

Cyflwynwyd yr ymateb i ymgynghoriad y [Pwyllgor Iechyd a Gofal Cymdeithasol](#) ar y [effaith pandemig COVID-19, a'i reolaeth, ar iechyd a gofal cymdeithasol yng Nghymru](#)

This response was submitted to the [Health and Social Care Committee](#) consultation on [the impact of the COVID-19 pandemic, and its management, on health and social care in Wales](#)

COV 10

Ymateb gan: | Response from: Unigolyn | An Individual



To the Health and Social Care Committee,

I understand the Senedd Health and Social Care Committee is gathering evidence to inform consultation on the ongoing impact of COVID-19 and the management of health and social care in Wales. I have confidence in that the committee will gather relevant quantitative and qualitative evidence from health and social care and from other sectors for a balanced view but I would also like to add to the evidence from a carer perspective as my confidence in health and social care service provision has diminished. I feel my voice needs to be heard as the most vulnerable appear to be experiencing increased risks since the pandemic due to an overwhelmed health and social care service.

In 2021 my father aged-█ continued to live alone at his home whilst still grieving from the loss of my mother who sadly passed away in █. He had numerous health needs, some were mild and his cancer was well managed but his main concerns were that his Alzheimer's was progressing from moderate to severe and his heart disease was worsening restricting his physical health – he could no longer safely leave his house. There is no need for me to go into his health in detail other than his reliance on me as his only child had been increasing since my mother passed away. I took my responsibility as a carer with acceptance despite working full-time and the impact of being a carer was having on my own physical and mental health, I had no alternative and very limited support.

To summarise the events last year:

- I arranged for my father to be reviewed by the Cardiff and Vale Memory Team due to a worsening in his dementia impacting on the risk to his health in particular forgetting to take his medication at different times in the day and lacking nutrition due to his difficulty in maintaining his eating and drinking routine. Prompting my father to take his meds or having regular nutrition was no longer effective via a telephone call. His dementia was at a stage where he needed to be observed to ensure he completed certain tasks.
- The Memory Team do not provide care co-ordination but they are able to make referrals to relevant organisations. In early June 2021 they requested the GP to carry out a medication review for all his meds to be taken in the morning as one dose via a blister pack and they also referred him as a high priority case to social services for social care input with the aim to help with medication, meal preparation and prompt a more frequent washing and dressing routine.
- In the interim I arranged for Meals on Wheels although one of the barriers I faced was that my father did not eat every meal delivered.
- Eventually the District Nurses stepped in to support my father with his meds with a morning visit as a temporary solution whilst waiting for social care input. This was of some help but his blister pack had still not been organized into one dosage by pharmacy meaning he would continue to miss some of his meds.
- My father's physical health worsened further in August and his mental health began to decline as he became increasingly anxious and low in mood. I felt frustrated and helpless when navigating through an overwhelmed health and social care system particularly as we had not heard from social services and communication between different health departments that my father was under was fragmented.

- Even though the GP and the pharmacy stated my father's meds would be arranged and my chasing them, his blister pack and medication review was not organized into one dosage until early September taking around three months to complete this simple task. It appeared pharmacy were overwhelmed by the increase in demand on its service since the pandemic.
- Social Services sent a letter to my father dated [REDACTED] stating that the demands on social care due to the pandemic are having a significant impact on service provision although if care and support needs have changed and someone requires an urgent review to please contact them. At this time my father's health continued to decline and he became more bedridden. As I had Power of Attorney I attempted to contact social services.
- I telephoned Social Services to chase the referral that was made in early June. I spoke to the duty social worker who stated that care cannot be provided for the foreseeable future due to the demands of the pandemic and suggested I pay for private care.
- The following week I contacted the Out of Hours GP as my father continued to decline. The GP arrived within several hours and carried their work diligently. At that time, I agreed that my father did not require an emergency admission but a follow-up in primary care was recommended. The Out of Hours GP did express her concern on my own health as she commented on my fatigue.
- My father's health further declined. I tried calling his GP throughout Monday to arrange a home visit but the phone was engaged each time I tried so I resigned myself in trying the following day. The following day however I received a call in the morning from the District Nurse who was prompting my father to take his meds and she voiced her concern over his health. It then took her several hours to get through to the GP who advised I take my father to A&E as a non-emergency, which I did.
- I stayed with my father in A&E for thirteen hours until he was finally admitted onto a ward at the University Hospital of Wales. He was very unwell, confused, and at times he was agitated. He had an intestinal infection, which was treatable but the cause unknown. I thought the staff in A&E were admirable in how they carried out their duties within the pressures they face and the public waiting to be seen showed good faith and patience.
- Hospital policy meant I was not able to visit my father for the first week to help reduce risk of COVID-19 transmission, I was however able to arrange to see my father a week after he was admitted.
- My father passed away the night before I was due to visit him.
- My father was fighting the initial infection with some success but he then acquired a kidney infection whilst on the ward. As his health was in general decline over the preceding months weakened by lack of nutrition and forgetting to take his meds further complicated by his progressive dementia and heart disease, he was too frail to survive a heart attack on the ward.
- Several weeks after my father had died the local pharmacy delivered his blister pack to his home.

I feel anger towards the fragmented service provision within and between health and social care as there was no care co-ordination, this is left for loved ones to manage. I feel anger that my father had to suffer in his own home with the majority of his time alone despite being referred for social care as a high priority – a one carer visit twice a day was all that was required to help him with his meds, prompting with meals and drinks, and encourage him with his washing and dressing routine, something I was unable to provide due to working full-time throughout the pandemic and supporting him in other aspects of his life whilst trying to navigate through a health and social care system that is failing.

Timely care provision in his own home would have given him some comfort and quality of life in his final months and may have avoided hospital admission. There was a chance he could have passed away at the home he and my mother worked hard for and for me to be by his side in his final hours rather than being admitted to hospital confused and unwell and dying alone.

I am aware of the good work that is being carried out in health and social care and the pressure on its staff. I hope my account of health and social will inform the consultation in a way that offers more insight than official

statistics, department reports, and political debate and that the consultation will lead to timely action towards effective co-ordinated care between health and social care whilst including the valuable resources offered by the third sector and will be regularly and robustly reviewed by strong leadership and continued investment. Any action or investment to date has fallen short of what is needed to support the most vulnerable.

Regards,

A solid black rectangular box used to redact the signature of the sender.