

Briefing Notes - GP Meeting with Brian Gibbons (Health Minister) and Ann Lloyd (Chief Executive NHS Wales) 19th February, 2007

Practice Representatives:

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1. Designed for Life: Implementation in Powys Prepared by Drs. Raynsford and Leslie, Llanidloes

Designed for Life (DfL) sets out the projected future delivery of health as a “holistic” concept within Wales.

One of the three basic principles in DfL is the need for the involvement of service users and staff in the redesign of services.

- This has not happened in Powys. The process has been driven very much according to the agenda of the LHB with presentations on progress rather than inclusive meetings leading to the alienation of the public. There also seems to be an assumption that the various action campaigns are minority interest groups when they are actually truly representative of the opinions of the communities.
- Clinicians have not had their opinions and ideas regarding change taken into account to any significant degree. Discussions and planning regarding change have often been instigated by the LHB and then not pursued any further. All practices present have examples of this lack of significant consultation.
- DfL envisages partnership with County Councils and we are aware of the existence of Framework Partnerships (correlating with the relevant NSF) between the LHB, Powys County Council and relevant voluntary sector organisations but there seems to be no mechanism for input to these or dissemination of information regarding the progress to primary care and the general population. As these partnerships will be involved in joint commissioning, it seems absurd and contrary to the principles of DfL that this is not in place. There is also the Health and Social Care Network within Powys, however there are concerns regarding the ability of this network to reflect the wider needs of the community.

This has led to both communities and clinicians feeling excluded from the process and when this process has been portrayed as adequate consultation, has led to anger and opposition. This is in direct conflict with the aims of DfL.

The principle of “The Citizen Model” from Beyond Boundaries also places obligation on organizations to focus “on outcomes for citizens” and to inform and engage citizens, which the Powys LHB has failed to do.

Powys is also the most sparsely populated county in Wales covering a quarter of the area of the country but having a population density of only 25 people/sq Km (2001 census). The population is also becoming increasingly elderly by proportion. This means that local provision of services is paramount especially given the increasing uncertainty of the status and services of the surrounding District General Hospitals.

- Local services need to mean just that! There is little point in providing, for example, Day Hospital services that are either too divorced from the patients community or inaccessible. There is still a very strong sense of community in many parts of the county and the provision of local healthcare services are seen as an integral part.
- Removal of services deals a significant blow to the fabric of the community and there has to be confidence that these services will be replaced with accessible services of similar quality.
- There is no point in providing “gold standard” facilities if they do not truly serve the population. Communities still prefer local delivery.

The development of health services as envisaged in Design for Life requires local consultation that is listened to and acted upon in order to deliver local healthcare that serves the needs of the community. This consultation and planning process needs to precede any proposals for substantial change in healthcare delivery. The management of any effective change requires this consultation. It also requires the safe, phased introduction of change with adequate transitional planning so that the service users do not feel disenfranchised and abandoned.

There is no confidence in the communities most immediately affected by the proposals of Powys LHB that their healthcare needs, their rurality and isolation, changing demographics and most importantly their opinions have been taken into account in the consultation process for Doing More, Doing Better.

There is a widespread feeling that many changes are not being made as part of a strategic plan but as a reaction to financial pressures leading to the withdrawal of services without any adequate and local replacement.

Clinicians in these areas are in agreement with and support their communities who feel under-valued and deeply unhappy with the approach of Powys LHB. This approach seems contrary to the core values of Design for Life and Beyond Boundaries, both of which stress consultation and inclusion as the only way to advance healthcare, rather than disengaged and isolated stance that Powys LHB is widely perceived as taking.

2. Team working and consultation in developing services

Prepared by Drs. Horvath-Howard and O'Reilly, Hay and Talgarth

We are not a group of disaffected professionals resisting change.

We have spent many hours of both personal and practice time in discussion and negotiation with Powys LHB to try and improve and maintain services in Powys. We know there are problems, we know there is a need to change. Often this work has been carried out unfunded and with a degree of criticism from colleagues who berate the 'missing partner'. We successfully negotiated a Service Level Agreement template for GPs working in Community Hospitals in Powys which has been nationally recognised. We successfully set up an alternative out of hours service well before the inception of the new GP contract with much of the work being done by local GPs. This group represents many of the GPs who have actively worked with the LHB over the years and one of us currently has an applied for a GP non-executive board membership post. Apart from occasions where we have found further discussion or meeting fruitless we have always engaged the LHB in discussion over services and have sat on various committees both under LHB auspices and with other liaising bodies such as Hereford Trust. Although Andy Williams personally has made himself available on most occasions for direct consultation, it is how the process follows on, or doesn't, that concerns us. The experience of trying to contribute positively and maintain a positive outlook over the last 3 years has been immensely frustrating and at times impossible.

We believe the main reasons that there is lack of cohesion or joint direction when trying to work with Powys LHB are the following:

- We engage and agree on a direction which is then suddenly and precipitously changed, often without notice, sometimes it appears with a degree of panic. It appears as though even agreement with Andy Williams has not guaranteed that other officers of the Board won't take individual and different action. This has caused a cycling of 'meet/agree/ feel we are getting somewhere' followed by sudden change of direction which has made it very difficult to remain engaged. Both globally and individually GPs and practice representatives have agreed broad principles and in some case quite detailed plans, using the criteria laid out in Designed for Life, for how to change existing services in order to try and satisfy both national pressures for change and the local need for services in rural areas.
- Agreed plans have suddenly been shelved, apparently due to a change in LHB direction. The reasons most often given are financial or manpower issues - none of which are new but which appear to impact very suddenly and without planning.
- The process by which consultation and communication takes place appears to us flawed both for the reasons above and within the context of the need to consult the CHC. The CHC are clear that they were not given answers to the questions they posed with regard to the first phase of 'Doing More Doing Better' when seeking clarification of it's principles. WAG have recently ruled that public consultation must be "Meaningful". We would question the degree to which CHC and public opinion have been taken into account to date. How can a situation arise where a CHC

consultation process is quoted as being “complete” when according to the Brecon CHC it is not? As local professionals hopefully representing the public interest we feel it is essential that consultation with professionals and public is meaningful and real.

- We have maintained a very consistent line as professionals through recent events. Whilst we accept the need for change in the medium/long term, we cannot accept or condone the interim reduction of services in Powys. There are significant and as yet unaddressed clinical governance issues in the process of change. We and others feel there may be a “Holy Grail” being pursued in rural areas with regard to care in the community. What may be perceived as imperfect local services may be removed, to be replaced by something technically ‘better’, but less accessible, less personal, less caring and more remote. The result is a loss of local services. Our own experience in managing primary care suggests that smaller, more accountable local services may be preferable. We have seen no convincing evidence that the changes proposed will deliver better care.
- We support the concept of Local Care Teams, but have some reservations in terms of the way this proposal has been promoted. Not enough account has been taken of the rurality and geography of Powys.

3. Service Developments

Prepared by Dr Gibbins, Builth and Llanwrtyd

Background

Powys LHB is presently presenting the latest version of DMDB around the county. There is much discussion, and a wide range of opinion, amongst staff, the public, support groups, doctors and others about what shape medical services should take in the future. GPs have provided considerable input into this process over the last 2 years, despite LHB allegations of lack of involvement.

The following key points summarise the views of practices attending the meeting – it is accepted that these may not be agreed by all Powys practices.

- There is no fundamental disagreement with the view that medical care should be centred around primary health and social care ‘campuses’ (PHSCCs) in Powys towns, supported by a smaller number of more specialised treatment and assessment centres (TACs).
- The active involvement of Powys County Council social services department is required to develop a sustainable model for each community.
- It is considered essential that these campuses contain integrated health and social care services. Need projections in Powys indicate an increasing requirement for elderly care services which require an integrated approach for maximum efficiency and effectiveness.
- The precise configuration of services in each locality should depend on local service needs, and distance from ‘hospital’ services. Some hospital type services may

be more efficiently provided through PHSCCs. Nursing home accommodation should be included, to ensure that those requiring this type of service can be cared for in their own locality.

- 'Acute short stay' nursing home beds should form part of this mix. This new type of accommodation will enable local GPs to continue providing locality based rehabilitation, palliative care, and extended primary care for a selection of clinical conditions that cannot safely be managed in the patients home, needing additional nursing and medical care, but not requiring 'hospital' admission.
- These facilities should be jointly managed by the Local Health Board, existing primary care elements, and social services.
- The existing proposal for 3 TACs should be reconsidered. Population and economic considerations, together with the requirements for clinical staffing which will probably not include local GPs in the future, suggest that 2 TACs, one in North Powys and one in South Powys, would be a more efficient and equitable way of providing the sort of services envisaged for TACs. By limiting the number of TACs to two, additional capital and staff resources would be released for the development of high quality PHSCCs making them more effective and able deliver more services within each locality.
- Transitional arrangements from the current position to that envisaged above have not been adequately considered by the LHB. The provision of effective and equitable transitional arrangements will be a critical factor in obtaining the support and approval of the public and health and social care workers for the 3-5 years that it will take to develop the new model of care.
- The LHBs difficult financial position suggests that additional funding will be needed to achieve a safe and effective transition from the current position to the desired goal without extensive loss of services.
- Much work has already been done in the Builth Wells, Hay and Talgarth, Llanidloes and Knighton areas. This includes focus and support groups working to bring together the views of communities, doctors, and the LHB, offers of funding for business case preparation, visits to similar facilities in other parts of the UK, and numerous meetings of stakeholders. The LHB has not taken advantage of, or properly pursued, the work already done to develop future services, and has not addressed legitimate queries as to the capability of its current management to take forward these proposals.
