

MONTGOMERY COMMUNITY HEALTH COUNCIL
Public Meeting re. Health Services in Llanidloes Area

Notes taken at Public Meeting Held on Wednesday 8th June 2011
In Llanidloes Community Centre
From 7pm

Please Note: These notes are a reflection of the meeting and not verbatim minutes

Present: Chrissie Hayes, Director of Planning, Powys teaching Health Board
Bruce Whitear, Head of Strategic Planning, Powys teaching Health Board
Victoria Deakins, Lead Therapist for North Locality, Powys teaching Health Board

The meeting was chaired by Mr John Wilden, member of Llanidloes Patients Forum and Chair of Llanidloes Action Group

Approximately 70 members of the public attended the meeting.

John Wilden welcomed everyone and thanked them for attending the meeting. He explained that the meeting had been instigated by Llanidloes Town Council, and had been arranged by Montgomery Community Health Council. He said that Powys is the largest county in Wales with the fewest people and no district general hospital. People have to travel some distance to get services. He explained that Powys teaching Health Board is responsible for securing access to services over the borders from Powys.

Chrissie Hayes then explained that she would talk about local plans for NHS in Powys and Llanidloes. She said that it had not been possible for someone from Hywel Dda Health Board to attend this meeting, and that she could not represent another Health Board. However, she did have a copy of the presentation which had been given at the public meeting in Machynlleth on 12th May. Ms Hayes was not in a position to answer questions about plans that Hywel Dda HB have, but she would be happy to take any questions to them and then get back to the person who raised the question. Powys tHB does share several borders with Hywel Dda HB and they do work in partnership on several issues.

Ms Hayes then gave a presentation, and the following points were made:

- A map showing the health services in North Powys and showing patient flows. For acute care patients flow out to Shrewsbury, in England and therefore a different health service organisation with different systems; patients also go up to Wrexham, which is Betsi Cadwaladr Health Board; and to Bronglais Hospital, which is Hywel Dda Health Board.
- Powys tHB has responsibility to plan and jointly provide services with those partner organisations, planning with them and paying them to provide services.
- Montgomeryshire has a budget of £73m – 7% is spent on prescribing, 27% on primary care, 18% on local services, and 48% on acute care which is spent outside of Powys.
- The teaching Health Board has to be assured that outcomes are as good as can be expected, and have a monitoring process in place. They want to achieve

- services that are better, safe and affordable. Sometimes, distance and safety must be balanced.
- Must spend public money wisely and get best value out of every NHS pound.
 - Health services are better. Improvements made since October 2009 are:
 - Hospice at Home is just starting, working with Severn Hospice in Shrewsbury and Beacon of Hope in Aberystwyth, linking with GPs and district nurses.
 - Have an integrated GP led local team. Working towards making clinicians the leaders around here. Good relationships locally.
 - Extended the community nursing hours until 9pm, which helps to provide continuity of care.
 - Reablement Team – home-based rehabilitation that will help people coming out of hospital, or a period of care to readjust back into their own homes. Up to six weeks' support, which helps to maintain independence and reduces the need for long term care.
 - Care Transfer Co-ordinators have been introduced. These are nurses in district general hospitals who locate the Powys patients, talk to them, talk to the nurse and co-ordinate a discharge package so that people can come home with the right services at the right time.
 - There is a new Stroke Unit in Newtown Hospital. This is a great development. Drop-in centres for MS and Parkinsons.
 - New Renal Dialysis Unit in Welshpool. The temporary unit can accommodate 6-8 patients three times a week for dialysis; those patients were having to travel to Shrewsbury. Working on the business case for the permanent unit. That business case has to go to Welsh Government very soon. Working with Betsi Cadwaladr because they will provide the service. Work with the All Wales Renal Network.
 - Some successful stories around waiting times. Powys met the waiting times targets, and no-one in Powys waiting more than 36 weeks from referral to treatment.
 - The Mental Health Service transferred to Betsi Cadwaladr HB in December 2009. The staff remained the same but they transferred to the new organisation. This was as a direct result of the Clinical Governance Review. Powys tHB is working with them to introduce crisis resolution home treatment teams, which is the modern way to develop mental health services.
 - They are working with the voluntary sector. Crossroads Carers put together a scheme Powys Urgent Response Service at Home (PURSH) which is designed to help people maintain their independence, eg if a carer for someone with a chronic condition is unwell, wherever possible PURSH would prevent the situation in the home breaking down and would prevent people going into hospital unnecessarily. Shropdoc help to co-ordinate the scheme.
 - Emergency admissions are going down.
 - Staff sickness levels have come down significantly.
 - Delayed Transfers of Care – Between September 2009 and December 2010 the number of patients classed as DTOC had reduced from one of the worst in Wales to one of the best in Wales.
 - Hospital Acquired Infection rates have come down significantly.
 - The Shrewsbury and Telford plan to move obstetrics from Shrewsbury to Telford is safety driven. Powys tHB understands the problems that Llanidloes people have with that. There is a need to make sure that patients can be transferred in the quickest and safest possible way.
 - Finance – must have a strategy that reduces costs. The Health Board is putting their best experts into negotiations with other providers. They talk to them about efficiency, challenge contracts, and conduct detailed activity reviews. Over the last year the Health Board mapped the whole activity of where patients were going for what care.

- Looking at pathways of care and how to reduce activity outside of Powys.
- They have learned that there is a very high number of patients being referred to Shrewsbury and Telford Hospitals Trust (SaTH) for endoscopy. If there was a small theatre in North Powys, those procedures could be done here in Powys. That would reduce transport costs. It would need competent clinicians to supervise.
- They are bidding to put in orthopaedic triage service.
- Paramedic practitioners could sometimes avoid people being taken to hospital.
- Could do more outpatients in Powys.
- Looking at the possibility of a day theatre.
- If only there were more nursing home beds in Llanidloes! The Health Board will be working with Powys County Council to try to address that.
- Got to ensure community hospitals are running at the right efficiency – 85% occupancy, and have the right number of nurses and other staff. Working on the 12/24 bed model. If the Health Board overspends on community hospital care, there would not be so much money left for acute care.
- Need to improve the efficiency of all services – prescribing (eg prescribing for Glucosamine has gone right down), continuing health care (done a lot of work trying to ensure it is delivered appropriately), use tHB staff rather than agency staff.
- They are working more closely with the Local Authority, and looking at shared services such as Information Management and Technology, and communications. The Health Board is aware that they do not talk to communities enough, and do not get enough good news stories out to communities. The Local Authority can help with consultations.
- The Health Board did save £12m out of £122m in 2010/11 – that was beyond their savings target.
- The key issues for Llanidloes are:
 - Integrated community services – aim is for seamless service, devise care pathways.
 - Maternity and children’s services are big issue particularly the extra distance to Telford. Want to augment local services as much as possible. Bronglais Hospital won’t be providing complex obstetrics care. Powys Health Board does have concerns and is considering other alternatives, debate is ongoing.
 - Future joint care facilities (care beds, extra supported housing, residential care, nursing home environment, accommodation available that GPs can admit into beds).
 - Mental Health targets – really want crisis home resolution teams in place.
 - Choices for acute care – need to hear what people’s choices are.

The meeting was then opened for questions and comments from the audience, as follows:

- The Action Team did not say that there was a need for less hospital beds when they suggested the need for more nursing home beds.
- We want equitable services here as the rest of Powys.
- Where is the rationale in putting renal service in Welshpool when that is only 15 miles from Shrewsbury? On day care surgery in that unit, I personally would prefer to go to a DGH than a community hospital for day care surgery. Bruce Whitear responded – the location of the renal unit in Welshpool was determined by the service map across the whole of Wales and the fact that the maximum journey time is one hour. Home dialysis is also possible for some

people. On the day theatre, the Health Board would ensure that the quality of service is the same as in a DGH. There is one in Brecon, where all the surgeons come in from a DGH and Powys provides the support team. It is a much more intimate and personal service in a small hospital. Patients would still have the option to discuss where they would prefer to go. The theatre would be planned for Newtown not Welshpool.

- I am unclear about the plans for joint partnership re. nursing care and home care, in view of hospital care and maintaining hospital beds once you move elderly people out of town. How are your plans going to pan out? Will there be more hospital beds, respite beds, or are you planning a new facility of some sort? Chrissie Hayes responded – We have common interests with the Local Authority. Local Authority has responsibility to look after frail, elderly, or accommodation needs. The Health Board has responsibility to look after nursing needs. We know roughly how many people. It would entail either a new build in Llanidloes or an extension of a current building. We hope to develop a similar plan as the development in Builth Wells. It depends much more on community staff and outreach.

- Will the hospital be affected by this? Is it about running down the hospital beds? We want to keep those services as locally as possible. Where will you build this project? What is the hospital's role in all this? It is an excellent place at the moment.

Ms Hayes responded – The issue of the hospital is very sensitive. We are not here to tell you the hospital will close or that we will purposely reduce beds but we must ensure people are in those beds for the right reasons, that they get the right care and the length of stay is as long as it needs to be but no longer. The use of beds has gone down in other areas because of alternative things like reablement and better working in the community. One week in Builth, there were only four people in the hospital. If we can create a viable alternative with better care at home within the community, maybe we do get better value for money. I repeat, we are not closing the hospital at Llanidloes. We have a lot of day services from there and we recognise the quality of those services.

- I understand your statement regarding Bronglais Hospital. But you are spending money there so you must have a view of services. Could we hear your viewpoint on those services?

Ms Hayes said – Speaking for Powys, we have worked together on pathways. We feel they are doing as much as they can given the critical mass of patients they have. We are perfectly happy with their plans and supportive of their plans for the front of house scheme. They have grown their scheme to one which is a very rounded scheme and allows people good access to a large range of services they may not have had before.

- What about the reduction in beds there?

Ms Hayes said – They will have determined their bed stock based on best information available. It worries me that we are not getting the message across well enough that, by building community services, we do not have such a reliance on hospital beds. There is a difficulty balancing act in terms of finance. Not worried about lack of beds, worried there is still not confidence in the model.

- Dr Leslie, GP from Llanidloes – One of the biggest challenges is that the Social Services budget is under enormous pressure. Already seeing people's discharges delayed because funding has to be approved. I can only see that getting worse. There is a limited number of places in residential care. Your

concept is good and, if it can be made to work, great, but there are 'booby traps' along the way, and that is a massive one.

Ms Hayes – There is a problem around resources in Social Services. One thing we did in the last year is to dig right down to find out what caused those delays. Our Nurse Director and the Director of Social Services have regular meetings. In a large number of cases, additional social care was funded. We need a system that works in a much more responsive way. The Care Transfer Co-ordinator system is working well.

Victoria Deakins, Lead Therapist for Powys tHB – We have not got reablement in Llanidloes yet but we have started the recruitment process. The scheme offers occupational therapy and physiotherapy support at home for six weeks, and encompasses support workers 3-4 times a day. We are concerned about the possible bottle neck at the end of the six weeks. It is a free package. It has been in place in Welshpool for nine years but has not operated seven days a week, four times a day, so did not have impact. Anyone referred for care who has potential to improve, the team would assess them appropriately at home. They can put more care in or take care out. Want it available for the winter. The goal from Social Services point of view is that people will not be on long term care packages. There is a lot of evidence in other parts that it does work.

- At what stage is Powys Health Board involved with reorganisations in bodies you commission care from, such as Shrewsbury & Telford and Hywel Dda?

Ms Hayes responded - We are engaged at a very early stage of any change which impacts on our population. We engage with our neighbours if we are going to make changes. Our English providers engaged fairly early on, but not as early as we think we should have been. But we came to the table in full force when we were invited. GPs were involved in stakeholder groups. We were in time to put in an informed response. In dealing with English providers, they are quite responsive to our needs when we determine what we want. The renal unit is a good example. The renal clinician from Shrewsbury comes over to do clinic locally and he is very keen to maintain the care of patients there.

- It is a feeling that we get the care they decide will be available to us.

Ms Hayes – We do our best to determine the level of care. We encourage consultants to come here to do work. Maybe we need to put more into our literature about how we do influence care that is given, eg orthopaedics – we have paid a lot of money to Shrewsbury to maintain the 26-36 weeks waiting time for joints.

- So it is more a lack of communication, it is a perception.

- You said that the Town Council had requested a meeting with Hywel Dda to ascertain what is going on. When we had meetings with Shrewsbury and Telford we had presentations. I know that people living in Llanidloes are very concerned to know some outcomes for Bronglais and the impression one has is that a number of services are likely to be moved from Bronglais to Carmarthen or Withybush. What changes are proposed for Bronglais

Ms Hayes – That is about care given by a different organisation. You are quite right that Hywel Dda are the right people to talk to you. There needs to be a bit of background – The local Community Health Council who were helping to arrange this evening have lost their Lead Officer. That Lead Officer was instrumental in trying to bring together this evening. It did not come together as it should have done, you should have had Ian Bellingham here, and you should have had a rounded presentation this evening. I can apologise to you. It needs to happen, and we need to make another event happen.

- You said Powys works in partnership with Hywel Dda so I would have thought you would have a very firm grip about changes there. You must know what is

going on there.

Ms Hayes – We cannot present the work of another Health Board to this community. I can tell you that they are planning to have an emergency unit, clinical decisions unit, refurbish main theatres, new maternity department, outpatients department, new integrated pathology service on site, two storey car park, new build day surgery unit including two day theatres, an off-site car park with transport, short stay surgical/gynae ward facilities, X-ray room in A&E. This is a longer list than when they started conversations in 2010.

The model of care they are developing is almost identical to that we are developing, strengthening of local community services, support at home, and services for people with complex needs. There is a synergy of models.

- Are we happy with only 35 surgical beds, one in two elective operations cancelled, surgical beds being cut by 50%, last year the situation regarding cancellation of operations was 138. The question is are you as a Health Board happy with that situation?

Ms Hayes responded – are they Powys patients? They may not all be Powys patients. We look very closely at performance of all our providers.

- I appreciate your difficulty. You are commissioning services for us. There was a general feeling that Powys did not step up to the mark as far as Shrewsbury is concerned. The evening we had here with Shrewsbury was very unpleasant. Llanidloes is unique. As commissioners of services for us, if services are going to be removed, eg moving services to Carmarthen, you should be going to the Welsh Assembly Government. Are you doing that on our behalf?

Ms Hayes said we do our very best in making representations in every direction including WAG to get the best deals possible. We do agree that obstetrics is one we need to sort out together. But when clinical arguments lead the way it is impossible to resist some of the points that were put forward.

- A lot of clinicians were against it. We felt let down. We want to feel reassured that you will do your best for us. We need to be reassured of that.
Ms Hayes said I can assure you we are doing our best. In the last year we have changed the management of services into a more locality approach. North Powys has its own locality team. Services are much more determined at a local level. David Evans spends a great deal of time in Wrexham and Bronglais, getting the best for the people in the local area. We will try to do better.

- We have just had a new Welsh Government elected in recent weeks and we have a new Minister. Are you going to invite her to come to Powys to visit all our community hospitals to get a real hands-on concept of how difficult it is to deliver and maintain services here?

Ms Hayes – Within a few days of her being appointed she had written to our Chairman and Chief Executive seeking an invitation to Powys. Our Chairman is very keen to do that to demonstrate to her that on the ground the green heart of Wales is a very big place and needs a great deal of care poured into it. We have a new Director General of the NHS in Wales too. We take every opportunity to influence that agenda.

- Please make sure that the Minister knows that Montgomeryshire is this side of Brecon.
- I cannot help wondering – a lot of time, effort and money goes into constructing graphs and literature – if the same amount of time went into front line services you would not need to convince us because seeing would be believing.
Ms Hayes – I would love to spend less time giving presentations and more time

giving care. Sometimes it is a case of damned if you do and damned if you don't.

- Thank you for coming. It is not easy to come to Llanidloes, it is not an easy job for anyone. I want to pay tribute to our wonderful local hospital and all of the staff – it has a lovely friendly team. But we are now down to 18 beds. We are using less here, but we have had our trade-off, we feel that number is sustainable. We accept there has got to be change. We have changed. We are very happy, and very proud of our little hospital in Llanidloes.
- I endorse what has just been said. My husband had excellent care, it was a lovely atmosphere, and I cannot speak too highly of the care and atmosphere there.
Ms Hayes – I am sure you have already done that but we will convey that message to the staff in the hospital.
- Victoria Deakins said I am based in Newtown and work with all the therapists in the area. I know Llanidloes well and have worked with the team here.
- You said the new Welsh Government ministers are keen to see Montgomeryshire. Will Llanidloes be told when they are coming?
Ms Hayes – We would endeavour to organise as much as possible to make sure local residents are aware. The local politicians are likely to do that too. But the Minister will determine what the Minister will do – we will make every effort to ensure people are aware.

John Wilden made some final comments before closing the meeting:

I am pleased that some of the things we have been asking for are being done. You have recognised duplication of services and we can have some financial savings. Because of our rurality there is much more localised work. You had not appreciated how much vital work was done in local hospitals, but that has been recognised at last. There has been a return of some services, we want that to continue. It is much easier to bring one consultant here rather than take 30 patients there. You must consider, because of so many services being moved further away, we are very vulnerable because of the ambulance service. Use of paramedics is fantastic and we would like to see them used far more. They do a tremendous job. Endoscopy used to be done in Llanidloes.

Thank you all for coming. We give you a hard time but we do appreciate you coming.

The meeting ended at approximately 9pm.