FLINTSHIRE COUNTY COUNCIL – HEALTH AND SCRUTINY OVERVIEW COMMITTEE MEETING WITH BETSI CADWALADR HEALTH BOARD – 30TH NOVEMBER 2022

Name	Question	Response
PRIMARY CARE		
Cllr Richard Jones	There are examples of residents not being enabled to see their doctors in a reasonable time, is this 'a catching up exercise', which is expected to improve in time, or is this becoming the new normality? If it will become easier, when will this occur? I know many residents that are now arranging their own private medical checks as a proactive measure as they feel it is difficult to see or get examined by their Doctor.	GP practices now offer a mix of telephone and face to face appointments and most of them operate a triage system to ensure that patients in need of urgent care receive it promptly. However, there are inadequate numbers of GPs available in the area and this is unlikely to improve without substantial investment. This will result in significant difficulties in accessing an appointment with a GP. On a more positive note, the NHS Wales access standards have made it very clear what is expected of practices and enabled us to identify practices that might benefit from additional support.
Cllr Carol Ellis	Why are people still being denied a face-to-face appointment in GP surgeries.?	GP practices now offer a mix of telephone and face to face appointments and most of them operate a triage system to ensure that patients in need of urgent care receive it promptly. However, there are inadequate numbers of GPs available in the area and this is unlikely to improve without substantial investment. This will result in significant difficulties in accessing an appointment with a GP. On a more positive note, the NHS Wales access standards have made it very clear what is expected of practices and enabled us to identify practices that might benefit from additional support.

Name	Question	Response
Cllr Marion Bateman	My question is in relation to Bradley's practice Mold relating to the dire situation with regard to being able to get an appointment to see a doctor at Bradley practice. Further information below: - My husband has been trying to get an appointment to see a doctor for some time. He has been on the phone on 4 separate occasions trying to get an answer and after being kept in the queue for up to 30 mins eventually filled in the online request for triage on 20th September. He hasn't had a reply. This morning he rang again and after 25 mins was answered. He was told the triage was closed, he said he thought the hours were 8am – 11am and had rung within those time parameters. He was told they closed triage requests at 10am this morning due to lack of staff and lack of doctors. He was told to ring back on Monday!!!	GP practices now offer a mix of telephone and face to face appointments and most of them operate a triage system to ensure that patients in need of urgent care receive it promptly. However, there are inadequate numbers of GPs available in the area and this is unlikely to improve without substantial investment. This will result in significant difficulties in accessing an appointment with a GP. On a more positive note, the NHS Wales access standards have made it very clear what is expected of practices and enabled us to identify practices that might benefit from additional support. With regards Bradley Practice it is a well-staffed practice with 11 partners (7.5 whole time equivalents), 1 salaried GP and 2 ANPs. Despite having high activity during the Pandemic the Mold site was the South Flintshire Red Hub. It has been particularly affected by an increase in demand from younger patients (which is an emerging national picture). The Practice has a relatively young population so is underfunded in comparison to Practices with older populations (as they receive higher funding associated with age-related conditions). Out of hours, ED data does not indicate recent increase but there is an increase in referrals indicating increased requirements post-pandemic.

Cllr Gina Maddison 1	I would like to flag up the difficulty of getting to see a GP in person at the moment (often an appointment with a nurse is offered, which is great, but means it can't be due to fear of Covid)	GP practices now offer a mix of telephone and face to face appointments and most of them operate a triage system to ensure that patients in need of urgent care receive it promptly. However, there are inadequate numbers of GPs available in the area and this is unlikely to improve without substantial investment. This will result in significant difficulties in accessing an appointment with a GP. On a more positive note, the NHS Wales access standards have made it very clear what is expected of practices and enabled us to identify practices that might benefit from additional support.
2	The difficulty of finding an NHS dentist	Pre pandemic there were difficulties accessing NHS dentistry in North Wales with access levels of around 48% with Wales average around 53%. During the pandemic this fell to 28% but is now recovering and at 38%. Post pandemic dentists have been asked to prioritise those with urgent need over recall of patients. All practices are accepting new patients as part of their current delivery, but again these are prioritised. With regard to finding an NHS dentist a full list of dental practices across north Wales is available on our website at: General Dental Services - Betsi Cadwaladr University Health Board (nhs.wales). This will help you to be able to find practices in your local area and we would recommend contacting practices and asking to register or to be added to their waiting list. Whilst people are not associated with a practice, should they have an urgent dental need then please call the national NHS 111 helpline. This service triages calls, and where clinically appropriate patients are referred to the Health Boards urgent dental helpline to be booked into the next available urgent dental service clinic for treatment.

3	Generally, difficulties in finding any dentist who will take anybody on	Dentists will take on new patients but are prioritising patients by need. We advise that people try to register with more than one practice locally and ask to be added to waiting lists. Whilst people are not associated with a practice, should they have an urgent dental need then please call the national NHS 111 helpline. This service triages calls, and where clinically appropriate patients are referred to the Health Boards urgent dental helpline to be booked into the next available urgent dental service clinic for treatment.
4	In a time of increase concern about costs, time spent on trying to find details about people that are about to be discharged is costly. To make discharge easier from the hospital could there be a named nurse who could provide a nursing assessment and a moving and handling plan?	Whilst in principle the idea of a named nurse for each patient discharged (if appropriate) may be beneficial the reality is that this would not be logistically achievable. For complex cases there will be a named lead from the discharge team who will co-ordinate the process. The discharge team is part of the home first team, which provides a point of contact.
5	Does the health board agree that a multidisciplinary team would be useful before discharge for complex cases? This could be held on teams/zoom.	This is already in place for complex cases, and a full assessment prior to discharge may include, Professionals meeting, meetings with family, Best Interest assessments i.e. the relevant professionals for each individual case. We are confident that the Social workers are invited to these meetings. We frequently use teams / zoom and provide a flexible approach to ensuring the assessments are comprehensive.
6	People discharged from hospital without indication of the source of future funding for continuing care presents a problem for everyone concerned. In complex cases can funding be established at a fixed rate, for example 50/50 until needs have been	We would not expect anyone to be discharged from hospital without indication of health, social care or self-funding. The CHC framework is very specific about the right time, right place for CHC assessment. For the vast majority of people this would not take place in a hospital setting. We already fund every nursing patient discharged from hospital who triggers the checklist for a full CHC assessment. This package of care is

	established to avoid funding becoming in dispute between the 2 agencies?	funding 100 % by health, this ideally is for a maximum of 6 weeks but may be for a longer period e.g awaiting for Social worker allocation which is mandated in the CHC framework for Wales.
Cllr Andrew Parkhurst	**What financial support is available for university students studying dentistry as a second degree?** **Case Study** See attached letter from a local resident who is studying dentistry at Cardiff University and who says that dentistry is not an eligible course for financial support through Student Finance Wales or from NHS bursaries despite the desperate need for more dentist in Wales.	We have looked into this and there are currently no funding streams available to those studying dentistry as a second degree. We have raised the issue with HEIW and Welsh Government as part of ongoing discussions around dental recruitment issues.
FINANCE		
Cllr Richard Jones	I would like the following questions to be raised, acknowledging the attendance of BCUHB representative at the last CROSC meeting in relation to the first question: With the present levels of £1.285m of debt owed by BCUHB to FCC, which is greater than 90 days, can BCUHB assure FCC members that this will be cleared prior to the end of this financial year? This is requested understanding that BCUHB and FCC need to match invoices and cases in order to comply with this	Colleagues from BCUHB and FCC have worked collaboratively to review the current debt and agree an approach for reconciling invoices going forward and for reducing the outstanding balance on the older debt. The position on long-term debt will improve by £343k following the cancellation of invoices and payment of amended funding agreements and the Health Board's MH&LD team attended the October 2022 FCC/BCU debt meeting to restart discussions over the disputed cases with the intent to try to formally resolve asap. The remaining invoices need to be progressed through a combination of additional information from FCC to support the

	request, but that it is a matter of great concern to the CROSC members, given the scale and age of the debt and the need to ensure cash flow within the Local Authority.	invoice charges and follow up work by BCU to review part-payments. The Health Board are committed to working through this as quickly as possible and I can confirm that all invoices which have been reconciled and agreed by the end of February will be paid before the end of the year.
DELAYED TRANSFER OF CARE		
Cllr Richard Jones	How can FCC assist BCUHB in reducing 'bed blocking' of patients that require home support or OT assessment prior to leaving hospital?	Assessments are performed in a timely manner by LAs as required and we have an integrated team function where trusted assessments are performed. The most pressing need is for increased carer numbers although we recognise the difficulties in the care workforce market and are mindful that we work in partnership with Las to avoid destabilisation of market availability.
Cllr Carol Ellis	Would like to know the current situation with those being in hospital and awaiting a Care Package or Residential Care or a Community bed across the BCUHB area.? We used to have figures relating to the number and type of Hospital acquired infections haven't seen that detail for some time.	Collection of DTOC (Delayed Transfers of Care) reporting was suspended during the pandemic and has only been reinstated nationwide last week. Comprehensive figures are therefore unavailable for a few weeks. However a verbal update will be given at the meeting, spot-reports will be shared and the full report will be distributed as they are published.

WAITING TIMES		
Cllr Carol Ellis 1	The wait for patients in A and E doesn't seem to have improved what is the current average and what are the figures since this question was asked at the last meeting?	The tables below give an indication of an improving picture. Average triage wait is 45 minutes over the past 6 months, though further improvements are being seen with the 2 stage triage process being introduced and with further Streaming. We are still experiencing long ED doctor waits overnight due to staffing challenges, however a number of additional doctors – consultant and middle grade – are joining the Wrexham team over the next few weeks between end of November and January – which will further improve this picture. In acknowledgement of the lack of ED consultants in the country we are recruiting experienced ED doctors and training them to be consultants ourselves, therefore 'growing our own'. Although it is difficult to split the data between day and night, we are seeing far better waiting times now during the day with the 6 month average being 2 hrs 40 minutes. Average total minutes in ED remains high for those who have a decision to admit due to the continuing challenges in the system associated with available beds and patient discharge.
2	The waiting times for Heart, orthopaedics, mental health, vascular is excessive what is the current wait?	**Cardiology** • The current waiting time to see a Cardiology Consultant in clinic for a routine appointment is 39 weeks and 10 weeks for an urgent appointment. • The current waiting time for the Chest Pain nurse clinic is four weeks.

		• Patients referred to the Heart Failure service are seen within two weeks. • We are in the process of re-instating the Arrhythmia Nurse clinic which will assist with reducing waiting times further. **Mental Health** Currently we are achieving all government targets for assessment and interventions in Mental health. These are for part 1, 28 days from referral for assessment and a further 28 days following assessment for any interventions. Part 2, we are achieving the 10 week wait for outpatient appointment however we screen all referrals and prioritise any urgent patients for assessment within 48hrs which would be undertaken by CPN nurses. Psychology do have a lengthy wait of roughly over 12 months however this has significantly reduced from 60 months back in 2019. **Orthopaedic** Trauma & Orthopaedics stage 1 waiting is 2992, longest is 183 weeks, at stage 4 1706 waiting, longest is 285 weeks. **Vascular** Vascular longest wait at Stage 1 is 112 weeks (812 patients total). Stage 4 longest wait is 189 weeks (188 pts total)

DIABETES CLINICS		
Cllr Carol Ellis	People are saying they no longer get called to diabetes clinics for check-ups why.?	Due to Consultant vacancies within the department, review appointments are being prioritised by clinical urgency. We routinely validate our review waiting list to ensure that the patients are correctly placed on the waiting list. Should a patient feel they have been 'missed' or overdue their appointment, we would encourage them to contact our Diabetes team who will do everything they can to assist.
WINTER PRESSURES		
Cllr Carol Ellis	If General Hospitals are unable to cope currently what plans are in place to cope with Winter pressures.? What progress has been made with the staffing crisis.?	Winter Resilience preparations are in progress with close attention to Vaccinations, staffing and surge capacity. As identified there continues to be significant challenges to staffing across Nursing and Medical disciplines in particular. The impending Nurse strikes are being addressed via our Business Continuity systems and workshops have been taking place to plan for all eventualities that may be created by the strikes.

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<tr><td colspan="3">DEESIDE HOSPITAL</td></tr>
<tr><td>Cllr Hilary McGuill</td><td>Given we already have a community hospital in Deeside why is it not being fully used with a minor injuries unit operating from there as does both Mold and Holywell community hospitals? It has physio and X-ray facilities already in use there and out of hours GP service ,so space isn't the issue. Surely minor injuries will take some of the pressure off the main A and E hospitals?</td><td>This question certainly requires further consideration.

It is pertinent to the previous question about staffing provision amongst a number of disciplines.

It would also require analysis of patient flows in all 3 areas i.e. Wrexham, Glan Clwyd and Chester.

If the space is available for review a non-committal assessment of how viable the area is will be performed.</td></tr>
<tr><td colspan="3">CAMHS</td></tr>
<tr><td>Cllr Hilary McGuill</td><td>Please advise progress in relation to CAMHS development as part of your work relating to ‘targeted intervention;’ for mental health services.</td><td>Verbal update to be given as required on the 30th November.</td></tr>
<tr><td colspan="3">NEURO DIVERSITY WAITING TIMES</td></tr>
<tr><td>Cllr Hilary McGuill</td><td>Please provide an update regarding Neuro diversity waiting times for assessment (e.g. autism) which are significant locally and associated information and support for families.</td><td>The proposal below on how the was presented to the Regional Partnership Board on Friday 25th November, taken as approved for

<table>
<tr><th>Improvement Activity</th><th>Lead Delivery Partner</th><th>Resources Required</th><th></th><th>Anticipated Outcomes</th></tr>
<tr><td>Additional sessions for ADHD prescribing (Children and Young People)</td><td>Health Board</td><td>0.5wte Speciality Doctor</td><td></td><td>Reduction in ND medication waiting times

Reduce waiting times</td></tr>
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						Build a sustainable clinical and medicines management model for services
		Non-medical prescribers to support medication pathway (Children and Young People)	**Health Board**	1.5wte agency staff		Reduce waiting times Reduction in ND medication waiting times
		Autism Assessors (Children and Young People)	**Health Board**	3.0wte agency staff		Support a reduction in longest waiters
		Provide Autism Assessments (Adults)	**Regional Integrated Autism Team**	Contracted private provider		87 Assessments to be completed Sustain existing service Reduce waiting list
		Autism Awareness: Supporting Families and workforce	**North Wales LAs**	Autism bus travel to each county for 3 days – staff coordination and administration required		Improved knowledge of autism with appropriate staff Improved awareness raising with families and communities
		Total Funding				

AMBULANCE RESPONSE TIMES **For WAST response**		
Cllr Carol Ellis	The wait for 999 calls for Ambulances doesn't appear to have improved what is the average response time? The press is reporting on several 12 hr plus waiting time across BCUHB.	
Cllr Andrew Parkhurst 1	What is being done to improve ambulance response times? **Case Study:** 83-year-old woman fell at 6.30pm. Her son called for an ambulance. Paramedics arrived at 9.00pm in a car. They assessed her as needing to go to A&E but being unable to take her, called for an ambulance which arrived at 11.00am the next day. The patient was taken to Wrexham Maelor where she had a further 7 hour wait in the ambulance before being admitted to A&E**.**	
2	What is being done to improve the ambulance triage service so that ambulance calls are appropriately allocated? **Case Study:** "My partner, Ian W, already has neck problems and is waiting for surgery. One	

	of the many symptoms is loss of balance. This happened at the top of our stairs on Sunday afternoon, resulting in him falling down all the stairs, banging his head on each step as he fell. He landed at the bottom of the stairs with excruciating pain in his neck and pins and needles in both arms and legs which quickly turned to numbness. I phoned an ambulance at around 4 or 5pm. I was told there was a long wait, up to 8 hours, not to move him and to ring back if symptoms got worse. I rang back 3 or 4 times to say things were getting worse. Eventually, 10 hours later at approximately 3 am Monday morning a first responder arrived. He could not believe that we had waited so long. He had only got the call 3 minutes earlier and as far as he was aware, this was the first call regarding Ian. The ambulance arrived soon after, and again they could not believe we had been left so long. Ian was taken into hospital and came home on Wednesday, still not able to fully use his left-hand side so has to have a Zimmer frame to be able to walk. My concerns are why it took 10 hours for help. I kept being told that they had a high volume of life-threatening calls but	

	as far as we knew, Ian could have broken his neck..... My other issue is that the first responder told me that he had been on duty since 7pm on Sunday and had had 3 calls prior to attending our home, none of which were life threatening, they were dealt with at home and did not need hospitalization. Why were these calls given higher priority than Ian? Why did it take around 10 hours for someone to pass it onto the first responder?"	
Cllr Jean Davies	Why is WAST using private ambulances to transport patients' home from Hospitals? How much is this costing per mile, per day? Why is BCUHB paying vast amounts of money to the Bank Nurse agencies who employ BCUHB own nurses to work for them, when it would be far more cost effective to give nurses sufficient pay to work more hours for BCUHB directly?	
Cllr Hilary McGuill	This is a question for the ambulance service on response times, why is it taking 10 hours to send an ambulance surely the triage system needs to add something else to it at time of initial call to progress neck injury up the list. If fractured, then paralysis occurs.	

Cllr Andrew Parkhurst	Why are strokes not treated with the same urgency as, say, heart attacks? **Case Study** Elderly woman had a suspected stroke. Ambulance arrived over 4 hours later, so the patient missed the thrombolysis window and died	