

<b>SUMMARY REPORT</b>		ABM University Health Board
		<b>Date: 30<sup>th</sup> March 2017</b> <b>Agenda item: 4 (iii)</b>
<b>Subject</b>	<b>Dulais Valley Primary Care Centre – Application to withdraw General Medical Services from Coelbren Health Centre</b>	
<b>Prepared by</b>	Hilary Dover, Director Primary & Community Services	
<b>Approved &amp; Presented by</b>	Alex Howells, Acting Chief Executive	

### **Purpose**

<p>To inform the Board of the outcome of the Branch Surgery Closure Panel held to consider the application from Dulais Valley Primary Care Centre to withdraw all general medical services (GMS) delivered by the GP and Practice Nurse from their Branch Surgery in Coelbren, Powys due to significant sustainability issues within the GP practice.</p> <p>The Board is asked to endorse the recommendation of the Panel which is to agree to the withdrawal of all General Medical Services delivered by the GP and Practice Nurse from their Branch Surgery in Coelbren, Powys and therefore agree the application.</p> <p>The Board is also asked to note that the Primary &amp; Community Services Unit Management Board considered and endorsed the recommendation from the Panel at their Service Board on 8<sup>th</sup> March and agreed to commission a bespoke community transport scheme from the Coelbren Village and surrounding communities to the Dulais Valley Health Centre for a period of six months in the first instance. Consideration will also be given to an alternative use for Coelbren as a 'Wellness Centre' providing an opportunity for the provision of cluster or third sector services.</p>	<b>Decision</b>	X
	<b>Approval</b>	
	<b>Information</b>	

### **Corporate Objectives**

<b>Excellent Population Health</b>	<b>Excellent Population Outcomes</b>	<b>Sustainable &amp; Accessible Service</b>	<b>Strong Partnerships</b>	<b>Excellent People</b>	<b>Effective Governance</b>
<b>X</b>	<b>X</b>	<b>X</b>	<b>X</b>	<b>X</b>	<b>X</b>

### **Executive Summary**

A Branch Practice Review Panel was convened on 1<sup>st</sup> March 2017 to consider the formal application from the Practice to withdraw all practice delivered services from Coelbren Health Centre. It should be noted that as the Branch Surgery is situated within the boundary of Powys Health Board it was agreed with the ABM and Powys Community Health Councils to follow the policy approved by Powys Health Board for considering branch surgery applications, to enable all interested parties to work collaboratively to ensure that the delivery of patient care is paramount in all considerations. The Practice was represented by Dr Rebecca Jones who presented the case for closure, which included an opportunity for Panel questions. The practice had been a four GP practice, but this reduced to two GPs following the resignation of one and the retirement of the lead partner. Despite extensive advertising, the practice has been unable to recruit a replacement GP. The practice has been receiving sustainability support from the Health Board but whilst the actions have increased the resilience of the partnership, the remaining two GPs have continued to face an additional challenge providing services from two sites. The Panel reviewed the evidence and information provided and has made a formal recommendation to the Board to agree to the withdrawal of GMS services from the branch site in Coelbren, an ABMU HB owned premises.

### **Key Recommendations**

The Board is asked to note, that the Panel concluded unanimously that the recommendation to the Board should be to approve the application from Dulais Valley Primary Care Centre, to withdraw all general medical services delivered by the GP and Practice Nurse from their Branch Surgery in Coelbren.

Due to the significant sustainability issues faced by the Practice it is recommended by the Panel that the closure takes affect from 1<sup>st</sup> May 2017.

### **Assurance Framework**

The report provides the Board with assurance that the Health Board has followed an agreed process for considering the formal request for withdrawal of services from a branch surgery.

### **Next Steps**

The decision of the Board will be notified to the Practice, the Community Health Councils, Local Medical Committee and key stakeholders identified during the engagement process.

Where the closure application is approved, the Practice will be required to write to all registered patients to inform them of the closure and how they will continue to access services at the Practice.

An appeal by the Practice against the decision of the Board will be resolved through the contractual appeal process.

<b>Corporate Impact Assessment</b>	
<b>Quality and Safety</b>	No reduction in service provision. Patients will continue to access safe services from an appropriate setting.
<b>Financial Implications</b>	There is no financial risk of withdrawing general medical services.
<b>Legal Implications</b>	There are no legal implications.
<b>Equality &amp; Diversity</b>	<p>An EIA has been undertaken on the process followed and the impact of the closure.</p> <p>Should the Health Board agree to the application mitigating actions have been agreed by the Primary &amp; Community Services Delivery Unit in the form of Health Board funded community transport service in partnership with DANSA, operating 3 days per week for a period of six months in the first instance to monitor usage and cost benefit.</p>

<b>MAIN REPORT</b>		ABM University Health Board
		<b>Date: 30<sup>th</sup> March 2017</b> <b>Agenda item: 4 (iii)</b>
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<b>Prepared by</b>	Hilary Dover, Director Primary & Community Services	
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## PURPOSE

To inform the Board of the outcome of the Branch Surgery Closure Panel held to consider the application from Dulais Valley Primary Care Centre to withdraw all General Medical Services (GMS) delivered by the GP and Practice Nurse from their Branch Surgery in Coelbren, Powys.

The Board is asked to endorse the recommendation of the Panel which is to agree to the withdrawal of all General Medical Services delivered by the GP and Practice Nurse from their Branch Surgery in Coelbren, Powys and agree the application.

The Board is also asked to note that the Primary & Community Services Unit Management Board considered and endorsed the recommendation from the Panel at their Service Board on 8<sup>th</sup> March and propose to commission a bespoke community transport scheme from the Coelbren Village to the Dulais Valley Health Centre for a period of six months in the first instance. Consideration will also be given to an alternative use for Coelbren as a 'Wellness Centre' providing an opportunity for the provision of cluster or third sector services.

## INTRODUCTION

A Branch Practice Review Panel was convened on 1<sup>st</sup> March 2017 to consider the formal application from the Practice to withdraw all practice delivered services from Coelbren Health Centre, a community site owned by ABMU Health Board. The Panel was chaired by Chantal Patel, Non Officer Member and included the following membership:

- Unit Medical Director, represented by Area Clinical Director (5 clusters)
- Director Primary & Community Services
- Cluster Clinical Lead, represented by Area Clinical Director (6 clusters)
- Head of Primary Care
- Community Health Council Representatives from ABM and Powys (non-voting)
- LMC Representative from ABM and Powys LMCs (non-voting)
- Representation from Powys Health Board – Head of Primary Care (in attendance)

The Panel reviewed the evidence and information provided as detailed in Stage 3 of the process (available via ABMU Resource Centre). It should be noted that as the

Branch Surgery is situated within the boundary of Powys Health Board it was agreed by all parties to follow the policy approved by Powys Health Board for considering branch surgery applications, to enable all interested parties to work collaboratively to ensure that the delivery of patient care is paramount in all considerations.

### **CURRENT ARRANGEMENTS**

Dulais Valley Primary Care Centre GP Practice partnership has 6,013 registered patients, approximately 800 of whom (13%+) are Powys residents from the Coelbren and Upper Swansea Valley area. The practice operates over two sites, the main site in Seven Sisters and a small branch surgery site in Coelbren, Powys. Historically this has been a four GP practice, offering 30 sessions of GP time per week alongside the practice nursing staff, dispensing services were also provided from Coelbren for a cohort of the population, this service was withdrawn by the Practice on 31<sup>st</sup> October 2016. The practice offered a traditional access model of pre-bookable and on the day appointments to patients for acute and routine medical issues.

In October 2015 one of the four Partners left the practice to join a neighbouring practice. Despite extensive advertising, the practice failed to recruit a replacement GP. The staffing situation was further compounded with the planned retirement of their lead partner in February 2016, which reduced the GP sessions provision from 30 to 18 sessions per week.

In December 2015, the practice formally applied to the Health Board for sustainability support. A panel, with Local Medical Committee and Community Health Council involvement, was held in January 2016, and a follow up panel was held in June. Through the national GP sustainability framework the Health Board has been actively working with the two remaining GP partners in the Dulais Valley practice to address their recruitment and sustainability issues. Whilst these actions have significantly increased the resilience of the partnership and are showing some real positive benefits to the practice population the remaining two GPs continue to face an additional challenge providing services from two sites, in Seven Sisters and Coelbren.

The main surgery in Seven Sisters is purpose built and opened in 2007 replacing an old premises with modern bespoke premises, which continues to offer capacity for growth and service development. The building is leased via Third Party Developer. The Coelbren Branch Surgery is situated within the Powys LHB boundary and services there are only delivered by an ABMU GMS contract. In 2012 ABMU commissioned a build of new purpose built premises which is leased to the practice from ABMU.

### **PROPOSAL**

Over the last 12 months the Dulais Valley Practice has shared it's aspiration to centralise all their services at Seven Sisters. It is proposed that this will improve efficiency, financial and workforce stability, staff wellbeing and also improve GP recruitment prospects. It should be noted that there are currently no other services provided within the Health Centre.

Historically the Practice provided four GP sessions a week at the branch site. However, since December 2015 the Practice has been unable to maintain this level of provision and the Health Board has arranged and funded a locum GP for two sessions a week, on a Monday and Tuesday subject to availability. Appointments at the branch site are offered to patients, who require an appointment with the GP on that day, for further assessment, following a consultation via the telephone. When services are not available at the branch site access to all General Medical Services is provided via the main site in Seven Sisters.

A practice nurse service is provided at Coelbren Health Centre on Monday, Tuesday and Thursday morning. This is for planned care and these services are also routinely provided at the main site.

The main site in Seven Sisters offers a wide range of general medical services and community delivered services including:

- Accessible facilities and parking
- Full range of general medical services GP and Nurse Led
- Community Pharmacy located next door
- Podiatry
- Physiotherapy
- Pulmonary Rehabilitation
- Cluster Physiotherapy service (*from April 2017*)

No additional services are provided at the branch sites and those patients that require additional services or access to General Medical Services at all other times routinely access these at Seven Sisters.

## **ISSUES TO CONSIDER**

The Practice was represented by Dr Rebecca Jones who presented the case for closure, which included an opportunity for Panel questions. The following information was considered by Panel Members:

- **Reason for proposed closure request;** the Panel acknowledged that the request was linked to sustainability and workforce issues which were further compounded by delivering services across two sites. It was noted that the GP to Patient ratio (GP:>3000 patients) was significantly higher than what should be expected (cGP:1,500-1,800 patients assuming traditional access model).
- **Opening and Surgery Times;** it was noted that historically the Practice provided four GP sessions a week at the branch site. However, since December 2015 the Practice has been unable to maintain this level of provision and the Health Board has arranged and funded a locum GP for two sessions a week, on a Monday and Tuesday subject to availability. Appointments at the branch site are offered to patients, who require an appointment with the GP on that day, for further assessment, following a consultation via the telephone. When services are not available at the branch site access to all General Medical Services is provided via the main site in Seven Sisters. In addition, a nurse led planned care clinic is held on a Monday, Tuesday and Thursday morning.

- **The list size of the Practice;** the high GP to patient ratio was reflective of the sustainability position of the Practice and whilst the actions taken significantly increased the resilience of the partnership the Practice still need to recruit an additional GP into the Practice. It was agreed that centralizing services may improve the relative attractiveness of a partner or salaried position.
- **Patients accessing the branch surgery;** a review of the consultation data for patients accessing services at the branch site demonstrates that the GP sessions are not fully utilised. In addition patients accessing these appointments are not always Coelbren/Powys residents as the Practice will attempt to direct patients who live in areas local to Seven Sisters (ABMU residents) to the branch site in Powys to try and utilize the available appointments and maximize the benefit of the Health Board funded locum.

It should be noted that the Powys Branch Closure Policy recommends that the panel considers 36 months data. However, the current appointment model only refers back to 24 months and has not been set up to allow an automated audit of the consultation data. As this required manual recording for each day, for each professional, the Practice submitted a snapshot of data over the last two years to present to the panel. It was agreed by Panel Members to accept this data, as it would not wholly influence their final decision. It was also acknowledged that due to the new service model that has been in place since January 2015, which includes telephone consultation and a diverse clinical team the data could no longer be comparable over a 24 / 36 month period.

- **Neighbouring services;** Powys Health Board alerted the Panel to significant pressures faced currently by the neighbouring Practice within their boundary due to temporary workforce issues and their concerns of the potential impact on the Practice should patients living within their practice area (approx 300-400 patients) seek to register elsewhere.
- **Public Transport Links;** until 3<sup>rd</sup> January 2017 there was a direct commercial bus service running between Coelbren Village and Seven Sisters. The Bus company terminated the service and work is now progressing between the neighboring Local Authorities and the bus operators to reinstate a bus service from Coelbren Village that will run through Seven Sisters village in the future. Transport was highlighted as a significant theme through the engagement process.
- **Engagement Process;** the panel accepted the engagement report and summary (available via ABMU Resource Centre). The process was led by ABMU Health Board in conjunction with Powys CHC for a period of four weeks to enable the Health Board to assess the impact on the request to withdraw General Medical Services from the branch site. This included the proposal to explore an alternative use for the Health Centre with opportunities to consider wellness services. This process identified a number of key themes, including transport, access to services, impact on older people and the local community.

The Unit has ensure ongoing engagement with key stakeholders throughout the process including local representatives on both sides of the border.

- **Impact of closure;** the Panel accepted the Equality Impact Assessment and this is available via ABMU Resource Centre. Centralising services will provide patients with access to a greater range of clinical expertise and diagnostic equipment under one roof. It is not anticipated that this will cause capacity problems as the resource would be transferred to the main site. It was acknowledged that the clinicians will be able to provide an improved consultation at the main site than at the branch surgery as they will have direct access to the full range of services, clinical equipment and other healthcare professionals.

It is acknowledged by the Practice that the branch surgery provides ease of access to a GP and nurse for a number of patients who live close to the branch site surgery. However, the Practice demonstrate that the majority of patients already access services from the main site and on the overriding need to ensure that the best quality care can be delivered to all patients, it is proposed that there are benefits to efficiently providing services from the main surgery only. The Practice wish to ensure that any negative impact patient groups are mitigated and this will include flexibility when required to attend for face to face appointments, taking into consideration travel needs and community transport services. The Practice would wish to ensure ongoing engagement with patients to ensure services being delivered are meeting the needs of the population.

ABM Community Health Council considered the engagement report and panel information at their Executive Committee on 28<sup>th</sup> February. They considered that there should not be any significant detriment to patients in relation to telephone access or issues with physical access or parking at the main site. The Committee also noted the benefit to increased access at the main site.

Powys Community Health Council would wish to ensure that contingency arrangements are in place for development and service provision for Powys patients if the recommendation is ratified.

The Primary & Community Services Unit Management Board considered and endorsed the recommendation from the Panel at their Service Board on 8<sup>th</sup> March and have agreed to commission a bespoke community transport scheme from the Coelbren Village to the Dulais Valley Health Centre for a period of six months in the first instance which will provide a door to door service operated with DANSA, for three mornings per week, to help mitigate the impact on those patients linked to issues of access and transport. The use of the scheme will then be reviewed and further consideration given alongside any progress with the public transport. Consideration will also be given to an alternative use for Coelbren as a 'Wellness Centre' providing an opportunity for the provision of cluster or third sector services. The Coelbren wellbeing centre could potentially provide a range of holistic services aimed to help support the health and wellbeing of the local community.

**Benefits to Patients;** Centralising services on to a single site may improve the potential for the practice to recruit an additional GP either as a partner or a salaried GP thus increasing the availability of GPs and improving patient choice.



Centralising services will provide patients with access to a greater range of clinical expertise and diagnostic equipment under one roof.

Patients will be able to receive improved consultations at the main site than they can at the branch surgery, as they will have direct access to the full range of services, clinical equipment and other healthcare professionals

### **RECOMMENDATION**

The Board is asked to note, that the Panel, which convened on 1<sup>st</sup> March 2017, to consider the request and the aforementioned information, concluded unanimously that the recommendation to the Board should be **to approve the application from Dulais Valley Primary Care Centre, to withdraw all General Medical Services delivered by the GP and Practice Nurse from their Branch Surgery in Coelbren.**

Due to the significant sustainability issues faced by the Practice it is recommended by the Panel that the closure takes affect from 1<sup>st</sup> May 2017.

The decision of the Board will be notified to the Practice, the Community Health Councils, Local Medical Committee and key stakeholders identified during the engagement process.

Where the closure application is approved, the Practice will be required to write to all registered patients to inform them of the closure and how they will continue to access services at Practice.

An appeal by the Practice against the decision of the Board will be resolved through the contractual appeal process.





## Branch Surgery Closure

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If the review date has passed please contact the Author for advice.

### Disclaimer

Powys Teaching Health Board is the operational name of Powys Teaching Local Health Board  
Bwrdd Iechyd Addysgu Powys yw enw gweithredol Bwrdd Iechyd Lleol Addysgu Powys

### Version Control:

Version	Summary of Changes/Amendments	Issue Date
1	Initial Issue	June 2015
2	Additional information within appendix state 3 pages 8 last bullet point	

### Engagement & Consultation

#### Key Individuals/Groups Involved in Developing this Document

Role / Designation
Primary Care Department
Powys Community Health Council
Local Medical committee

#### Circulated to the following for Consultation

Date	Role / Designation
May 2015	Local Medical committee
May 2015	Community Health Council
June 2015	PTHB Directors

## **1 Introduction**

The Health Board currently has several branch surgeries providing General Medical Services across Powys. Some of these branch surgeries provide a limited range of services for patients and are usually open for variable limited times during the week, whereas others provide a full compliment of General Medical Services and are open five days per week.

A branch surgery can be closed subject to agreement between the Health Board and the providing practice. Whilst there is limited guidance in this regard, the Primary Care Contract Quality Standards relating to "branch / split – site surgeries" (paragraphs 4.52, 4.53 – 4.59) outlines a process under paragraph 4.56;

*"A branch surgery can be closed subject to agreement between the PCO and providing practice. In the event there is no agreement the practice can give notice that it wishes to close branch surgery. There will be a given period in which the PCO can issue a counter- notice, to allow for any required consultation, requiring the surgery to remain open until the issue is resolved. Normal appeal procedures will apply, or where both the practice and PCO agree that the surgery should remain open, then the PCO is required to continue supporting it with the necessary funding."*

The PCO in the Welsh context is the Health Board.

Health Boards have a statutory duty to ensure the sustained delivery of primary medical services to their resident population. When a practice becomes vacant for whatever reasons the Health Board must ensure that primary medical services continue to be provided to those patients by the most effective and efficient means possible having regard to local needs and circumstances.

## **2. Objective**

The rationale for developing this process is to ensure that all interested parties work collaboratively, to ensure that the delivery of patient care is paramount, in all considerations.

All arrangements for considering branch surgery closure applications will be managed by the Primary Care Department.

### **3. Branch Surgery Closure Process**

The following 7 stages explain the proposed process for the consideration and approval by the Health Board of branch surgery closure applications

#### **Stage 1 – Evidence required from a practice when submitting a request to close a branch surgery:**

The practice should inform the Head of Primary Care, in writing of their request to close a branch surgery, detailing:

- Reasons for the proposed closure request.
- Opening times and surgery times of the branch and main surgeries.
- Current access rates
- The list size of the practice.
- Services that are currently being provided from the branch surgery.
- Number of patients accessing the surgery services in the last 36 months, broken down by month.
- Number of patients that have accessed services at the branch site alone in the last 36 months, broken down by month. (Where the Practice is unable to identify patients who use the Branch Surgery, then all patients registered with the practice will need to be consulted with).
- Impact the closure will have on patients and services at the main site.
- Proposals for how the information will be communicated to patients if the closure application is approved.
- Details of the timing of the closure if approved, i.e. a phased closure.
- Details of the methods used to engage with stakeholders.
- Consideration to vulnerable groups.

The Health Board will acknowledge the request for closure in writing within 5 working days of receipt and inform the relevant

Community Health Council(s) and the Local Medical Committee that this has been received following the process.

The Primary Care Department, in conjunction with the Practice will identify the Following:

- Premises infrastructure concerns, i.e. costs to meet DDA compliance, statutory regulations compliance.
- Any other purpose for which the branch surgery is used.
- Details of the nearest GP practices and pharmacies (presented visually on a map).
- Any proposed changes to services at the main practice.
- Details of public transport links from the branch site to the main practice site.

The Health Board will inform neighbouring Health Boards and existing practices within the same practice area, of the request, which may be affected by the closure.

The Health Board will establish a Branch Practice Review Group, which will include representation from the Powys Community Health Council and Local Medical Committee.

## **Stage 2 – Primary Care Department – Engagement with Key Stakeholders:**

The Primary Care Department will co-ordinate the engagement process with Powys Community Health Council. The Primary Care Department will identify key stakeholders which will include:

- Local Medical Committee
- Powys Community Health Council
- Other relevant Community Health Councils (outside Powys)
- Community Pharmacists in the area
- Local Community Groups, i.e. Health Watch Groups and Community Councils

- Other practices in the area which may be impacted upon from the closure
- Local politicians

A patient engagement process will take place, using the attached questionnaire, which will be available in Welsh also. All patients accessing the Branch Surgery will be communicated with. If the practice is unable to identify specifically those patients who have accessed the branch surgery, then the total practice population will be subject to the patient engagement.

- The patient engagement process will be individually agreed with the Community Health Council(s).
- The questionnaires will be returned to the Community Health Council, who will provide a review of the returned to the HB.
- Practices may choose to progress further patient engagement in addition to the questionnaire, for example practice attendance at patient forums and community groups.
- The Primary Care Department will progress an Equality Impact Assessment on the process undertaken to conduct the patient engagement.

### **Stage 3 – Branch Practice Review Panel:**

A Branch Practice Review Panel will be convened to consider the request from the Practice, the information detailed in Stages 1 and 2, the outcome of the patient engagement, views of the Community Health Council(s) and Local Medical Committee, and the outcome of the Equality Impact Assessment as per Terms of Reference.

- The proposed membership of the Branch Practice Review Panel is:
  - Non Officer Member (Chair)
  - Medical Director or Clinical Director



- Director of Primary & Community Care Services
- Cluster Clinical Lead
- Head of Primary Care
- Powys Community Health Council Representative (non voting)
- Powys LMC representative (non voting).

The Branch Practice Review Panel will receive the information pack seven days before the meeting. The information pack will consist of:

- Reason for the proposed closure request.
- Opening times and surgery times of the branch and the main surgeries.
- Current access rates.
- The list size of the practice.
- Services that are currently being provided from the branch surgery.
- Number of patients accessing the surgery services in the last 36 months, broken down by month.
- Number of patients that have accessed services at the branch site alone in the last 36 months, broken down by month.
- Impact the closures will have on patients and services at the main site.
- Any proposed changes to services at the main practice.
- Premises infrastructure concerns, i.e. costs to meet DDA compliance, statutory regulations compliance.
- Any other purpose for which the branch surgery is used.
- Details of the nearest GP practices and pharmacies. This should be presented visually on a map.
- Details of public transport links from the branch site to the main practice site.
- Details of the methods used to engage with stakeholders.
- Proposals for how the information will be communicated to patients if the closure application is approved.
- Details of the timing of the closure if approved, i.e. a phased closure.
- Consideration to vulnerable groups.
- Patient survey results based on questionnaires distributed to all patients accessing the Branch Surgeries, which will include a full assessment on the

impact on the local population.

- Outcome of Equality Impact Assessment

The Branch Practice Review Panel will be deemed to be quorate if there are a minimum of 3 voting members present, one of whom must be the Non Officer Member. Wherever possible the Panel will be convened to enable attendance by Powys Local Medical Committee and Community Health Council representation.

The Practice will be offered the opportunity to present their case in the form of a 15 minute presentation at the beginning of the meeting. The Panel will have the opportunity to question the Practice staff.

The Panel will consider the information provided and agree a recommendation to be presented to the Board for agreement.

The Panel will also consider the Equality Impact Assessment conducted on the process followed.

Representatives from the Community Health Council and Powys Local Medical Committee will be in attendance to observe the process, but will not have voting rights.

The Branch Practice Review Panel will consider actions and the outcomes of a sustainability Assessment Framework Application.

#### **Stage 4 – Board Decision Making:**

- The Health Board recognises the Community Health Council(s), as a statutory organisation, that may consider a Branch Surgery Closure to be a change of service to the patients accessing services in this venue. The view of the Community Health Council(s) will be presented to the Board independently and may form part of the recommendation for the Branch Practice Review Group to consider in its decision making process.
- The Board will therefore, consider the recommendation from the Branch Practice Review Panel, including an Equality Impact Assessment on the recommendation, a summary of the request from the Practice, the outcome of the patient engagement, views of the Community Health Council(s) and views of other interested parties.

#### **Stage 5 – Notification to Practice, Patients and**

### **Key Stakeholders:**

- The decision of the Board will be notified to the Practice, the Community Health Council(s), Local Medical Committee, key stakeholders identified and neighbouring practices via the Chief Executive Officer.
- Where the closure application is approved, the practice will be required to write to all registered patients to inform them of the closure and how they will continue to access services from the Practice.
- Practices should ensure a minimum of 3 months notice following the Board decision to close, unless agreed otherwise with the Health Board and the Community Health Council(s).
- Where the closure application is approved it is the responsibility of the practice to meet all associated costs with closing the surgery including any redundancy and practice information costs.
- Where the closure application is not supported by the Board, the Head of Primary Care and Medical Director, will further discuss with the Practice the implications of this decision.

### **Stage 6 – Appeals Process:**

- Any appeal against the decision of the Board in relation to Branch Surgery Closure applications will be resolved through the contractual appeals process “Contract Dispute Resolution – Part 7 of Schedule 6 to the National Health Service (General Medical Services Contracts) (Wales) Regulations 2004(“The Regulations”).

### **Stage 7 – Management of Potential Objections from Community Health Council:**

- The Community Health Council has a right to undertake an independent patient engagement process, should the Community Health Council consider the Health Board’s not to be a robust process.
- If the Community Health Council objects to the Health Board’s decision they have a right of appeal to the Welsh Minister for Health and Social Services (as per the Welsh

## Government Guidance for Engagement and Consultation on changes to Health Services)

### **4. Definitions** *(Mandatory section header)*

The above process ensures that the Health Board applies a robust and equitable, step by step process, to consider all Branch Surgery Closure applications received.

### **5. Role / Responsibilities**

**5.1** Primary care department to ensure all stages of the process are fully adhered to.

**5.2** GP responsibility to meet stage 1 of the process.

**5.3** CHC responsible to undertake a review of the patient engagement process

**5.4** Review panel responsible to consider the branch closure request and all information detailed within stage 1 and 2

### **6. Supporting Papers to manage the Process.**

These documents can be accessed via the following link:  
<http://howis.wales.nhs.uk/sitesplus/867/page/42654>

Branch Surgery Closure Flow Chart Appendix 1  
Initial Acknowledgement letter from Health Board  
Acknowledgement letter to CHC & neighbouring Health Board  
Patient Questionnaire information letter (English)  
Patient Questionnaire information letter (Welsh)  
Patient Questionnaire (English)  
Patient Questionnaire (Welsh)  
Terms of Reference

### **7. Monitoring Compliance / Audit**

This document will be monitored/audited for compliance every time a branch surgery closure application is received. The time scale will depend on applications received.

### **8. Review and Change Control** *(Mandatory section header)*

This document will be reviewed every three years or earlier should audit results or changes to legislation / practice within PTHB indicate otherwise.

## **9. References / Bibliography**

This process takes into account the National Sustainability Framework Application process.

This guidance has been developed with reference to:  
WHC(2006) 063 GENERAL MEDICAL SERVICES PRACTICE VACANCIES- A GUIDE TO GOOD PRACTICE and  
Guidance on the Implications of the new GMS Contract on Provision of Buildings to Suit Different Service Models (ref: Para 4.53 – 4.58) produced By NHS Wales

## **10. This Policy takes account of the Health and Care Standards in Wales 2015 and underpins the following standards:**

- 1.1 Health Promotion, Protection and Improvement
- 3.2 Communicating Effectively
- 4.2 Patient Information
- 5.1 Timely Access
- 6.2 Peoples Rights

**Please note to obtain to view any of the documents referred to within this process can be accessed via the link below:**

**<http://howis.wales.nhs.uk/sitesplus/867/page/42654>**

## **PROCESS FOR CONSIDERATION OF BRANCH SURGERY CLOSURE APPLICATION**

### **Stage 1**

The practice formally writes to the Health Board with their request to close a branch surgery.

**Timescale**

The Health Board acknowledge the application, progresses further information in conjunction with the practice, and inform the Local Medical Committee, Powys Community Health Council and neighbouring Local Health Boards and Local Community Health Council of the request where the branch surgery falls within their area.

**1 – 2  
weeks**

(Acknowledgement letter to be sent with 5 working days)

### **Stage 2**

The Health Board will co-ordinate the engagement process through the Primary Care Department. Key stakeholders to include; Patients, Local Medical Committee, Powys Community Health Council, Local Community Groups, Local politicians and Patient Participation Group representation.

**Minimum  
4 weeks**

Engagement process to include Patient Questionnaire and other forms of engagement

### **Stage 3**

The Branch Practice Review Panel, will decide whether or not support the closure application and make a recommendation for consideration by the Board.

**1 week**

### **Stage 4**

Recommendation from the Branch Surgery Review Panel, with the views of the LMC and Community Health Council(s) will be presented to the Board, who will make the final decision.

**Minimum 3 weeks  
Maximum 10 weeks**

### **Stage 5**

The decision of the Board will be notified to the Practice, Patients, Community Health Council(s), Local Medical Committee and neighbouring practices

**1 week**



## **Coelbren Health Centre Redevelopment Public engagement**

### **Themes identified from the proposal to cease providing general medical services from the Coelbren Health Centre.**

**Thursday 19<sup>th</sup> January to Thursday 16<sup>th</sup> February 2017.**

#### **Background Information**

The Dulas Valley Primary Care Centre has had on-going issues with GP recruitment and the GPs have been unable to provide the full range of services at the Coelbren Branch Surgery since January 2016. Abertawe Bro Morgannwg University (ABMU) Health Board has been providing support to the Practice to provide some locum GP services at Coelbren for the last year, however, these posts have also been difficult to fill.

The Practice believes this position is no longer sustainable and sought the views from the local population to develop an alternative model of care. One option is for the Practice to work with ABMU Health Board to develop Coelbren as a Wellness Centre that could potentially provide a wide range of holistic services aimed to help support the health and wellbeing of the local community.

ABMU Health Board co-ordinated an engagement process on the proposal to **cease providing general medical services from the Coelbren Health Centre**. The engagement process ran from Thursday 19<sup>th</sup> January to Thursday 16<sup>th</sup> February 2017.

#### **Methodology**

As the population were residents of Powys, ABMU Health Board followed the framework set out by Powys Teaching Health Board for a branch surgery closure. This framework ensured that that all relevant parties worked collaboratively to ensure that the delivery of patient care was paramount. ABMU's Primary Care Team co-ordinated the engagement process with Powys Community Health Council.

A communication and engagement plan was agreed with Powys Community Health Council, and included the following:

- Individual letters sent to Powys patients who were registered with the practice during January 2017.
- Two public drop-in events held at the Coelbren health centre on 26<sup>th</sup> January and 1<sup>st</sup> February 2017. Powys Community Health Council members were in attendance to listen to the public's views, and produced a summary report from each event. These reports were included on the agenda of the Radnorshire and Brecknock Local Committee meeting held 9<sup>th</sup> February 2017.
- A patient questionnaire was developed and distributed widely during the engagement period, including a pre-paid envelope for return directly to Powys Community Health Council. Boxes were also provided at the Seven Sisters and Coelbren surgeries for questionnaire responses which were forwarded to Powys Community Health Council for analysis.

A total of 180 questionnaires were completed and returned<sup>1</sup>, plus two individual letters of submission, and one telephone call. The questionnaire responses were analysed using the SNAP data analysis tool, and the quantitative responses, including the key themes emerging from the drop in events, analysed by use of a systematic thematic data analysis method. Appendix 1 details the qualitative comments received. This paper summarises the key themes identified from the public engagement activities, for consideration by Powys Community Health Council Executive Committee on 28<sup>th</sup> February 2017, and the review panel on 1<sup>st</sup> March 2017.

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<sup>1</sup> A further eight questionnaires were returned after the completion of this report.



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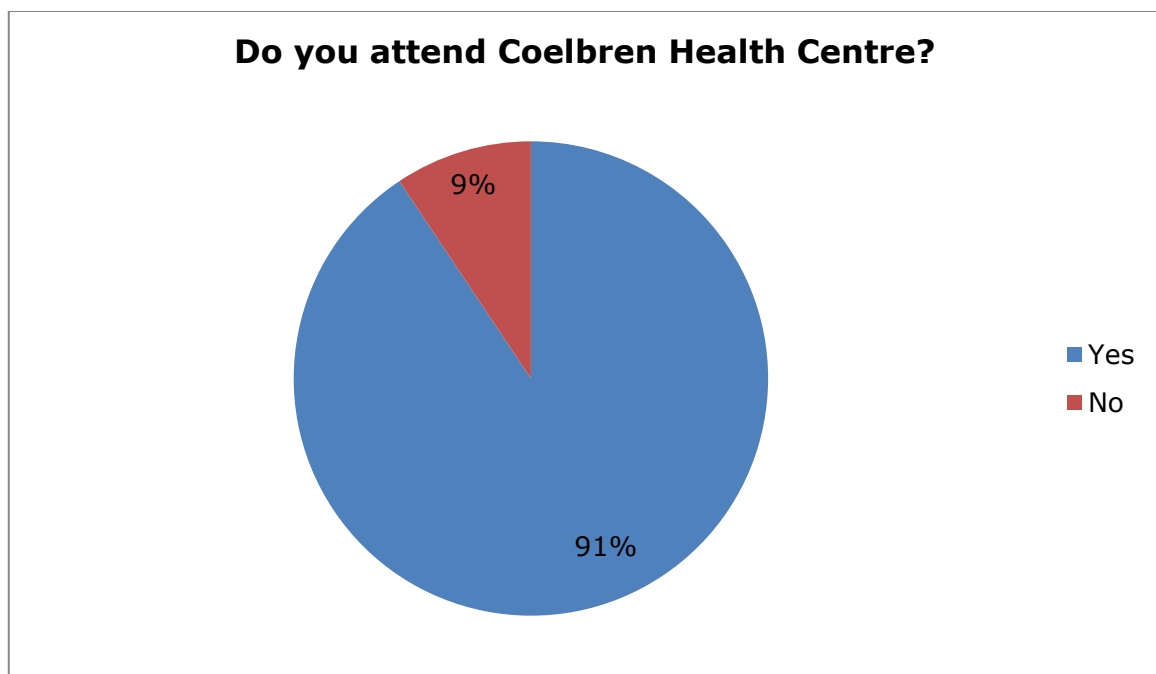
# Coelbren Health Centre Patient Questionnaire

## Summary of Questionnaire Responses

### Question 1

**Do you attend Coelbren Health Centre to see your Doctor/Nurse?**

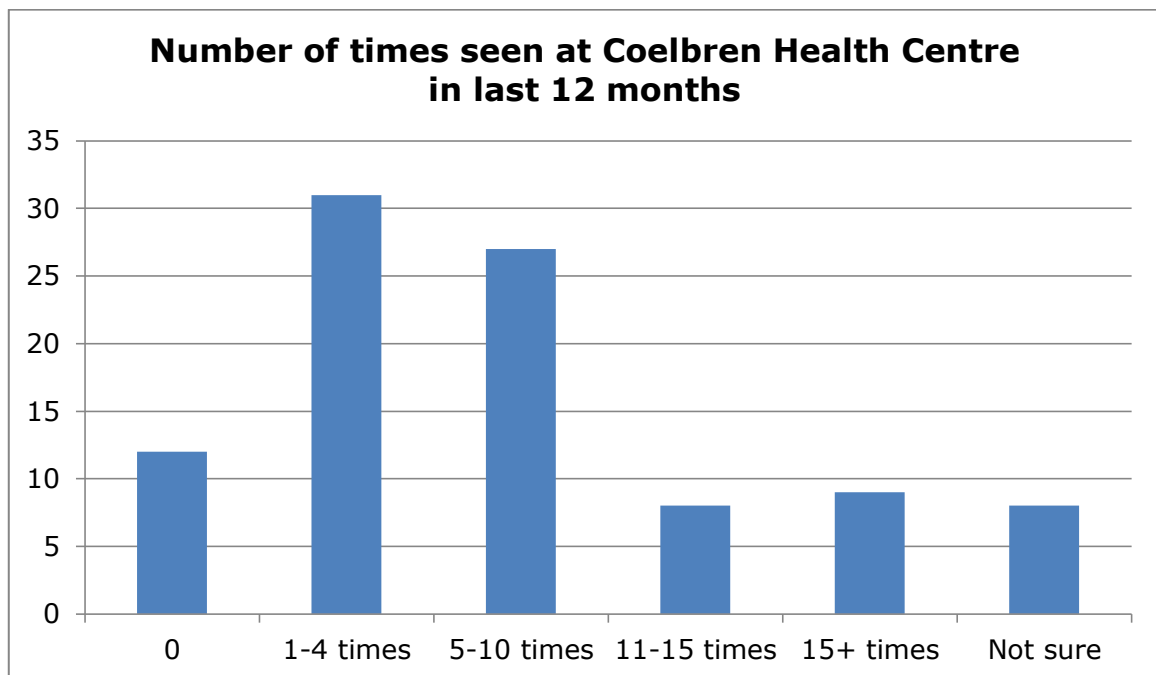
Yes	155 (91%)
No	16 (9%)



## Question 2

**How many times have you been seen at Coelbren Health Centre in the last 12 months?**

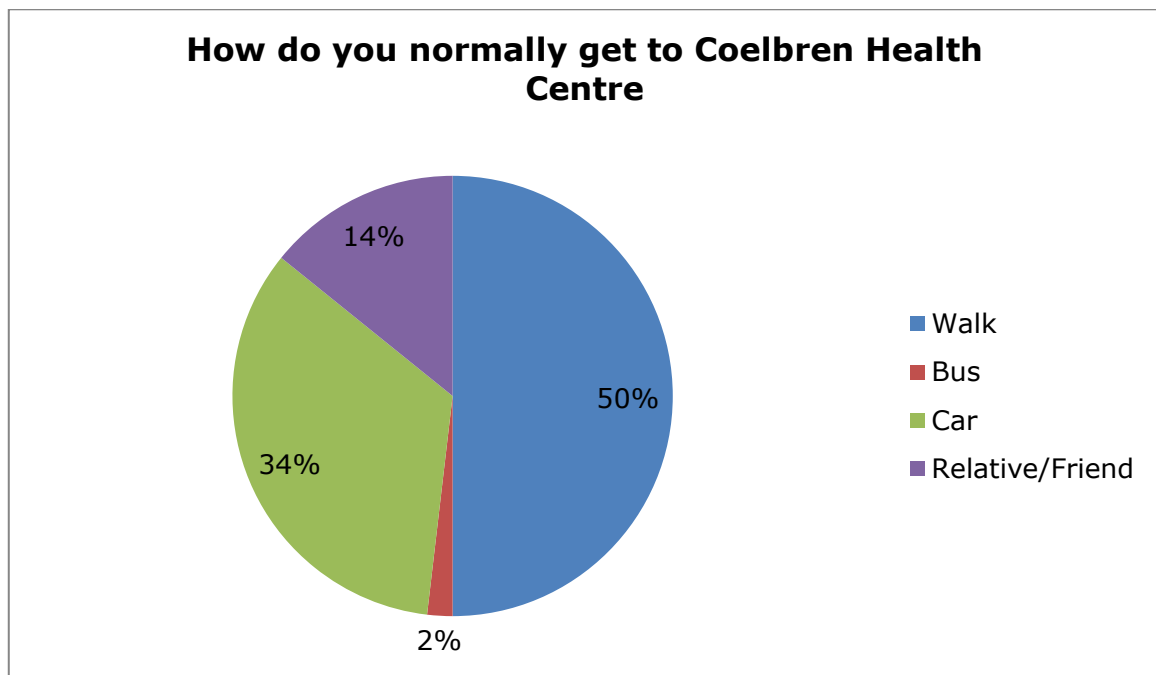
0	12 (13%)
1-4 times	31 (33%)
5-10 times	27 (28%)
11-15 times	8 (8%)
15+ times	9 (10%)
Not sure	8 (8%)



### Question 3

**How do you normally get to Coelbren Health Centre?**

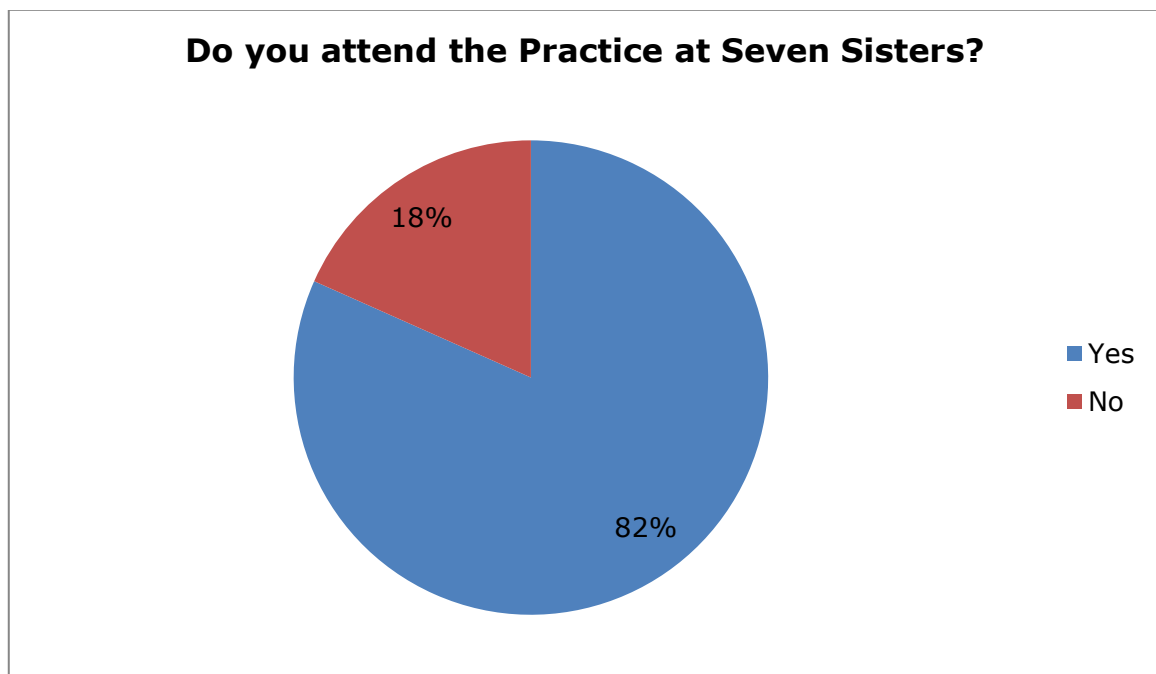
Walk	81 (50%)
Bus	3 (2%)
Car	55 (34%)
Relative/Friend	23 (14%)



#### Question 4

**Do you attend the Practice at Seven Sisters to see your Doctor/Nurse?**

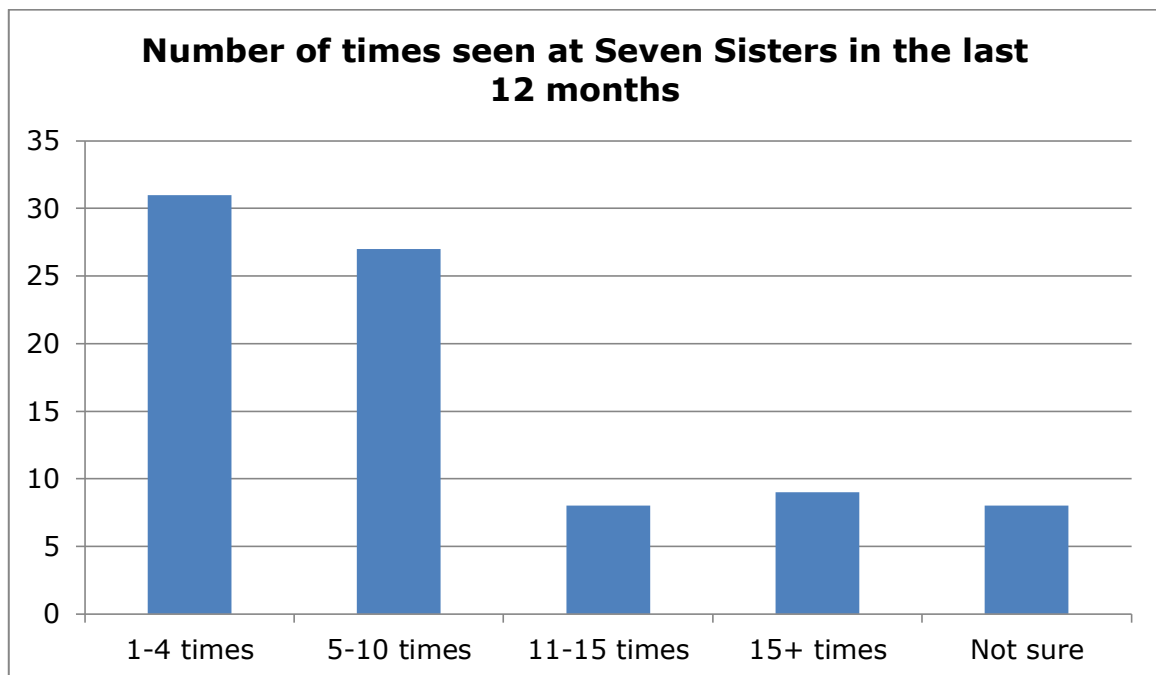
Yes	138 (82%)
No	31 (18%)



### Question 5

**How many times have you been seen at Seven Sisters in the last 12 months?**

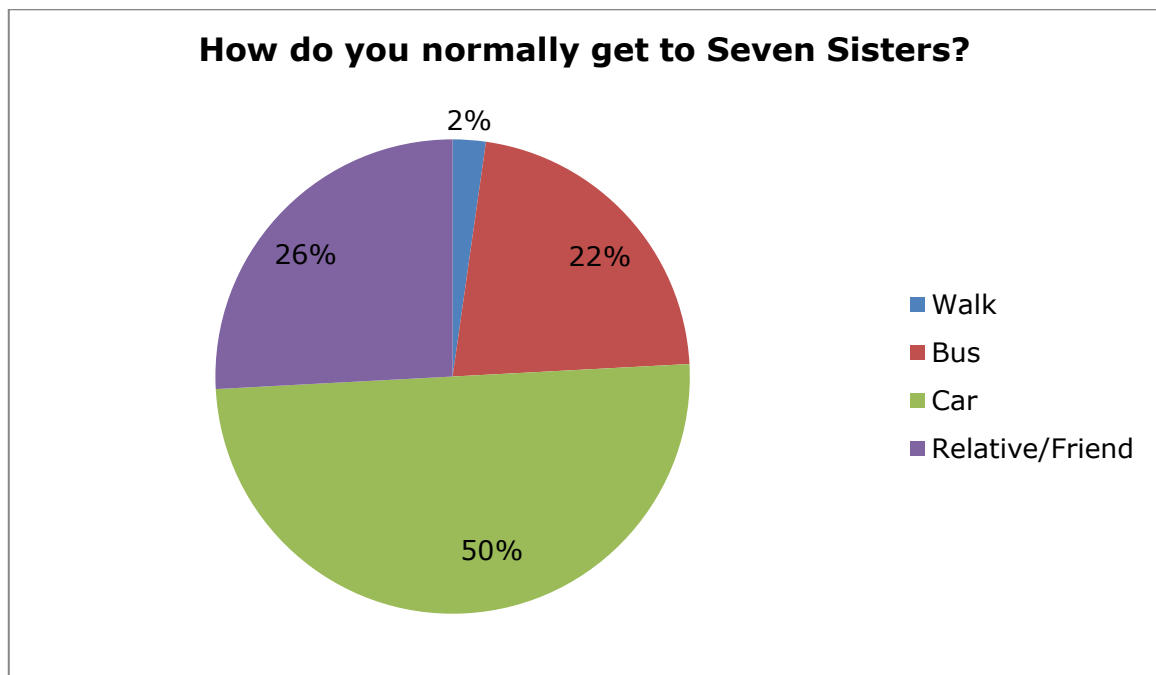
0	18 (18%)
1-4 times	53 (54%)
5-10 times	18 (18%)
11-15 times	3 (3%)
15+ times	3 (3%)
Not sure	4 (4%)



### Question 6

**How do you normally get to Seven Sisters?**

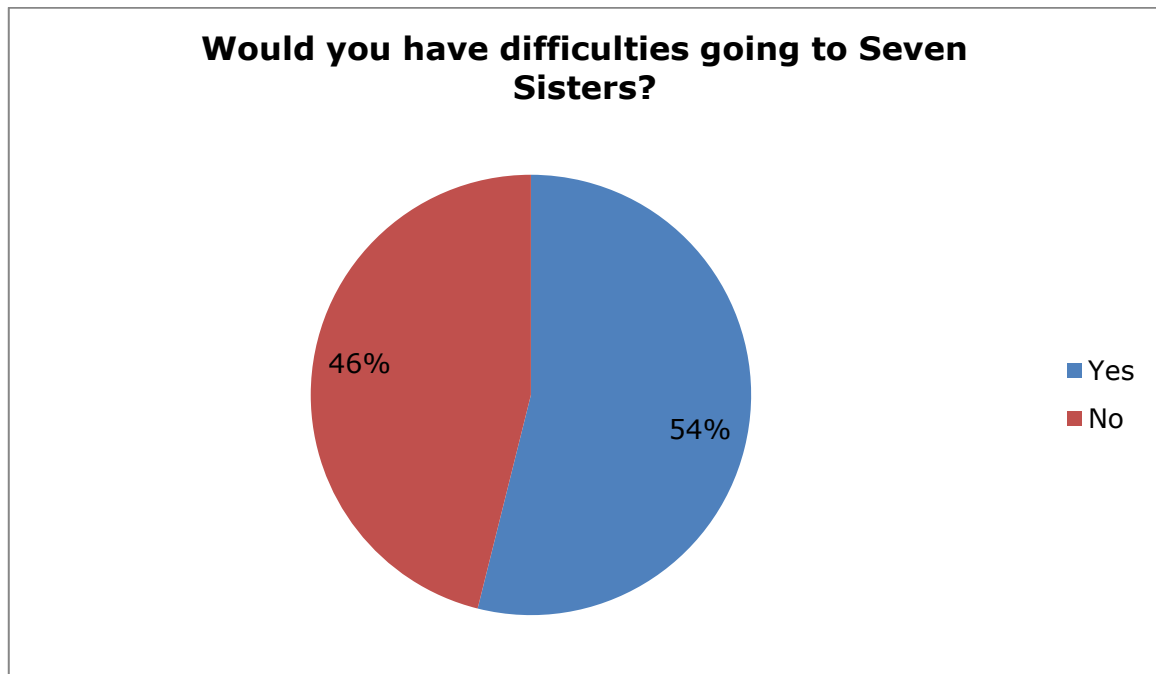
Walk	4 (2%)
Bus	39 (22%)
Car	89 (50%)
Relative/Friend	46 (26%)



### Question 7

**Would you have any difficulties going to Seven Sisters for all your visits?**

Yes	90 (54%)
No	77 (46%)

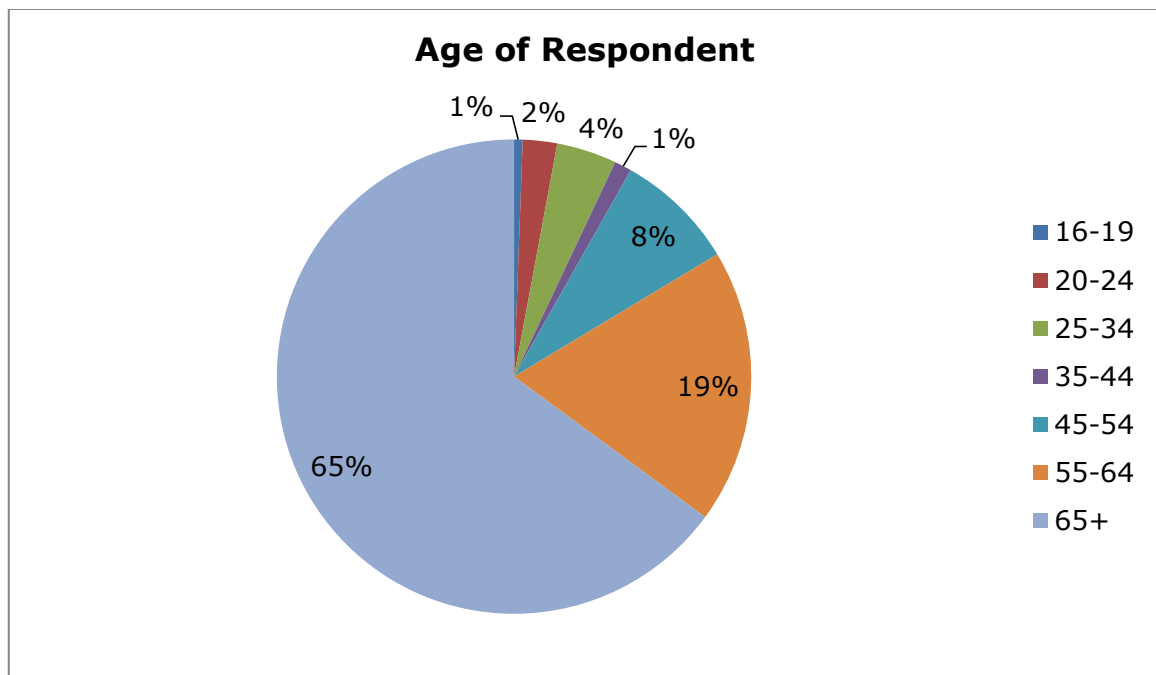




### Question 9

How old are you?

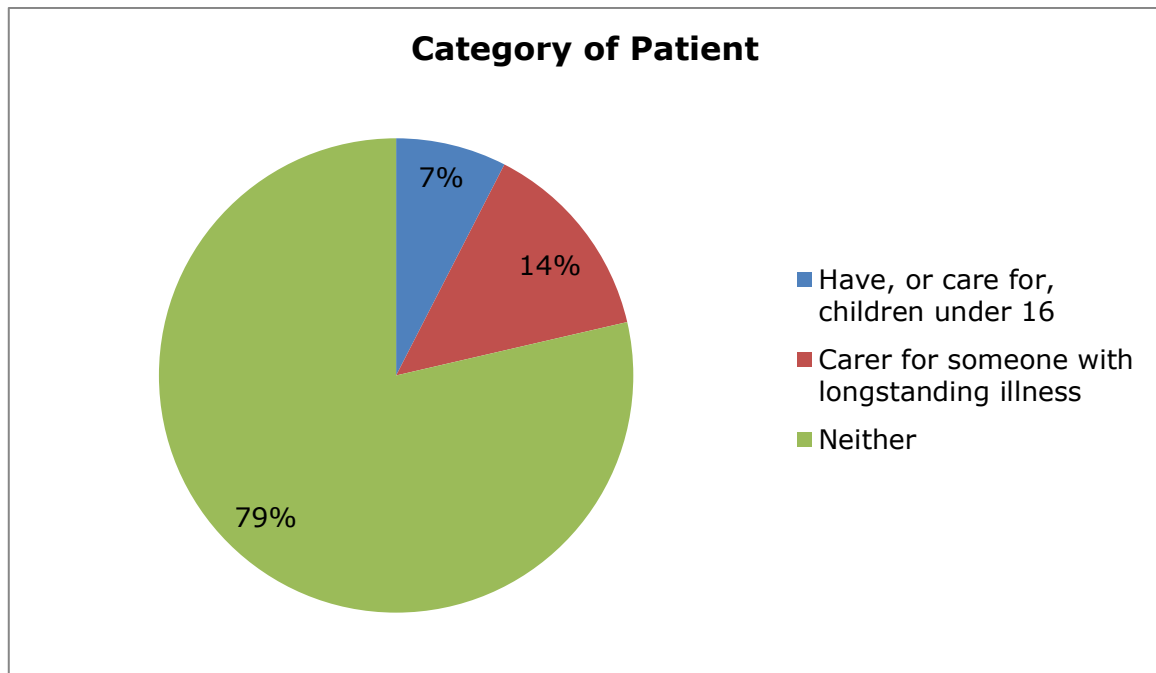
16-19	1 (1%)
20-24	4 (2%)
25-34	7 (4%)
35-44	2 (1%)
45-54	14 (8%)
55-64	32 (19%)
65+	111 (65%)



### Question 10

**Which of the following apply to you?**

Have, or care for, children under 16	12 (8%)
Carer for someone with longstanding illness	22 (14%)
Neither	125 (78%)



## Themes emerging from Qualitative Comments

	No. of respondents making this comment
<b>1. Issues of Access</b>	
<b>1.1 Transport</b>	
▪ No access to buses.	<b>28</b>
▪ If I am unable to drive, will be impossible/difficult to get to Seven Sisters.	<b>24</b>
▪ Have to rely on family/friends to drive me to Seven Sisters.	<b>11</b>
▪ Older people will experience great difficulty attending Seven Sisters surgery.	<b>7</b>
▪ DANSA charges / not reliable / not the answer unless free / need 48 hours notice.	<b>6</b>
▪ I don't drive.	<b>5</b>
▪ Using a bus makes it impossible as bus times do not co-ordinate.	<b>4</b>
▪ We need surgery at Coelbren as we have no transport to get to Seven Sisters.	<b>3</b>
▪ Changed to Coelbren surgery from Abercrave as more convenient – if surgery closes will have further to travel than before.	<b>2</b>
▪ Public transport is a very pertinent issue and a very difficult problem for those patients who use Coelbren Health Centre.	<b>2</b>
▪ Coelbren more accessible.	<b>2</b>
▪ Can walk to Coelbren – would have to drive to Seven Sisters – busy down that area – 15 minute commute.	<b>1</b>

- If we lose surgery, may have to move away. **1**
- Need bus/car for chemist facility. **1**
- To get to Seven Sisters I would have to walk to Onllwyn to get a bus, and the revers on the way back home. **1**
- Difficult to get to Coelbren in bad weather, even worse getting to Seven Sisters. **1**
- My partner and daughter both work until 6pm so there is no way of getting there. **1**
- Those without their own transport and lacking friends or relatives available to take them to Dulais Valley Primary Care Centre find it difficult to access services there. The number in this position is likely to increase as people age and become less able to drive. **1**
- People who are ill are less able to travel by bus. **1**
- Direct bus service calling at Coelbren and Nant y Cafn ceased in January 2017. Attempts to re-instate it may be successful – or not. Alternative means of transport (community car scheme, Red Cross) are under pressure. Free transport by DANSA (or another provider) would help; such an arrangement would have to be semi-permanent. **1**
- Fundamentally, travelling from Coelbren, Banwen, Dyffryn Cellwen, Onllwyn, Cae Hopkin, Abercraf, Ynyswen and Pen-y-cae to Seven Sisters can be very challenging. Indeed, public transport for the entire area is notoriously unreliable. **1**
- For patients with mobility, physical and mental health difficulties, public transport is an extremely stressful option and would result in patients in need choosing NOT to travel to attend their GP in Seven Sisters. **1**
- Talks are on-going about linking bus Seven Sisters with Coelbren. Currently, there will be possibility of a reduced bus service. Powys Teaching Health Board should offer some sort of financial contribution towards the bus service as they are Powys residents that need to use it to get to the GP Practice at Seven Sisters. **1**

## 1.2 Appointments

- No option other than to attend Seven Sisters when no appointments available at Coelbren branch. **20**
- Would prefer to see doctor/nurse at Coelbren surgery. However, the appointment system makes this very difficult or impossible. **3**
- Appointments not very 'working hours' friendly. Appointments need to accommodate working people who do not want to take time off to see GP or nurse. **3**
- Unable to get appointment with GP re management plan for BP. Very poor service for people who are attempting to keep healthy – no support. Would prefer to seek services so that any health problems are solved early so that I do not need to take extended time off work. **2**
- For some patients, there is a difficulty using the GP call back service; patients could be unable to get to the telephone before it shuts off; perhaps they do not hear the telephone ringing because they are in another part of the house; or have simply forgotten about the call back and are not in the house. **2**
- Don't get home from work until 5.30-6.00 so I have to rush to make an appointment. **1**
- Waiting time to see doctor/nurse much quicker at Coelbren. **1**
- Availability of appointments would also be of concern, that the workload will increase at Seven Sisters (if Coelbren closed) **1**
- The Practice is now under severe pressure for its services and patients are now in direct competition to gain appointments **1**
- Telephoning to make appointments can be a 'psychological wall' for some patients. Those with dementia could just forget to try again – or even try in the first place. **1**

## 1.3 Limitations of Health Conditions

- Because of health condition, travel is difficult. **6**
- Due to mental health problems, having to speak to receptionist prior to doctor is very difficult. **1**
- Due to mental health problems, I have trouble coping with change. **1**
- One of reasons for moving to Coelbren was because of chronic health problem – able to walk to surgery. **1**
- Infirm wheelchair user **1**
- Coelbren Health Centre was very user friendly: for example, someone with mobility issues could walk or use their wheelchair for as little as 10 metres from the car park to the reception/waiting area – and all on level ground. Access at Seven Sisters is NOT as user friendly. **1**

## **2. Older People**

- With age comes lots of problems / more reliance on medical services **5**
- Resident at Ty-Mawr Nursing Home, Abercrave, and have home visits only. **5**
- Service must be kept open for residents of Coelbren, especially OAP. **3**
- Has the Health Authority given any thought to the elderly? It's the elderly that suffer most. **2**
- I have an elderly mother with me, so cannot leave for long periods of time **2**
- As you get older, local facilities become of greater importance. **1**
- As a pensioner having to attend Seven Sisters for blood tests, then Coelbren for Diabetic Clinic seems a little odd. No appointments available at Coelbren all week, but immediate appointment at Seven Sisters, this seems a strange arrangement. **1**
- I am elderly and I live alone with no family near me and I don't drive. We have no access to buses in my **1**

village.

- I know several elderly people who attend Coelbren Surgery and they would experience great difficulty attending Seven Sisters surgery **1**
- I'm elderly and infirmed and think its all wrong that I should have to be reliant on family and friends **1**
- With regular appointments the cost of transport (DANSA £4 return) would be a strain on any pensioner's pocket. **1**
- Old age pensioner with arthritis, sometimes finds it hard to drive, therefore travel is difficult on these times. **1**
- Losing our surgery will be devastating for our community, especially the elderly **1**
- Feel strongly that moving the general medical services from Coelbren will have a significant negative effect on patients living in Coelbren, particularly those on low incomes and the elderly. **1**
- I think moving GP services from Coelbren will have a detrimental effect on residents of Coelbren, especially the elderly **1**
- Key issue is the concern that the branch surgery is closing and is particularly concerning for elderly patients who can't access the surgery. (The respondent wishes to involve the Older People's Commissioner in this). **1**
- Many of the older people will find it difficult to get to Seven Sisters as there is no bus service in Coelbren. **1**
- I'm also getting older and may not be able to drive and get to Seven Sisters. **1**
- Always attended Abercrave Surgery but 2 years ago decided to change to Coelbren as getting older and it's more convenient, and now got to travel further to Seven than before. **1**
- As I get older I may not be able to drive to Seven Sisters. Without a good bus service I will not be able to get to the surgery. **1**

- As an older person I would find it a lot more difficult to get to Seven Surgery. DANSA buses are available but need 48 hrs notice so, in the event of an immediate appointment, there would be no transport. **1**
- A deep concern for the extra pressure put upon the older disabled patients needing to visit Seven Sisters. **1**

### **3. Coelbren Health Centre (sustainability)**

- Suggest a nurse led practice/service. **4**
- Hope our surgery does not close and that you can do everything you can to help us. **2**
- Being only two doctors at present, why not ½ day Coelbren ½ day Seven Sisters. **1**
- We are told that there is only 2 doctors at Seven Sisters. When we have to attend Seven there always seems to be 3 there – why can't one come to Coelbren if only for 2 days? **1**
- Use of Coelbren Health Centre building as a wellness centre would be good if it was otherwise redundant but would not address the basic need for medical services in the community. Users from outside the community would need their own transport to reach it. It is claimed that closing Coelbren Health Centre will result in financial savings. However, with all the add on costs that transportation will bring to the patients, to the Health Boards and to Social Security, then it is probably a case of moving costs from one pocket of public expenditure and placing it – with interest – in another pocket of public expenditure. **1**
- What will Coelbren Health Centre be used for in the future? ABM UHB suggests it could be used as a Wellness Centre to provide a wide range of holistic services. If that proves to be unsuccessful then the Centre will either be sold or, worse, raised to the ground. **1**
- A shame such a lovely building will go to waste. **1**
- Concerns that the figure of 600 is being quoted as using **1**



the branch but 850 patients are registered.

- Withdrawal of medical services from Coelbren Health Centre will certainly not resolve the practice's problems. Given its failure to date to recruit GPs, the use of locums will continue at Dulais Valley Primary Care Centre. If there, why not at Coelbren Health Centre? **1**
- Over the past 20 years, Seven Sisters Practice has shrunk from 5 health centres to just the one, which means that the practice has fewer surgeries, fewer GP/partners but still serves the whole growing community of patients. The outlook seems highly stressful for both the GPs and the patients. **1**

#### **4. Pharmacy**

- Regularly attend Coelbren for repeat prescriptions **8**
- Prescription renewal would be difficult **2**
- They closed the dispensary for lack of use – not true as the only reason we went to the chemist is because our tablets were not there. **1**

#### **5. Impact on Community**

- Losing surgery will be devastating for community. **6**
- For all patients, the new arrangement will mean not only more difficulties in obtaining and attending GP and clinic appointments, but also increased costs, both monetary and psychological (stress and the feeling of increased isolation). **2**
- Already lost surgery in Abercrave. **1**
- Powys residents have no option but to join another practice which is more accessible by public transport because, allegedly, it (Seven Sisters) is not accepting new patients from Coelbren. **1**

## 6. Survey Methodology and Process

- This survey focuses only on the last 12 months when it is at the crisis period, during the period that we have not had a full service in Coelbren. Many times, because of GP situation, appointments were not available. It would be a factor how many more house calls in the area now. The number of times Coelbren is used is a poor yard stick. **2**
- Arranged “engagement sessions” are not working friendly hours. Most working people not even home by 6pm. **1**
- Concerns that, at the public meetings, no one from Powys Health Board has been present. At the end of the day this is a Powys resident issue and PTHB should have been present to listen to the concerns of the public. **1**
- The results of this survey should be made available to the community widely and in detail. **1**
- Whilst the letter states there is an ‘engagement process’ to discuss the proposal with patients, nonetheless, the fact that the Coelbren Health Centre will no longer provide GP and associated clinic services was obvious: that decision had clearly been made! **1**

## 7. Sustainability of GP Services

- Concerned that doctors will leave as they are exhausted. **1**
- Withdrawal of medical services from Coelbren Health Centre will certainly not resolve the practice’s problems. Given its failure to date to recruit GPs, the use of locums will continue at Dulais Valley Primary Care Centre. If there, why not at Coelbren Health Centre **1**
- Over the past 20 years, Seven Sisters Practice has shrunk from 5 health centres to just the one, which means that the practice has fewer surgeries, fewer GP/partners but still serves the whole growing community of patients. **1**
- With centralisation comes greater patient numbers which brings greater time pressures on GPs, which begs the question – What will happen if another GP/partner **1**

leaves?

## **8. Custom and Practice**

- Don't see why I have to go to Seven when I've been in Coelbren the last 60 years. **1**
- Been at this practice for 75 year and would never move to any other practice. **1**

## **9. Local Knowledge/ Individual Patient Needs**

- At Coelbren Health Centre, the relationship between the receptionists and patients was exemplary – individual patient needs were known to them and they were very much part of the wider community. The relatively lower patient numbers allowed the receptionists to have high quality personal links with patient needs and communications. Seven Sisters Health Centre has too many patient numbers spread over too many disperse communities to enjoy this excellent patient care relationship. **1**

## **Key Themes arising from the 'drop-in events' 26<sup>th</sup> January and 1<sup>st</sup> February 2017**

- 1) All attendees wanted a GP service to remain at Coelbren.
- 2) All highlighted the bus services were totally inadequate and routes failed to support getting to Seven Sisters surgery, especially with telephone triage which made it almost impossible to access the facility at Seven Sisters on time for the allocated appointments.
- 3) All noted there has been a severe depletion of local services to date, including closure of School/Chapel/Shop/Post Office/Bus Service/Paper and even Milk rounds.
- 4) Most commented Pharmacy service was a cause of some concern as the service was difficult when prescriptions had to be filled, completed, collected at different surgeries or pharmacies.
- 5) Most commented that they were not keen to have alternative therapies, Red Cross or non-medical services within the surgery as these could be and some already are offered in the local Community Welfare Hall.
- 6) The majority understood the difficulty recruiting GP's however would prefer nurse led services than a wellbeing centre.
- 7) All noted they would like Bloods, Diabetic / Specialist clinics e.g. Care of elderly / leg ulcer clinics, chiropody/podiatry and Physiotherapy at Coelbren. Several commented that an advanced nurse practitioner on site would be an acceptable compromise if a GP could not be appointed.
- 8) The majority of attendees wanted to know why Powys Teaching Health Board had not been supporting the local review of services and had not been present. They felt ABMU had taken all the initiative and it appeared that PtHB were showing no interest in taking the responsibility for services offered to Powys patients. A small number of attendees also wanted to know if PtHB were going to resource or fund any of the developments?
- 9) Some attendees wanted to know if the likelihood of Seven Sisters Practice recruiting a GP in the future, would the GP service be re-established at the Coelbren Centre?

## **Summary of Key Findings**

### **Questionnaire**

- 91% of respondents attended Coelbren Health Centre to see their Doctor or Nurse
- 33% of respondents had been seen at Coelbren Health Centre over the previous twelve months between 1 – 4 times
- 50% of respondents normally walked to Coelbren Health Centre
- 82% of respondents attended the Seven Sisters Practice to see their GP
- 54% of respondents had been seen by the GP at Seven Sisters over the previous twelve months between 1 – 4 times
- 50% of respondents normally travelled to Seven Sisters by car
- 54% of respondents advised they would have difficulties in going to Seven Sisters for all treatment
- 65% of respondents were over 65 years old
- 87% reported they were neither a carer for someone with longstanding illness, or cared for children under 16

### **Qualitative Responses**

#### **1. Access**

The key issue raised in qualitative comments was in respect of issues of 'access'. This issue primarily fell into three categories:

- Access to transport
- Access to GP appointments
- Access due to limitations of health conditions

The main concern was in respect of limited access to bus services, and for those who are unable to drive the difficulties that would be experienced in getting to Seven Sisters, especially for older people and those experiencing chronic health conditions. Respondents advised that they currently had no other option than to attend Seven Sisters when no appointments were available at the Coelbren branch. For patients with mobility, physical and mental health difficulties, public transport is an

extremely stressful option.

## **2. Impact on Older People**

The impact on older people was closely linked to the issue of 'access' and transport, and that older people would find it difficult to get to Seven Sisters as there is no bus service in Coelbren.

Respondents advised that age related health conditions resulted in more reliance on medical services, and that it was felt the older people would suffer the most if the Coelbren GP services were removed. The cost and availability of DANSA buses would be a strain on an older person's budget, and that moving general medical services from Coelbren would have a significant negative effect on patients, particularly those on low incomes and the elderly.

## **3. Impact on the local community**

There has been a severe depletion of local services to date, and respondents advised that losing the Coelbren surgery would have a devastating impact on the local community, with increased costs, both monetary and psychological (stress and the feeling of increased isolation).

## **4. Pharmacy**

The dispensing pharmacy service at Coelbren branch was withdrawn in 2016. However, respondents reported that the Pharmacy service was a cause of some concern as the service was difficult when prescriptions had to be filled, completed, and collected at different surgeries or pharmacies. A small number (8) reported that they regularly attended Coelbren for repeat prescriptions, and two respondents advised that prescription renewal would be difficult.

## **5. Future provision at Coelbren Health Centre**

Respondents advised that the use of Coelbren Health Centre building as a Wellness Centre would be good if it was otherwise redundant, but would not address the basic need for general medical services in the community. Respondents advised they would prefer a nurse led centre, rather than a Wellness Centre, and would like Bloods, Diabetic/Specialist Clinics for example, care of the elderly; leg ulcer; chiropody/podiatry and physiotherapy at Coelbren. An advance nurse practitioner on site was viewed as more acceptable if a GP could not be appointed. There was concern that alternative therapies were already offered in the local community Welfare Hall.

## **6. Role of Powys Teaching Health Board in public engagement**

The majority of attendees at the public drop in events wanted to know why Powys Teaching Health Board had not been supporting the local review of services and had not been present. Attendees felt ABMU had taken all the initiative and it appeared that PtHB were showing no interest in taking the responsibility for services offered to Powys patients. A small number of attendees also wanted to know if PtHB were going to resource or fund any of the developments?

## **Coelbren Health Centre Redevelopment - Public Engagement**

**Thursday 19th January to Thursday 16th February 2017.**

### **Summary of Responses**

<b>Method of Contact</b>	<b>Number of Contacts</b>
Telephone Call	5
Face to face	39
Letter	1
Email	2

### **Themes from patient feedback**

#### **Transport**

Most people that we spoken to as part of this engagement process raised concerns in respect to limited access to bus services in Coelbren. Patients who are unable to drive will have great difficulty in getting to Seven Sisters. Community transport options locally incur a charge and require 48 hour notice.

#### **Repeat Prescriptions**

A number of respondents reported that they drop off their repeat prescriptions at Coelbren Health Centre and it would be very inconvenient to go to Seven Sisters to drop off repeat prescription requests.

#### **Impact on Older People**

The impact on older people was raised regularly and was closely linked to access and transport concerns. Respondents advised that age related health conditions resulted in more reliance on medical services, and it was felt that older people would suffer most if the Coelbren Health Centre shut.

#### **Impact on the local community**

Many people reported that there has been a severe depletion of local services in Coelbren, including the school, shop, post office, milk and paper round. It is felt that losing the Coelbren Health Centre would have a devastating impact on the local community.

#### **Future Provision**

Respondents advised that they did not want to have a wellness centre that only provided third sector services. Most respondents wanted either a GP or Nurse led service and would like bloods, diabetic/chronic condition clinics, chiropody and/or physiotherapy services based at Coelbren. An Advance Nurse practitioner would be acceptable if a GP was unavailable.



## **Proposed withdrawal of GMS Services from the Branch Surgery of Dulais Valley Primary Centre - Coelbren Health Centre**

### **Equality Impact Assessment**

#### **Introduction**

Section 149 of the Equality Act 2010 places a duty, referred to as the general duty, on public sector bodies. Public bodies subject to the general duty are required when designing policies or making decisions to have due regard to the need to:

- Eliminate unlawful discrimination, harassment and victimisation.
- Advance equality of opportunity between different groups.
- Foster good relations between different groups.

In order to demonstrate that a public sector body has given due regard to the general duty, public sector bodies in Wales are required under the Welsh Public Sector Equality Duties to conduct an Equality Impact Assessment (EIA) of their policies and decisions which are likely to have an impact upon people with protected characteristics.

#### **What is meant by equality**

Equality is about making sure people are treated fairly. It is not about treating “everyone the same”, but recognising that everyone’s needs are met in different ways. Our age, disability, faith or belief, gender, race, sexual orientation, being married or in a civil partnership, being transgender or being pregnant should not disadvantage us. These different characteristics are protected under the Equality Act 2010.

We also recognise the importance of putting human rights at the heart of the way our services are designed and delivered. We believe this makes better services for everyone, with patient and staff experiences reflecting the core values of fairness, respect, equality, dignity and autonomy.

In addition we recognise that Wales is a country with two official languages: Welsh and English. The importance of bilingual healthcare for all patients in Wales is fundamental and is particularly important for four key groups - people with mental health problems; those with learning disabilities; older people and young children. Research has shown these groups cannot be treated effectively except in their first language. Our consideration of equality takes account of this.

The EIA process requires us to consider how the withdrawal of general medical services from the branch surgery at Coelbren Health Centre may affect a range of people in different ways.

The EIA process will help us answer the following questions:

- Do different groups have different needs, experiences, issues and priorities in relation to the proposed service changes?
- Is there potential, or evidence that the proposed changes will promote equality?
- Is there potential for, or evidence that the proposed changes will affect different groups differently? Is there evidence of negative impact on any groups of people?
- If there is evidence of negative impact, what alternatives are available? What changes are possible?

## **Background**

Dulais Valley Primary Care Centre is a semi rural practice with a patient list size of 6013. The practice consists of a modern purpose built main surgery based in Seven Sisters and a branch surgery in Coelbren, Powys. Since September 2015 the ABMU Health Board Primary Care team has been alerted to the sustainability issues within the Dulais Valley Practice, affecting the whole of the Practice population. The Practice has now formally asked the Health Board to support the withdrawal of all general medical services from their branch site in Coelbren.

## **Rational for closure**

Dulais Valley Primary Care Centre has had ongoing issues with GP recruitment and the remaining two GPs have been faced with the challenge of providing services from two sites. Since January 2016 the practice has not been in a position to provide GP Services in Coelbren and has proposed that the operation of a branch surgery places the practice at risk of maintaining safe and effective services. Over the last 12 months the practice has shared it's aspiration to centralise general medical services at Seven Sisters. It is proposed that this will improve efficiency, financial and workforce stability, staff wellbeing and also improve GP recruitment prospects.

## **Methodology**

The Health Board has worked closely with Powys and ABM Community Health Council to undertake a formal engagement process which was carried out between the 19<sup>th</sup> January and the 16<sup>th</sup> February 2017 (4 weeks). The consultation was undertaken by ABMU Health Board to gather views on the proposed change.

The engagement process involved a range of methods which included active participation of the following stakeholders:

- Service users
- Assembly Members, MPs and local councillors
- Powys Teaching Health Board
- Local Medical Committee
- Neighbouring General Practices and Community Pharmacies
- Local Community Groups

- The wider community

A communication and engagement plan was developed which set out the proposal and described the principles and aims of the engagement process, the communication tools that would be adopted and the process itself.

ABMU Health Board adopted recognised best practice by using a combination of different methods of engagement rather than a one size fits all approach. A range of standardised materials, which communicated the core messages and case for change were produced and distributed through a variety of methods.

#### Materials included:

- A letter and engagement document produced in English and Welsh.
- A frequently asked questions leaflet produced in English and Welsh.
- A questionnaire produced in English and Welsh.
- Posters and fliers for advertising engagement sessions

#### Distribution

- The letter, information sheet, frequently asked questions and questionnaire were distributed to Powys resident homes.
- Copies of the questionnaire and frequently asked questions sheet were placed in both the Seven Sisters and Coelbren sites.
- All materials were sent to neighbouring GP Practices and Community Pharmacies.
- Posters were placed in both sites of the Dulais Valley Primary Care Centre.
- All materials were advertised on the ABMU and CHC websites.
- Patients had the opportunity to return their questionnaires directly to Powys CHC, the Health Board or a box left in reception at both sites. Patients were also given the opportunity to complete during the engagement sessions.
- A dedicated telephone number and e-mail address was also provided as a mechanism of providing feedback.

#### Engagement sessions:

The approach to the engagement sessions was agreed with both community health councils, and representatives from both CHCs were in attendance at the two drop in engagement sessions.

The engagement sessions aimed to be inclusive of all and meetings were arranged in order to assist attendance from as many people in the local community as possible.

The Health Board were invited to attend a local 'old age coffee morning' at the Welfare Hall in order to encourage participation from people with particular protected characteristics.

The engagement sessions were attended by members of the health board and the CHC and particular consideration was given to equality perspectives including:

- Accessibility of venue
- Room layout
- Parking
- Toilet facilities

The drop in engagement sessions were held at Coelbren Health Centre. The location and venue was chosen to ensure accessibility and suitability for all participants and was agreed by the CHC. Consideration was given to the most appropriate meeting time. Sessions were held at appropriate, and a variety of times to increase the opportunity for people to attend, patients did not need to make an appointment and were able to drop in during the specified times.

### **Findings from the engagement sessions:**

The public told us they were concerned about a number of key issues:

- Transport
- Access to services
- Impact on older people
- Impact on the local community

For patients with mobility, physical or mental health difficulties, access to public transport is an extremely difficult and stressful experience. Local transport has been depleted over recent months and is now nonexistent. The impact on older people was also closely linked to issues of access and transport. Respondents felt that older people would suffer the most if services were withdrawn from Coelbren Health Centre. There has been a severe reduction of local services in Coelbren over the last few years, and respondents advised that losing the Coelbren Health Centre would have a devastating impact on the local community.

## Service Users and demographic profile

The Dulais Valley Primary Care Centre patient population consists of patients from Seven Sisters, Onllwyn, Crynant, Coelbren, Abercrave, Cae Hopkin and Craig y Nos.

Census 2011			GP practice population 2017	
Local Authority	Ward name	All usual residents	Dulais Valley GP practice registered population	GP registered population % of Census residents
Neath Port Talbot	Seven Sisters	2123	2086	98%
Neath Port Talbot	Onllwyn	1194	1166	98%
Neath Port Talbot	Crynant	1910	1851	97%
Powys	Tawe-Uchaf	2,118	621	29%
Powys	Aber-craf	1,424	95	7%
<b>Total</b>		<b>8769</b>	<b>5819</b>	<b>66%</b>

## Gender and Age

The gender and age breakdown from available practice information is as follows:

Age	Female	Male
0-4	145	147
5-14	317	325
15-44	963	1004
45-64	849	842
65-74	408	422
75-84	247	190
85 and over	96	58
<b>Totals</b>	<b>3025</b>	<b>2988</b>
<b>Total List Size as at 31<sup>st</sup> December 2016</b>		<b>6013</b>

## Disability

Indicator	Dulais Valley		Other Practices in Cluster		Cluster	Health Board	Wales
	Count	%	Min %	Max %	%	%	%
Asthma	428	7.1	6.2	9.0	7.3	7.4	6.9
Hypertension	1,043	17.3	16.1	19.3	17.6	15.1	15.5
CHD	286	4.7	3.9	4.7	4.3	3.9	3.8
COPD	128	2.1	2.1	3.3	2.7	2.2	2.2
Diabetes	466	9.1	6.5	9.1	8.0	7.3	7.0
Epilepsy	62	1.2	0.8	1.2	0.9	0.9	0.9
Heart Failure	98	1.6	1.0	1.6	1.2	1.0	1.0

Public Health Wales Observatory, using Audit+ (NWIS) 2016

The practice provide general medical services to registered patients who have a wide range of health conditions. These include patients who have physical or mental impairment which have a substantial and long-term adverse effect on their ability to carry out normal day-to-day activities. In addition there is a high prevalence of chronic diseases in the area. The Practice provide a full range of chronic disease clinics at their main site in Seven Sisters.

## Ethnicity

Ward profile information (from the 2011 census information) shows that for the 5 main wards served by the GP practices, the ethnic profile is as follows:

Census 2011			
Ward	White	Non-White	All usual residents
Seven Sisters	2107	16	2123
Tawe-Uchaf	2094	24	2118
Crynant	1880	30	1910
Aber-craf	1417	7	1424
Onllwyn	1186	8	1194
<b>Total</b>	<b>8684</b>	<b>85</b>	<b>8769</b>

There is incomplete information on the ethnicity of the patients registered in the practice. However, the vast majority of patients whose ethnicity has been recorded are White British. This is in accord with available data on the profile of the wards which make up the areas served by the practice (see above).

## Religion

The practice does not hold information on the religion/belief or non- belief of its registered patients. Census data from 2011 identifies that Neath Port Talbot has high numbers of people who identify as Christian (57.7%) or no religion (33.8%).

## Sexual orientation

The practice does not hold information on the sexual orientation of its patients. Sexual orientation is not asked for by the Census so in order to estimate the lesbian, gay and bisexual (LGB) population we need to use data from the ONS integrated household survey. Results from this survey show that the majority of the population in Bridgend and Neath Port Talbot identify as heterosexual (95%). The percentage that identify as LGB is only 1%.

## Gender reassignment

At present there is no official estimate of the transgender population. The England and Wales Census do not ask people whether they identify as transgender.

## Welsh language

Evidence from the 2011 census shows the percentage and numbers of people over 3 who can speak write or read Welsh as follows:

Census 2011			
Ward	All Usual Residents Aged 3 and Over (Persons)	Can Speak, Read or Write Welsh (Persons)	Percentage
Aber-craf	1389	596	43%
Crynant	1851	539	29%
Tawe-Uchaf	2071	597	29%
Seven Sisters	2049	526	26%
Onllwyn	1161	254	22%
<b>Total</b>	<b>8521</b>	<b>2512</b>	<b>29%</b>

## Pregnancy and maternity

Data from the Office for National Statistics (ONS) on live births in Wales for 2011 shows that there were 1,584 births in the Neath Port Talbot area. Hospital births account for the majority of all births in Neath Port Talbot and Wales as a whole.

Low birth weight is a key health indicator for early years and is a major cause for infant mortality in developed countries, including the UK. The percentage of births that are low birth weight (below 2500 grams) was 6.5% in Neath port Talbot which is consistent with the percentage for Wales (6.8%).

## Marriage and civil partnership

The 2011 Census shows that single (never married or never registered a same sex civil partnership) and Married make up the bulk of all marital/civil partnership statuses, accounting for 31.2% and 47.3% respectively in the Neath Port Talbot area.

It is notable that the number of registered same sex civil partnerships accounts for only 0.2% of all marital/civil partnerships statuses across Wales, including Neath Port Talbot.

## Carers

Neath Port Talbot has a greater number of carers than many other parts of Wales. Census data from 2011 reports that at a health board level ABM has the highest proportions of unpaid care provision, reporting 2% for 20 to 49 hours of unpaid care, and 4% for 50 or more hours of unpaid care. However it is not known how many of the registered practice population are carers or are cared for by other people.

## Car ownership

The 2011 Census data shows that the proportion of households with no car or van in the Dulais Valley practice population areas varies from 14-22%.

Census 2011			
Ward	Number of Households	1 or more car / van in household	Percentage
Tawe-Uchaf	772	895	86%
Aber-craf	524	643	81%
Crynant	677	842	80%
Onllwyn	411	524	78%
Seven Sisters	678	866	78%
<b>Total</b>	<b>3062</b>	<b>3770</b>	<b>81%</b>

## Deprivation

The 2011 Census data shows levels of deprivation for the ABM area in total are very similar to the figures for Wales as a whole. When comparing local authorities within ABM, Neath Port Talbot has the lowest proportion (33.6%) of households not deprived in any dimension of the local authorities in ABM.

Higher levels of deprivation have implications for access to transport and health generally. People in deprived areas are likely to report a range of key illnesses which is relevant to the proposed change.

The data below shows the 2014 ranking of lower super output areas for each of the wards covered by the Dulais Valley Primary Care Centre. (where 1 is the Most Deprived LSOA, and 1909 is the Least Deprived LSOA)

WIMD 2014 Ranking	LSOA Name (Eng)	LSOA Name - ONS classification
517	Seven Sisters	Neath Port Talbot 002C
598	Onllwyn	Neath Port Talbot 002B
847	Aber-craf	Powys 021A
1004	Tawe-Uchaf	Powys 021B
az1023	Crynant	Neath Port Talbot 002A

## What are the potential impacts on protected characteristic groups?

Available information, data and research shows the following impact for the protected characteristics:



## **Age**

A higher proportion of the registered patient population of Dulais Valley Primary Care Centre are aged 45 -64 and 65-74. Findings from the EHRC (2011) show over 65 years, more than half of both men and women say they have a limiting long term illness. This is relevant to the proposed changes as older people are more likely to experience ill health and are less likely to have access to a car. Therefore, relocation of the branch health centre may have some impact on some patient's ability to get to the main site.

## **Gender**

Research by the Department of transport indicates that women are more dependent than men on public transport. It is anticipated that any additional cost of travelling to the main practice site in seven sisters is likely to impact more upon women than men, due to the lower number of women either with access to a car or a full driving licence. For example:

- According to the National Travel Survey (Department of Transport, 2012), in 2011, more men than women hold a full driving licence, 79% of men, compared to 65% of women.
- While more than 80% of households have a car, one in five men and one in three women do not drive.

## **Disability**

The Equality of Human Rights commission (EHRC) Wales in its report How Fair is Wales? (2011) notes:

- Disabled people are almost 10 times more likely to report poor health as non disabled people
- Disability and long term illness is also associated with poor mental health: 52% of people with limiting long-term illness/disability have a low score which indicates poor mental health compared to 24% of those without a limiting long term illness/disability.

Research by the Office for Disability issues (2009) found:

"lack of access to a car is a significant issue for disabled people and their families and results in much greater reliance upon public transport services. Data from the Omnibus Survey (2004) suggests that disabled people were more than twice as likely to have no access to a car in the household than non-disabled people"

The Welsh Government's (2012) consultation Framework for Action on independent Living highlights a number of issues relating to public transport for disabled people. It notes that some disabled people do not feel confident in using public transport even when physical access is possible. Some report that they don't use buses, or have stopped using them because of problems experienced, in some cases with the attitudes of members of the public or individual drivers.

In the engagement process, transport to Seven Sisters has been identified as an anticipated problem and this will have some impact on people who have mobility and other disabilities. There is evidence to suggest that a number of patients currently walk to Coelbren Health Centre.

However, there is also evidence to suggest that the majority of patients go by car to the current premises and therefore they would be able to use a car to get to the main site in Seven Sisters. Lack of bus transport in the Coelbren area is a major concern for patients who would need to use public transport to access the main site in Seven Sisters.

### **Ethnicity**

There is currently no evidence to suggest that the proposed change will have a differential impact on any racial groups by virtue of that protected characteristic. The practice currently has arrangements to meet the access, language and cultural needs of people from different backgrounds and will continue to do so if it centralises services. Staff will continue to receive Equality Training.

### **Religion**

There is currently no evidence to suggest that the proposed change will have a differential impact on anyone because they belong to a particular religion, hold any beliefs or none. The practice is able to meet the religious or cultural needs of people from different backgrounds when necessary and will continue to do so despite the proposed changes. Staff will continue to receive Equality Training.

### **Sexual orientation**

There is currently no evidence to suggest that the proposed change will have a differential impact on any person because of their sexual orientation.

### **Gender Reassignment**

There is currently no evidence to suggest that the proposed change will have a differential impact on people who have undergone or are going through the process of gender reassignment.

### **Welsh Language**

The practice has one GP who is a Welsh speaker and welsh speaking patients who wish to undertake their GP consultation in Welsh can request to see this GP if she is available. There is currently no evidence to suggest that the proposed change will have a differential impact on Welsh speakers. Currently if patients require their consultation in Welsh they would need to access an appointment at Seven Sisters.

### **Pregnant women**

Research by the NSPCC (2013) has highlighted that during pregnancy and after birth, women can be affected by a range of mental health problems, including anxiety disorders, depression and postnatal psychotic disorders.

Depression is the most prevalent mental illness in the perinatal period, with research suggesting that around 10%-14% of mothers are affected during pregnancy or after the birth of a baby.

Coelbren Health Centre currently offers baby clinics on a weekly basis, however the proposed centralisation of services in Seven Sisters would enable pregnant women and mothers to access

a wider range of services including Ante-natal and post natal services as well as family planning clinics at one site.

### **Marriage and civil partnerships**

No impact upon this protected characteristic are anticipated.

### **Mitigation of potential negative impacts**

As part of the equality impact assessment, ABMU Health Board is considering the views expressed by those who may be affected by the proposed change and what is already known about how the proposal might affect different groups of people. ABMU Health Board has used national evidence, census data, travel times and public views to identify issues. This equality impact assessment consultation analysis document identifies that transport is the main cause for concern.

Central to the equality impact assessment is the consideration of actions to mitigate adverse impacts. ABMU Health Board recognises the needs for improvements to public transport in the Coelbren area and is committed to ensuring this happens as part of any implementation process. Once a decision on the way forward is agreed we will work with local authorities and other community and public transport providers to examine ways to ensure that these issues are addressed. In relation to support for those on a low income, options for a subsidised or free transport service will also be explored

The Practice wish to ensure that any negative impact on these patient groups are mitigated and this will include flexibility when required to attend for face to face appointments, taking into consideration travel needs and community transport services. The Practice would wish to ensure ongoing engagement with patients to ensure services being delivered are meeting the needs of the population.

The mitigations described above are preliminary and will be discussed further once a way forward has been agreed. For this reason, any mitigation described at this stage is not exhaustive, and will require further discussion with key stakeholders.

### **Summation:**

To determine whether ABMU Health Board has met the general duty of the Equality Act, we need to ask ourselves these questions:

- Does this policy help eliminate discrimination?
- Does this policy help promote equality of opportunity?

### **Eliminate discrimination**

The analysis and evidence presented in this document have highlighted a number of potential impacts that people with protected characteristics may experience in accessing health services if the proposed change were to take place. It is our belief that the potential negative impacts identified are not evidence of direct discrimination but are instead examples of potential indirect discrimination as services are not being closed by relocated.

In recognition of the risk of potential indirect discrimination against some protected characteristic groups ABMU Health Board has already begun exploring potential mitigation options.

**Promote equality of opportunity**

Dulais Valley Primary Care Centre is not proposing to cease services but instead centralise services to one main site. In doing so, ABMU health Board recognises that some protected characteristic groups may face additional difficulties in accessing the centralised services.

However, it is worth noting that centralising services will ensure that patients have access to a wider variety of multidisciplinary professionals and quicker and faster access to safe and effective services and improved outcomes.

Where potential negative impacts on people's equality of opportunity have been identified options to mitigate these are being explored.

**Next Steps**

The next stage of the equality impact assessment will be after the recommendation on the way forward has been considered by the Branch Closure Panel.