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Bwrdd Iechyd Prifysgol
Bae Abertawe
Swansea Bay University
Health Board

Cadeirydd Dros Dro/ Interim Chair: **Emma Woollett**
Prif Weithredwr/Chief Executive: **Tracy Myhill**

gofalu am ein gilydd, cydweithio, gwella bob amser
caring for each other, working together, always improving

Rydym yn croesawu gohebiaeth yn y Gymraeg ac yn y Saesneg. We welcome correspondence in Welsh or English.

Dyddiad/Date: 16th July 2019
Ein Cyf / Our Ref: 19-E-003

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Corporate Administration
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[REDACTED]

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I refer to your Freedom of Information Act Request acknowledged by ourselves on 3rd May 2019. We apologise for the delay in responding. Your request sought information relating to Amman Tawe.

At Page 7 of the "Co-production at Cwm" document in application to take over the former "Cwm" Practice, the author indicated the Practice would produce a 'phase 1 active document'. Phase 1 included "discussions and scoping with stakeholders, defining the needs of our valued customers-evaluating our age/sex and disease registers, produce a high dependency register." Phase 1 went on to describe "scoping what is the potential for the existing estates spread, how this fits in with the access model"

1) Did the Board ever view the "phase 1 active document"? If yes please disclose copies in possession?

The Health Board does not hold this document

Phase 2 from September 1st 2014 (takeover day) indicated 'Outcome Reporting: on PROMS, complaints and compliments at six weekly intervals'.

2) Did the Board ever view the "outcome reporting" information? If yes please disclose?

No. The GMS contract is subject to the existing GMS Contract monitoring arrangements.



Pencadlys BIP Bae Abertawe, Un Porthfa Talbot, Port Talbot, SA12 7BR / Swansea Bay UHB Headquarters, One Talbot Gateway, Port Talbot, SA12 7BR

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Swansea Bay University Health Board is the operational name of Swansea Bay University Local Health Board

At Page 9 of the *"Co-production at Cwm"* document, the author went on to state that the *"measures of achievement"* would be

- a) "Access and patient reported experience"
- b) "Objective measures of Health Improvement"
- c) "Staff feedback re engagement"
- d) "a 360 degree approach to appraisal".

- 3) Does the Board have any information relating to outcome measures of patient access to medical services through the Amman Tawe Partnership 'GP telephone consultation system'?

No, the Health Board does not hold this information.

- 4) Is the Board aware of any external or internal audits in relation to the ATP 'GP telephone consultation system'?

Audit can be made up of

- a) Clinical audit where performance is measured against published criteria, reviewed, changes made and the performance re-measured.
- b) Analysis of data collected and used for research purposes
- c) Analysis of datasets of information and conclusions drawn.
- d) Qualitative outcome measures of performance such as peer and patient feedback.
- e) Staff appraisal

"Audit" should be able to answer the following questions

- i) What was the modal, median and mean time wait for a call back?
- ii) What percentages of patients felt their issue for calling was dealt with satisfactorily by the *"GP telephone consultation system"*?
- iii) What percentages of callers felt that their call handlers were polite and empathic?

Research in 2014 estimated that, in 2012-13, 5.8 million visits to A&E or walk-in centres followed patients not being able to get an appointment or a convenient appointment in general practice.

In 2017 a clinical review of the Amman Tawe Partnership model was commissioned by both Swansea Bay University Health Board (formally Abertawe Bro Morgannwg) and Hywel Dda University Health Board. This review is currently awaiting formal approval from both health boards and will be available in Autumn 2019.

- iv) How many patients ended up in the Emergency Department after accessing the *"GP telephone consultation system"* initially and without face to face contact with a practice health professional?

Research in 2013 found that areas where more patients could consult their preferred GP had fewer emergency admissions to hospital.

The Health Board does not hold this information.

- v) What percentages of ATP patients saw their preferred GP or other health professional when trying to access general medical services?

The Health Board does not hold this information.



vi) How has the "GP telephone consultation system" affected minority groups such as the elderly, persons with dementia, disability, learning difficulties and carers?

The Health Board does not hold this information.

- 5) **Evidence would suggest that patients with osteoporosis and dementia (likely to be elderly) and learning difficulties are already significantly underrepresented in the Amman Tawe Partnership computer database5**
• (Annex 7)

This would suggest that these groups are already underachieving access to health care compared with other Upper Valleys practices. In what way will the closure of the Cwmllynfell surgery benefit these minority groups and any carers?

The Health Board does not hold this information. Please contact Amman Tawe Partnership.

- 6) **The Amman Tawe Partnership has one GP Principal and two other doctors who presumably are not employed on a contract of service under PAYE and are therefore are "locums" contracting on a self-employed basis.**

With regard to the "trained call handlers" and the "health professional" to whom the caller is directed, what is the "system of clinical governance" within the Practice?

The Health Board does not hold this information. Please contact Amman Tawe Partnership.

- 7) **The National Audit Office states that "Continuity appears closely associated with a patient's overall experience of access to general practice. Those people who have a preferred GP and receive continuity of care report a better overall experience"**

Research in 2013 found that areas where more patients could consult their preferred GP had fewer emergency admissions to hospital.

What information is available on the continuity of care through the current ATP access arrangements?

The Health Board does not hold this information. Please contact Amman Tawe Partnership

- 8) **Evidence indicates that people want access to general practice close to where they live**

In a survey, 77% of respondents who had registered with their current GP practice in the past 10 years reported the main reason for their choice was the practice's location near to their home;

79% of patients were registered at the GP surgery closest to their home, or at one within 1 kilometre of it;



92% of people live within 2 kilometres of a GP surgery

How many persons currently living within 2 km of the Cwmllynfell site will no longer do so if that surgery shuts?

The Health Board does not hold this information. Please contact Amman Tawe Partnership.

- 9) The Westminster government has committed that by 2020 all patients will have access to a specific, named GP who is responsible for their care.**

How does the Board see this being managed in a Partnership of 10,000 patients and only one principal doctor?

Overall responsibility for NHS Wales was devolved in 1999. Responsibility, therefore, for NHS Wales was passed to the Welsh Government under devolution in 1999 and has since then been the responsibility of the Welsh Cabinet Secretary for Health and Social Services.

- 10) The Westminster government has committed that by 2020 all patients aged over 75 will be guaranteed a sameday appointment with a GP if they need it. What kind of "Community transport opportunities will be implemented to ensure access for patients" on the same day if the Cwmllynfell Surgery closes?**

A community transport model will be developed in partnership with the Amman Tawe Partnership and patients to ensure that should the Cwmllynfell surgery close transport arrangements will meet the needs of the population.

I hope this information is helpful. If you require anything further please contact us at FOIA.Requests@wales.nhs.uk.

Under the terms of the Health Board's Freedom of Information policy, individuals seeking access to recorded information held by the Health Board are entitled to request internal review of the handling of their requests. If you would like to complain about the Health Board's handling of your request please contact me directly at the address below or register your complaint via FOIA.Requests@wales.nhs.uk.

If after Internal Review you remain dissatisfied you are also entitled to refer the matter to the information commissioner at the Information Commissioner's Office (Wales), 2nd Floor, Churchill House, Churchill Way, Cardiff, CF10 2HH. Telephone Number: 029 2067 8400.

Yours sincerely



Pam Wenger
Director of Corporate Governance

