Hywel Dda University Health Board

Briefing for Pembrokeshire County Council Meeting – March 2016

Introduction

This report updates and further informs progress in stabilising and strengthening some key elements of health services in Pembrokeshire. The principles outlined in the paper are based on the need to maintain a viable rural district general hospital service at Withybush General Hospital.

To reiterate the challenges facing Health & Social Care Services in Pembrokeshire:

- the challenging financial climate we will face coupled with increasing demand for services, which is predicted to double by 2033,
- an increase in the support required by customers with increasingly complex needs to enable them to remain at home;
- a predicted growth in the County’s resident population, (estimated to increase to 124,587 residents by 2021) with people aged 65+ predicted to increase from 21.1% to 26.6% of the population, and a predicted rise in the number of individuals who participate in health damaging behaviours.
- Pembrokeshire has a higher proportion of residents over 65 years than other areas of Wales.
- There are higher vacancy rates amongst hospital doctors in some specialties compared with other areas of Wales, in particular, Paediatrics, Emergency Medicine, Psychiatry, Medical Specialties and Radiology.
- The hospital remains heavily dependent on locum medical staffing.
- There are higher vacancy rates in General Practice and in GP training posts than elsewhere in Wales.
- There are challenges in staffing the GP Out of Hours services with a review underway and the prospect of moving to an All Wales 111 service in Carmarthenshire, later in 2016.
- There are high levels of nursing vacancies in hospital compared with other sites in HDUHB.
- Like other areas in the UHB there are pockets of innovation aimed at strengthening community services but these are not fully integrated or embedded with other primary and secondary care services.

Acute Inpatient Care

The catchment area changes were implemented in August 2015 in order to maintain a 24/7 acute medical service following the loss of Core Medical Trainees (CMTs) earlier in the year. The changes were due to be reversed in December 2015, however due to continued shortages of appointable medical staff and nursing shortages, it has not yet been possible to re-open all of the beds and reverse the boundary changes. Six beds have been re-opened and others will be opened in a
phased manner when staffing permits. Over the winter pressures period, closed beds in the medical wards have been surged beyond established capacity to maintain core services and cope with demand. The boundary changes are kept under continual review and it is the intention of the Health Board to revert to normal borders when appropriate, safe and possible. It is not possible at this point, to identify a specific date as in spite of intensive recruitment efforts, shortages persist. Data provided nationally by the BBC confirms significant shortages of medical and nursing staffing across the NHS in the UK. Hywel Dda University Health Board is continuing international recruitment efforts to obtain staff worldwide. Staffing shortages, particularly at middle grade level continue significantly to impact on medicine and A&E at Withybush General Hospital (WGH).

Additionally, senior staff continue to review daily the status and opportunities to re-open or repatriate beds and patients back to Pembrokeshire. There is a daily dialogue across all hospital sites to review the impact.

**Additional Commissioned Beds**

Additional beds continue to be commissioned in the communities for patients who are medically stable and fit for rehabilitation and supportive care in preparation for their discharge from both Withybush and Glanwgili Hospitals. Ridgeway Nursing Home, Llawhaden have provided up to 5 additional beds to cover Narberth GP Practices. Park House Court Nursing Home in Tenby provides 10 NHS beds with potential to commission further additional beds as required for Tenby and Saundersfoot GP Practices. GP’s are able to admit directly to these commissioned beds as an alternative to hospital admission.

Through the winter, the lack of capacity of the system to manage demand resulted in further escalation of services at WGH. As a result, additional surge capacity within medicine have resulted in pressures on the wards, despite a number of mitigating actions which were agreed in our joint winter plans.

There remains pressure in our Accident & Emergency services and Welsh Ambulance Service Trust to ensure that all our patients are safely managed when they are acutely unwell. This is further exacerbated when there is limited capacity within the hospital for acute medically unwell patients.

**Recruitment and Future Model for Withybush General Hospital**

At this time, 8 Core Medical Trainee replacement doctors have been trained and have undertaken duties over previous months. As noted above, It was anticipated that medical recruitment would be complete by the end of January 2016 with the temporary 16 bed reduction reinstated. However, this not been achieved due to continuing recruitment difficulties, when staff are recruited, beds will open in a normal planned way.

The future plan for the Consultant model at WGH is to move from a 1 in 8 rota to a 1 in 12. This will also support the ongoing management of oncology as well as General Medicine patients at WGH. Two new consultant medical posts will be recruited to WGH in 2016 with a further two in 2017.
**Development of Cancer Day Unit at WGH**

Plans to upgrade facilities for cancer patients are progressing well with wider improvements planned for Withybush Hospital.

Charitable fundraisers in Pembrokeshire have been praised for their unstinting dedication as plans for a new purpose built £950,000 chemotherapy day unit at Withybush Hospital were approved by Hywel Dda University Health Board.

The much needed facility to provide a better environment for patients undergoing chemotherapy is aimed to be open by the end of the year, offering new facilities not currently available in the hospital.

The fundraisers from Adam’s Bucketful of Hope, Withybush Hospital CDU Appeal and the Health Board’s Pembrokeshire Cancer Services Fund have together raised more than £670,000 towards the custom designed unit to be situated on Ward 5 of the hospital. The University Health Board has also pledged an extra £286,000 to the CDU scheme.

In addition, more than £312,000 has been raised for Phase 2 of the project to rebuild Ward 10 by the Health Board’s Pembrokeshire Cancer Services Fund and Elly’s Ward 10 Flag appeal.

The new plans provide an appropriate environment to deliver care at different stages of the disease and protect prime medical space next to Ward 10 for medical services. This will allow for the expansion of medical beds in the hospital, improve the medical day unit, discharge lounge and surgical facilities and provide wide reaching benefits for patients of Pembrokeshire and attracting clinical staff to the hospital.

To progress the development at the earliest opportunity, Hywel Dda University Health Board is providing a new Chemotherapy Day Unit in the current Ward 5 and former Special Care Baby Unit. This will allow for development of a purpose built environment tailored for patients at different stages of their treatment.

The newly proposed scheme will provide enough space to improve facilities for cancer patients undergoing chemotherapy whilst at the same time protecting prime medical space in Ward 9 for medical services, thus allowing an increase in medical bed capacity to support the population and service 12 consultant physicians by 2017.

The scheme, when combined with the refurbishment of Ward 10 during a later phase, will improve the overall space for oncology services and improve the experience overall for our patients.

A Project Group has been established, planning is underway and a business justification case will be developed. An estimated £1.5 million will be required. We are presently recruiting a consultant in Palliative Medicine to support inpatient care and an additional specialist post to support community.
Update on Changes in Community Services

As previously discussed, the drive to further develop integrated Primary, Community and Social services is being progressed in line with the Social Service Wellbeing Wales Act 2014, Welsh Government Strategy ‘Setting the Direction’, The Primary Care Plan for Wales (2014), ‘Together for Health’ alongside the Framework for Action – Sustainable Social Services for Wales’ (2015). Significant training and joint working is being progressed in relation to the Social Service Wellbeing Wales Act 2014, through the Mid & West Wales Collaborative with representatives from health and social care as key partners in the collaboration.

The Overarching Principles which underpin the development of Community Services within Pembrokeshire are:

- Future models are built around the patients needs not around existing service boundaries.
- Future models should aim to provide care within the home or as close to home as possible where it is both safe and practicable to do so.
- Traditional clinical roles should be challenged and innovation encouraged.
- Future models must be sustainable both in terms of recruitment and costs.

The Health Board has 7 strategic delivery localities, with focussed services being targeted to population needs. In partnership, agencies within Pembrokeshire have developed a Single Integrated Plan – SIP, to support the delivery of key Health and Social Care priorities to our resident population. The County Team has also developed specific and measurable targets as part of ‘Foundations for Change’ and these priorities have been aligned to the Single Integrated Plan.

Care Closer to Home Integrated Plan 2015 -2018

The ability to enact service re-design within primary and community services in Pembrokeshire is dependent of whole sale service transformation. Without service transformation there is limited ability to release cash savings / cost avoidance as a part of a whole-sale strategic realignment of service priorities. The review and potential redesign of community hospital services in Pembrokeshire will provide an opportunity to evidence and support a service model that will provide and accord with the delivery of Care Closer to Home.

Developing Ophthalmology Services for Wet Acute Macular Degeneration (AMD)

A good example of Care Closer to Home can be evidenced in the development of a pathfinder to support community provision for wet AMD within the county. In order to take forward the pathfinder for treating wet AMD, injection sites have been identified. This has been possible by utilising a modern rural GP practice in Crymych with sufficient capacity and a suitable injection room together with initial plans for two new sites in Tenby and South Pembrokeshire Hospital Health & Social Care Resource Centre.
This has also been made possible by the Health Board match funding the Capital allocated by Welsh Government to develop and upgrade the facilities. The necessary upgrade at both Hospitals will be complete by spring 2016.

In terms of the GP practice the Bro Preseli Community Care Resource Centre in North Pembrokeshire plans for the new wet AMD service will be in place by March with the first primary care one stop service beginning in April 2016. In readiness for this new service all the necessary staffing, environmental and organisational arrangements have been identified and included within an agreed implementation plan.

To further complement this work review clinics for the 200 local wet AMD patients have been taking place in Withybush Hospital since July 2015. This will help identify the first cohort of patients to benefit from this new service which will be considerably closer to their own home and reduce their travelling burden considerably. There are also a further 75 patients living in the border Teifi Valley area who will be able to access this service from April 2016.

This development together with the planned wet AMD service at South Pembrokeshire Hospital due to start in June 2016 will greatly reduce the burden of travel for Pembrokeshire patients to the Amman Valley Hospital.

In terms of community Optometrist reviewing stable wet AMD cases this has been taken forward positively on a shared care basis. Already five Optometrists have been enrolled to take part in this pilot on a sessional rate basis across a wide area including those working in Haverfordwest, Cardigan, Fishguard, Llanelli and Carmarthen.

With the support of a local Consultant Ophthalmologist two sessions have already taken place involving a small number of patients (10 patients seen, 7 being stable, 2 requiring injection and 1 referred back to the Consultant with identified complications). However the feedback from patients has been positive and further sessions are being planned as this service model begins to gain momentum.

South Pembrokeshire Hospital Health & Social Care Resource Centre

Hywel Dda University Health Board and Pembrokeshire County Council are reviewing care and support provided from South Pembrokeshire Hospital Health and Social Care Resource Centre to consider if any improvements or changes are required to meet patient and customer need. The review will consider services and activity that is jointly funded and talk to staff, patients, partners and stakeholders about their needs and ideas about future service provision.

It will include a comprehensive review of:

- day care and rehabilitation/reablement for adults, including therapy input
- inpatient services which include 35 health and 5 social beds
- support services including administration, estates, hotel services, transport
- accommodation space for health and social care staff and provision within the area for visiting services
South Pembrokeshire Hospital Health & Social Care Resource Centre is a much loved and valued service within the local community. It’s really important that we take a careful look at the service model in the facility to ensure it is best meeting need and is having a positive impact for patients, including their outcomes and their experience of care. We also can’t ignore the external environment we are working within in health and social care and the future demographics of our population. This makes it really important to ensure our services are sustainable and make the best use of our resources for maximum patient benefit.

The review will consider what current service models are like and how they are performing, consider if there is potential for change and look at alternative models of care, and agree how the University Health Board and Local Authority can continue to work together on areas of mutual benefit. The review will include discussion with staff, service users and wider patient representatives through the Community Health Council. The review will also consider impact of changes in relation to policy, fair charging and the impact of the forthcoming Social Services and Well Being Wales Act. At this stage we are not consulting on any service change, but rather taking a close and prudent look at our services to ensure they are working in the best interests of our patients and population and to consider any potential changes and improvements that could be made. We want to do this with our patients, staff and partners using the principles of co-production and options to ensure that models are inclusive and the right solutions for this particular locality and Pembrokeshire.

A project group has been established, with representation from doctors, therapists, medicines management, health and social care management, finance, human resources, estates, third sector providers, wider staff representation and invited representation from Hywel Dda Community Health Council.

The Local Authority are working closely with the Health Board. We want to ensure services continue to improve, are value for money and meet need. Both agencies need to make the best use of resources. We are looking forward to hearing from all stakeholders about this important facility.

The Health Board and Local Authority have arranged a series of stakeholder meetings and regular meetings with staff and will produce regular briefings for all parties.

**Progress Update: Integrated Medium Term Plan (IMTP) Funding**

As part of the Health Board’s Integrated Medium Term Plan (IMTP) 2015 -18 Our Health: Our Future, the Health Board’s strategic vision is to strengthen community services. As such Pembrokeshire Community services have recruited to additional community nursing posts. The overall effect of these posts will be to ensure that as we develop new models of care these models will be supported by a skilled community nursing workforce.

**IMTP funding** has enabled the recruitment of:

- Community Heart Failure Nurse
- Advanced Nurse Practitioner Frailty
- Chronic Condition Nurse Practitioner
- Multi Assessment Support Nurse – (MAST) to support 7 day working at hospital front door
- Additional nursing posts (4) to support the Acute Response team, and core district nursing service in managing the increasing acuity of patients’ conditions in the community.

Consultant led frailty clinics have commenced in Tenby Cottage Hospital. It is envisaged that these clinics will be rolled out further across the county.

**Intermediate Care Funding (ICF)**

The allocation from Welsh Government to Health Boards and Local Authorities in 2015-16 with a focus to improve outcomes for older people and to reduce pressures on the unscheduled care system by supporting people to remain at home, avoiding unnecessary hospital admissions and also promoting discharges.

The funding allocation has supported the following services:

- Reablement services and 72 hour Rapid response reablement.
- Community Innovations Grant scheme.
- Care and Repair Rapid Response Service.
- Pembrokeshire Intermediate Voluntary Organisations Team (PIVOT).
- Chronic Conditions - Health Care Supports.
- MAST/ Community Rapid Response (Therapies Admission Avoidance 7 day working )
- Commissioning of Convalescence/ Intermediate Care beds.

**Primary Care**

**GMS Services**

15 Practices continue to provide GMS Services across the County. There remain challenges across the county with practices experiencing difficulties in recruitment and sustainability.

There is public awareness of significant workforce challenges facing Tenby Doctors Surgery over the last 18 months and the continued support to the practice.

In recent years, Tenby GP Surgery saw their GP numbers seriously depleted due to retention and recruitment issues. The present position following the retirement and return of a partner is that there is now 1 partner and a part time salaried GP. This is supported by locum cover wherever possible. The practice has made great efforts to recruit and also to enhance the skill mix with additional nurse practitioners. The practice provides General Medical Service to a Practice population of approximately 8,400.

The consequent reduction in access to services resulted in some patients queuing outside the surgery and public perception that access and appointments were problematic. Doctor triage was introduced and the Health Board continue to work with the Practice to ensure that services are delivered to agreed standards.
Progress is being made to integrate the GMS contract at Goodwick Surgery with the GMS practice at St David’s. Work is being undertaken currently between the practices to support a smooth transition to the new contract position in April 2016 with a particular focus on patient communication.

The two GP practices in Narberth have expressed their intention to collaborate in a merger going forward. This will support the future integration and sustainability of GMS services in the Narberth, Clarbeston Road and surrounding areas.

The sustainability of GP Practices is an area of concern nationally and is reflected within the local context which is compounded by the mixed urban and rural nature of the county.

Integrated primary care and community health and social care services support acute hospital services by providing as much care locally, preventing unnecessary admission and facilitating early safe discharge.

**Easter & Summer Provision in South East Pembrokeshire**

The Health Board has commissioned a First Aid service provided by the British Red Cross from the Tenby Cottage Resource Centre since 2013. The Service Level Agreement to provide a First Aid service over the Easter and Summer period in Tenby provided an option to extend the initial agreement for up to three years 2013-15. The Health Board would have to tender and invite Expressions of Interest for the delivery of this service in 2016. However, as we develop the integrated community models, one option currently being explored is the piloting of an in-house Easter solution for 2016, using Nurse Practitioners already in the employ of the Health Board and supported by the provision of a Health Care Support Worker. Whilst the intention is not to replicate the previous Minor Injuries provision this will contribute to the local health system by providing a local alternative for residents and holiday makers alike. This will be monitored and evaluated further and will inform our future thinking about developments of services in community settings.

**Primary Care Cluster Funding**

During 2015/16 investment in primary care and community services has been provided through a number of sources, one of these being the Primary Care Cluster funding. Pembrokeshire has benefited from investment from Welsh Government to support the development of the GP Clusters. This investment has been targeted at the specific plans and initiatives identified in the Cluster Meetings but aimed at addressing the Ministerial priorities identified within the Primary Care Plan for Wales.

This new investment provides a framework to ensure that primary care and community services align to deliver improved access to services and provide greater synergy across and between services. Additional fund also enabled greater flexibility in the delivery of local initiatives to meet assessed local need and improve access to a range of services.

The following are the priorities agreed for the Cluster Funding and progressed to date in implementing elements of service redesign.
South Cluster Funding 2015/16

- Community Phlebotomy Service
- Additional flu clinics in practices to raise immunisation rates as well as providing training and development for practice staff and clinicians.
- Paul Sartori Foundation to undertake work on Advance Care Plans.
- Cluster Pharmacist to support GP practices within nursing and residential homes.
- Slippage against the 2015/16 allocation will now be reinvested in a pilot of a community based obesity programme for Children and a falls prevention programme in Nursing Homes.

North Pembrokeshire Cluster Funding 2015/16

- Employment of Community Phlebotomists
- Paul Sartori Advanced Care Planning for End of Life Care Nurses
- Pembrokeshire Counselling Services
- COPD +
- Pocket Medic
- Garth Youth & Community Project

Children's Services Update

The full report from the Royal College of Paediatrics and Child Health into women and children’s services has been received and was considered by the Board at its meeting held in Public on 26th November 2015.

The report is available on our website at:

The report builds on the interim report released in September. The report states that the review group “found no evidence that clinical outcomes had worsened since the changes and there is better compliance with professional standards” and there is “no clinical sense in reversing the major decisions of reconfiguration made one year ago”.

It calls out 54 specific recommendations, which the review team considers necessary for improved future delivery of services for the local population, as well as high principle recommendations in relation to patient safety, clinical accommodation, community needs/access to services, recognition of staff commitment, organisational leadership and communication.

An action plan has been developed to address the recommendations and was presented to the Health Board at its meeting in January 2016.
Whilst the Board accepted the recommendations they wanted some of them to have further clinical discussion and asked for clinical groups to be established to consider the recommendation relating to the combining of the clinical rotas in paediatrics and obstetrics and gynaecology services between Withybush and Glangwili Hospitals in particular. These clinical groups are in the process of being established and the UHB gave an undertaking to connect with stakeholders and the public on these issues.

The UHB also approved the extension of the service level agreement for the Dedicated Ambulance Vehicle for a further 12 months as recommended in the report.

The project to develop the Phase 2 facilities at Glangwili Hospital is progressing and the business case is being complied. Phase 2 facilities will improve facilities in the labour ward, including new delivery rooms and theatres and improve facilities on the neonatal unit including accommodation for parents on the unit. Some accommodation is provided for parents on the neonatal unit currently and the Health Board also has accommodation within the hospital to support parents whose baby is on the neonatal unit. The Phase 2 development will significantly improve this provision.

The action plan will be monitored by the Quality Safety and Patient Experience Committee of the Board with update reports being provided to the Board at its meetings in public every 4 months.

**Deputy Health Minister Visit to WGH**

The Deputy Health Minister, Vauhan Gething AM, was welcomed to Withybush Hospital on 1st February 2016 to meet Hywel Dda University Health Board staff and patients.

Mr Gething visited a new community based eye care service which has reduced the journey time for hundreds of patients travelling some of the greatest distances in the UK to access eye care.

The Deputy Minister also visited the Midwife Led Unit in the hospital, one year on from its official opening. The units have been established following changes to how some women and children services are delivered in west Wales.

The changes to maternity care in the Hywel Dda University Health Board area involved the creation of midwife led units at Withybush Hospital, Glangwili Hospital and Bronglais Hospital.

Consultant led maternity care is provided at Bronglais and Glangwili. For the first time Glangwili is providing dedicated high dependency paediatric beds and is working towards reaching level two status for its neonatal services.

The Welsh Government’s strategy for maternity services recommends that midwife led units are available across Wales should women choose to give birth there.
Since the midwife-led units were set up, only 30% of first-time mothers booked to give birth at Withybush Hospital have been subsequently transferred to the consultant led unit at Glangwili Hospital - below the national average of 36%.

**Glangwili General Hospital car parking actions**

As a result of a formal car parking audit which was carried out in January 2015, a Park and Ride service has been introduced. This service is not only for the use of patients and visitors, it is also being promoted as an alternative for Health Board staff to utilise, and is free for staff permit holders, as is parking on the Glangwili Hospital site. We hope that a greater up take of this service by staff and our more able and mobile patients and visitors will release much needed parking capacity on the site.

Discussions with Carmarthenshire County Council and Gwili Railway Management Committee are also underway, regarding the potential use of land near the Glangwili Hospital site which could provide additional car parking space for our staff, which will release spaces at Glangwili for patient and visitor use.

Car parking across HDUHB is managed by Facilities Operational Services. Glangwili has a total of 1234 parking spaces with 320 spaces available for patients/visitors and 884 spaces available for staff. There are 29 disabled spaces strategically placed around the site and drop off points for ambulances at Out-Patients and Priory Day Hospital. Several of the smaller clinics have dedicated patient parking. Future plans include developing 34 parking spaces at the rear of the Laundry Department and a further 59 spaces opposite the Accident and Emergency Department. Car parking at Glangwili is managed by CP Plus. All staff are required to have parking permits to park on site.

In February 2015 HDUHB and Carmarthenshire County Council commenced a jointly funded Park and Ride Service between Nantyci and Glangwili Hospital operating from 7:00am until 7:00pm Monday to Saturday. Staff, patients and visitors to Glangwili are able to use this service free of charge from the main park & ride car park. Nantyci car park has capacity to hold 400 vehicles with several spaces for disabled drivers. The bus is a drop kerb bus enabling easier access.

An opportunity has arisen on the Glangwili site to install a cycle compound capable of holding 20 plus cycles in a safe secure area with no adverse impact to the site whilst providing benefits to patients, visitors and staff. Installation of a cycle compound provides the potential to release parking spaces for use by patients, visitors and staff. Glangwili currently has 8 fully enclosed individual cycle sheds, (next to A+E) available to staff on an annual basis, one semi enclosed cycle rack capable of holding 5 cycles next to the patient/visitor parking and an open rack near to the mortuary for 4 cycles for staff and visitor use. HDUHB offers a discounted cycle Salary Sacrifice Scheme enabling staff to purchase cycles and cycling equipment with savings of up to 35% from their retail value payable over a 12 month period with the benefit of tax relief. The „Cycle to Work” scheme promotes the use of bikes as an alternative mode of transport to reduce traffic congestion, reduce pollution and as a means of exercise.
HDUHB is keen to promote walking to and from its premises recognising walking improves health, benefits the environment and reduces congestion. People who walk or cycle will be potentially healthier, more productive and suffer fewer ailments. There is a walk/cycle route from Towy Bridge, Carmarthen to the rear of Glangwili Hospital entering the car park near to Accident and Emergency.

In terms of public transport we are in constant discussions with local bus companies to extend routes to the Hospital from the Bus Station in Carmarthen. We have already developed one of these routes linking Withybush and Glangwili Hospitals and further similar developments are being considered.

The Health Board has developed an action plan which is available.