

Closure of Maendy Surgery. No indication has been given of the range of Patient Response however we assume that in the main it would fall within the following categories of concern :

- a. Patients registered at the Maendy Surgery who will experience the problems identified**
- b. Patients registered at Panteg who already experience problems in obtaining appointments both by telephone and face to face, here the concern is that the problems already being experience will continue at an unidentified level by the addition to the Patient Register at Panteg**

Q1. Was any verbal evidence presented to the Committee by any patient representative as a part of the decision-making process?

Verbal evidence was presented by the Aneurin Bevan Community Health Council (an independent body to the Health Board) who are the advocacy service for patients. They were present at the review panel held by the Health Board.

Q2. Was verbal evidence presented by the Practice?

Verbal evidence was presented by the lead GP partner and the practice manager of the practice to the panel held by the Health Board.

Q3. Access to GP services has been and is a significant issue, did the Board obtain evidence of the excess number of appointment requests in each allowed timeframe?

The practice does not log this type of data but for example on Monday 13th June 2022, the two clinicians had twenty (20) extra patients once all appointments had been taken.

Q4. An estimate of Maendy patient numbers who intend to transfer to Panteg

All patients of Maendy Surgery were already registered with the main practice at Panteg Health Centre. No patients were ever registered with the branch surgery in Pontnewydd, therefore there will be no transfer of patients.

Q5. The existing ratio of Doctor to Patient

The Health Board has a standard measure recommending there should be 1 GP session per 200 patients per week. The practice currently provides 29.4 weekly GP sessions, which is a shortfall of 5.4 sessions based on the current patient list size.

Q6. The intended ratio of Doctor to Patient following the review having regard to patient numbers and the increase in Medical Staff

The practice anticipates that when the new GPs are recruited, the practice will provide 39.45 GP sessions: 4.65 sessions above the recommended 1 session per 200 patients. The patient list size will not be changing.

Q7. Every plan requires a review and if necessary adjustment to achieve the predetermined objectives for the benefit of the Patient, in the same manner as the Board has conducted its initial survey of Patients is there provision for a follow up survey to establish the result of the changes made?

As part of the Welsh Government Access standards, all practices are expected to conduct a patient experience survey (a minimum of 25 surveys for every 1000 patients) by the end of September 2022. The results will be discussed with neighbouring practices and used to form a reflective report for submission to the Health Board by 31st March 2023. This will inform us of any impact following the changes.

In addition to the patient experience survey that will be conducted by practices, practices are asked to complete a quality improvement project on Demand and Capacity and an Activity Data Quality Improvement (QI) Project by 30th September 2022. These projects are part of the Annual Quality Assurance and Improvement Framework (QAIF). Further information can be found: [Quality Assurance and Improvement Framework \(QAIF\) : GMS contract 2021 to 2022 | GOV.WALES.](#)