

REGULATORY APPRAISAL

NATIONAL HEALTH SERVICE, WALES

THE NATIONAL HEALTH SERVICE (PERFORMERS LISTS) (WALES) (AMENDMENT) REGULATIONS 2006

Background

1. Medical, dental, ophthalmic and pharmaceutical lists held by Local Health Boards (LHBs) must include all practitioners who work under NHS arrangements in primary care. The relevant “lists” include practitioners considered suitable to be engaged in the provision of the relevant service under Part 2 of The National Health Service Act 1977 (the 1977 Act).
2. The Welsh Assembly Government’s objective is to continue protection of the public and commitments made in response to the ‘Shipman Enquiry’ in relation to the “listing” of dental professionals suitable to be engaged in the performance of primary dental services.
3. The National Health Service (General Dental Services) Regulations 1992 provide for the “listing” of dental practitioners considered by the LHB to be suitable to provide or be engaged in the provision of general dental services. When primary dental services under the 2003 Act are established on 1 April 2006, the 1992 Regulations will be revoked.

Purpose and intended effect of the measure

4. Medical, dental, ophthalmic and pharmaceutical lists held by LHBs must include all practitioners who work under NHS arrangements in primary care. The relevant “lists” include practitioners considered suitable to be engaged in the provision of the relevant service under Part 2 of The National Health Service Act 1977 (the 1977 Act).
5. These Regulations provide for lists of persons performing primary dental services, (i.e. dentists) to be kept by LHBs. They also provide, subject to specified exceptions, that no dentist may perform any primary dental services unless included in such a list as well as what information must be provided and the declarations a dentist must make to be included in a list. They also provide that the list should be published. The Regulations make other prescribed conditions, which must be met, for example completion of a period of vocational training.
6. They also provide further grounds on which an LHB may or must refuse to admit a dentist to its list.
7. Performers Lists will allow listed dental practitioners to perform primary dental services in any part of Wales without the need for a fresh application in each area as is the case with the current dental list requirements for principal dentists. This will smooth business processes and allow dental corporations (permitted under Part 4 of the Dentists Act 1984 to carry on the business of

dentistry) to move more effectively staff around to meet particular needs in different areas.

Risk Assessment

8. The Regulations will strengthen the maintenance of the approval and listing of dental practitioners for the protection of NHS dental patients. If the Regulations are not made then the new arrangements will not be introduced.

Options

Option 1: Do Nothing

9. The National Health Service (General Dental Services) Regulations 1992, which underpin the current listing of dental practitioners, will be revoked in April 2006 with consequent loss of the listing provisions. Practitioners would no longer be asked to apply to LHBs in whose area they wish to work and complete forms and obtain references in each case. LHBs would no longer process applications from applicants with the associated administrative costs. Therefore, the listing arrangements would not remain for the protection of NHS patients.

Option 2: Make the Legislation

10. Implementing the legislation will mean that LHBs can retain the ability to scrutinise dentists' applications for inclusion in lists of dentists suitable to be engaged in the provision of primary dental services. This will mean more clinically effective, cost effective and safer dental care for patients.

Benefits

11. These Regulations will enable LHBs to retain the ability to scrutinise dentists' applications for inclusion in lists of dentists suitable to be engaged in the provision of primary dental services. This will mean more clinically effective, cost effective and safer dental care for patients.
12. Performers Lists will allow listed dental practitioners to perform primary dental services in any part of Wales without the need for a fresh application in each area as is the case with the current dental list requirements for principal dentists. This will smooth business processes and allow dental corporations (permitted under Part 4 of the Dentists Act 1984 to carry on the business of dentistry) to move more effectively staff around to meet particular needs in different areas.
13. There will also, after the transitional exercise, be less administrative burden on LHBs as a practitioner on one performers list will be able to perform in any LHB area. This will mean that LHBs will no longer consider applications from individuals who wish to work in their areas provided they are on a performers list in another area. As these practitioners will be on a performers list LHBs will be assured that another NHS body has considered and accepted the dental practitioner.

14. Newly qualified practitioners undertaking vocational training will be able to practice under the direction of a trainer for a period of two months before inclusion in the list.

Costs

15. The 1992 Regulations already provide for the “listing” of dental practitioners considered by the LHB to be suitable to provide or be engaged in the provision of general dental services. When primary dental services under the 2003 Act are established on 1 April 2006, the 1992 Regulations will be revoked. However, administration of the new listing arrangements will continue to be the responsibility of LHBs. In effect, the Business Service Centre (BSC) will administer, on behalf of all LHBs, a central database/system for maintaining an all-Wales Dental Performers List. This will be met from within the BSC baseline staff costs.

Impact on Small Firms

16. Of the 533 dental practice addresses in Wales, which would qualify as small businesses, some will be providing general dental services and others, around 80, personal dental services. A small number of these practices may be owned by dental corporations. A dental corporation means a body corporate, which in accordance with the provisions of the Dentists Act 1984 is entitled to carry on the business of dentistry. No dental corporation has more than 10% market share in Wales.
17. The Performers Lists Regulations will replace the 1992 Regulations and will slightly reduce the burden on small businesses by removing the need for multiple listing.

Competition assessment

18. These Regulations introduce new requirements for dentists employed by LHBs who intend performing primary dental services. They provide for individual dental practitioners only to meet the prescribed conditions and not for businesses.

Consultation

With Stakeholders

19. These Regulations form part of the wider reform of NHS dental services, which has been discussed with the dental profession on an England and Wales and Wales only basis. The main enabling Regulations (the National Health Service (General Dental Services Contracts) (Wales) Regulations 2006; the National Health Service (Personal Dental Services Agreements) (Wales) Regulations 2006; and the National Health Service (Dental Charges) (Wales) Regulations 2006), along with accompanying guidance, were published for information and comment on 9 September 2005. A summary of the main points made during these discussions is given in the Regulatory Appraisal for the National Health Service (General Dental Services Contracts) (Wales) Regulations 2006. In addition, they have been published on the Welsh Assembly Government website and details included in updates sent to all dentists in Wales.

20. Following consideration in addition to amendments for clarification of definitions in regulation 28 and to improve drafting, a number of policy changes were made to the Regulations prior to scrutiny by the Subject Committee. These include:

- insertion of new regulation 18A making provisions in relation to a national disqualification by the 1977 Act;
- remove reference to hospital training post from regulation 31(5)(b);
- reduce from 4 years to 2 years the requirement under regulation 31(5)(b); and
- revise previous Schedule paragraph 15 in relation to employed dentists.

With Subject Committee

21. The draft Regulations were notified to the Health and Social Services Committee via the list of forthcoming legislation on 5 October 2005 (HSS(2)-10-05(p.5), item no. HSS 25 (05)), and have remained on the list ever since. They were subsequently identified for detailed scrutiny.

22. The Committee scrutinised these Regulations at its meeting on 1 February 2006 (HSS(2)-02-06(p5)). No amendments were proposed. However, two points of clarification were raised. The Committee noted the Health and Social Service Minister's response to the points of clarification and was content with the Regulations as drafted. A draft transcript detailing the discussion is attached at Annex A.

Enforcement, Monitoring and Review

23. The transitional provisions in the schedule to the Performers Lists Regulations require LHBs to reassign dentists to the new lists and to consider applications and supporting information from dentists not already listed. LHBs must currently ensure that only practitioners on the dental list practise in their areas. Failure to comply with the Regulations can lead to LHBs removing individuals from their lists, which will mean that they cannot perform primary dental services under NHS arrangements. It is possible to appeal against decisions of the LHB, to the Family Health Services Appeal Authority.

24. The transitional provisions have been included to maintain continuity of service whilst LHBs reconfigure listing.

25. Once the new arrangements for contracting are in place, data will be submitted by contractors on the treatment provided and the persons to whom services have been provided. The data will be submitted to the NHS Business Services Authority, acting on behalf of the commissioning LHBs. That data will be identifiable by performer and so the BSA will have a national view of the location and relevant LHB listing each performer.

Summary

26. These Regulations amend the principal regulations to include dental performers on similar terms to medical performers, providing for refusal to include, conditional inclusion, disqualification, contingent removal and suspension from the relevant performers list. Dental practitioners will be allowed to perform

primary dental services in any part of Wales without the need for a fresh application in each area as is the case with the current dental list requirements. However, these Regulations will strengthen the maintenance of the approval and listing of dental practitioners for the protection of NHS dental patients.

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Secondary Legislation

[230] **Rhodri Glyn Thomas:** I think that the papers may be a little misleading in terms of the points of clarification. I am a little confused, looking through the papers, as to who is asking for these points of clarification. I think that Jonathan has tabled some questions for clarification on paper 4a, namely the directions to the local health boards for services for prisoners.

[231] **Jonathan Morgan:** No, I tabled points of clarification relating to the fostering regulations.

[232] **Rhodri Glyn Thomas:** Can we take the points of clarification in terms of paper 4a on the local health boards, which have been tabled by Jenny and by Helen?

[233] **Jenny Randerson:** I think that it is just by me.

[234] **Rhodri Glyn Thomas:** Just by you?

[235] **Helen Mary Jones:** It says Plaid Cymru in Jenny's paper and it says Jenny in mine.

[236] **Rhodri Glyn Thomas:** That is where the confusion came in.

[237] **Jenny Randerson:** I am prone to forgetting what I have asked, but I read the second point that Helen had asked with some interest, and I thought, 'No, I did not ask that one'.

[238] **Rhodri Glyn Thomas:** There was a late correction, apparently, and I think that I have got my papers mixed up, because I had two separate ones. I also have a note from Jonathan, which confused me even more. They are placed by Helen Mary in the name of Plaid Cymru, Minister, if you would respond to those points of clarification.

[239] **Brian Gibbons:** Would you like to read it out, because I am also struggling to know which ones we are talking about?

[240] **Helen Mary Jones:** The first one relates to any additional costs that this might place on the LHBs. Your paper asserts that it will not; I do not believe it. Therefore, I wonder what additional funds might be made available to the LHBs to enable them to meet those responsibilities. The second question is perhaps slightly less political. With regard to the exemption for commissioning a psychiatric hospital care, the regulations say that that is to be commissioned by whichever local health board the person has come from. What happens when you do not really know where that person has come from? There will be people whose lives have been chaotic, especially with our local health boards being so tiny, so if you move backwards and forwards between Barry and Cardiff, who is responsible for you if you then end up in the nick and need psychiatric services?

[241] **Rhodri Glyn Thomas:** The points of clarification should be on the last page. They are correct, but are placed in the wrong name on some papers.

[242] **Brian Gibbons:** I have my own papers—

[243] **Helen Mary Jones:** A special system.

[244] **Brian Gibbons:** A special system, so that does not necessarily apply. However, I

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understand the questions.

[245] There has been an additional allocation transfer going back to, I think, 2003 from the Home Office, which the Assembly Government, by and large, was responsible for for a few years while the local health boards got up to speed, and we were sure that this was an appropriate thing to do. That money is now being transferred to local health boards. It is of the order of £3.15 million, and there are occasional top-ups from the Home Office in relation to the number of prisoners and so on. We retain some money centrally for wider functions that are not specific. As you said, some money is directed through the mental health route to deal with mental health issues, particularly for in-patients and in-reach services into prisons at that level. It is somewhere between £3.15 million and £3.5 million. It is of that order. Cardiff has the most.

Annex A

[246] In relation to the classification of where patients come from, it is their last place of residence. However, if they have, as you said, a chaotic lifestyle or no fixed abode, then it is where the offence occurred.

[247] **Helen Mary Jones:** To be clear about that, it is where the offence occurred, not the local health board where they are incarcerated?

[248] **Brian Gibbons:** Yes, but, obviously, if someone lives in Neath Port Talbot and offends in Cardiff, but he or she is usually resident in Neath Port Talbot, that person will clearly come under Neath Port Talbot. It is only if people are of no fixed abode or if you cannot allocate residence to them.

12.30 p.m.

[249] **Helen Mary Jones:** I understood that, but if they are of no fixed abode, then it is where the offence is committed, it is not an extra burden on local health boards.

[250] **Rhodri Glyn Thomas:** The next one is paper 5a, the NHS (Performers List) (Wales) (Amendment) Wales Regulations 2006. There are two points here from Jenny Randerson for clarification. Do you have those papers, Minister?

[251] **Brian Gibbons:** Yes, but it would help to read them out for the Record.

[252] **Jenny Randerson:** The first point refers to regulations 31 and 32, which give grounds for refusal and removal from performers' lists and also to paragraph 13 of your report, Minister, which explains that, as long as you are on one local health board's list you can practise dentistry in another. What arrangements will there be to ensure that information on those who are refused registration or removed from a list is passed to all LHBs? One could envisage a situation where someone was removed or refused in one area, then simply applied to another area. So you have the positive there, as to how to switch information from one to the other, but your paper and, as far as I can see, the regulations say nothing about the negative situation.

[253] **Brian Gibbons:** Local health boards are obviously responsible for the performers' list, but, in practice, the Business Services Centre, which is in Powys, I think, does the backroom work. So, every local health board would let Powys know of all the members on its performers' list, so that if you were a practice or a hospital, then you would contact the Business Services Centre at the Powys Local Health Board and it would have access to the central list. So, even though the applications are at a local health board-level, a central list is held by the Business Services Centre. Equally, the Dental Practice Payment Board and the new business service agency that will take over from the present Dental Practice Payment Board will be involved in this as well. However, in practical terms in Wales, it will be Powys
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Local Health Board and the Business Services Centre.

[254] **Jenny Randerson:** Just to clarify, if a dentist applied to Neath Port Talbot and was refused, the record of that refusal would go through to Powys. It is not just a record of who is on the list; it is also a record of who is refused. So, if that dentist went to Cardiff and applied there, it would be known that that dentist had been refused.

[255] **Brian Gibbons:** Ann tells me that that is the case.

[256] **Jenny Randerson:** Okay. It is an important issue in terms of all sorts of security issues. Do you want me to go on to my second point of clarification, Chair?

[257] **Rhodri Glyn Thomas:** Yes, please.

[258] **Jenny Randerson:** This is the same thing, but it relates to cross-border issues, because if it is complicated in Wales, it is even more complicated across the border with England, where different bodies entirely operate the register.

[259] **Brian Gibbons:** Again, I understand that in England, there are consortia arrangements. In other words, not every single primary care trust keeps the list—they come together on a regional or sub-regional level. So, if someone came over to Wales, he or she

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would have to apply to go onto the list of a local health board in Wales, but if that person had, particularly recently, signed on with a PCT in England, then that would be accepted by the local health board as a sufficient check. However, there clearly would be some time limitation on that. If it were nine, 12 or 18 months since that person went on a performance list, then a local health board might require that person to go back to square one. However, if that person said that he or she had joined the performers' list in England, then he or she would have to provide evidence of that and a phone call would be made to the central holding unit in England to confirm that. Then, if all things were equal, that person would be on the Welsh LHB list. However, they would have to be on a Welsh LHB list.

[260] **Rhodri Glyn Thomas:** Okay. We move to paper 6(a), which is the NICE technology appraisal guidance. Again, there are two points of clarification by Jenny, and one by Helen Mary.

[261] **Jenny Randerson:** My first point refers to paragraph 5 of the explanatory memorandum, on the financial implications. It refers to LHBs funding this from their discretionary resources. Do you intend to provide LHBs with additional funding? You have calculated approximately £607,000 for the start-up year. Are you planning to fund the start-up costs and the ongoing annual costs?

[262] **Brian Gibbons:** Some of the background to this is the implementation of the national service framework. Therefore, some money has gone into this through the NSF route that would not be there. Therefore, some work has taken place because of the NSF funding, and some of this harks back to where we were before the break. Once NICE issues its guidance, there is a statutory obligation on LHBs to implement that as part of their resource allocation. Therefore, on that basis, there will not be any additional earmarked resources, other than the general uplift that LHBs will have. However, one factor that is taken into account when the uplifts are given to LHBs is the possible implications of NICE recommendations over the coming year. Therefore, there will not be some marked 'x' for this; it will be mainly in the LHB allocation, as well as whatever is in the NSF implementation.

[263] **Jenny Randerson:** The second point refers to the same paragraph. Does the DAFYDD training programme meet the criteria of the NICE guidelines? This builds on what you have just said regarding NICE guidelines. I am told by those working in the field of 01/02/2006

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diabetes that DAFYDD is not as thorough as DAFNE and DESMOND, which are the English equivalents, and are the approved NICE programmes. If it does not meet the NICE guidelines, it would imply that we are having something less thorough in Wales, and it brings into play the question that you have just raised, namely the obligation of LHBs to fund it.

[264] **Brian Gibbons:** There is no doubt that DAFNE and DESMOND are good programmes, but we have tried to implement a slightly different approach in Wales. We are happy that it meets the requirements that are listed in the NICE guidelines in terms of standards. The patient guidance notes, in 1.2, say that there is insufficient evidence currently to recommend a specific type of education. Therefore, the NICE guidelines do not say that there is a single model, but they list several criteria, such as education, and say that interventions that reflect established principles in adult learning should be multidisciplinary, taking account of clinical knowledge, and so on.

[265] Therefore, on that basis, we are happy that the criteria laid down in the NICE guidelines fit in with the proposals that we are launching for our programme in Wales. DAFYDD, and some of the other programmes, has a linear relationship with DESMOND and DAFNE in England. However, for example, DAFNE is a five-day course that you effectively have to do in one week, whereas DAFYDD is a one-day course spread over several weeks. Theoretically, we would say that it is less onerous for people to have a one-day course over a few weeks, but it is a difference.

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[266] **Rhodri Glyn Thomas:** Does that cover the point on capacity?

[267] **Helen Mary Jones:** Given the time, I will take that as covering the point on capacity, although I still have some concern about that.

12.40 p.m.

[268] **Brian Gibbons:** Every local health board has people to help with the implementation of the NSF, particularly given the increase in dieticians and so forth. All of these people at a local community level, as part of the implementation of the NSF, are doing a lot of this work already.

[269] **Rhodri Glyn Thomas:** Thank you, Minister. We will move on to paper 7a. Could we take both of your questions together, Jonathan, as they are very much to do with the same thing?

[270] **Jonathan Morgan:** Yes. First, in terms of the notification requirements, if they are not complied with, what sanctions do local authorities have? Presumably, the ultimate sanction is that they could refuse to allow a fostering arrangement, but does the local authority have any redress?

[271] In terms of exemptions, where the notification requirements would not apply, presumably there could be cases of where it would be unreasonable. For example, if someone was getting towards the end of the deadline and was knocked over by a bus and ended up in hospital, I presume that it would not be reasonable to expect that person to comply with the requirements. Are there exemptions that will be set out in law?

[272] **Rhodri Glyn Thomas:** Jenny, your questions also relate to the notification process do they not?

[273] **Jenny Randerson:** Yes, they are very similar. I wanted to clarify what is meant by 'the start of the arrangement'. Children often start living with a family on an informal basis. I can give you an example of a case of a child, both of whose parents died, who was legally in 01/02/2006

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the care of one relative but who was left with another family in a different part of the country because that was the part of the country that the child knew and he knew the family really well. That eventually turned into a formal fostering arrangement. He had lived there for many months before it became a formal fostering arrangement.

[274] **Brian Gibbons:** To deal with Jenny's point, in most situations people are supposed to give notice—I think that it is between 6 and 13 weeks. The local social services department would know that this was likely to happen. The 48-hour notice is mainly in that context—the social services department is expecting these arrangements to be put in place and a person will contact the social services department to say, 'Right, we have discussed this and we started these arrangements on Monday'. Therefore, this is within the context, by and large, of having already informed the social services department that you are going to do this and you are just saying, 'Right, we have started'. If it starts in a sort of quasi-emergency situation, as the regulations state, you have to immediately inform social services that these private foster arrangements are being put in place.

[275] I accept that some people, for whatever reason, are in ignorance but, as soon as they are aware of the statutory requirement, they have to do that immediately. Or, if an emergency situation means that due notice cannot be given, they have to inform the social services department immediately. I think that that is what the regulations state. Does that answer your question?

[276] **Jenny Randerson:** My concern was whether there is an understanding that these things are not always completely black and white. Do you want me to go on?

[277] **Rhodri Glyn Thomas:** Does the Minister want to answer Jonathan's question first?

[278] **Brian Gibbons:** I missed your second point, Jonathan.

[279] **Jonathan Morgan:** It was to do with exemptions. Are there any exemptions where

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the notification requirement would not apply?

[280] **Brian Gibbons:** There are certain areas of activity to which it would not apply; for example, close relatives, such as grandparents, brothers, sisters, people in a boarding school and so on.

[281] **Jonathan Morgan:** Where the notification requirement did apply, I presume that there could be instances where it may be unreasonable, for whatever reasons, for that person to comply with a notification requirement—where someone ended up in hospital or something of that nature. Is there discretion on the part of the local authority?

[282] **Mr Martin:** They ought to be notifying a private fostering arrangement. If there was a situation such as you described, with someone being hospitalised, the pragmatic approach would be that they should have to notify you as soon as they are able to do so to comply with the regulations. We did not quite see the point of what you were referring to in terms of exemptions. There are some children who are exempt from the private fostering situation, for example, looked-after children.

[283] **Rhodri Glyn Thomas:** Prior notification has been given of these points of clarification and, clearly, if you do not understand what the point is for, it is possible for you to contact the Member in order to get that information. Otherwise, if we are picking this up as we go along, we will be here for a long time.

[284] **Brian Gibbons:** There were one or two questions where we were not clear what was being asked, and we sought clarification. That is the custom and practice. It is just that we

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thought that this one, in terms of exemption, was pretty clear, but we misinterpreted what Jonathan was specifically talking about.

[285] **Rhodri Glyn Thomas:** We are now running very late, as these points of clarification are taking a long time. Again, with prior notice, I would have thought that it would have been possible to clarify situations fairly quickly.

[286] **Mr Jones:** Just to mention that these regulations have been made under the Children Act 1989. That Act provides that a person shall be guilty of an offence if they do not give any statutory notice under the Act. However, there is a provision stating that you are not guilty of an offence if you have a reasonable excuse.

[287] **Karen Sinclair:** I am sorry that I did not raise this in the formal way, but I did raise this concern with Brian yesterday, so it is not a totally cold question. The 28-day rule is a bit like permitted planning development, is it not? It says that it is 28 consecutive days or more. The question that concerned me was that, if there was a private fostering arrangement because parents had moved away and left a youngster in someone else's care to complete examinations and so on, it is highly likely that that young person could go home at some point during those 28 days—it would not necessarily be every weekend, but at some point during those 28 days for a weekend or something. Does that mean that they are not covered by this at all, or is that just not clear?

[288] **Brian Gibbons:** Our view is that it is 28 consecutive days, but, for example, if a youngster decided to go to see his or her parents on a Saturday and came back on a Sunday, or even went on a Saturday morning and came back on Sunday evening, that would still effectively be 28 consecutive days. If someone decided to challenge that, then, clearly, case law would establish whether that was a reasonable interpretation. However, that is what we understand—it is 28 consecutive days. Obviously, if a person went for a week, it would be hard to justify it being 28 consecutive days, but not in terms of a short break.

[289] **Rhodri Glyn Thomas:** Jenny?

[290] **Jenny Randerson:** This relates to Schedule 2, which refers to the suitability of accommodation. I want to know what criteria will be used to decide the suitability of accommodation. I raise this because I have recently been appalled by an adoption case, which

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involved a constituent who lived in the inner city of Cardiff in a standard three-bedroom or maybe even two-bedroom house—it was a standard terraced house, such as those lived in by thousands of people in Cardiff. The grounds for refusal of adoption were not made by the local authority, but by the independent—I cannot remember the name—adjudicator or whatever the phrase is. Those grounds were that the accommodation was unsuitable because it was small and inner-city. That is a really strange judgment, and I do not want to go into it, but I want to be reassured that issues of this kind, in terms of suitability of accommodation, take a reasonable line with regard to what most people live in.

[291] **Brian Gibbons:** Precisely. The child must have some rights to privacy, decent comforts, lack of hazards and so on. If he or she has a disability, they must have some reasonable provision for access and so forth. There is a common-sense approach to this. The social worker must visit the child and have an opportunity to speak in private with the child, if necessary. However, again, the specifics would only be solved, I suppose, by case law as to what constitutes reasonable privacy, space and so on. The child has those rights, but there is not a definition such as 2m by 6m of private space.

12.50p.m.

[292] **Helen Mary Jones:** I would be happy to have a written answer, because it may take 01/02/2006

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some time. Some additional points have been raised with me since this was submitted. Perhaps I could write to the Minister before it goes to Plenary to seek clarification on those points, because it is a request for specific amendments that I would not wish to make if the Minister can satisfy me as to the reasons for it being the way that it is. I will e-mail you today, and perhaps you can give me a written answer to this question and those additional questions.

[293] **Rhodri Glyn Thomas:** Thank you, Helen. That is very useful. In future, if we are going to have four or five points of clarification on each bit of secondary legislation, we are either going to have to go through them with the Minister responding and the person who tabled them then having an opportunity for a supplementary question for further clarification, or we will do it this way, which takes a lot longer. It has taken well over half an hour to cover four pieces of legislation. The papers have been laid, so they do not have to be read out and they do not have to be explained. In that way, we can get through business a lot quicker.

[294] I want to move on to the papers to note. First, Lynne wishes to raise a few issues with the Minister about the Townsend formula.

[295] **Lynne Neagle:** I will be brief, because I am conscious of the time and the fact that we will have a full scrutiny process on the issue. However, I have a few queries on the section of the paper dealing with action to progress implementation. It outlines the pots of money for each year. Is the figure of £11.1 million for 2003-04 to tackle health inequalities separate from any money from the health inequalities fund, which is a fund for which bids are made? There is an amount for 2004-05, but for 2005-06 it refers to a modest redistribution. The fact that there is no figure makes me worry that it is very modest indeed. I would like to know what that figure is.

[296] On the scrutiny of this, it would be useful to have detailed tables that set out exactly how much was allocated each year to each LHB, the rationale behind it and any references to growth in the Assembly budget. I do not feel that we are getting the full picture. Can the papers from the expert group be placed on the intranet so that those of us with an interest can follow it?

[297] **Rhodri Glyn Thomas:** There seems to be support for that.

[298] **Brian Gibbons:** The modest redistribution would pay for Robert Earnshaw's transfer to Norwich: £3 million, roughly speaking.

[299] **Rhodri Glyn Thomas:** Thank you, Minister. It was important to clarify those points, because we will be having a scrutiny session on that.