



## HEALTH, SOCIAL CARE AND WELLBEING SCRUTINY COMMITTEE

### MINUTES OF THE MEETING HELD AT PENALLTA HOUSE ON TUESDAY 30TH APRIL 2013 AT 5:00 PM

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#### PRESENT:

Councillor L Ackerman - Chairman  
Councillor B Jones - Vice-Chairman

#### Councillors:

E. Aldworth, G. Bevan, L. Binding, P. Cook, K. Dawson, J. Gale, L. Gardiner, N. George, C Gordon, P. Griffiths, S. Morgan and J. A. Pritchard

Councillor R Woodyatt - Cabinet Member for Social Services, Councillor C. Mann

#### Together with:

D. Street (Acting Director of Social Services), J. Williams (Acting Assistant Director - Adult Services), R Ballantine (Personnel Manager), B. Griffiths (Interim Service Manager - PDSI), J. Jones (Democratic Services Manager), C. Forbes -Thomson (Scrutiny Research Officer)

#### Also Present:

User and Carers - Mrs. J.M. Morgan

Aneurin Bevan Health Board - Mrs. J. Paget (Chief Operating Officer/ Deputy Chief Executive), Mrs T Edwards

#### **APOLOGIES**

Apologies for absence were received from Councillors A. Angel and G. Hughes

User and Carers - Miss. L. Price, Mr. C Luke, Mrs. M. Veater

Aneurin Bevan Health Board – Mrs B. Bolt, Mrs S. Crane

#### **1. DECLARATIONS OF INTEREST**

There were no declarations of interest received at the commencement or during the course of the meeting.

## 2. SCRUTINY REPORTS

Consideration was given to the following report.

## 3. BRIEFING ON LOCAL EMERGENCY CENTRE AT YSBYTY YSTRAD FAWR (YYF)

Mrs J Paget and Mrs T Edwards from Aneurin Bevan Health Board (ABHB) were warmly welcomed to the meeting. Mrs Paget gave a brief overview of the report and explained the background to the Local Emergency Centre (LEC) which comprises of three main elements:

- A nurse led 24/7 minor injuries unit
- An assessment unit and ward area for patients with acute medical conditions
- A GP out of hours service

It was explained that although the public have been concerned about the nurse practitioner led Minor Injuries Unit (MIU), it was planned to be nurse led from the beginning. There was full consultation early on and it is not an alternative to an A & E department. There has been disappointing feedback from the public to date, however it was recognised that more could have been done to engage the public during the time after initial consultation and the opening of the hospital.

The need to educate staff and the public on the good work at the hospital was highlighted. Representatives of the A & E campaign group were recently invited to visit YYF and meet staff. They were informed of the range of services available at the hospital and were keen to pass on the information they had received. In addition posters are being developed to advertise the services of the hospital, which it is hoped to distribute widely. It is intended to use Newline and local forums to widen the message, Members were asked to contact Mrs Edwards if they would like a representative to attend any forums.

There are further developments taking place at YYF, which include engaging an active care physician in the MIU, thereby allowing people who currently attend Royal Gwent to attend YYF. There are also plans to introduce rheumatology and dementia care services.

Members expressed concern over the numbers of patients transferred out from YYF, the report shows 25% are re-directed. It was stated that there would always be a percentage of patients who need to be seen by a consultation team. The numbers that were referred to A & E was initially high but has reduced over time. There are policies in place to deal with patients who present inappropriately, but there are times when patients can deteriorate quickly and have to be transferred to A & E. The nurse practitioners have an A & E background and also have access to advice from doctors at the Royal Gwent.

Members asked the reasons why an A & E department could not be set up at YYF. It was explained that the ABHB had to consider a number of factors, including the wider Gwent clinical plans, the EU working time directive, and working practices. In addition they had to take into account that medical practitioners need to see a range of conditions in order to retain their accreditation as A & E clinicians. They concluded that it was no longer possible to provide A & E services over a range of sites. The availability of consultants was queried and it was confirmed that there is difficulty in recruiting and retaining consultants, and budgets are not a factor.

The NHS across Wales is also looking at this issue and is considering reducing the number of consultant led A & E departments. ABHB anticipated this change but wanted to provide some kind of local emergency service at YYF.

Members asked if they were satisfied the hospital is meeting the needs of Caerphilly County borough. It was stated that they have what they need to provide services for patients and are continuously reviewing them. The single room environment has been difficult for some but a customer satisfaction survey showed that 96% were happy with the care they received and only 4 out of 84 patients stated they would have preferred to share a room.

Members stated that the public have a problem interpreting the list of minor injuries and what would need to go to A & E and what would go to the MIU, there is also a need to educate ambulance staff on where patients should be taken. The public have reported problems accessing the out of hour's service, it was stated that calls to the out of hour's service are triaged and categorised according to need. Work is ongoing with the Welsh Ambulance Service to develop a common language, to improve communication.

Members stated that members of the public have been concerned about the lack of doctors in the MIU. It was stated that although it is a nurse led unit there are a number of doctors working at the hospital during the day, and on call during out of hours. If a patient in the MIU needs to be referred they will be transferred to the Medical Assessment Unit and overseen by a Registrar. The Scrutiny Committee agreed that there is a need ensure the public are aware that there are doctors working at the hospital.

Members expressed concerns raised by the public over lack of equipment, such as wheelchairs and nebulisers. It was stated that there are a number of wheelchairs available throughout the hospital and nebulisers. There are plans to use the directional signs and appointment cards to direct patients to the most convenient entrance to the hospital to ensure patients have access to wheelchairs and reduce distances of travel within the hospital.

A number of examples were given of problems experienced by patients transferring to the Royal Gwent hospital. It was agreed that this was not acceptable and Members were asked to provide details.

There are issues with some patients waiting for long periods of time for discharge medication. It was explained that when discharges are planned, medication is prepared in advance. However unplanned discharges can occur at times when there is a high demand on the service, this issue has been identified and a new medicine management system is being introduced.

Members raised concerns about low levels of staff during the night and evenings, it was stated that staffing levels have been examined but it was concluded they are the same as other parts of the NHS.

Members commented that the name of the Local Emergency Centre raises expectations amongst the public whereas the Minor Injuries Unit doesn't. It was acknowledged during planning they had struggled with what to call the LEC because it encompasses more than the MIU. There have been suggestions to change the name but because of the national debate on these types of units they will wait until there is consensus across Wales.

Members asked if there is potential to expand services at YYF to relieve pressure on A & E centres. It was stated that there is potential and there are patients who currently attend A & E's who could be seen by acute care physicians at YYF. Residents in the Risca West area are concerned that they may be forced to attend YYF when Royal Gwent is more convenient. It was stated that in most cases they should be able to attend Royal Gwent unless there is a specialised service at YYF such as the new foot and ankle service.

The scrutiny committee thanked the Mrs Paget and Mrs Edwards for their attendance.

The meeting closed at 6.44 pm.

Approved as a correct record subject to any amendments agreed and recorded in the minutes of the meeting held on 25th June 2013.

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CHAIRMAN