

**TALK  
HEALTH**



**YOUR VOICE  
MATTERS**



## **Talk Health: The Future of Health Services in Blaenau Gwent**

**Tuesday 13<sup>th</sup> August 2019**

**Tabor Centre, Brynmawr**

Aneurin Bevan University Health Board visited the Tabor Centre, Brynmawr for the 'Talk Health' Forum on Tuesday 13<sup>th</sup> August, 2019.

The aim of the session was to respond to deliver presentations and respond to questions on the following:

- Health and Well-being Services in Blaenau Gwent
- The Future of Health Care: Clinical Futures

We heard the following...

<b>Health and Well-being Services in Blaenau Gwent</b>	
<b>Q 1.</b>	<b>How many GP's are we short in Blaenau Gwent and is this linked to the problems patients encounter when they try to book appointments with a doctor?</b>
A.	At the present time, we are between 7 and 11 General Practitioners short in Blaenau Gwent. Receptionists at the surgeries are now trained to navigate patients to different routes if it is deemed that care would be best provided through other means, for example, advanced nurse practitioners rather than a General Practitioner. Welsh Government are due to shortly announce their access targets and the Health Board will work directly with practices to assist this work. This system is new within practices and will improve with time.

<b>Q 2.</b>	<b>In the new Brynmawr surgery there are only two doctors. Is there a minimum Doctor/Patient ratio?</b>
A.	There is a doctor/patient ratio. We work on 1 GP session per 175 patients or 1 new “extended” roles per 90 patients – In reality, it is a composite of GP’s and other roles. Because we use locums to fill gaps, there will be more than 2 GP’s at the practice.
<b>Q 3.</b>	<b>What is being done to overcome the IT issues that are constantly affecting the service patients receive within the surgeries?</b>
A.	We are not aware of problems relating to the IT system. We will look at this as a matter of priority.
<b>Q 4.</b>	<b>I am aware of a Child and Adolescent Mental Health Services (CAMHS) programme in place for young adults that suffer with mental health problems. There is a 9 to 12 month waiting list for them to be seen. How is this acceptable for children of school age?</b>
A.	Investment into these services has recently been made and we anticipate this having a positive impact in this area.
<b>Q 5.</b>	<b>Why can’t you see the same doctor all of the time? Is money the problem?</b>
A.	It is no longer always the case that you will see the same doctor all of the time, particularly where there are GP recruitment problems and reliance on locums. Money is not the problem, it’s more about the availability of doctors.
<b>Q 6.</b>	<b>In a society that is supposed to be paperless, why do we need all the receptionists and administrative staff that are seen in doctor’s surgeries?</b>
A.	The Health Board can only offer advice about staffing levels to General Practitioners who are independent contractors and determine their own staffing levels to organise and run their businesses. GP practices actually operate more electronic systems than many other areas of health care, but the complexity of systems and interaction with hospital services , the administrative burden placed on GP’s for reports and audits as well as increasing demand necessitates a level of administrative staff.
<b>Q 7.</b>	<b>How can you keep your information about Community Services readily available and up to date?</b>

A.	We have a system in place called DEWIS which holds information about organisations and support that are available in the area. This system is currently being updated and will be relaunched in October 2019.
<b>Q 8.</b>	<b>Where are the nearest Audiologists based for Blaenau Gwent?</b>
A.	There are audiology services based within Brynmawr, Tredegar and Cwm. There is currently a pilot running in Tredegar which offers telephone triage/advice to assess whether someone is eligible for treatment within the community.

### **The Future of Health Care: Clinical Futures**

<b>Q 9.</b>	<b>Will elective surgery waiting lists be affected as a result of The Grange University Hospital opening?</b>
A.	<p>When the Grange University Hospital opens, emergency operations will be carried out there. Straight forward elective procedures (those we can plan), will predominantly be carried out at the Royal Gwent hospital, Nevill Hall hospital and Ysbyty Ystrad Fawr, with only the most complex cases requiring a stay at the Grange.</p> <p>Currently, if an emergency case arrives at one of our hospitals that sometimes means the need to cancel a non-urgent elective patients who is scheduled for a procedure that day. This is much less likely to happen when the Grange hospital opens and more urgent and complex patients are separated from those requiring routine/elective cases. We therefore anticipate less cancelled operations.</p>
<b>Q 10.</b>	<b>Have you or do you intend to stock pile medicine as a result of Brexit?</b>
A.	<p>There is a significant programme of work on-going in preparation for Brexit both within the Health Board and Nationally. There is much planning underway to ensure that supply and availability of medications and supplies are managed appropriately during this time.</p> <p>More information on this issue can be found through visiting the 'Protecting Wales' portal on the internet. <a href="https://gov.wales/brexit">https://gov.wales/brexit</a></p>

<b>Q 11.</b>	<b>Do you expect people to come across from England for treatment now the tolls have been removed from the Severn Bridge?</b>
A.	We do not anticipate a flow of patients from England at the present time. We are however hopeful that the removal of tolls may support additional staff to come and work in the area.
<b>Q 12.</b>	<b>There is no Special Care baby unit currently located at Nevill Hall Hospital. How can it continue to operate as a maternity unit?</b>
A.	There is a level 2 Special Care Baby Unit in Nevill Hall Hospital currently which is supported by the paediatric service. The service take babies over 35 weeks, however due to capacity within the service, all babies under 35 weeks are supported at the Neonatal service at the Royal Gwent Hospital.
<b>Q 13.</b>	<b>How do you engage with the ambulance service?</b>
A.	We commission services from the Welsh Ambulance Services Trust and have regular meetings with them about this, including conversations about performance and waiting times in our areas.  In preparation for the opening of the Grange University Hospital and the changing role and function of our other hospitals, we are in detailed conversations with the Ambulance service about how they support our patients in the new configuration.
<b>Q 14.</b>	<b>You have told us that you are planning to reduce bed capacity at Nevill Hall Hospital. What will happen to patients as a result of this?</b>
A.	Any bed reduction, will only take place as a result of us doing things differently. Some examples of this are: <ul style="list-style-type: none"> <li>• There are many routine operations that can be managed with no overnight stay in hospital necessary (day cases) If as a Health Board we manage more operations in this way (those which it is appropriate to do so), we could see less beds being utilised.</li> <li>• Consultants working 7 days a week ensuring that patients can be assessed, treated and discharged throughout the whole week, reducing delays that may previously been seen over the weekend and helping us support patients more effectively and manage availability of our beds more efficiently.</li> </ul>

<b>Q15</b>	<b>Are you downgrading Nevill Hall Hospital?</b>
	<p>At the opening of the Grange University Hospital, the role and function of many of our existing hospitals will change. It will mean that we can better manage the volume of patients we need to see ensuring they are in the appropriate place to have their needs met.</p> <p>Some services currently provided at Nevill Hall hospital and the Royal Gwent will move into the New hospital. Nevill Hall hospital will continue to play a strong role in our system of care, and will also become a cancer centre for Gwent and South Powys patients.</p>
<b>Q 16.</b>	<b>There are four bus changes required to get to The Grange from Blaenau Gwent. With bus passes and services being cut this poses a great deal of difficulty and there appears to be no progress with Transport Wales.</b>
A.	<p>The majority of patients going to the Grange will be taken there by ambulance or air ambulance.</p> <p>Patient stays at the Grange will predominantly be short, and only for the critical component of a patients care. Any further recovery, rehabilitation will take place in a hospital closer to home or indeed in many cases at home itself.</p> <p>We appreciate that there may be challenges for carers and families who rely upon public transport and are already in discussions with transport providers about this.</p>
<b>Q 17.</b>	<b>Will South Powys be engaged with?</b>
A.	Yes, we will need to work closely with Powys Teaching Health Board who are the commissioners for their population and who will be responsible for engaging their population on the changes.
<b>Q 18.</b>	<b>What triage process will be in place to ensure patients go to the correct hospital?</b>
A.	<p>In advance of the opening of the Grange University Hospital, there will need to be extensive community awareness taking place in regard to:</p> <ul style="list-style-type: none"> <li>• How services are changing</li> <li>• How to use them when they do</li> </ul>

	<p>In the future we will have a senior decision making clinician available at the front door of the hospital to ensure people are supported from the moment they arrive and are signposted to the most appropriate service.</p> <p>For those who are being admitted via their GP or another health professional, they will be directed at the point of referral.</p> <p>Welsh Ambulance and other transport providers such as St Johns Ambulance and the British Red Cross will all be made aware well in advance of patient pathways and what the role and function of each of the hospitals are.</p>
<b>Q 19.</b>	<b>Every time we go to meetings relating to service changes there is always talk of a reduction in beds but then there is a shortage and we hear of patients waiting for 24-48 hours on trolleys as there are no beds.</b>
A.	Bed numbers required for Clinical Futures are based on demand for each service, and will be impacted on by a number of factors. We believe that by improving our processes and increasing cover and access to diagnostics to seven days, that the demand for our beds will reduce.
<b>Q 20.</b>	<b>End of life plans – Are some patients too expensive to care for?</b>
A.	Throughout their life, and at the end of it, all patients receive the best care possible. Dignity and privacy is at the forefront of our care and budget is not a consideration.
<b>Q 21.</b>	<b>With all these changes more people from this area will want to go to Prince Charles Hospital rather than Nevill Hall Hospital. Can their money go with them if they do?</b>
A.	As a Health Board we are responsible for the planning, provision and commissioning (securing/buying) of services for our population. We already commission a range of services at Prince Charles Hospital and will keep this arrangement under renew so that we continue to meet the needs of our communities.

During the meeting, there were a number of individual/personal queries raised. These are not recorded as questions due to issues of confidentiality however are being addressed directly with the attendees.

If you are a member of any community groups or committees and would like a member of Health Board staff to come along to talk to you about Health Services or if you would like to join our 'People's Network' please let us know; contact 01633 435908 or [Adele.skinner@wales.nhs.uk](mailto:Adele.skinner@wales.nhs.uk)