

Agenda – Health, Social Care and Sport Committee

Meeting Venue:	For further information contact:
Committee Room 2 – Senedd	Claire Morris
Meeting date: 11 January 2018	Committee Clerk
Members pre-meeting: 09.15	0300 200 6355
Meeting time: 09.30	SeneddHealth@assembly.wales

Informal pre-meeting (09.15 – 09.30)

- 1 Introductions, apologies, substitutions and declarations of interest**

- 2 Public Health (Minimum Price for Alcohol) (Wales) Bill – evidence session 8 – Cabinet Secretary for Health and Social Services**
(09.30 – 11.30) (Pages 1 – 25)
Vaughan Gething AM, Cabinet Secretary for Health and Social Services
Tracey Breheny, Deputy Director Substance Misuse Policy, Government & Corporate Business
Bethan Roberts, Legal Services Department
Janine Hale, Principal Research Officer (Health Economics)

- 3 Paper(s) to note**
 - 3.1 Inquiry into primary care – letter from the Chartered Society of Physiotherapy to the Chair of the Committee following the Committee's report**
(Pages 26 – 29)

 - 3.2 Inquiry into loneliness and isolation – letter from Age Cymru to the Chair of the Committee following the Committee's report**
(Page 30)



3.3 Public Health (Minimum Price for Alcohol) (Wales) Bill – additional information from Alcohol Concern Cymru

(Page 31)

3.4 Inquiry into primary care – letter from the Chair of the Committee to the Chartered Society of Physiotherapy following the Committee's report

(Pages 32 – 33)

3.5 Inquiry into loneliness and isolation – letter from Alzheimer's Society to the Chair of the Committee following the Committee's report

(Pages 34 – 38)

3.6 Inquiry into medical recruitment – letter from the Cabinet Secretary for Health, Well-being and Sport to the Chair of the Committee regarding GP Training Incentives

(Pages 39 – 40)

4 Motion under Standing Order 17.42 to resolve to exclude the public from the remainder of the meeting

Break (11.30 – 11.40)

5 Public Health (Minimum Price for Alcohol) (Wales) Bill – consideration of evidence and discussion of key issues

(11.40 – 12.25)

(Pages 41 – 42)

5.1 Public Health (Minimum Price for Alcohol) (Wales) Bill: Consultation Responses

6 Suicide Prevention – inquiry refresh

(12.25 – 12.40)

(Pages 43 – 45)

6.1 Suicide Prevention: Consultation Responses

**7 Consideration of the Legislative Consent Memorandum: Assaults
on Emergency Workers (Offences) Bill**

(12.40 – 12.50)

(Pages 46 – 54)

Document is Restricted

Vaughan Gething AM

Cabinet Secretary for Health and Social Services

11 December 2017

Dear Vaughan

Public Health (Minimum Price for Alcohol) (Wales) Bill

I am writing to seek clarification regarding the work the University of Sheffield is currently undertaking in respect of updating its analysis of the modelled impacts of MUP in Wales. In the technical briefing provided by your officials on 25 October and in your letter of 14 November, the Health, Social Care and Sport Committee has been advised that the full report detailing this updated analysis will be published in January 2018. However, during your appearance before the Finance Committee on 7 December you made several references to this report being published in February:

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

The publication of this report in January is essential to the Health, Social Care and Sport Committee's scrutiny of the Bill as the Committee has been instructed to complete its scrutiny by 16 February 2018.



It would be helpful if you were to provide clarification on this matter as soon as possible.

Yours sincerely,

A handwritten signature in black ink that reads "David Lloyd". The signature is written in a cursive style with a large initial 'D' and 'L'.

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



Ein cyf/Our ref : MA-LVG/0867/17

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

19 December 2017

Dear Dai

Thank you for your letter of 11 December which seeks clarification regarding the planned publication date of the full report by the University of Sheffield on the impacts of minimum unit pricing in Wales.

The full report being published by the University of Sheffield will include an analysis of the modelled impacts of different minimum unit prices (ranging in 5 pence increments from 35 pence to 70 pence), as well as an analysis of the wider impacts of introducing a minimum unit price, including impacts on workplace absences and crime. It will also include a comparison of the proportional increase in alcohol duty which would be required to achieve the same reduction in alcohol consumption and alcohol-attributable deaths among hazardous and harmful drinkers, as an example MUP. The planned publication date for this report is now February 2018.

As highlighted by officials at the Technical Briefing for the Bill provided to the Health, Social Care and Sport Committee (held on 25 October) and in the letter I sent to this Committee on 14 November, the original intention was to publish the full report in January 2018. However, there has been a delay in obtaining data from the Ministry of Justice (which is used to inform the modelled impacts of introducing a minimum unit price on crime). As a result, there has been a subsequent delay in the University of Sheffield being able to update this element of their modelling and analysis. At the time of the Technical Briefing, officials were expecting to receive the Ministry of Justice data that week. Unfortunately, this data was only received by Welsh Government officials during the week beginning 4 December.

You will be aware, however, that the University of Sheffield published an interim report on 29 November. This report will be particularly relevant to your scrutiny of the Bill given its focus on the estimated health impacts of an MUP. This provides an update to the 50 pence MUP example used in the 2014 report and included in the Explanatory Memorandum. The additional data that will be included in the full report, whilst clearly important, will be of particular relevance to the setting of the level of the MUP.

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Rydym yn croesawu derbyn gohebiaeth yn Gymraeg. Byddwn yn ateb gohebiaeth a dderbynnir yn Gymraeg yn Gymraeg ac ni fydd gohebu yn Gymraeg yn arwain at oedi.

We welcome receiving correspondence in Welsh. Any correspondence received in Welsh will be answered in Welsh and corresponding in Welsh will not lead to a delay in responding.

I appreciate your concerns about how this will fit with your reporting deadline. I will ensure my officials keep the Committees updated and share the full report from the University of Sheffield as soon as possible.

I look forward to attending the scrutiny session scheduled for 11 January.

Yours sincerely

A handwritten signature in black ink that reads "Vaughan Gething". The signature is written in a cursive style with a large initial 'V' and a long, sweeping tail on the 'g'.

Vaughan Gething AC/AM

Ysgrifennydd y Cabinet dros Iechyd a Gwasanaethau Cymdeithasol
Cabinet Secretary for Health and Social Services

Vaughan Gething AM

Cabinet Secretary for Health and Social Services

20 December 2017

Dear Vaughan

Thank you for your letter of 19 December in relation to the planned publication date of the full report by the University of Sheffield on the impacts of minimum unit pricing in Wales.

While I acknowledge there has been a delay in receipt of information from the UK Ministry of Defence which the revised modelling work should take account of, I would like to express my dismay that this will lead to the University of Sheffield's full report being published either extremely close to our reporting deadline, or even potentially after the Committee is required to complete its Stage 1 scrutiny work.

In your letter you outline that the full report is expected to include new information regarding the modelled impacts of different minimum unit prices, an analysis of the wider impacts of introducing minimum unit pricing, and a comparison of the proportional increase in alcohol duty required to achieve the same reduction in alcohol consumption and alcohol-attributable deaths. The Health, Social Care and Sport Committee has heard extensive evidence on these matters, particularly the importance of the actual minimum unit price in effecting health outcomes, and will wish to comment on these issues in the Stage 1 report.

I'm aware that the Chair of the Finance Committee has also written to you (letter of 12 December) to highlight the importance of the University of Sheffield's updated work being available in time to be considered and reflected upon by both our committees in our respective reports.



I'd be grateful if you would confirm the exact planned publication date of the University of Sheffield's full report. I would also urge you to investigate whether the publication date can be brought forward. For your awareness, and in light of your recent correspondence, I am investigating the option of writing to the Business Committee to seek an extension to our required reporting deadline of 16 February.

I look forward to receiving your response at the earliest opportunity.

Kind regards

A handwritten signature in black ink, appearing to read "David Lloyd". The signature is written in a cursive style with a large initial 'D'.

Dr Dai Lloyd AM

Chair, Health, Social Care and Sport Committee



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

Dear Chair and Committee Members

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

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

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

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

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

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

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

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

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

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

1. Betsi Cadwaladr University Health Board

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

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

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

The service has:

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

3. Darlington GP MSK Pilot

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

4. Cumbria

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

5. Primary Care in Forth Valley, Scotland

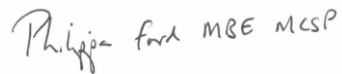
- An 18-month pilot
- Standard GP appointments have risen from 10 to 15 minutes
- 2 physiotherapists with advanced practice skills were employed by Forth Valley NHS to work part-time at Bannockburn medical practice in Stirling and the medical practice in Grangemouth
- The physiotherapists have taken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

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

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

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

Yours sincerely



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





Dr Dai Lloyd AM
Chair of Health, Social Care and Sport Committee
National Assembly for Wales
Cardiff
CF99 1NA

11 December, 2017

Dear Dai,

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

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

Yours sincerely

Victoria Lloyd
Interim CEO, Age Cymru

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Numbers accessing treatment

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

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

Polydrug use

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

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

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

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

14 December 2017

Dear Pip

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

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

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

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



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

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

Yours sincerely,

A handwritten signature in black ink that reads "David R. Lloyd". The signature is written in a cursive style with a large initial 'D'.

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



Agenda Item 3.5

Rwy'n llosgi'r Cofrestrwyd Gofal Cymdeithasol a Chwaraeon

Health, Social Care and Sport Committee

HSCS(5)-01-18 Papur 8 / Paper 8

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16 Columbus Walk,
Brigantine Place,
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alzheimers.org.

Dr Dai Lloyd AM,
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15th December 2017

Dear Dr. Lloyd,

Re: Report on the Committee inquiry on loneliness and isolation

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

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

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

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

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

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

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

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

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

Yours sincerely,



Sue Phelps

Country Director, Alzheimer's Society Cymru

The New Deal on Dementia

Alzheimer's Society Cymru briefing

Alzheimer's Society's new strategy and brand

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

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

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

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

Our new strategy is built on three key pillars:

1) New deal on support

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

2) New deal on society

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

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

3) New deal on research

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

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

Morgan Griffith-David
Policy Officer





Ein cyf/Our ref: MA-PNG/4593/17

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

19 December 2017

Dear Dai,

The Committee inquiry into medical recruitment and subsequent report included the recommendation:

“The Welsh Government should provide an update to the Committee by the end of 2017 (and annually thereafter) on the impact of the GP Incentive Scheme, and examine and undertake work to identify potential options for other financial or similar incentive schemes to attract and retain potential and practicing doctors” (recommendation 12).

I accepted this recommendation in my response to the report in August.

I issued a written statement on 20 November providing an update on the Train Work Live campaign and associated fill rates for GP training in Wales. The statement can be accessed via the link below:

<http://gov.wales/about/cabinet/cabinetstatements/2017/gptrainingupdate/?lang=en>

In addition to the information provided in the statement, the following table shows the GP training fill rates across the five training areas covered by the targeted incentive scheme, including the figures for 2017 – i.e. since the launch of the Train Work Live campaign and the introduction of the incentive based approach.

Training Scheme	Number of Training Places	2013	2014	2015	2016	2017
Abersytwyth	6	33%	50%	0%	17%	100%
Dyffryn Clwyd	8	50%	50%	50%	100%	50%
Pembrokeshire	6	100%	67%	33%	0%	100%
Wrexham	8	88%	63%	50%	88%	112%
Bangor	8	100%	63%	100%	63%	150%

Bae Caerdydd • Cardiff Bay
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Rydym yn croesawu derbyn gohebiaeth yn Gymraeg. Byddwn yn ateb gohebiaeth a dderbynnir yn Gymraeg yn Gymraeg ac ni fydd gohebu yn Gymraeg yn arwain at oedi.

We welcome receiving correspondence in Welsh. Any correspondence received in Welsh will be answered in Welsh and corresponding in Welsh will not lead to a delay in responding.

The table shows a marked improvement in four of the five incentivised areas. My officials, working with the Wales Deanery, will continue to closely monitor the position in the Dyffryn Clwyd training area as recruitment into the 2018 cohort progresses.

I will continue to provide the Committee with an annual update on the impact of the incentive schemes, in line with the Committees recommendation.

Yours sincerely,

A handwritten signature in black ink that reads "Vaughan Gething". The signature is written in a cursive style with a large initial 'V' and a long, sweeping tail on the 'g'.

Vaughan Gething AC/AM

Ysgrifennydd y Cabinet dros Iechyd, Llesiant a Chwaraeon
Cabinet Secretary for Health, Well-being and Sport

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Agenda Item 7

By virtue of paragraph(s) vi of Standing Order 17.42

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