

EITEM AGENDA / AGENDA ITEM: 9

Cyd-bwyllgor Canolbarth Cymru ar gyfer Iechyd a Gofal / Mid Wales Joint Committee for Health and Care			
Dyddiad y Cyfarfod: Date of Meeting:	27 th June 2022		
Eitem ar yr Agenda: Title of Report:	Minutes of the Mid Wales Joint Committee (MWJC) meeting held on 18 th October 2021		
Arweinydd Lead:	Professor Vivienne Harpwood, Chair of Powys Teaching Health Board and Lead Chair of the Mid Wales Joint Committee		
Pwrpas yr adroddiad: Purpose of the Report:	To present the draft unapproved minutes of the MWJC meeting held on 18 th October 2021.	Ar gyfer cytundeb For Agreement	✓
		Ar gyfer trafodaeth For Discussion	
		Ar gyfer gwybodaeth For Information	
<u>Crynodeb / Summary</u> A virtual meeting of the MWJC, via Microsoft Teams, was held on 18 th October 2021 and the draft unapproved minutes are attached for agreement by the Joint Committee.			
<u>Argymhelliad / Recommendation</u> For agreement - The Joint Committee are asked to agree the minutes of the MWJC meeting held on 18 th October 2021.			

**DRAFT AND UNAPPROVED MINUTES OF THE MEETING OF THE
MID WALES JOINT COMMITTEE FOR HEALTH AND CARE**

Time and date of meeting:	10.30am Monday 18 th October 2021
Venue:	Virtual meeting via Microsoft Teams
Present:	<p>Members</p> <p>Prof. Vivienne Harpwood, Chair, PTHB and Lead Chair, MWJC Steve Moore, Chief Executive, HDdUHB and Lead Chief Executive, MWJC Hayley Thomas, Director of Planning and Performance, PTHB and Lead Director of Planning, MWJC Carol Shillabeer, Chief Executive, PTHB Jason Killens, Chief Executive, WAST Sally Baxter, Assistant Director – Health Strategy, BCUHB Jack Evershed, Chair of RHCW Management Group and MWPPEI Forum Cllr. Ellen ap Gwynn, Leader, Ceredigion County Council Dylan Owen, Head of Commissioning – Adults and Children’s Services, Powys County Council Cllr. Kath Roberts-Jones, Powys County Council Morwena Edwards, Corporate Director Lead for Adult Social Services and Health, Gwynedd Council</p> <p>Co-opted Members</p> <p>Frances Hunt, Chair, Powys CHC Prof. Gabrielle Heathcote, Co-opted member Ceredigion Local Committee, Hywel Dda CHC</p>
In attendance:	<p>Peter Skitt, County Director Ceredigion, HDdUHB / Programme Lead, MWJC Cllr Bryan Davies Ceredigion County Council / MWJSC Cllr. Mark Strong, Ceredigion County Council / MWJSC Cllr Keith Evans, Ceredigion County Council / MWJSC Dwynwen Jones, Ceredigion County Council / MWJSC Cllr. Eryl Jones-Williams, Gwynedd Council / MWJSC Cllr. Beth Lawton, Gwynedd Council / MWJSC Bethan Adams, Gwynedd Council / MWJSC Cllr Joy Jones, Powys County Council Plus 4 members of the public, 1 translator, 3 members of the MWJC Team and 1 member of the RHCW team</p>

Ref	Agenda Item	Action
JC(22)01	<p>Welcome and Apologies for absence</p> <p>The Chair extended her thanks to Ceredigion Council colleagues for their support in setting up and hosting the Zoom link for the meeting.</p> <p>Apologies for absence were received from the following:</p> <ul style="list-style-type: none"> • Dr Kate Wright, Medical Director, PTHB • Jo Whitehead, Chief Executive, BCUHB • Cllr. Rosemarie Harries, Leader, Powys County Council • Alison Bulman, Director of Social Services, Powys County Council • Sian Howys, Corporate Director, Ceredigion County Council 	

	<ul style="list-style-type: none"> • Cllr. Dafydd Meurig, Cabinet member, Gwynedd Council • Joy Baker, North Wales Local Committee, North Wales Community Health Council • Katie Blackburn, Chief Officer, Powys CHC • Samia Saeed-Edmonds, Welsh Government • Cllr. Alun Lloyd Jones, Ceredigion County Council, MWJSC • Cllr. Lyndon Lloyd MBE, Ceredigion County Council / MWJSC • Anna Prytherch, Project Manager, RHCW 	
JC(22)02	<p>Minutes and Matters arising of the MWJC meeting held on 28th September 2020</p> <p>The minutes of the MWJC meeting held on 28th September 2020 were agreed as a correct record subject to the following amendment:</p> <ul style="list-style-type: none"> • JC(21)06 Mid Wales Public and Patient Engagement and Involvement (PPEI) Forum Amend second sentence of second paragraph to ‘The pilot engagement exercise with <i>Penglais</i> school...’ <p>There were no matters arising raised.</p>	
JC(22)03	<p>Report of the Lead Chair</p> <p>Prof Harpwood presented the report of the Lead Chair and made particular reference to the review of the Mid Wales Joint Committee which was currently in progress. This included a programme of meetings with members of the Joint Committee which would be completed by the end of October 2021. Following a request by the Voluntary Sector, meetings would also be held with them on their engagement and representation in the work of the Joint Committee. A report on the outcome of this review would be presented to the Joint Committee at its meeting on 24th January 2022.</p> <p>The MWJC noted for information the report of the Lead Chair.</p>	
JC(22)04	<p>Mid Wales Joint Committee’s Priorities and Delivery Plan 2021/22 – Update report</p> <p>Mr Moore stated that he hoped people had had a chance to read the report. He provided some context around the current position which felt like the most challenging time during pandemic. They were still seeing relatively high levels of infection across the area with 362 people per 100,000 which was high compared to what they had been previously. For HDdUHB they were seeing a number of people with COVID-19 being admitted to hospital with 80 in its hospitals at the moment, however, they weren’t seeing the levels previously admitted as the vaccination had helped. Staff were exhausted and they knew they had a hard winter ahead. However, given the pressures within the service, progress had been made on the following key areas of the MWJC delivery plan:</p> <ul style="list-style-type: none"> • The post for the lead for eye care / Ophthalmology for Mid Wales was due to go out to advert once approved by the Royal College. The Executive group had been looking at ways of attracting people. • It was pleasing to see that Powys had been able to appoint to consultant oral surgery post and work was being done to see how they could stop people travelling to Swansea. The Dental Group had been asked to expand its remit to look at general NHS Dentistry. 	

- It was good to see that progress was being made on the Chemotherapy Day Unit at Bronglais Hospital.
- Urology services had recommenced at Bronglais Hospital.

Mr Evershed noted that BCUHB were no longer involved in the Lead for Eye Care services post and wanted to know how things at Tywyn were going to be resolved. Mr Moore advised that if the post could be appointed to then the ambition would be for a service as accessible as possible to the population which would cover clinics at Tywyn. Mrs Baxter advised that there were clinics at Tywyn and BCUHB would be happy to continue conversations on this. However, with regards to the post there were concerns regarding the data which didn't demonstrate the level of need and the point was how best to meet the need.

Cllr. ap Gwynn asked for an update on the proposed Integrated Care Centre at the Llanbadarn Campus, Aberystwyth, following the successful opening of centres at Aberaeron and Cardigan. Mr Skitt advised that the work was still ongoing, the plan was there and they were currently putting together a business case. They were having meetings with Welsh Government colleagues and there were various routes to take the business case through. Running alongside this were discussions with operational teams around how best to place teams together in the building.

In response to a query from Cllr. ap Gwynn, Mr Skit advised that discussions were on-going on a dementia nursing home in Aberystwyth. There were organisations interested in providing a home in Aberystwyth but they were also exploring a base in Cardigan. It would be a significant achievement to have homes in two places in Ceredigion. Cllr. ap Gwynn advised that she had recently met with the Vice-Chancellor for Aberystwyth University and the school of nursing would be operational which would include mental health as well as general nursing.

Cllr. Jones-Williams asked for an update on the improvements at Machynlleth Hospital. Mrs Shillabeer advised that contractors were on site and the development was well and truly underway. It had been a long and challenging process to get the permissions and authorisations in place. Good progress was being made in terms of the timetable for the development. Sustainability measures were being put in place on the site which included electric charging points. Ms Thomas advised that in terms of ongoing liaising with stakeholders including the Patients Forum they would need to try and get a date to meet. They were keen to engage with the local community on an ongoing basis and had invited members of the community to visit the site to understand what was being provided on site. Cllr. Jones-Williams asked what affect the redeveloped site would have on Tywyn and Dolgellau Hospitals. Ms Thomas advised that's the reason why they had been working in partnership around the plans for Machynlleth and they were expecting no impact on Tywyn and Dolgellau as this was about enhancing what was at Machynlleth.

Mr Evershed advised that the plans for Bronglais, Machynlleth, Tywyn and Dolgellau Hospitals all require commissioning for the three Health Boards so everyone knew where everyone was going to spend money. He had the impression that not everyone knew what was being commissioned from where.

	<p>Mrs Shillabeer referred to the importance of Mid Wales Planning and Delivery Executive group chaired by Mr Moore which brought the three Health Boards and WAST together. This group and the Mid Wales Clinical Advisory Group were really key in ensuring ideas and connections and joint working across Mid Wales were bound together. Health Boards had a planning cycle with the intention to go back to a 3 year position so they were very clear as a collective as what the future plan was. Mr Moore advised that they were in a very different place to when he first started. It was good to see so many things happening in Mid Wales and so many Mid Wales organisations supporting the Bronglais strategy. Mr Evershed's point was regarding the detail which was being worked up and he had asked for a commissioning group to be established which Mr Skitt may want to cover in more detail in the Bronglais strategy update.</p> <p>Ms Baxter advised that the three year plan was being developed with a move towards commissioning discussions and improving working in clusters to strengthen how they worked with the cluster teams and working across the patch. The commissioning group will be vital for this work. Ms Thomas advised that Powys worked as a joined up system due to relying on strategic partnerships with organisations across borders within Wales and cross border with England. There were two elements for which MWCAG was very much in a space of what could be done to strengthen clinical networks. The first one was the alignment of IMTPs and the second one was recovery/renewal planning and alternative sessions which needed to be considered.</p> <p>Mr Evershed advised that he felt they were in a good position with the MWCAG and MWPDEG and commissioning, however, the IMTP were inaccessible documents for public. More work needed to be done to make this information more accessible to the public.</p> <p>The Mid Wales Joint Committee noted the update report on the Mid Wales Priorities and Delivery Plan 2021/22 which includes the report of the Lead Chief Executive and the Mid Wales Planning and Delivery Executive Group.</p>	
<p>JC(22)05</p>	<p>Bronglais General Hospital Strategy - Programme for implementation</p> <p>Mr Skitt advised that the strategy was a part of the jigsaw and there was a need a broader approach with discussions outside of the site which was why it was important to have a strategic relationship and partnership across the patch. He wanted Bronglais to play a part in community and outreach clinics and the Newtown development for which there had been discussions between clinical teams from Bronglais Hospital and Shrewsbury and Telford NHS Trust. The bigger picture was important and WAST was an important part of this as they have to move people around.</p> <p>In terms of the Bronglais strategy they were working on a 3 year implementation plan for which they would need input from commissioning discussions and emergency services. It was equally important to understand the planned flows and Bronglais Hospital reaching out across the patch. There was now a need to layer in representation from other Health Boards on the steering group and establish the advisory board. The MWPDEG was having an oversight on direction and pace and links to Bronglais Hospital together with wider links across the patch.</p>	

	<p>The Joint Committee noted for information the programme for implementation for the Bronglais General Hospital Strategy “Delivering Excellent Rural Acute Care”.</p>	
<p>JC(22)06</p>	<p>Recovery in Mid Wales</p> <p>Mr Moore advised that there was a lot of detail included in the report. The individual recovery plans gave a sense of the current position and they were still in the early stages of recovery due to still being in the middle of pandemic. Recovery plans were very much a point in time and they were standing services up and down as and when service pressures dictated. Also included in the report was a summary of the latest position regarding long covid services for which they were potentially dealing with a high level of people who needed rehabilitation. Whilst the forecasts were high they were not seeing the numbers accessing the service. The biggest challenge for Health Boards was having a single point of contact. Mr Skitt added that the social care recovery element of recovery plans was important due to the part the service played in flows through the system and ensuring people got access to the right care at the right place.</p> <p>Cllr. ap Gwynn advised that she was aware of two people who were suffering with long COVID-19 after having the booster vaccination. She was pleased to see long COVID-19 services in place as there were people who were suffering including staff in the service. The whole care sector was a concern as they couldn't get people into work as they were tired and didn't want to work in the sector. Mr Moore advised that they weren't seeing long COVID-19 affects from the booster but asked Cllr ap Gwynn to pass on the details of the two individuals to make sure they were being picked up and accessing the service. They were possibly not seeing the numbers coming through on long COVID-19 because they weren't yet coming through the system.</p> <p>Mr Evershed asked if after the Joint Scrutiny Group reviewed the recovery plans that a guide could be produced which was accessible to the public. Mr Moore advised that he would be happy to do that but his only concern was that it was such a fluid document and with everyone being so busy this may not be possible. Certainly for planned care patients they were keeping in touch with patients to make sure they know they hadn't been forgotten and also to offer them any services in the meantime which would help them whilst awaiting operations.</p> <p>Professor Healthcote enquired about the detailed waiting list package so patients knew where they were on the waiting list. He had mentioned the pilot for Orthopaedic patients with a view to rolling out to other specialities and she wondered where they were at with this. Also long covid recovery in HDdUHB was a virtual service and whether more could be said about this service. Mr Moore advised that the waiting list support programme had started in March with Orthopaedics and he believed they were on track to start with ENT and Urology next. Mr Moore advised that he would brief Professor Heathcote about long COVID-19 services outside of the meeting.</p> <p>Mrs Edwards wanted to take the opportunity as the only Director of Social Services present at the meeting to advise that the pressures had been significant on social services and extended her thanks to staff for all their work.</p>	

	<p>It wasn't a surprise that other sectors were able to recruit social care staff for themselves as they had been saying for a number of year that staff needed to be recognised with fair pay. The Welsh Government were looking at pay and conditions and when talking about social service in rural areas they saw a lot more success if they looked at health and care as one when advertising for jobs. People were more willing to go to the health service rather than to social care and they need to see a parity in pay if wanted to see success.</p> <p>Mrs Baxter stated that they had been working together to seek solutions to these issues and they were going to see a collective challenge over the next few years. For long COVID therapists wanted to expand service but they didn't have the staff to support expansions of these services. How to support the health and care sector as well as complying with procurement rules and regulation was a challenge.</p> <p>The Joint Committee noted for information the reports outlining how individual organisational COVID-19 recovery plans would support the position across Mid Wales.</p>	
<p>JC(22)07</p>	<p>Welsh Ambulance Services NHS Trust plan for rural ambulance services</p> <p>Mr Killens provide a presentation on the Welsh Ambulance Services NHS Trust plan for rural ambulance services known as the Emergency Medical Services (EMS) 999 Response – Demand & Capacity Review. This was a collaborative independent strategic review undertaken by Operational Research in Health (ORH) which had been undertaken on behalf of the Emergency Ambulance Services Committee (EASC). EASC was made up of the seven Welsh Health Boards, who had a responsibility for commissioning ambulances. The review was undertaken in 2019 and formally reported to EASC on 20th January 2020. The origins of the review were the Amber Review commissioned by Welsh Government and undertaken by EASC. Amber patient incidents (serious, but not immediately life threatening) was the largest patient incident category accounting for 70% of patient incidents, compared to Red (immediately life threatening) which accounted for 10% of patient incidents. Amber waiting times were too long and there was a system concern about the number of serious adverse incidents for patients (SAIs) in the amber category.</p> <p>The Review identified that WAST had a gap between the number of full time equivalent (FTE) staff budgeted to fill its response rosters and the FTEs required to fill the rosters of 263 FTEs, what is referred to as the “relief gap”. EASC had agreed to invest in WAST and close the “relief gap”. Also the review identified a range of efficiencies for WAST, in particular, re-rostering ambulance resource around the daily demand pattern which would improve waiting times.</p> <p>The key differences between the current resourcing and the ORH key/December 2021 resourcing for Ceredigion, Powys and South Gwynedd were outlined. The key issues and plans for Powys and South Gwynedd Welsh Ambulance Services NHS Trust were as follows:</p> <ul style="list-style-type: none"> • For the more rural areas trying targeted local recruitment to support staff retention. • Crews often delayed outside hospitals ‘out of area’ result in delayed return to footprint. 	

- Roster review allowing for the realigning of resources during peak demand times, so some reduction off peak.
- Ongoing discussions around a rural model for best service delivery.
- Concerns around reducing CFRs numbers and the impact.
- Senior Paramedics were now in roles across the rural area to support with higher acuity patients.
- A newly created South Gwynedd Locality Manager would be in post by December 2021 to be more locally focused.

Mr Killens confirmed that due to a change in the modelling there were no plans to change the current ambulance provision in West Wales.

Cllr. Davies welcomed the fact that the changes had been delayed for West Wales but was concerned they were kicking the can down the road as such plans always had an adverse effect on rural areas. A number of his Ceredigion constituents had been in touch regarding issues / concerns over ambulance services.

Mr Killens advised that they weren't seeking to reduce ambulance cover in Powys but on a national basis they were shifting the provisions based on the modelling. The rural model was largely built around voluntary staff and they would probably see more community responders. There were potential options on how that may work for which they were awaiting a response. A series of roadshows were held the previous week to meet with staff and offering colleagues the opportunity to raise any concerns. Also in partnership with the Trade Union they had shared a number of bulletins advising what was happening. The staff would be working to design these rosters and they would be able to work through what their current profiles were. For 2/3 stations in West Wales there was a potential to reduce cover but it was decided because of the modelling to pause this and they may end building in more because of the changes in activity and handover delays. The status quo is that the current provision stays, they won't be looking to reduce number of ambulances but may change profile with more cover in the morning and at different times of day.

Mrs Hunt advised that there was a lot of concern from the public in the reduction of number of vehicles to cover patients in a rural area. She was interested in the bespoke model referred to and would this continue to include CFR's and when would it be known what this would look like. Mr Killens advised that he didn't have the exact figures for Powys. They weren't seeking to reduce the number of vehicles in Powys but what they were doing was shifting the balance of resources and have more conveyance for recover and repair. The rural model was based on contribution from volunteers. In terms of when there were two options of how this may work for which they were waiting for a response from national collaborative colleagues.

Cllr. Evans extended his thanks for the presentation and he was on the same committee as Cllr. Davies. It was of concern to the community when this threat to reduce ambulances came in and it was important that this action was paused. Whilst he appreciated every service had to review their service, unfortunately, because of the population numbers it was rural areas that suffered. These people pay taxes and deserved a service. He was aware of people waiting for

hours outside A&E and he acknowledged that this wasn't the fault of the ambulance service but there was a need for a root and branch review of health and social care services. This needed to go back to the GPs as they needed to be asked to do more as the default was to go to A&E. There needed to be a wider discussion on this and to speak up for the constituents of Ceredigion. Mr Killens advised that the purpose of the review which was pre-pandemic was based on sample in 2018. It was important to re-set cover as much of the work that stations covered was out of area and that's why the reset was needed so there was the right cover in right place and area. He referred to the activity figures and the deterioration in handover which they needed to consider how to respond to that. More ambulances on the streets was not the answer and there was a need for a broader system solution. Solving and closing episodes of care in community was an ambition for WAST to avoid people going into hospital which could be done in advanced practice. There was more work for WAST to do to address the pressures.

Cllr Jones-Williams advised that the presentation wasn't included in the papers which made it difficult as it wasn't shared prior to the meeting and difficult to see on screen. Mr Killens advised that the presentation would be shared with members but initially it was felt that he needed to talk to the presentation to give some context prior to sharing.

Ms Thomas wanted to provide reassurance as Health Boards on the EASC that all had a role to play and all were working on resilience planning together with social care which was known as winter planning. They hadn't focused on the public's role and anything that could be done to get the message through the Joint Committee to get people to choose well would be helpful as they were still seeing people going to the wrong place.

Cllr. Jones referred to an example of patient who were taken to Shrewsbury where there were a lot of Powys ambulances waiting for care. It was very noticeable that Powys ambulances weren't being offloaded as fast and being left second best to offload. This was not the only time she was aware this had happened which left no ambulances covering the Powys. Also when compared with the experience in Aberystwyth where there was a faster offload, there was a need to work more closely with these hospitals. The question was asked the other night whether the patient could go to Aberystwyth but the crew advised they had to go to the closest hospital. Mr Killens advised he would discuss the issues raised with Cllr. Jones outside of the meeting. The handover delay at England was not unique to there and with regards to not going to Aberystwyth this may be because the crew thought it was in best interest of patients to go to England. Possibly with regards to handover delays at English hospitals, Mr Killens and Mrs Shillabeer could speak to providers. Ms Thomas advised that she would welcome a conversation with Cllr. Jones on the examples provided as they had recently had a meeting with the provider and had received reassurance that offloads were based on clinical need. She was keen to understand the detail and would pick this up with Mr Killens outside of the meeting.

	The Joint Committee noted the presentation on the Welsh Ambulance Services NHS Trust plan for rural ambulance services.	
JC(22)08	<p>Rural Health and Care Wales (RHCW) Work programme – 2021/22 Rural Health and Care Wales (RHCW) Steering Group</p> <p>Mr Evershed presented the two reports on behalf of Anna Prytherch who was unable to attend the meeting. Key points to note were as follows:</p> <ul style="list-style-type: none"> • For social and green prescribing there was not much progress due to national framework being developed under which the Joint Committee priority could work across Mid Wales. This will be progressed as soon as the national guidance was issued. • A member of staff had been appointed to the Cardi Care project and a community, Aberporth, had been selected. The main purpose of the work was to see whether the Solva community resilience work was transferable. • The PHD project looking at loneliness in rural communities was starting this month. • Rural care workforce was the main thing which members of the public were asking about and the development of new and innovative roles. • The RHCW Conference had been confirmed for 9th and 10th November and would be a hybrid event. Details were available on the website on how to enrol for the conference. <p>Mr Skitt advised that ongoing funding for RHCW was being provided from all Mid Wales Health Boards with the agreement being that as RHCW increases its income the funding contribution from Health Boards would taper off which would make it more viable for future funding.</p> <p>The MWJC approved the RHCW Work Programme for 2021/22 on the caveat that it could be subject to change during the year in order to respond to any changes which may be required to the MWJC priorities.</p>	
JC(22)09	<p>Mid Wales Joint Committee Subgroups update report Mid Wales Clinical Advisory Group (MWCAG)</p> <p>Mr Skitt advised that a significant part of the update report centred around the networked approach across the patch bringing clinicians together across the patch and this was gaining some fruitful conversation which was really good.</p> <p>Mid Wales Public and Patient Engagement and Involvement (PPEI) Forum</p> <p>Mr Evershed referred to the main recurring issues coming to the fore which was access and having access to the right service. At the moment people were referred from primary care to A&E where they had to wait hours and some creative thinking around a triage system across the area was needed.</p> <p>Members of the MWJC noted for information the update reports on its Subgroups.</p>	
JC(22)10	<p>Minutes and Matters arising of the MWJC meeting held on 28th September 2020</p> <p>The minutes of the MWJC meeting held on 28th September 2020 were agreed as a correct record.</p>	

	There were no matters arising raised.	
JC(22)11	<p>Listening to You</p> <p>Prof. Harpwood advised that as it had not been possible to transmit the meeting live, members of the public had been invited to submit their questions in advance. Four questions have been received in advance for which responses have been provided and in summary were as follows:</p> <ol style="list-style-type: none"> i) Whether Generic price-fixing was still causing concern to Hywel Dda Health Board. ii) Whether “Parallel importation” existed following Brexit and whether of concern to Hywel Dda Health Board. iii) Patients unable to access GP’s, as such unable to obtain prescriptions and difficulties in the availability of prescription medication. iv) Concerns over the reduction in ambulance service cover in Ceredigion <p>The following questions and comments were received from members of the public:</p> <ul style="list-style-type: none"> • Gwen Stevens advised that she had listened to everything that was going on and was disappointed with what was being seen in South Meirionnydd as she felt the jigsaw was not complete and BCUHB needed to come to the table. She enquired as to when the rapid diagnostic centres would be in operation. <p>Mr Moore advised that a centre had been established at Prince Philip Hospital, Llanelli, as a 12 month pilot for which all parts of the Health Board will benefit from with supported transport being made available. During the pilot, plans would be put in place to rollout to Pembrokeshire and Ceredigion and the ambition was to see centres rolled out across all three counties. At Prince Philip Hospital the facilities were available on site, however, for Bronglais Hospital there were challenges which were a combination of available staff and the physical space on the site.</p> <ul style="list-style-type: none"> • Mr Evershed enquired as to what plans were in place for rapid diagnostic clinics for the other two Health Boards and where were they likely to be located. <p>Mrs Baxter extended her apologies to Mrs Stevens that she felt things weren’t joined up and was happy to have a further conversation outside of the meeting regarding the concerns raised. With regards to rapid diagnostic clinics these would be piloted at the acute sites across North Wales for which BCUHB were currently recruiting for. Access to a CT Scanner was needed as the centres were aimed at cancer diagnoses mainly for those who didn’t fit the urgent suspected cancer pathway.</p> <p>Mrs Shillabeer advised that from a Powys point of view the key was how much diagnostics could be done close to a patient’s home and how much could be done in an enhanced community hospital. Developments such as CT scanning needed more people and for Powys mobile CT scanning and how this could work was a consideration. One of the key streams of work was point of care testing for which the Welsh Government had provided</p>	

more funding and they were really keen on this piece of work as it would provide services closer to home.

Mrs Stevens commented that the acute sites at BCUHB were very far away from Tywyn. Mr Skitt advised that this would form part of the discussions on commissioning and that part of the population was closer to Bronglais Hospital.

- Mrs Stevens enquired as to when the MIU service at Tywyn would re-start as the nearest MIU is Alltwen which is 44 miles way.

Mrs Baxter advised that she was fully aware of the difficulties with maintaining the MIU at Tywyn due to issues with securing staffing cover for all the time. She understood the distances people have had to travel and was aware senior managers have been liaising with community. The Health Board were trying to look at virtual remote advice to support people and make sure they only had to travel when necessary. Mr Evershed referred to the new nurse training initiative at Dolgellau where they were training nurses who would want to work at a rural site somewhere more like Tywyn. There was also Aberystwyth School of Nursing. This was not an immediate solution but a long term solution which may help.

- Mrs Stevens advised that the Tywyn community is shocked at the knowledge that GPs are not signing contracts after March 2022 and enquired as to what the plans were for Tywyn Health Centre after March 2022. Has any research done on why people did not want to work in the area?

Mrs Baxter advised that she would need to go away and get a response from primary care team. She knew they will want to replace the services; they had a number of practices encountering similar issues, she was not aware of any intention not to replace the services and she would ask the primary care team for a quick response.

- Cllr Evans advised that some excellent questions had been asked which they heard as elected members. When discussing national public services people have to draw lines across maps and the point was illustrated that we should be able to access services no matter where we lived. There was a need to get more clever to provide services across boundaries. When it came to budgets people went back into their own silos and the challenge was to provide access to better services going forward. He referred to figures on the number of GPs being lost, how many GPs who were on coalface were working on a full time basis and how many on reduced hours.

Mrs Shillabeer stated there was workforce information and she did think there was an increase in part time working. What was clear on workforce trends was people wanted to work part time and flexibly, in particular the younger generation. The pattern of work had changed and was changing. Some were driven by shortages in GPs, with more multidisciplinary teams being seen in GP Practices and because there was a shortage of GPs

	<p>people were having the benefit in seeing the right practitioner first. That was quite a change and maybe more needed to be done to help people to know where to go. The nature of work was changing and there was a need for different practitioners and finding ways of attracting people and training them. Mrs Baxter advised that there was a shortage of GPs and the North Wales medical school was being developed which would encourage people to stay in the area.</p> <ul style="list-style-type: none"> • Mr Evershed referred to the fact that BCUHB had taken over practices in same situation as Tywyn and wondered if they were willing to do the same for Tywyn. He also referred to access issues to other services e.g. Ophthalmology and questioned whether the HB wanted to take over primary care services in the area. <p>Mrs Baxter advised that the Health Board had a number of managed practices and this was complex due to management and governance. She wouldn't be able to comment on the suggestion regarding a managed practice at Tywyn but would go away and see what the detail was first.</p>	
JC(21)09	<p>Time and Date of next meeting Time and date of next meeting to be held on 24th January 2022.</p>	

KEY	
BCUHB	Betsi Cadwaladr University Health Board
BGH	Bronglais General Hospital
MWCAG	Mid Wales Clinical Advisory Group
CHC	Community Health Council
HDdUHB	Hywel Dda University Health Board
HB	Health Board
MWJC	Mid Wales Joint Committee
MWJSC	Mid Wales Joint Scrutiny Committee
MWPDEG	Mid Wales Planning and Delivery Executive Group
MWPPEI	Public and Patient Engagement and Involvement
PTHB	Powys Teaching Health Board
RHCW	Rural Health and Care Wales
WAST	Welsh Ambulance Services NHS Trust
WG	Welsh Government