

**Special Meeting of the
Social & Health Overview & Scrutiny Committee
19 September, 2012**

Questions raised by Members during the meeting

1. Members sought further assurances that residents in Flintshire would continue to access specialised treatments at hospitals in England and asked for further information around cross border working in the future.

There are no plans to stop these important patient pathways to specialist services in England. Patients from Flintshire and other parts of North Wales can be referred for specialist treatment in England where this is clinically appropriate.

BCUHB regularly meet with English Trusts to review and discuss contracts and services. This will continue.

2. Members asked for detailed information around the rationale for closing the minor injuries and x-ray departments at Mold Community Hospital. If this is due to the equipment being outdated Mold League of Friends could provide funding to replace the current x-ray equipment.

The proposals for changes to x ray facilities and minor injuries departments have been developed to provide a consistent service across the whole of North Wales. The proposals would provide clarity to the public in terms of opening times and services available. In addition it would ensure that 99.6% of the population have the same maximum travel times to reach these services, and whilst some patients may have to travel further than at present, these plans have been developed to be as fair as possible for the whole population.

The proposals also ensure that the number of patients accessing these services, on a fewer number of sites, ensures a critical mass so that staff maintain and develop their skills. In addition the resources would be used more efficiently. For example, the community x ray service has the capacity to see 15 patients per session (half day). In Mold and Deeside they currently see 9 patients and 13 patients per session. Combining this work would lead to a more efficient use of capital and staff resources.

The Health Board has been advised of the generous offer from the League of Friends in Mold to purchase new x-ray equipment and this will be considered as part of the consultation responses.

With regard to the location of the minor injuries service this was selected to offer better access to a wider population and bring together out of hours GP services alongside the MIU thereby using our staff more efficiently. We believe there will be additional benefits to patients

in having these services together with GPs available in the early evenings, at weekends and on bank holidays to support the MIU.

3. What is the cost of creating a minor injuries and x-ray department at Deeside Community Hospital?

If the proposals are approved the cost of establishing a Minor Injuries Unit at Deeside Hospital would be funded from the re-alignment of the minor injuries units budgets across North Wales. The MIU staffing cost for Deeside Hospital would be approximately £109K per annum.

There is already a funded X ray department at Deeside Hospital. Additional staff hours would be funded from a transfer from Mold Hospital.

4. Is the current site at Deeside Hospital big enough to accommodate a minor injuries and x-ray department?

Yes. Deeside Hospital has new accommodation which can be utilised as a Minor Injuries Department.

There is already an X ray facility at Deeside Hospital which provides a service 4 days per week (Monday / Tuesday / Wednesday / Friday) and also an ultrasound service 2 days per week (Wednesday / Thursday).

If the proposals for changes to x ray services are approved by the Board the service in Deeside would increase to 5 days per week. Further evening sessions could be provided to meet demand as necessary.

5. How many x-rays and blood tests are carried out annually at both Mold and Flint Community Hospitals?

X ray services:

- *There is no x ray facility or service at Flint Hospital*
- *There are around 4,900 x rays per year taken at Mold Hospital.*
- *In 2011/12 there were 4,925 x rays and the referrals were from the following sources:*

<i>Outpatients</i>	<i>710</i>
<i>Inpatients</i>	<i>48</i>
<i>GP</i>	<i>4167</i>

Phlebotomy services:

- *In Mold there is an average of 125 blood samples taken a day Monday to Friday, and Flint around 48 a day, with a 40 samples per week taken during an additional session.*
- *Phlebotomy services will still be provided in Mold Hospital under our proposals and alternative provision will be made in Flint should our proposals regarding the hospital progress.*

6. Could Mold Community Hospital be expanded with the assistance of voluntary sector funding and could GPs be encouraged to transfer patients to Community Hospitals for blood tests and x-rays.

Whilst the hospital building could be developed there is no identified need to do this under the current proposals, and therefore no requirement to seek funding. Any expansion to a facility would have to be based on a needs assessment and also be affordable in terms of meeting any new recurring costs associated with buildings and service developments.

Local GPs are aware of the services currently available at Mold Hospital and use them very actively. There is a need to raise awareness with the public about service provision across North Wales so we can best ensure that community based services are well used and efficient.

7. Are GPs supportive of the proposed changes?

All the GP Locality Leads are aware of the proposals to provide Enhanced care at home in Flintshire and have shared this with their multi-agency Locality Leadership Teams.

Discussions have started with a number of local health and social care professionals, including GPs who are aware of the concept and whilst many are generally supportive of Enhanced Care in principal, they do have some concerns which will need to be addressed. This is not dissimilar to the experiences in North Denbighshire where a small number of GP practices originally signed up to the service and now all practices support and refer to the service.

The North Wales Local Medical Committee (LMC) were involved in the development of the enhanced care services specification and agreed the final detail, which is now used to contract the service with individual GP practices. The LMC have indicated support for the adoption of Enhanced Care at home.

8. Members sought detailed information on future transport provisions including future costs to residents and the NHS and plans to ensure transport links in rural areas of Flintshire and the south of Flintshire to Deeside and Holywell. Concerns were raised around the £80,000 budget to address transport provision which Members felt needed to be reviewed. Also there is no direct bus service from Flint to Glan Clwyd Hospital. Would this be addressed when considering future transport provisions.

Appropriate, reliable access to public transport is a multi-agency issue. BCUHB will continue to work with Local Authorities and local community transport providers to explore and agree how they can best support transport to NHS sites.

This may be by agreeing with public transport providers to change schedules and routes and also to see how a community transport provider can best provide transport. Community transport providers already provide transport to people accessing NHS services so we need to raise awareness of their current services as well as potentially commissioning them to provide some specific additional transport..

As part of this work, BCUHB has identified a budget of £80,000 for Community Transport services to provide additional support for patients, their families and carers access NHS services.

The need to address issues of transport has come through very strongly in the consultation and the Board will need to consider this in greater detail when it makes its final decisions in December.

9. What measures were currently being taken to address the current shortage of beds at Glan Clwyd Hospital? Members also asked for further information and assurances that the shortage of beds would not increase following the closure of Flint Community Hospital.

Senior managers, clinicians and members of the executive team are working very closely together to improve the unscheduled care provision at Glan Clwyd Hospital.

This is not due to a shortage of beds; the reasons are multi-factoral and are being addressed by a number of actions eg additional A&E consultants and Advanced Nurse Practitioners, identifying and addressing problems in current care pathways, GP support in the A&E department to triage and treat patients with a minor illness and minor injury, improving arrangements to cover nurse staff sickness.

The changes proposed are intended to improve this situation. The roll out of Enhanced Care at home will mean that more patients do not have to be admitted to Glan Clwyd, and where they are they will be supported to be discharged home sooner. We are also developing services which evidence shows will reduce the demand on acute hospitals eg. falls prevention, COPD enhanced service with GPs, pulmonary rehabilitation.

Taking all of the above into account we do not believe that there will be a greater shortage of beds if Flint Hospital were to close.

10. What measures would be taken to address the current shortage of staff within the NHS.

If an area is identified as having a shortage of staff BCUHB uses a number of approaches to ensure staffing levels are at the right level, these include assisting in fast track recruitment (in conjunction with the recruitment team in NHS Wales Shared Services) and seeking to

appoint temporary/fixed term staff whilst permanent recruitment can be secured.

If a recruitment issue/problem is identified within an area of the Health Board we also consider recruitment drives and initiatives that would be deemed appropriate, depending on the professional group, numbers of vacancies etc.

In addition if there is a recruitment problem affecting one particular part of the organisation or a particular service, the Workforce Department within BCUHB supports and advises on the modernisation and redesign of roles.

11. If Flint Community Hospital closed, what are the proposals for the building and piece of land in the future?

The hospital site could be used as the location of the proposed Primary Care Resource Centre. The site is potentially of sufficient size to support the development of the centre and provide adequate parking. However other sites would have to be considered and a final location chosen would require a thorough option appraisal.

If the hospital site is not chosen following an option appraisal it would be recommended for disposal and be sold.

12. Concerns were raised around patients leaving hospital and having to visit their GPs to access after care. How this would be addressed within the proposals. Also what proposals were there to address the current difficulties with making an appointment to see a GP?

Our proposals for Enhanced Care would ensure that if patients leave hospital early and need care from their GP whilst receiving Enhanced Care this will be in their own home. Once discharged from this service after care would be delivered in the same way as for all other patients.

The proposals we are consulting on do not directly consider access to GP appointments across North Wales as this is not subject to a significant change of service provision. However the Health Board is working locally with the Local Medical Committee and the Community Health Council to improve access to GP appointments.

Surgeries operate different appointment systems – some have open access whilst others have appointments which can be booked on the day or in advance. There are always facilities for emergencies to be seen – this is a requirement of the GMS contract. We are currently in the process of reviewing GP access across North Wales, confirming with all practices how they meet their patients' needs and working with them to identify how access can be improved.

13. Members asked for detailed information on transition arrangements if the proposals were to be implemented.

BCUHB will ensure that all patients continue to have access to the services they need. During transition to the new service model (if approved) there may be a need for interim arrangements whilst new services and/or facilities are developed. These transition plans are currently being developed in detail and will need to be amended to reflect the Board's final decisions which should be taken at a meeting in December.

Where services transfer from one site to another eg MIU or X-ray then transition plans will reflect the need to re-deploy staff to ensure access is maintained. Within Flint, if the plans to close the Hospital were to progress then alternative provision for dressings, phlebotomy and minor surgery would be made available in Flint until such time as the primary care resource centre is open. Where beds are proposed to close then Enhanced Care will be implemented along with access to other hospital sites to ensure local provision.

14. Members asked for detailed information on the financial sustainability of the proposals, including whether there would be additional funding pressures on the Council.

A finance briefing paper has been published to provide further detail in relation to the proposals being consulted upon. This is attached for information.

The funding of the developments in community services, such as Enhanced Care at Home is dependent on shifting resources from other services & buildings and is affordable within that context through reduced reliance upon inpatient care.

The Health Board will fund the full additional costs of any enhanced care package for the total period that the patient receives this care. On average this is 14 days but this is flexible (depending on each patient's needs) and could be more or less. There is no additional cost to Social Services.

If a patient is already receiving some form of social home care either funded by themselves or their Local Authority, this continues under the same arrangements, alongside the enhanced care package. This is as currently in place in North Denbighshire and Anglesey, and ensures no disruption to the patient's usual home care arrangements.

Before patients are 'discharged' from Enhanced Care, a full review of their ongoing health and care needs is done and the necessary arrangements are put in place to provide ongoing care. This is very similar to the type of assessment and ongoing arrangements that are done when a patient is discharged from hospital. Many patients are able to return to the 'normal' care of their GP and/or District Nurse

and/or social services, although some people do require additional services.

15. What would the impact of the 14 day support package be to carers?

When a patient is referred to Enhanced Care by their GP the team quickly responds and provides care at home to meet the patient's immediate medical needs so that they do not have to go to hospital, or if they are in hospital they can be discharged home.

A care plan is agreed by the GP and Enhanced Care 'team' for each patient who receives Enhanced Care, including the ability to provide 24/7 input if required, with the needs of any carers also considered.

It is important to note that Enhanced care will not meet the needs of all patients and their carers and admission to hospital will remain where this is the right option in individual circumstances.

A formal evaluation has been done on the Enhanced Care service initially introduced in North Denbighshire. The views of every patient and carer had been sought through a questionnaire survey. There was a good response rate, with high levels of patient and carer satisfaction reported. All responses were considered by the Community Health Council.

16. What are the proposals to deal with patients who need continued care after the 14 day care package ends.

The length of time that a patient receives Enhanced Care varies but is usually up to 14 days. However, when someone requires Enhanced Care for a longer period of time (such as in the provision of terminal care), this can be provided although usually this is no longer than 28 days.

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17. Was there a detailed business plan that could be shared with Members.

A full business plan for implementation will only be developed if the proposals are agreed by the Board after consultation. We have undertaken overall financial modelling which is summarised in the attached paper. With regard to Enhanced Care we have assessed the impact of this upon hospital admissions and length of stay and the impact is summarised in the attached paper on Enhanced Care.

18. What affect is the expected increase in population in the future going to have on the proposals and can Deeside Community Hospital cope with the increased housing projections.

In undertaking the review of community services, consideration has been given to the population changes expected in North Wales, based on the needs assessment for North Wales published by Public Health Wales. This has also been used to support the development of the Health, Social Care & Well-being Strategies led jointly at a county level by each LA and BCUHB.

Population changes were also referred to in the Case for Change Board paper (November 2011 – attached)

In relation to housing developments we work closely with each LA to best understand how this will impact on the NHS service demand in the area, particularly in relation to primary care and community services. The impact upon community hospitals will be reduced through the rollout of Enhanced Care.

19. Will representatives of BCUHB attend another public meeting at Flint to address the concerns of residents?

Further arrangements have been made to capture the public's views, comments and concerns across North Wales.

County based focus group meetings of around 2 hours have been arranged by ORS to discuss the all the consultation proposals. 12 participants for each focus group are being recruited by telephone, to reflect a spread across age, gender and social grade groups and disability. These are taking place from week commencing 15th October.

In addition ORS are arranging a further 2 extra focus groups in Flint, to concentrate on the Flint local proposals. Participants for these are being recruited by researchers on the streets, given the shorter timescale for delivering these. These are being held on 25th October.

20. How many doctors/managers who have left the health profession are still being paid by the NHS as part of their original contractual arrangements

None.

21. Who would monitor GP's providing HECS?

The arrangements for monitoring the Enhanced Care service commissioned from the GPs will form part of the current contact monitoring arrangements we already have in place as part of the GMS Contract. This includes clinical governance monitoring.

The Locality Leadership Teams would be responsible for monitoring the enhanced care service and its provision along with the support of a North Wales governance group.

22. Dementia care – more information required. Concerns expressed regarding untrained staff working with dementia patients – what plans are in place to address this?

BCUHB is committed to ensuring patients with Dementia receive the best possible care whether they are in a community or hospital setting.

To achieve this, one of our priorities is to ensure that all staff have the necessary skills and competencies to deliver quality and safe care. On-going training is also one of the priorities identified in the All Wales Dementia Action plan and needs to be available to all staff not just those working within the Older Peoples Mental Health teams.

Dementia training and awareness is available across BCUHB and the numbers and groups of staff who have already received training is in the currently being collated. This will help to identify which locations or staff groups need to be prioritised for training.

23. Cross border issues for patients from Wales who are registered with a GP in England – please advise how prescription charges can be reimbursed?

- *All patients registered with a Welsh GP, who get their prescriptions from a pharmacist in Wales, are entitled to free prescriptions.*
- *Welsh patients who are registered with an English GP and who get their prescriptions from a pharmacist in Wales are entitled to free prescriptions. They need to **present their prescription with an accompanying entitlement card.***
- *Patients who have their **prescriptions dispensed outside Wales** will be charged at the rates that apply in that country. However, they will not be charged if they qualify for free prescriptions under the English regulations*
- *Since October 2009 Welsh patients who are **treated at hospitals or out of hours services in England** and are charged for prescriptions at the English rate are able to get a refund.*

Applications for entitlement cards and refunds should be directed to the NHS Shared Service (North Wales), Primary Care Services, Preswylfa, Mold.