



GIG  
CYMRU  
NHS  
WALES

Bwrdd Iechyd  
Aneurin Bevan  
Health Board

Ref: AG/GR/sm

Direct Line: 01633 435958

7<sup>th</sup> January 2012

Mark Drakeford AM  
Cardiff Bay  
Cardiff  
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Dear Dr Drakeford,

Many thanks for inviting comments on this consultation. I note PHW are not included on the list of consultees so my Director of Public Health Dr Gill Richardson has assisted in this response. Please find our views summarised below.

**Q1.** Is there a need for a Bill to allow recovery of costs of NHS treatment for asbestos-related diseases in Wales? Please explain your answer.

**A1.** We believe that a bill to recover NHS costs from the industry may be valuable if the means to implement it were given due consideration. Many companies will have ceased to exist in the long content period of 20 – 35 years that it would take for an individual to develop an asbestos related condition. Thought must also be given to general conditions that may be excavated by any dust (e.g. asthma) and asbestos specific conditions which we believe you are mainly concerned with.

**Q2.** Do you think the Bill, as drafted, delivers the stated objectives as set out in the Explanatory Memorandum? Please explain your answer.

**A2.** Yes

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**Q3.** Are the sections of the Bill appropriate in terms of introducing a regime to allow the recovery of costs of NHS treatment for asbestos related diseases in Wales? If not, what changes need to be made to the Bill?

**A3.** Yes, but attention will need to be given as the situations where local authorities and Health Boards may themselves be approached for costs e.g. from facilities and estate workers. In theory a Health Board could be claiming expenses from itself.

**Q4.** How will the Bill change what organisations do currently and what impact will such changes have, if any?

**A4.** Health Boards do not currently attempt to recover costs from occupational industries for asbestos, coal or other material used in industry.

**Q5.** What are the potential barriers to implementing the provisions of the Bill (if any) and does the Bill take account of them?

**A5.** The main barrier to implementation will be the absence for a responsible employer due to the time lag from exposure to diagnosis. Also consideration must be given to these any identified as an incidental finding at post mortem.

**Q6.** Do you have any views on the way in which the Bill falls within the legislative competence of the National Assembly for Wales?

**A6.** We believe it does.

**Q7.** What are your views on powers in the Bill for Welsh Ministers to make subordinate legislation (i.e. statutory instruments, including regulations, orders and directions)?

In answering this question, you may wish to consider Section 5 of the Explanatory Memorandum, which contains a table summarising the powers delegated to Welsh Ministers in the Bill to make orders and regulations, etc.

**A7.** Detailed legal guidance is best sense on this but the concept seems to make good sense from our point of view.

**Q8.** What are your views on the financial implications of the Bill?

In answering this question you may wish to consider Part 2 of the Explanatory Memorandum (the Regulatory Impact Assessment), which estimates the costs and benefits of implementation of the Bill.

**A8.** The estimates on cost retrieval are probably optimistic for the reasons outlined above.

## **Other Comments**

The only other comments we would offer would be that the Bill would set a procedure for other occupational specific diseases and that some such as these related to zoonoses e.g. farming sector fall into categories of employer that would be unable to survive. Compensation claims should the procedure be applied wider.

Yours Sincerely



**Dr Andrew Goodall**  
**Prif Weithredwr/ Chief Executive**  
**Bwrdd Iechyd Aneurin Bevan/ Aneurin Bevan Health Board**

