol Cyffredinol**, sy'n gyfrifol am gofrestru meddygon i weithio yn y DU (gan gynnwys Cymru), wedi mynegi pryder am rai meddygon o'r UE nad oes ganddynt ddigon o allu ieithyddol i weithio yn y DU, ac am rai nad oes ganddynt y cymhwysedd clinigol i wneud hynny. Mae'r diwygiadau i'r Gyfarwyddeb yn ceisio sicrhau bod y mesurau diogelwch sydd ar gael yn y maes hwn yn gliriach.

Mae **Swyddfa Ewropeaidd Cydffederasiwn y GIG**<sup>7</sup> yn croesawu nifer o elfennau yng nghynigion y Comisiwn. Mae wedi mynegi pryder, fodd bynnag, ynghylch Cerdyn Proffesiynol Ewrop, ac mae'n galw am gryfhau'r rheolau'n ymwneud â chadarnhau gallu ieithyddol, ac i'r cyrff rheoleiddio fedru rhybuddio'i gilydd am yr holl sancsiynau disgyblu, gan gynnwys sancsiynau llai difrifol na gwahardd gweithwyr dros dro, neu'n barhaol, o'r gofrestr broffesiynol mewn unrhyw aelod-wladwriaeth.

<sup>5</sup> Llywodraeth Cymru, Datganiad i'r Wasg, **Ymgyrch newydd i ddenu rhagor o feddygon i Gymru**, 1 Chwefror 2012 [fel ar 10 Chwefror 2012]

<sup>6</sup> Cynulliad Cenedlaethol Cymru, y Pwyllgor Iechyd a Gofal Cymdeithasol, **Cofnod y Trafodion [para 68]**, 25 Ionawr 2012 [fel ar 20 Chwefror 2012]

<sup>7</sup> Gweler **Papur briffio Ewropeaidd 8 Chwefror 2012: Swyddfa Ewropeaidd y GIG**

## Barn Llywodraeth y DU

*Cyhoeddodd Llywodraeth y DU  
Femorandwm Esboniadol<sup>8</sup> ar 12 Ionawr  
2012 yn nodi'i hymateb i gynigion y  
Comisiwn.*

Mae Memorandwm Esboniadol Llywodraeth y DU, yn gyffredinol, yn croesawu'r newidiadau a gynigir i'r Gyfarwyddeb bresennol. Mae'n nodi bod y diwygiadau arfaethedig yn cynnwys nifer o awgrymiadau gan Lywodraeth y DU a chyrrff eraill o'r DU sydd â diddordeb. Mae'n arbennig o falch bod y diwygiadau arfaethedig yn cynnwys gofyn i'r aelod-wladwriaethau sicrhau bod y modd y maent yn rheoleiddio proffesiynau perthnasol yn gymesur ac yn angenrheidiol, a'u bod yn rhoi gwybod i'r Comisiwn amdanynt.

Mae Llywodraeth y DU hefyd yn croesawu nifer o agweddau eraill ar y Gyfarwyddeb, ond mae'n credu bod angen iddynt fod yn fwy eglur. Mae'r rhain yn cynnwys:

- **Profion ieithyddol:** er bod y cynigion yn ymdrin i raddau â phryderon rheoleiddwyr iechyd y DU, mae Llywodraeth y DU yn teimlo bod angen egluro'r testun yn y Gyfarwyddeb ymhellach i amlygu holl oblygiadau'r newidiadau arfaethedig.
- **Sicrhau mai'r awdurdod cymwys yn yr aelod-wladwriaeth y mae'r gweithiwr proffesiynol am symud iddi sy'n gyfrifol am gymeradwyo ceisiadau am Gerdyn Proffesiynol Ewrop**, a sicrhau bod yr amserlen ar gyfer cymeradwyo ceisiadau'n fwy synhwyrol.
- Mae llawer o'r cynigion yn caniatáu i'r Comisiwn ddeddfu ar y fframweithiau ar gyfer proffesiynau unigol, neu greu canllawiau penodol ar gyfer meysydd fel

<sup>8</sup> Ar gael ar wefan Swyddfa Cabinet y DU

diogelu data. Mae Llywodraeth y DU yn ystyried sicrhau bod y gweithdrefnau sy'n gysylltiedig â'r mecanweithiau hyn yn cynnwys rhwymedigaethau amlycach ar y Comisiwn i ymgynghori ag aelod-wladwriaethau a rhanddeiliaid lle bo hynny'n briodol.

## Barn Llywodraeth Cymru

Gan fod rhai o'r materion sydd wedi'u cynnwys yn y Gyfarwyddeb hon yn faterion sydd wedi'u datganoli, ymgynghorwyd â Llywodraeth Cymru, a'r gweinyddiaethau datganoledig eraill, wrth baratoi Memorandwm Esboniadol Llywodraeth y DU. Ar hyn o bryd, fodd bynnag, nid oes unrhyw fanylion am farn Llywodraeth Cymru am y cynigion. Ni chyflwynodd Llywodraeth Cymru ymateb i'r ymgynghoriad a gynhaliwyd yn ystod haf 2011.

## Hynt y cynigion yn sefydliadau'r UE

*Caiff yr adran hon ei diweddarw wrth i'r trafodaethau ym Mrwsel fynd rhagddynt ac wrth i safbwyntiau swyddogol sefydliadau'r UE ddod yn gliriach.*

### Monitro'r cynigion

Caiff y cynigion eu mabwysiadu drwy'r 'broses ddeddfu gyffredin' (cydbenderfyniad), sy'n golygu bod yn rhaid i Senedd Ewrop a Chyngor y Gweinidogion (hy llywodraethau'r aelod-wladwriaethau) gytuno ar y testun terfynol, gyda'r Comisiwn yn gweithredu fel brocer.

Mae modd dilyn hynt y cynigion drwy broses benderfynu'r UE ar ddwy wefan:

- **Arsyllfa Ddeddfwriaethol Senedd Ewrop**
- **Gwefan Pre-Lex y Comisiwn Ewropeaidd**

Sylwch: bydd y tudalennau hyn yn cynnwys

gwybodaeth am y drafodaeth gyffredinol yn yr UE, ond ni fydd yn cynnwys gwybodaeth benodol am safbwyntiau/buddiannau'r DU neu Gymru. Byddwn yn ymdrin â hynny yn yr adrannau isod.

### **Senedd Ewrop:**

Y prif bwyllgor fydd y **Pwyllgor Diwydiant, Ymchwil ac Ynni** sy'n cael ei gadeirio gan **ASE yr Almaen Herbert Reul** (Plaid Pobl Ewrop EPP, plaid adain dde gymedrol, a'r blaid fwyaf yn Senedd Ewrop). Nid oes yr un ASE o Gymru ar y Pwyllgor hwn. Mae pedwar ASE o'r DU ar y Pwyllgor, fodd bynnag: tri aelod ac un dirprwy.

Y rapporteur yw: **ASE Ffrainc Bernadette Vergnaud** (Grŵp y Sosialwyr a'r Democratiaid).

### **Cyngor y Gweinidogion:**

Yng Nghyngor y Gweinidogion, y **Cyngor Cystadleurwydd**, fydd yn arwain, a bydd gweithgorau, a fydd yn cynnwys swyddogion o Lywodraeth y DU, yn trafod yr agweddau technegol ar y newidiadau arfaethedig. Mae dau gyfarfod o'r Cyngor Cystadleurwydd wedi'u trefnu (20-21 Chwefror a 30-31 Mai) yn ystod **Llywyddiaeth Denmarc**, er nad yw'n ymddangos bod y diwygiadau i'r Gyfarwyddeb wedi'u cynnwys ar agenda'r naill gyfarfod na'r llall. Bydd Gweinidogion y DU (a'u swyddogion) yn cynrychioli Cymru yn ystod y trafodaethau hyn (yng nghyfarfodydd ffurfiol y Cyngor a'r gweithgorau)

## **Rhagor o wybodaeth**

Am ragor o wybodaeth, cysylltwch â  
Gregg Jones (**[Gregg.Jones@wales.gov.uk](mailto:Gregg.Jones@wales.gov.uk)**)  
Swyddfa'r UE, ffôn 0032 2 226 6692, neu  
0044 781 616 4455

**At:** Y Pwyllgor Iechyd a Gofal Cymdeithasol

**Gan:** Y Swyddfa Ddeddfwriaeth

**Dyddiad:** 2 Mawrth 2012

**Y BIL DRAFFT YNGHYLCH SGORIO HYLENDID BWYD (CYMRU): CYFLWYNIAD  
BRIFFIO TECHNEGOL GAN SWYDDOGION Y LLYWODRAETH – GWYBODAETH  
YCHWANEGOL**

**Diben**

1. Darparu gwybodaeth ychwanegol i'r Pwyllgor mewn perthynas â'r Bil drafft, y gofynnwyd amdani yn ystod y sesiwn briffio technegol gyda swyddogion y Llywodraeth.

**Cefndir**

2. Yn ystod y sesiwn briffio technegol ar 2 Chwefror 2012, gofynnodd y Pwyllgor am y wybodaeth ychwanegol a ganlyn —
  - ffigurau ynghylch nifer yr ymweliadau â thudalennau gwefan yr Asiantaeth Safonau Bwyd sy'n ymwneud â sgorio hylendid bwyd,
  - dadansoddiad o nifer yr ysbytai yng Nghymru sydd ym mhob categori sgorio hylendid bwyd,
  - nifer yr ysbytai yng Nghymru sy'n arddangos eu sgôr hylendid bwyd ar hyn o bryd, a
  - ffigurau cywir ynghylch nifer y busnesau bwyd yng Nghymru sydd wedi cael eu sgorio ers mis Hydref 2010, fesul awdurdod lleol, a dadansoddiad o nifer y busnesau sydd ym mhob categori sgorio.
3. Mae llythyr gan y Gweinidog Iechyd a Gwasanaethau Cymdeithasol sy'n darparu'r wybodaeth ychwanegol wedi'i gynnwys fel Atodiad A i'r papur hwn.
4. Mae'r Gweinidog hefyd wedi darparu copi i'r Pwyllgor o lythyr at Brif Weithredwyr a Chadeiryddion pob Bwrdd Iechyd ac Ymddiriedolaeth y GIG yng Nghymru ynghylch arddangos eu sgôr hylendid bwyd. Mae'r llythyr hwn wedi'i gynnwys fel Atodiad B i'r papur hwn.

**Camau i'w cymryd**

5. Gwahoddir yr Aelodau i nodi'r ohebiaeth sydd wedi'i chynnwys yn Atodiadau A a B.



Lesley Griffiths AC / AM  
Y Gweinidog Iechyd a Gwasanaethau Cymdeithasol  
Minister for Health and Social Services



Llywodraeth Cymru  
Welsh Government

Ein cyf/Our ref LF/LG/0047/12

Mark Drakeford AM  
Chair - Health and Social Care Committee  
National Assembly for Wales  
Cardiff Bay  
Cardiff  
CF99 1NA

2<sup>nd</sup>

February 2012

Dear Mark,

**Food Hygiene Rating (Wales) Bill - Technical Briefing to the Health and Social Care Committee**

During the Health and Social Care Committee meeting of 2 February, a technical briefing on the Food Hygiene Rating (Wales) Bill was provided by my officials. I hope the Committee found the technical briefing useful. During the briefing, Members of the Committee requested some additional information not available at the time. The Committee requested:

1. figures for the number of 'hits' on the FSA's food hygiene ratings webpages;
2. a breakdown of the number of hospitals in Wales in each food hygiene rating category;
3. the number of hospitals in Wales currently displaying their food hygiene rating; and
4. an accurate figure of the number of food businesses in Wales that have been rated since October 2010, broken down to Local Authority level, and a breakdown of the number of businesses in each rating.

I am now in a position to provide the information requested by the Committee. With regard to point 1, figures for the number of 'hits' on the FSA's food hygiene ratings webpage, the FSA have provided the following information. In the four week period between 9 January and the 5 February 2012, the UK Food Hygiene Rating Scheme website received a total of 51,388 views. Whilst it is difficult to be precise, the FSA expect around 2000 of these 'hits' were by people in Wales. There was a peak in the number of views of the webpage in the week commencing 30 January 2012, particularly in Wales where almost three times as many people accessed the site than in any of the previous three weeks. This is thought, in part, to be attributed to the ITV Wales programme *Wales this Week* on the Food Hygiene Rating Scheme which was broadcast on Tuesday 31 January 2012.

Information on the number of hospitals in each food hygiene rating category (point 2) and the number of food businesses rated by each Local Authority (point 4), is provided in Annex 1 of this letter. The data for point 3, the number of hospitals in Wales currently displaying their food hygiene rating, is not readily available. However, I have written to all Health Boards and NHS Trust Chief Executives and Chairs in Wales to ensure all hospitals and healthcare facilities in their area display their food hygiene rating. A copy of my letter is attached for the Committee's information.

Kind Regards  
Lesley

**Lesley Griffiths AC / AM**

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

**The number of hospitals in Wales in each food hygiene rating category**  
(Not all NHS hospitals in Wales may have received a rating)

Local Authority	Rating						Total number of hospitals
	Very Good 5	Good 4	Generally Satisfactory 3	Improvement Necessary 2	Major Improvement Necessary 1	Urgent Improvement Necessary 0	
Anglesey	2	0	0	0	0	0	2
Blaenau Gwent	1	0	0	0	0	0	1
Bridgend	0	0	2	0	0	0	2
Caerphilly	0	0	1	0	0	0	1
Cardiff	1	0	1	0	0	0	2
Carmarthenshire	2	0	0	0	0	0	2
Ceredigion	0	0	0	0	0	0	0
Conwy	1	1	1	0	0	0	3
Denbighshire	1	0	0	0	0	0	1
Flintshire	0	4	0	0	0	0	4
Gwynedd	1	1	0	0	0	0	2
Merthyr Tydfil	1	0	0	0	0	0	1
Monmouthshire	2	1	0	0	0	0	3
Neath & Port Talbot	1	1	0	0	0	0	2
Newport	1	2	1	0	0	0	4
Pembrokeshire	3	1	0	0	0	0	4
Powys	1	2	0	0	0	0	3
Rhondda Cynon Taf	1	2	0	0	0	0	3
Swansea	2	2	0	0	0	0	4
Torfaen	2	0	0	0	0	0	2
Vale of Glamorgan	0	1	1	0	0	0	2
Wrexham	3	0	0	0	0	0	3
<b>Total</b>	<b>26</b>	<b>18</b>	<b>7</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>51</b>
<b>Total as percentage</b>	<b>50.98%</b>	<b>35.29%</b>	<b>13.73%</b>	<b>0.00%</b>	<b>0.00%</b>	<b>0.00%</b>	



## Breakdown of ratings given to food businesses in Wales by Local Authority

Local Authority	Rating						Total number of food businesses
	Very Good 5	Good 4	Generally Satisfactory 3	Improvement Necessary 2	Major Improvement Necessary 1	Urgent Improvement Necessary 0	
Anglesey	162	119	73	12	16	0	382
Blaenau Gwent	148	96	32	16	26	1	319
Bridgend	153	172	155	76	136	29	721
Caerphilly	201	236	205	50	84	1	777
Cardiff Council	582	524	335	167	280	21	1909
Carmarthenshire	266	226	152	45	89	6	784
Ceredigion	167	70	51	18	60	4	370
Conwy	260	221	161	32	64	2	740
Denbighshire	262	132	59	26	32	8	519
Flintshire	169	130	135	21	53	0	508
Gwynedd	508	327	176	46	88	3	1148
Merthyr Tydfil	63	86	82	26	57	2	316
Monmouthshire	114	142	166	44	68	1	535
Neath & Port Talbot	220	150	98	27	87	4	586
Newport	120	213	191	78	62	7	671
Pembrokeshire	447	309	125	67	148	4	1100
Powys	195	242	150	68	150	25	830
Rhondda Cynon Taf	251	284	379	133	159	25	1231
Swansea	374	329	185	37	242	9	1176
Torfaen	193	121	124	13	38	3	492
Vale of Glamorgan	160	175	98	36	91	8	568
Wrexham	225	109	91	13	40	1	479
<b>Total</b>	<b>5240</b>	<b>4413</b>	<b>3223</b>	<b>1051</b>	<b>2070</b>	<b>164</b>	<b>16161</b>
<b>Total as percentage</b>	<b>32.42%</b>	<b>27.31%</b>	<b>19.94%</b>	<b>6.50%</b>	<b>12.81%</b>	<b>1.01%</b>	

Lesley Griffiths AC / AM  
Y Gweinidog Iechyd a Gwasanaethau Cymdeithasol  
Minister for Health and Social Services



Llywodraeth Cymru  
Welsh Government

Eich cyf/Your ref  
Ein cyf/Our ref LF/LG/0047/12

To:  
Chief Executives of Health Boards  
Chairs of Health Boards  
Chief Executives of NHS Trusts in Wales  
Chairs of NHS Trusts in Wales

Cc:  
Medical Directors, Health Boards  
Directors of Nursing, Health Boards  
Directors of Public Health, Health Boards  
Directors of Public Protection, Local Authorities in Wales

2/5<sup>th</sup>

February 2012

Dear Colleague

### **Display of Food Hygiene Ratings at hospitals and other NHS premises**

In October 2010, the Food Standards Agency launched the Food Hygiene Rating Scheme in Wales. The scheme helps consumers choose where to eat out or shop for food by giving them information about the hygiene standards in restaurants, cafés, takeaways, hotels and supermarkets. As the scheme applies to any food business that provides food direct to consumers, ratings are also given to schools, hospitals and residential care homes.

The scheme is currently operated on a voluntary basis in Wales and run by Local Authorities in partnership with the Food Standards Agency. Local Authorities undertake inspections of food businesses to check they meet the requirements of food hygiene law. Based upon this inspection, the local authority calculates the rating and sends a sticker with the food hygiene rating to the food business. The food business is encouraged to display the sticker at the premises; all ratings are also published on the Food Standards Agency website.

Although the scheme is currently operated on a voluntary basis, I am consulting on legislation which would make it a mandatory requirement for all food businesses in Wales to display their food hygiene ratings. The consultation is available on the Welsh Government website at: <http://wales.gov.uk/consultations/healthsocialcare/food/?lang=en>  
I would encourage you and your staff to respond to the consultation on the Bill which will close on 7 March.

I would be grateful if you could ensure all hospitals and other NHS Wales premises that have received a food hygiene rating from their Local Authority display it where it can easily be seen by consumers. Local Authority officers are available to support food providers if any improvements are necessary to raise food hygiene standards and can provide advice on suitable locations to display ratings.

Yours sincerely  
Lesley Griffiths

**Lesley Griffiths AC / AM**

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