



Ein cyf/Our ref SF/MD/1129/15

David Rees AM
Chair,
Health and Social Care Committee
National Assembly for Wales
Cardiff Bay
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6 May 2015

Dear David

Thank you for your letter dated 2 April where you asked a series of questions in follow up to my attendance at the Committee's general and financial scrutiny session. I reply to each in turn.

Provide background statistical information relating to the number of individuals in Wales who have chronic illnesses and the number in receipt of treatments

The measure of the number of individuals who have chronic disease is determined by the disease categories included and the method of assessment. Sources include self reported data, GP chronic disease registers and research estimates. The proportion of the population affected by chronic illness is determined by the degree to which two or more conditions co-exist in individual patients.

Self reported data - Welsh Health Survey (2013)

Thirty-three per cent of adults reported that their day-to-day activities were limited because of a health problem/disability lasting (or expected to last) at least 12 months, including 16% who were limited a lot.

Respondents to the survey reported:

- 14% of adults were currently being treated for a respiratory illness
- 12% for a mental illness
- 8% for a heart condition
- 20% for high blood pressure
- 7% for diabetes
- 12% for arthritis

GP chronic disease registers

The Quality and Outcomes Framework (QOF) rewards GP practices for providing consistent evidence-based care. Disease registers in QOF play an important role in identifying the population affected by the major chronic illnesses so the application of evidence-based practice can be measured.

Recorded prevalence for 2013-14 in GP practice disease registers includes:

- 219,238 (6.9%) patients of any age with asthma
- 68,419 (2.2%) with chronic obstructive pulmonary disease (COPD)
- 158,354 (5.0%) patients aged 18 and over with a new diagnosis of depression
- 122,688 (3.9%) patients of any age with coronary heart disease (CHD)
- 60,348 (1.9%) with atrial fibrillation
- 177,212 (5.6%) patients aged 17 or over with diabetes.

Reported disease prevalence rates 2013-14

Total measures of chronic condition prevalence are inflated by inclusion of risk factors such as hypertension. This is not a chronic disease, but can be managed by behavioural change or medical treatment to reduce the risk of conditions such as stroke or cardiovascular disease.

In Wales the recorded prevalence of hypertension is 493,103 (15.6%).

The QOF rheumatoid arthritis register for 2013-14 included 21,346 (0.7%) patients aged 16 and over.

As patients may be included on more than one disease register, the total of all registers is greater than the population affected by chronic conditions.

Population affected by chronic illness

The total proportion of the population affected by chronic conditions is influenced by the degree to which individuals are affected by more than one condition (multi-morbidity).

The overall prevalence of multi-morbidity, defined as the presence of two or more conditions, has been estimated at 27.1% in men and 33.3% in women.

Multi morbidity is strongly associated with obesity and is more common in deprived populations.

Summary

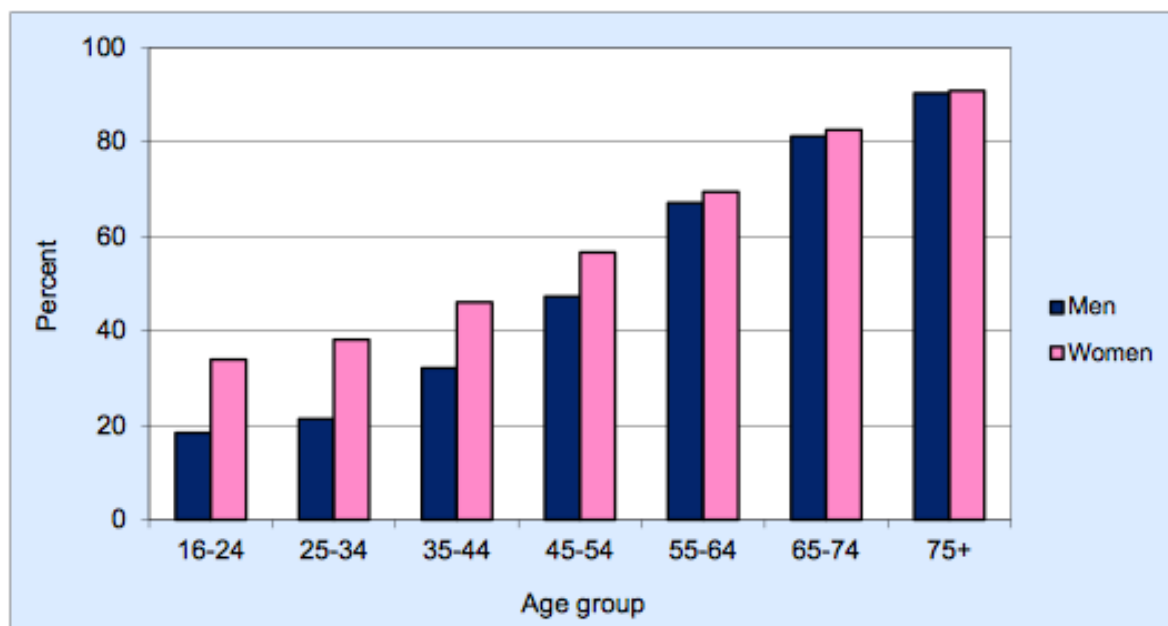
- 33% of adults reported that their day to day activities were limited to health problem / disability;
- The absolute number is determined by the conditions included;
- The most common diseases recorded in primary care registers are asthma (6.9%), diabetes (5.6%), new diagnosis of depression (5%) and coronary heart disease (3.9%);
- Common risk factors, such as hypertension, are often included in population estimates and patient reported disease prevalence rates;

- Co-morbidity (the presence of two or more conditions in an individual) is more common in women than men and increases with age and socioeconomic deprivation.

Medication

In the Welsh Health Survey (2013), 53% of adults reported taking a regular prescribed medication.

Percentage of adults who report being on regular prescribed medication by age group (for a year or more) - Welsh Health Survey 2013



The medical management of chronic conditions is largely delivered in the primary care setting.

Prescribing data¹ report all prescriptions dispensed by community pharmacists and dispensing doctors in Wales. This provides a measure of prescribing volume.

- The number of prescription items dispensed in the community increased from 76.2 million in 2013 to 78.5 million in 2014 (up by 3%).
- Medicines for the treatment of the cardiovascular system make up the largest group in terms of prescription items (23.6 million) but drugs for the treatment of the central nervous system make up the largest group in terms of cost (£127.3m)

Data are not routinely available for the number of patients with chronic conditions in receipt of treatment. However estimates of prescription items per capita are calculated for the major chronic diseases.

Prescribing formulary chapters	Items (thousands) 2014	Items per head (2014) ²
Gastrointestinal system	6,997	2.3
Cardiovascular system	23,571	7.6
Respiratory system	5,655	1.8
Central nervous system	15,399	5.0
Endocrine system	7,239	2.3

¹ <http://gov.wales/statistics-and-research/prescriptions-dispensed-community/?lang=en>

² The 2014 figure is provisional as it is based on 2013 mid year estimate of population

Musculoskeletal and joint diseases	2,442	0.8
Skin	2,657	0.9

In 2014, the number of prescription items dispensed per head of population was 25.5 (this includes medications for the management of chronic conditions and a range of other prescription items such as vaccinations, dressings and appliances).

Between 2004 and 2014, the number of prescription items dispensed per head of population increased by 7.2 (40%).

Write to the Committee to provide details of the capital programme allocations in Betsi Cadwaladr University Health Board's draft three-year plan, with specific reference to any plans for the development of Ysbyty Gwynedd's emergency department

Betsi Cadwaladr University Health Board is still developing its plans for the configuration of services so any proposed capital developments need to be considered in this context.

In terms of capital funding, more than £36m is being allocated to Betsi Cadwaladr University Health Board in 2015-16 for its discretionary programme and individual approved schemes, including the redevelopment of Ysbyty Glan Clwyd, Llangollen Primary Care Centre, a new minor injury unit at Llandudno and Tywyn Community Hospital. A number of business cases are in development and are expected to be submitted in the coming year, including new primary care resource centres in Blaenau Ffestiniog and Flint.

In terms of the emergency department at Ysbyty Gwynedd, capital funding of £7.5m has been earmarked in the forward NHS Capital Programme to support this development but, as with all developments, the funding has to be subject to a robust business case and the health board is still completing the business case linked to some of the wider service changes being considered.

Review the Welsh Government's guidance in relation to local health board service change to ensure that it provides adequately for engagement with staff who might be affected.

My officials are currently considering, with key stakeholders, how the national guidance on service change might best be strengthened to ensure more effective continuous engagement by health boards with their staff and local communities as part of service change process.

This was a key recommendation of the lessons learned review by Ann Lloyd CBE following the completion of the three engagement and consultation exercises conducted by Betsi Cadwaladr University Health Board, Hywel Dda University Health Board and the five health boards which were involved in the South Wales Programme.

Progress against new standards for continuous engagement by health boards with staff and local communities will be monitored through integrated medium term plans (IMTPs).

The Committee would also welcome a note detailing the guidance available to health boards in relation to the safe levels of locum use.

The use of locums is an operational matter for individual health boards to manage, which requires the use of professional judgement. The level of locum use is dependent on a number of factors, including local skills mix, the nature of the clinical service in question and

patient needs; the duration of the arrangements and the level of consultant support available on each shift.

Officials are exploring with NHS Employers whether there is a need for Welsh Government guidance on the use of locums. The Wales Revalidation Delivery Board has agreed guidance to enable GMC responsible officers, health boards, NHS trusts and agencies to share clinical governance and employment information on locums.

You also committed during the discussions on 19 March to alert the Committee when the national report of the Trusted to Care spot checks of older people's mental health wards in Wales is published. It would be helpful if you could provide an estimate of when you think the report will be published.

The national and local reports about these spot checks are expected to be published before the summer recess. These reports will be published on the Welsh Government website.

Yours sincerely

A handwritten signature in dark ink, reading 'Mark Drakeford'. The signature is written in a cursive, slightly slanted style.

Mark Drakeford AC / AM

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