

Appendix 1

Review of Community Health Service Delivery in Blaenau Ffestiniog within context of Meirionnydd

A recent document produced by the Blaenau Ffestiniog defence committee raised a series of concerns about healthcare provision in Blaenau Ffestiniog alleging that the level of care provision constituted elder abuse and that health care provided locally was primitive. This short paper addresses some of the issues raised and describes the negative effects of such allegations.

- The first significant issue raised was around access to health services for patients living in Blaenau

Meirionnydd is a very rural county with poor public transport links and relatively poor roads. Many of the issues which are described as significant for Blaenau Ffestiniog apply equally across the county.

Road travel distances and times from significant locations to the nearest district hospital and community hospital are given below:

Location	Distance to DGH	Time to DGH	Distance to Comm Hosp	Time to Comm hospital
Bala	30.5	51	18.4	28
Dolgellau	48.3	1hr 17	0.5	5
Tywyn	33	1hr 01	0.5	5
Aberdovey	28.9	53	4.5	9
Fairbourne	43.2	1hr15	9	18
Barmouth	47.8	1hr22	9.9	18
Trawsfynydd	39.6	1hr03	12.4	19
Harlech	37.1	1hr02	9.9	18
Blaenau Ffestiniog	32.2	54	12.6	21

All population centres in Meirionnydd have significant transport times to the nearest DGH, the majority with transport times in excess of one hour. Some communities have community hospitals embedded within them, but most do not. It is over 18

miles from Bala to the nearest DGH, the practice list size for Bala being very similar to that of Blaenau Ffestiniog.

Access to GP surgeries is clearly also an issue and many areas have seen the closure of branch surgeries or rural consultation facilities. There have been many factors which have driven this change, but a modern GP surgery requires full staffing with nurses and clerical staff, IT, resuscitation and assessment facilities. This is rarely possible in isolated branch surgeries. There is a significant community in Fairbourne and Ffriog who have to travel 10, 12 or 13 miles to their GP surgery, depending upon where they are registered.

Much of health care delivery is provided by outpatient clinics and services. Communities who live in Blaenau, Dolgellau and Tywyn are fortunate in that they have a wide range of outpatient services and physiotherapy delivered locally. Bala also has outpatient physiotherapy and some outpatient clinics, but patients in Fairbourne, Llwyngwril, Barmouth and the coastal strip to Talsarnau and Pnerhyndeudraeth all have significant distances to drive in order to access local outpatient services and, overall, Blaenau appears to have better access to services than many other significant population groups.

- Concerns have been raised concerning long journeys to A&E and long waits because the MIU has closed

Full MIU services are provided by the practice in Blaenau during surgery hours and up to 8.00pm 7 days per week (soon to be extended to midnight) in Ysbyty Alltwen. The decision as to whether any particular injury can be managed in the MIU is, however, a clinical decision to be made by the clinician seeing the patient. Hand injuries can often involve hidden damage to tendons or nerves. Increasingly facial injuries are dealt with by specialist maxillofacial teams and it is reasonable for a minor injury clinician to refer on to a DGH if they think that is the right option for a patient. When the MIU was operating, the vast majority of patient contacts took place in the practice. In the hospital unit an average 2 ½ patients were seen per day and most of those were dressings or venesection for outpatients.

The high speed injuries generated by the mountain bike centre are unlikely to be amenable to treatment in a MIU. Indeed the frequency of an air ambulance response would support this.

The distance needed to travel for an xray is reasonable for Meirionnydd as has been demonstrated. Meirionnydd was the county where the community heart scanning and heart failure service for Gwynedd was piloted and it will be delivered in the new centre in Blaenau. Blaenau Ffestiniog is the only GP practice in Gwynedd where point of care haematology and biochemistry is available and has been for several years. This is an example of technology being rolled out and Blaenau being in the vanguard.

Patients who need monitoring, irrespective of their age, have access to home telehealth which is available and is used. Step up beds are available in the elderly care home in Ffestiniog, community hospital beds are available in Tremadog and the GP's have access to those beds, but have chosen not to use them. Enhanced care is fully available in Blaenau Ffestiniog with routine community care being provided from 8 until 8. There are plans further to increase this. Obtaining night sitters and Marie Curie nurses is a problem throughout Meirionnydd and Blaenau is not unique in facing this difficulty, but there is now an overnight community nurse available, although the nurse will be covering a large area.

The map of Gwynedd used in the 'elder abuse' paper is grossly misleading as it correctly identifies the community hospitals with beds, but it fails to map the 13 other centres which provide daytime health care across Gwynedd in addition to Blaenau Ffestiniog.

In summary there are a wide variety of health services available within Blaenau Ffestiniog and distances to other sources of health care are comparable with other centres in Meirionnydd and often are shorter.

- The assertion of elder abuse suggests that the population of Blaenau is somehow different from other rural areas and has a different demographic

The Welsh Health Observatory provides high quality data looking at practice demographics, markers of health need and chronic disease prevalence. Blaenau Ffestiniog is clearly rural, but less than the mean for Meirionnydd with 41.5% of the Blaenau population living in small villages or isolated communities compared with a mean of 44.9% for Meirionnydd as a whole.

The population of Blaenau is younger than Meirionnydd as a whole. 15% of the Blaenau population is aged over 70 compared with 19.2% of Meirionnydd and 17.8% of the Blaenau population are aged under 15 compared with 14.5% of the population of Meirionnydd as a whole.

The chronic disease registers for Blaenau are interesting in that they show a relatively high prevalence of asthma and epilepsy, but a lower than average prevalence of COPD, heart failure, hypertension and coronary heart disease. This could represent the age sex distribution of the population in Blaenau or it could represent under diagnosis or disease recording by the previous practice.

There is no doubt that there are significant issues in Blaenau, it has higher rates of deprivation, poor diet, obesity and older people living alone than in other areas of Meirionnydd and approaches to delivering health and social care in Blaenau must recognise these issues. Nevertheless, the real issues of rurality and access to health care apply just as much to the whole of Meirionnydd as to the population of Blaenau Ffestiniog.

- There are assertions of poor primary healthcare provision in Blaenau Ffestiniog

Medical care

The surgery in Blaenau is fully manned by doctors, most of whom have a regular commitment to the practice, some of whom have salaried posts and are not simply locums. The practice has an advanced practice physiotherapist, pharmacist and nurse practitioner with special experience in chronic lung disease and heart failure. Other practices in Meirionnydd will have access to either an advanced pharmacist or an advanced physiotherapist. No other practice in Gwynedd has the same open access to these advanced practitioners.

The activity of this service in Blaenau compares favourably with other practices of a similar size:

- The annual rate of GP appointments in Blaenau Ffestiniog is currently 2.91 which compares favourably with a similar sized rural practice in the County having a rate of 2.74. A recent audit of appointments in Blaenau revealed unfilled GP appointments demonstrating that capacity outstrips demand, which is unusual. If the appointments booked with advanced nurse, physio or pharmacy practitioners are included, then the rate increase to 3.63 appointments per patient per year.

This clearly shows that there are more than sufficient GP appointments in Blaenau and the availability of advanced practitioners adds to the service and is not there to make up for a shortage of GP appointments.

- The annual home visit rate is virtually identical to another local practice with the Blaenau rate being 1.0 home visits per patient per year compared with 0.9.
- It is easy to demonstrate the availability of services, assessing quality is more challenging, but there are useful metrics. The QoF results in Blaenau Ffestiniog have been maintained. The practice prescribing performance was a historical outlier with the highest rates of antibiotic prescribing in North Wales. Similarly, the prescribing of tranquilisers and sleeping tablets was the highest in Gwynedd. The rates of antibiotic prescribing are now approaching the average for Gwynedd and the rates of hypnotic and sedative prescribing are falling. These are clear indicators of improvements in clinical care.

So Primary Care in Blaenau provides more appointments than local practices, a greater range of expertise with pharmacy, specialist nursing and physiotherapy being available and access to advanced technology with point of care testing available for haematology and biochemistry.

Nursing care

The district nurse caseload in Blaenau is 600 patients per month compared to 650 in a similar sized local practice with similar demographics and travelling times. The skill mix in the Blaenau district nursing team is greater than in any other practice in

Blaenau with practitioners available at band 2, 3, 4, 5, 6 and 7. The weekly nursing hours available in Blaenau is 217 compared with 139 in Penrhyndeudraeth and 117 in Barmouth. Thus Blaenau has more nursing time but a lower workload.

Blaenau delivers more palliative care where patients prefer to be, that is at home, than in other local practices which reflects the excellent availability of community nursing services.

Intermediate care is well used in Blaenau with 24 referrals Jan – March 2016 compared with 10 in Barmouth and 31 referrals from April to the current date in Blaenau. Enhanced care does take place with 27 referrals from Blaenau.

So, in summary, Blaenau has as good access to health services as anywhere else in Meirionnydd and has much better access to a wide range of primary care services. To describe these services as primitive is astonishing. All areas have examples where care goes wrong or does not work out as expected and Blaenau is no different. Lessons should and are learned from these examples, but this report utterly fails to mention the massive numbers of compliments and success stories generated by the care in Blaenau Ffestiniog.

It is well accepted and, indeed the GMC has just pointed out the risks to patients from poor morale in clinical staff. There is a clear perception that some individuals are constantly searching for examples of care which don't go as one would hope in order to generate political ammunition. To work in an environment where people are constantly searching for mistakes poses a genuine risk to the morale of all the individuals who deliver care in Blaenau Ffestiniog and the culture of complaint and dissatisfaction is simply not born out by the facts.

Dr Bill Whitehead

November 2016