

Cafodd yr ymateb hwn ei gyflwyno i ymgynghoriad y [Pwyllgor Iechyd a Gofal Cymdeithasol](#) ar [Flaenoriaethau'r Chweched Senedd](#)

This response was submitted to the [Health and Social Care Committee](#) consultation on [Sixth Senedd Priorities](#)

HSC PSS 116

Ymateb gan: | Response from: Bwrdd Cyngorau Iechyd Cymuned Cymru | Board of Community Health Councils in Wales

Blaenoriaethau cychwynnol a nodwyd gan y Pwyllgor Initial priorities identified by the Committee

Mae'r Pwyllgor wedi nodi nifer o flaenoriaethau posibl ar gyfer ei waith yn ystod y Chweched Senedd, gan gynnwys: iechyd y cyhoedd a gwaith ataliol; y gweithlu iechyd a gofal cymdeithasol, gan gynnwys diwylliant sefydliadol a lles staff; mynediad at wasanaethau iechyd meddwl; arloesi ar sail tystiolaeth ym maes iechyd a gofal cymdeithasol; cymorth a gwasanaethau i ofalwyr di-dâl; mynediad at wasanaethau adsefydlu i'r rhai sydd wedi cael COVID ac i eraill; a mynediad at wasanaethau ar gyfer cyflyrau cronig tymor hir, gan gynnwys cyflyrau cyhyrsgerbydol.

The Committee has identified several potential priorities for work during the Sixth Senedd, including: public health and prevention; the health and social care workforce, including organisational culture and staff wellbeing; access to mental health services; evidence-based innovation in health and social care; support and services for unpaid carers; access to COVID and non-COVID rehabilitation services; and access to services for long-term chronic conditions, including musculoskeletal conditions.

C1. Pa rai o'r materion uchod ydych chi'n credu y dylai'r Pwyllgor roi blaenoriaeth iddynt, a pham?

Q1. Which of the issues listed above do you think should be a priority, and why?

Over the past year, the 7 Community Health Councils have heard from people and communities in all parts of Wales about their views and experiences of NHS services throughout these most challenging times.

Thinking about what we have heard, CHCs agree that the following areas should be priorities for work during the Sixth Senedd:

Access to mental health services

Throughout the pandemic, we've heard from people about their worries that the NHS is not equipped to respond to a need to provide more support early enough for people – and



particularly children and young people - who may need help to improve their mental health and well-being for the first time.

We've also heard concerns that people living with severe and enduring mental health conditions have found it more difficult to access the care and support they need - in the way they need it.

In many parts of Wales, mental health services were struggling to meet people's needs before the pandemic. This has been compounded during the pandemic.

Over the past 18 months, some CHCs have published reports of people's experiences of mental health services during the pandemic. These can be found at the following links:

[Mental Health Services - North Wales Community Health Council \(nhs.wales\)](#)

<https://hywelddachc.nhs.wales/files/reports/every-mind-matters-report/>

Public health and prevention

We've heard how important it is that people feel supported to stay safe and healthy. This includes having access to clear advice, practical support and information that is easy to access and understand.

Access to services for long term chronic conditions, including musculoskeletal conditions

Throughout the pandemic we've heard from lots of people living with long term health conditions about the impact of the pandemic on their condition, and on their overall well-being.

Many people have shared their fears, and in many cases experience of worsening health, and the impact of living in pain while waiting for treatment.

Our national report 'Feeling Forgotten' covers some of what we've heard, and one CHC has published a report on the experiences of people living in pain waiting for orthopaedic surgery. These can be found at the following links:

<https://boardchc.nhs.wales/files/what-weve-heard-from-you/feeling-forgotten-waiting-for-care-and-treatment-during-the-coronavirus-pandemic/>

The health and social care workforce, including organisational culture and staff wellbeing

CHCs have heard and seen for themselves throughout the pandemic about its impact on the health and social care workforce, and in turn what this means for people's experience of NHS care.

People most often judge their NHS experience on how well they feel looked after and cared for and about by the staff involved in their care and treatment. We have heard about the impact of tired, exhausted and stressed staff on behaviours across all parts of the NHS.

This includes reception/first point of contact staff whose interaction with patients and families are so important in accessing the right care in the right way at the right time.

CHCs have also heard and seen the impact on patients when staff in different parts of the health and social care system are not clear about a patients whole care pathway, or if capacity challenges in one part of the system leads to difficulties in accessing care in another.

Support and services for unpaid carers

CHCs continually hear from people about the vital care and support they receive from family members and loved ones.

We hear frequently about the impact of caring responsibilities on the lives of those family members and loved ones during the pandemic, when peoples need for care and support were greater.

Our national reports cover some of what we've heard in these areas. These can be found at the following link:

[What we've heard from you - Board of Community Health Councils in Wales \(nhs.wales\)](#)

Access to COVID and non-COVID rehabilitation services

The suspension and reduction in access to key rehabilitation services during the pandemic has had a profound and often heart breaking impact on some people we've heard from.

We know that many people in Wales felt that the community pathways approach to supporting people with long COVID hasn't been as good as the long COVID clinic approach in England, and wanted Wales to continue to learn and develop services to better meet their needs.

For others recovering from surgery and other treatments, shortages in areas like physiotherapy has been worrying for many people.

Our national report 'Feeling Forgotten' covers some of what we've heard. This can be found at the following link:

<https://boardchc.nhs.wales/files/what-weve-heard-from-you/feeling-forgotten-waiting-for-care-and-treatment-during-the-coronavirus-pandemic/>

Blaenoriaethau allweddol ar gyfer y Chweched Senedd

Key priorities for the Sixth Senedd

C2. Yn eich barn chi, pa flaenoriaethau allweddol eraill y dylai'r Pwyllgor eu hystyried yn ystod y Chweched Senedd mewn perthynas â:

- a) gwasanaethau iechyd;**
- b) gofal cymdeithasol a gofalwyr;**
- c) adfer yn dilyn COVID?**

Q2. In your view, what other key priorities should the Committee consider during the Sixth Senedd in relation to:

- a) health services;**
- b) social care and carers;**
- c) COVID recovery?**

Access to General Practitioners (GPs) and dentists, and the development of primary care services

Over the past 6 months, CHCs have heard most of all about the challenges people are facing – in all parts of Wales – in getting access to see a GP for both routine and urgent care.

These difficulties are resulting in increased anxiety and frustration for many people. For others, we have heard that the difficulties have had a profound effect on their diagnosis (both in terms of late and missed diagnoses).

We've also heard about some of the developments introduced to help people access GP services in different ways. For many people these developments have made a positive difference in the way they can access their GP. For others, their introduction has created more problems, if they are used as the only option.

Even when positive developments have been introduced, they are not always available or used consistently, and this has also caused difficulties for many people.

Some CHCs have published reports on what they have heard in their local areas – the issues raised in these reports are consistent with what we are hearing across Wales. The reports can be found at the following links:

<https://aneurinbevanhc.nhs.wales/what-we-have-to-say/report-library/reports/chc-survey-gp-access-report-may-2021/>

<https://powyschc.nhs.wales/files/report-library/report-of-gp-access-survey-november-2020/>

In response to what CHCs were hearing in their local communities, some have explored the issue of routine dental access for patients. A consistent theme is the absence of NHS dental capacity for routine care.

Whilst in general, urgent or emergency care is available, the long term oral health of the nation is at risk with related risks to physical health because preventative care is not easily available for significant numbers of the population.

CHCs are particularly concerned that this is resulting in a two tier system, where those who can afford to pay for private care can access a dentist routinely, whilst those who cannot continue to be disadvantaged.

COVID recovery planning – involving people and communities in the redesign of NHS services

People want to clearly see how NHS services will recover – and over what time period. We know that previous ways of tackling waiting lists will not work this time around, and that creativity and innovation is key to tackling backlogs.

When doing this, people want to see the things that have worked well for them during the pandemic continue into the future. This includes things like digital healthcare, health and care partners (including the 3rd sector) working effectively together within local communities, etc.

People don't want a 'one size fits all' approach – health and care services must be delivered flexibly, in a way that meets peoples' individual needs.

Recovery plans that involve redesigning services need to tackle –the health inequalities that have been so devastatingly demonstrated throughout the pandemic, so that wherever you live and whatever your background and characteristics, people in Wales can be confident of support to stay healthy and well, to get the care and treatment they need when they need it in the way they need it.

NHS recovery plans cannot be developed in isolation – health and care planners must work together. They must avoid any postcode lottery for health and care services, and focus on delivering equitably for people living in all parts of Wales in a way that places equal value on physical and mental health services, and health and social care provision.

OUR health and care services for the future must be designed and developed WITH people – and not DONE TO them. People in Wales care so passionately about their health and care services and the people who deliver those services – they must have their SAY in their services for the future.

People understand that during the pandemic things needed to change quickly and this meant it was not possible to engage and consult people in the usual way.

But designing sustainable services for the future is different – this MUST be done together, through continuous engagement and public consultation whenever this is appropriate.