

South Wales Programme Voluntary Sector Consultation Workshop Report

3rd July 2013

The voluntary sector consultation event was held in response to options put forward under the South Wales Programme. A consultation about the future of consultant-led maternity and neonatal care, inpatient children's services and emergency medicine (A&E) for people in South Wales and South Powys.

Attendees

13 representatives attended from the following organisations:
Barry RAF Association, British Heart Foundation, Cardiff and Vale Action for Mental Health, Diverse Cymru, Transgender Wales, Vale 50+ Forum, Wales Assembly of Women.

Staff and clinicians from Cardiff and Vale University Health Board.
Staff from Vale Centre for Voluntary Services and Cardiff Third Sector Council.

Format

There were presentations by UHB staff on the South Wales Programme and on equalities. These were followed by three workshops focussing on the Options presented, equalities and the voluntary sector impact and contribution.

Summary of responses

Options workshop

Do you think the services outlined should be provided at four or five hospitals?

There was general agreement that the services outlined should be provided at five hospitals and that it is important that the Valleys and South Powys have access at Prince Charles Hospital.

However, as some clinicians favoured four sites during the engagement stage, there is concern about whether five sites, and Option 3, will be sustainable.

Whichever option is decided upon, there needs to be good communication and preventative work, which will help avoid inappropriate admissions. An example given was the alcohol treatment centre in Cardiff city centre, which has prevented some people from going to A & E.

You've heard the rationale for the four options being consulted on including Option 3 (which strikes the best balance taking into account travel, how many extra doctors will be needed, the impact on the Welsh Ambulance Service, the likely cost of such changes and what people said during the engagement stage). What do you think about Option 3?

There was support for Option 3 in that it appears to make the most sense, provides better access, is a good fit for the Vale, it should address availability of specialists out of 'normal' working times and will attract doctors in training. However, the point was made that some Western Vale residents use the Royal Glamorgan Hospital and may be affected by the proposals.

It was felt that under Option 1 the Vale would lose out and Option 2, whilst better value, would affect people in the Valleys and South Powys.

Which other Option/s might be preferable and why?

No other Options identified as preferable.

Other comments:

- Take into account women doctors, part time work, work life balance, emergency medicine and ageing population.
- Also consider the trauma service as UHW will become a major trauma centre with Morriston.
- UHW has reconfigured the EU department to improve patient flow, but the outcome of the SW Programme will have an effect on the UHW's capacity to retain existing services. What will need to move out?
- The changes should mean one transfer and not 2. Pathways will need to consider this.
- Ambulance service pressures increased – need to improve waiting times.
- There's a need to invest in community services, this is important but some voluntary organisations have had funding cuts from UHB, and from local authorities. Investment in third sector preventative services saves in the long term.
- Accommodation and travel expenses – links to right care right place – should be shorter period of time in stay.
- By and large access is via 999 so less issues with people needing to understand where to go when.
- Need to educate people about appropriate access and culture of access anywhere.
- Need to promote via website and weekly updates.

Equalities Workshop:

Which different groups of people do you think we should consider in terms of impact?

A range of groups were identified in response to this question: pregnant women, families, single parents, women, parents on benefits, elderly, travellers, frequent attendees to paediatrics.

Is there potential for, or evidence that the proposed changes will affect different groups differently?

There were no specific answers to this question, however, see further comments in this section.

Is there evidence of negative impact on any groups of people?

There were numerous comments about problems for families, carers, relatives (and patients) with transport and accommodation in cases where the patient is in a hospital some way from where they live. This will particularly impact on people who are on low incomes/benefits and who are already being affected by welfare reforms.

The logistical and financial impact on some people will be high.

Deprivation can have an impact on birth rate and some patients might be in a long time, eg neonatal/paediatric.

If there is evidence of negative impact, what action can we take to mitigate this?

Many comments related to transport and the need for adequate patient transport services and community transport services, eg EVCT and Greenlinks and volunteer driver services. However, some have had their funding cut.

There may be problems with established community transport services operating across borders. If they are contracted to provide services in a particular area, they may be restricted in terms of offering this in other areas. If their access criteria is related to residency, operating across borders may not be an issue, but there will be an additional expense.

There were many comments about the need for information about health services and appropriate access and finding various ways of disseminating this to diverse groups. GPs have a vital role at local level, school staff who act in loco parentis will need to know about the changes. Communities First and the third sector can help disseminate messages. Communication is key. There will need to be joint work on this between all sectors.

It is not just about promoting appropriate access, but also about providing information to patients, carers, families, relatives about services which can help them during the hospital stay and afterwards. There is an important role here for information centres in hospitals (eg, such as the Macmillan Information Centre at UHW). Information also needs to be provided on wards, in A & E etc.

The proposed models of care are intended to get people back to local provision as soon as possible. In this case, staff need to ask how people, who may well have accompanied a patient to hospital in an ambulance, will get home. There needs to be some arrangement between Health Boards and transport to allow people (carers and patients) in extreme cases to get home. They may have no money, no food and there may be no public transport available.

How can the voluntary sector help?

- Voluntary sector can help with transport services. There are few at present.
- Find out which voluntary organisations currently provide support, eg financial help to cover costs of transport, accommodation etc. This is a potential gap that can be addressed via joint work.
- Make the most use of information centres on Health Board premises, eg have information about voluntary organisations, encourage voluntary organisations to have a presence, include information on services in other areas.
- Health and Social Care Facilitators in the County Voluntary Centres have a role in supporting this.
- Produce information packs – Q. Can you get home and emergency numbers for services which can support this?
- Need to get message out in different ways to different communities and in areas of deprivation e.g. via Communities First & Third Sector.

Voluntary sector impact and contribution:

What issues do you think your organisation might face if these specialist services are concentrated at four or five hospitals?

- Volunteers might not be available at short notice to respond to crisis.
- Voluntary sector hospital discharge schemes are very effective locally with good links with health and social care staff. There may be a need for them to link across borders and liaise with health staff in areas outside their normal service delivery.

Are there ways in which your organisation would like to work with health services to help address any issues raised?

- Need to link with volunteer services in Health Boards, eg meeters and greeters.

How can we work together to alleviate pressure on services (eg preventative work)?

- Not sure how the voluntary sector can respond, eg deliver services outside 'normal' times, take people home etc.
- With the right resources the voluntary sector could provide services.

Positive comments:

- Higher quality care.
- Ambulance service fully supportive.
- Costings include expansion of ambulance services.
- Reconfiguration of EU dept will improve flow.
- Maps good in presentation. Population numbers important.

Questions asked:

What about the integration of GP surgeries and services into the SW Programme?

The Programme is about very specialist hospital services. However we recognise that primary and community services play a vital role in the whole pathway and there is a lot of work to develop these services.

In Option 3 would ambulances operate on normal protocols?

They will take to the nearest hospital which provides appropriate services.

Is the Children's Hospital at Llandough part of the consultation?

Acutely unwell children in Cardiff and Vale are already treated on one site, University Hospital of Wales. It is largely outpatient children's services on the Llandough site. However, the outcome of the consultation may well result in us needing to review service provision on all sites.

Is it the intention to speed up the wait in A & E?

We are always working to tackle waiting times. The models must demonstrate that waiting times won't get worse.

What about availability of beds?

There is lots of work going on about this. There is lots of information on the website about patient flow and bed numbers. We are looking at whether we are as efficient as we can be and are we sure that we have people in the right place at the right time. This involves community based care, discharge processes, front door assessment teams, Community Resource Teams and patient flow. An unnecessary prolonged length of stay can affect

independence. Reluctant to put more beds in as they will be used more and may not represent the best model of care for patients.

There will be an increased cost for families, carers, single parents, women and will be especially difficult for people on benefits in terms of transport and possibly sorting out accommodation?

People will receive as much care as possible back in their local community. Regarding transport there is some work happening with Swansea University and the issue of transport has been identified as a key issue that we need to address. When the consultation has identified the preferred option there will be some more work with transport, the Welsh Government, third sector, local authorities and transport providers. The need for a coherent approach has been identified with the Local Service Boards

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