

MID WALES JOINT COMMITTEE FOR HEALTH AND CARE

UPDATE REPORT – OCTOBER 2021

1. Introduction

The Mid Wales Joint Committee met virtually via Zoom on 18th October 2021 with members of the public offered the opportunity to join the 'live' meeting to observe and ask any questions / raise any concerns during the Listening to You session. The main focus of the Joint Committee's business was to discuss the on-going work undertaken on the priorities and delivery plan for 2021/22 and the organisational Annual / COVID-19 Recovery plans.

2. Mid Wales Priorities and Delivery Plan 2021/22

The work of the Mid Wales Joint Committee is co-ordinated by the Mid Wales Planning & Delivery Executive Group which is led by the Chief Executive of Hywel Dda University Health Board in his role as Lead Chief Executive of the Mid Wales Joint Committee. The group has have met twice during this reporting period, 3rd August and 28th September 2021, with its next meeting planned for 6th December 2021. The main focus of the group's work is to oversee the development and implementation of the Mid Wales Priorities and Delivery Plan 2021/22 which is considered alongside individual organisational plans together with the consideration of any other emerging matters which require a collaborative discussion and regional approach.

The Mid Wales Joint Committee (MWJC) has an agreed Strategic Intent which supports a joined up approach to the planning and delivery of health and care services across Mid Wales. The Strategic Intent focuses on the delivery of five overarching aims to support partner organisations to work together to address the current health and care needs of the Mid Wales population as well as future challenges. Supporting these aims are a set of annually agreed Mid Wales specific priority areas which have been identified as areas which will provide added value in working on a Mid Wales footprint and which align to the Integrated Medium Term Plans (IMTP) / Annual / Regional Plans of the MWJC's partner organisations.

Enclosed at Appendix A is the latest update on the Mid Wales priorities and delivery plan for 2021/22.

3. Mid Wales Clinical Advisory Group

The Mid Wales Clinical Advisory Group, whose role is to provide clinical advice and make clinically based recommendations, meets bi-monthly and for this reporting period has focused on the following areas of work:

- Bronglais General Hospital Strategy Implementation Plan;
- Mid Wales Upper GI pathway;
- North Powys Wellbeing programme;
- Value Based Healthcare and how to work collaboratively;
- Workforce including training and development and new roles /ways of working.

At the request of the Planning and Delivery Executive Group the Clinical Advisory Group have held initial discussions on the agreed top two / three priority clinical pathways. It was noted that there needed to be a focus on the primary and community element of the pathway as well as the secondary care element. Those

suggested priority pathways which members have been asked to consider for discussion and final agreement at its next meeting on 2nd November 2021 include:

- Urology
- Ophthalmology
- Neurology / Neurology specialities
- Dermatology
- Frailty
- Vascular
- Elective Care
- Rapid diagnostic centres
- Prehabilitation
- Prevention and screening
- Respiratory
- Mental Health
- Social care

4. Recovery plans for Mid Wales

Health Boards submitted their final Covid-19 recovery plans to the Welsh Government at the end of June 2021 and are now working on the development of their long term response as part of the Integrated and Medium Term Plan (IMTP) planning process. Initial discussions have been held regarding the next steps for commissioning intentions and strategies for Mid Wales with the first meeting of lead planners and commissioners for the three Health Boards and the Mid Wales Joint Committee team due to take place on 15th November 2021. The Mid Wales Planning and Executive Delivery Group will consider the outputs from this meeting and the development of future plans to support the needs of the Mid Wales population at its meeting on 6th December 2021

5. Value Based Healthcare in Mid Wales

Since December 2020, the three Mid Wales Health Boards together with Rural Health and Care Wales have been working jointly to explore their respective approaches to Value Based Healthcare as well as define what it means for rurality. They have also been exploring the opportunities and increased benefits of working together, from which a number of commitments had arisen as follows:

- Establishment of a Value Based Healthcare joint post for which an appointment had been made with the postholder due to commence in post in September 2021. One of the first pieces of work they will be taking forward is the running of a case based education programme for the three Health Boards around delivering and understanding Value Based Healthcare.
- Utilising academic collaborations including a professorship in Health Economics post at Aberystwyth University to deliver a body of research on what the unique challenges were for delivering Value Based Healthcare in a rural economy and how look beyond these challenges.
- Agreement to fund two PhD students at Bangor University to develop a framework for assessing the economic value of Value Based Healthcare.

6. Support services in place for recovery from long COVID

A significant amount of work is being undertaken at both a national and level to support people with post-COVID syndrome which includes supporting health professionals to recognise the symptoms, signpost people to support and providing a clear pathway for people as they go through the healthcare system. One key support service developed nationally is the NHS Wales COVID-19 Recovery app, which is available in both English and Welsh. This is an online recovery programme to provide support to patients after COVID-19. The app, which has been developed by the NHS Wales Respiratory Group on behalf of the Welsh Government, is available to support individuals across Wales.

Locally all three Mid Wales Health Board have on their websites dedicated pages for supporting patients with their recovery from Long COVID which contain a suite of information sources for those support services available. Also, the three Health Boards either have services in place or nearing establishment for supporting people with recovery from Long-COVID.

7. Welsh Ambulance Services NHS Trust plan for rural ambulance services

During 2019 the Welsh Ambulance Services NHS Trust undertook a demand and capacity review of the Emergency Medical Services 999 response, on behalf of the Emergency Ambulance Services Committee. The review, focused on improving patient safety, with a particular focus on Amber, where the bulk of serious adverse incidents occur. The review identified that the Trust had a gap between the number of full time equivalent staff budgeted to fill its response rosters and the full time equivalent staff required to fill the rosters. It also identified a range of efficiencies for the Trust, in particular, re-rostering ambulance resource around the daily demand pattern.

The Welsh Ambulance Services NHS Trust has recently “paused” the next stage of the roster review to take the opportunity to review more recent data on the unscheduled care system to inform next steps. They have also taken the opportunity to consider feedback from operational colleagues and Trade Union partners.

8. Rural Health and Care Wales

The two-day Rural Health and Care Wales Conference ‘When Challenges lead to Change – improvements and innovation in Rural Health and Care’ which is due to be held on 9th and 10th November 2021 and centred around the following themes:

- The impact and implications of Covid-19 on Rural Health and Care;
- Novel ways of delivering Health and Care services in Rural areas;
- Rural Population Health, Well-being and Care ;
- The role of Rural Communities in Health and Care;
- Telehealth / Telemedicine and the remote delivery of Health and Care services in Rural areas;
- Social / Green Prescribing;
- Recruitment, Retention and New Roles in Rural Areas;
- Education, Training and Development in Rural Areas.

The Conference will be staged as a hybrid event, with a smaller in-person audience and live streaming for online access. m end of September.

Following the success of RHCW's first Webinar held on 20th July 2021, a second Webinar is now being planned for late January 2022. Work is in progress on the development of the programme for this session.

A review of Community Hospitals across Mid Wales is nearing completion, with some time having been taken to outline the background to Community Hospital development and provision, and the final report is due to be published shortly

9. Mid Wales Joint Scrutiny Working Group

The Mid Wales Joint Scrutiny Group, whose membership comprises members of the Scrutiny Committee for Ceredigion and Gwynedd Councils) met on the afternoon of 18th October 2021 following the Mid Wales Joint Committee meeting in the morning. Items to be discussed at the meeting are as follows:

- i) Recovery Plan in response to the Covid-19 pandemic:
 - Detailed look at the recovery plan and its priorities;
 - Deliverability of the proposals contained within.
- ii) Information on the steps being taken to support the workforce following the pressures of the pandemic.
- iii) Update on the joint working between Betsi, Hywel Dda a Powys in the region.
- iv) Mid Wales Joint Committee post Covid review.

10. Public and Patient Engagement and Involvement

During the COVID-19 pandemic the Joint Committee's social media sites have been used to continue to share key information with the public with feedback relayed back to relevant personnel and actioned, where necessary.

As the Mid Wales Public Service Boards are undertaking or due to undertake engagement exercises on their well-being needs it was agreed that the focus on the pilot project with Penglais School council members be changed to the local engagement being undertaken by Ceredigion Public Services Board on the Ceredigion Assessment of Local Well-being which closed on 8th October 2021.

The timescales for the public engagement exercises regarding the Assessment of Local Well-being for those areas within Mid Wales are as follows:

- Ceredigion Public Services Board: Engagement exercise closed on 08/10/21.
- Anglesey and Gwynedd Joint Gwynedd Public Services Board: Due to go out to engagement October/November 2021 with timescale to be confirmed.
- Powys Public Services Board: Due to go out to engagement 1st November to 16th December 2021.

11. Review of the Mid Wales Joint Committee

A review of the Mid Wales Joint Committee and how it currently operates is currently in progress. This includes a programme of meetings with members of the Mid Wales Joint Committee to seek their feedback to inform the outputs of the review. Following a request by the Voluntary Sector, meetings will now also be held with those Mid Wales Associations of Voluntary Organisations on their engagement and representation in the work of the Joint Committee. A draft report on the outputs of this review will be presented to meetings of the Mid Wales Planning and Delivery Executive Group on 6th December 2021 and to the Mid Wales Joint Committee on 24th January 2022.

Mid Wales Joint Committee Priorities and Delivery Plan 2021/22 – Summary Progress report as at October 2021

Priority	Objective(s) 2021/22	Update October 2021
Social and Green Solutions for Health	<ul style="list-style-type: none"> Review the impacts and outputs of Social and Green Solutions across Mid Wales. Review the focus and objectives of the Social and Green Solutions priority. 	<p>Work has continued on exploring the current provision of social and green solutions for health across Mid Wales, with ongoing work directed by the Welsh Government on the development of a national framework nearing completion.</p> <p>Whilst exploratory work is continuing, with more discussions required with Local Authorities across Mid Wales, it is prudent to await the outcome from the national research will be required before concluding the report as the recommendations will need to tie in with the national strategy.</p>
Ophthalmology	<ul style="list-style-type: none"> Review existing Ophthalmology service provision and waiting lists for Mid Wales in order to identify opportunities for a regional approach to recovery plans, ensuring consistent Primary Care support in the Ophthalmology pathway. Recruit to the Mid Wales Ophthalmology leadership role in order to secure leadership for an MDT approach across Mid Wales. Develop innovative solutions to address the continued gaps in Optometry service provision across the South Meirionnydd area. 	<p>Due to differences in Health Board datasets and available resources now not being available it has not been possible to develop a consistent Mid Wales Ophthalmology dataset for demand and activity data. As such the Joint Clinical Lead for Eye Care services / Consultant Ophthalmologist for Mid Wales will be re-advertised as soon as possible as a joint post between Powys Teaching Health Board (PTHB) and Hywel Dda University Health Board (HDdUHB). Betsi Cadwaladr University Health Board (BCUHB) have advised that they are not able to commit to the joint post until a consistent dataset is developed and demand and capacity planning undertaken. The job description and advertisement are currently being reviewed to reflect the two-partner arrangement and a meeting has been arranged for 13th October 2021 to agree the required actions to progress with the recruitment of this post.</p> <p>A meeting of managerial and clinical leads for HDdUHB, PTHB and Shrewsbury and Telford NHS Trust to discuss the opportunities for Ophthalmology Service links between Bronglais General Hospital, Powys and Shrewsbury and Telford NHS Trust has been arranged for 10th November 2021.</p>

Priority	Objective(s) 2021/22	Update October 2021
Community Dental Services	<ul style="list-style-type: none"> Review existing community dental service provision and current waiting lists for Mid Wales and identify opportunities for a regional approach to recovery plans. 	<p>An initial assessment of the current status of community dental service provision across Powys and Ceredigion has been undertaken and opportunities for a regional approach have been identified, which cover 2021/22 and 2022/23, as follows:</p> <ol style="list-style-type: none"> Resume accepting oral surgery patients for extractions including GA for ASA 1 and 2 adults subject to an agreed tariff. Due to the retirement of the Powys Teaching Health Board consultant oral surgeon and the cessation of the service at the Newtown clinic all Hywel Dda University Health Board (Ceredigion) patients now have to travel to Swansea for intermediate oral surgery service for complex extractions). An appointment has been made to the Powys Teaching Health Board consultant oral surgeon vacancy and they are due to commence in post in October 2021. Scope endodontic service for the feasibility of an integrated service for endodontic services. At the moment Powys THB has to catch up on the existing backlog of patients (currently 12 months for treatment). (June 2022) Scope the feasibility of an integrated service for joint General Anaesthetic (GA) list (involving CDS staff) in Bronglais General Hospital using existing facilities not fully utilised. (Sept 2022) <p>HDdUHB are due to undertake a tender exercise for minor oral surgery services. The MWJC Programme Director has met with the HDdUHB Dental Lead and PTHB Dental Director to identify options for ensuring Ceredigion patients have access to this service closer to home.</p> <p>At its September 2021 meeting, the Planning and Delivery Executive Group received a report providing a summary of the current position for NHS Dental Services across Mid Wales. It was agreed that the Mid Wales Dental group in place to take forward the Community Dental Service priority be asked to widen its scope to include general NHS Dental services in order to identify what improvements could be made to service provision across Mid Wales.</p>

Priority	Objective(s) 2021/22	Update October 2021
Cancer and Chemotherapy Outreach services	<ul style="list-style-type: none"> Review current baseline data for waiting times in order to: a) Develop solutions for current issues and identify opportunities for increasing provision across Mid Wales community sites together b) Develop a plan for a Mid Wales approach to chemotherapy services in the community. 	<p>Those areas previously agreed by Mid Wales Cancer group are those which will now be focused on in a staged way in the following order i) Upper Gastrointestinal (GI), ii) Chemotherapy in the Community and iii) Urology. The Mid Wales Clinical Advisory Group have agreed that the Mid Wales Upper GI pathway be progressed as a matter of a priority with the group to agree the recommended next steps at its meeting on 2nd November 2021.</p> <p>The HDdUHB Public Board agreed at its meeting on 29th July 2021 to the change of location of the Chemotherapy Day Unit (CDU) to the Leri Day Unit at Bronglais General Hospital and the development of a fundraising appeal for a new CDU. The timescale for the scheme is expected to be approximately 35 months (18 months planning and 17 months construction) with the planned 'go live' date of June 2024.</p>
Digital (Includes WCCIS and Telemedicine)	<ul style="list-style-type: none"> Development of a clinically agreed plan for future digital developments for implementation across Mid Wales. Establishment of a regional Mid Wales strategic commissioning group. 	<p>A review has already been undertaken on the digital platforms introduced for those clinical pathways in Hywel Dda UHB since the start of the pandemic. Work is in progress to include those developments introduced at both Betsi Cadwaladr UHB and Powys THB. This review will be used to inform the development of a clinically agreed plan for future digital developments for Mid Wales.</p> <p>Ceredigion has been chosen as the pilot site for Digital for which the implementation plan for the Bronglais General Hospital Strategy includes the development of the Digital Strategy for the hospital. This will be used to support and inform the Digital Plan for Mid Wales.</p>
Respiratory	<ul style="list-style-type: none"> Development of the Mid Wales Respiratory Plan outlining the service model for the provision of Respiratory services across Mid Wales with a focus on delivering care closer to home and the creation of a networked pathway across secondary and tertiary services. 	<p>In 2020/21 this priority was led through the Powys THB led Breathe Well Programme. This priority has been assigned to a new lead who will co-ordinate a small group to establish links between the Powys THB Breathe Well programme and the Hywel Dda UHB and Betsi Cadwaladr UHB respiratory work and plans to inform the development of a Mid Wales Respiratory Plan.</p>

Priority	Objective(s) 2021/22	Update October 2021
Rehabilitation	<ul style="list-style-type: none"> Development of a Mid Wales Rehabilitation Service plan for inpatient, outpatient and community rehabilitation services and exploring the development of an MDT approach across Mid Wales. 	<p>The plan for the delivery of this priority for 2021/22 to focus on the following actions:</p> <ul style="list-style-type: none"> Mapping exercise of rehabilitation services across Mid Wales including service modelling, provision and workforce in order to identify potential opportunities for Mid Wales. Clinical workshop to be held in Autumn 2021 to review the mapping exercise and identify the gaps and opportunities for rehabilitation provision across Mid Wales.
Urology	<ul style="list-style-type: none"> Develop and agree a service model for Urology services at General Hospital with outreach services across Mid Wales. Implement the Urology service model: <ol style="list-style-type: none"> Phase 1 - Reintroduction of urology services at Bronglais General Hospital. Phase 2 - Establishment of outreach services across the Care Hubs in Mid Wales. 	<p>Urology services for Day case (alternate weeks) and Outpatients have recommenced at Bronglais General Hospital, Aberystwyth. This includes a Locum Consultant Urologist presence at the hospital site for 3 days a week with support provided by the General Surgery Management Group team.</p> <p>The Hywel Dda UHB Clinical Lead for Urology is working on Pathways for both elective and emergency care which will be shared with the wider medical teams.</p> <p>Initial discussions have also been held with the North Powys team on introducing trial without catheter to the area.</p>

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Cross Border Workforce solutions (includes Integrated care hubs Workforce plan for Mid Wales)	<ul style="list-style-type: none"> • Develop solutions to establish cross border workforce arrangements across Mid Wales including joint induction and training programmes. • Provide continued support to the establishment of a nurse training centre in Aberystwyth which if successful with include placements in a range of rural community settings across Mid Wales. 	<p>The plan for the delivery of this priority's objectives for 2021/22 will focus on the following areas:</p> <ul style="list-style-type: none"> • Workforce plan for health and social care; • Joint Training opportunities; • Joint Induction for health and social care; • Apprenticeship programme and available funding for rurality; • Support for Aberystwyth University School of Nursing and placements in rural settings to include both health and social care settings. <p>Running alongside this, a joint cluster meeting of South Gwynedd, North Ceredigion and North Powys to start discussions within primary care on opportunities for GP portfolios and rotation has been arranged for 22nd November 2021.</p> <p>At the end of June 2021 confirmation was received that Health Education and Improvement Wales has awarded a contract to Aberystwyth University to provide education courses to both adult and mental health nurses. The first nursing students will arrive for their studies at Aberystwyth University in September 2022 and this will include placements with health and care providers across Mid Wales.</p>

Priority	Objective(s) 2021/22	Update October 2021
Clinical Strategy for Hospital Based Care and Treatment (includes Colorectal Surgical Pathway)	<ul style="list-style-type: none"> • Develop the implementation plan to support the delivery of the Bronglais General Hospital strategy. • Implementation of the year 1 deliverables of the delivery plan for the implementation of the Bronglais General Hospital clinical strategy 'Bronglais General Hospital: Delivering Excellent Rural Acute Care' with the development of regional and cross border solutions 	<p>The draft Bronglais General Hospital Strategy Implementation plan for 2021-24 has been developed and covers the following service areas:</p> <ul style="list-style-type: none"> • Scheduled Care services with a 4-Phased plan to return to the pre-2016 session template to support the post-Covid recovery and then to expand the service; • Therapy, Laboratory, Pharmacy, Paediatric and Radiology Services • Optimised use of Bronglais General Hospital Estates; • Acute Frailty Team; • Same Day Emergency Care; • Digital strategy for Bronglais with Ceredigion chosen as Hywel Dda University Health Board's pilot county for enhanced technology. <p>The Bronglais General Hospital Strategy Implementation Steering Group which will lead on the development of and implementation of the strategy has been established and has now met twice. Representation on the Steering Group will be expanded to include Betsi Cadwaladr University Health Board and Powys Teaching Health Board.</p> <p>A Mid Wales Bronglais General Hospital Advisory Board made up of health expert members of the public, which will feed into the Strategy Implementation Steering Group, is in the process of being established.</p> <p>Discussions are in progress on the proposed establishment of a Subgroup to discuss commissioning intentions and strategies for Mid Wales.</p> <p>Progress on the implementation of the Strategy Implementation Plan is reported as a standing agenda item to the Mid Wales Clinical Advisory Group clinical feedback and input. A report providing the latest update on the Strategy Implementation Plan 2021-24 was provided to Mid Wales Planning and Delivery Executive Group meeting on 28/09/21 and to the Mid Wales Joint Committee meeting on 18/10/21.</p>

MID WALES JOINT COMMITTEE FOR HEALTH AND CARE**Listening to You – Questions received in advance and responses provided**

REF	QUESTION	RESPONSE
1021(01)	Cllr. Alun Lloyd Jones, Ceredigion County Council Is Generic price-fixing still causing concern to Hywel Dda Health Board?	Jill Paterson, Director of Primary Care, Community and Long-Term Care, Hywel Dda University Health Board and Jenny Pugh-Jones, Head of Medicines Management, Hywel Dda University Health Board Thank you for your questions in relation to medicines availability within Hywel Dda University Health Board.
1021(02)	Cllr. Alun Lloyd Jones, Ceredigion County Council Does “Parallel importation” exist now that Brexit has happened, and if so, is it of concern to Hywel Dda?	<p>Medicines shortages occur from time to time and there is no evidence that medicines shortages have become more of a concern following EU exit, this includes parallel imports. Well established contingency measures are in place at a UK level to mitigate the risk of shortages and these are kept under constant review.</p> <p>Locally, where shortages are identified Community Pharmacy, supported by the Health Board Medicines Management team, are in communication with prescribers to consider alternative options as appropriate on an individual patient basis.</p> <p>We currently have no concerns with generic price fixing. Where this has been identified it is taken forward at a UK level.</p>

REF	QUESTION	RESPONSE
1021(03)	<p>Cllr. Alun Lloyd Jones, Ceredigion County Council <i>Supplementary question to 1021(01) and 1021(02)</i></p> <p>Many of my residents tell me that if they are lucky enough to receive a prescription from their GP's, (unable to access GP's), more often than not the chemist is unable to supply. I receive many, many, such complaints and comments on a weekly basis. Can you advise what Hywel Dda UHB are doing to address these issues?</p>	<p><u>PRESCRIPTION ELEMENT OF QUESTION</u> Jill Paterson, Director of Primary Care, Community and Long-Term Care, Hywel Dda University Health Board and Jenny Pugh-Jones, Head of Medicines Management, Hywel Dda University Health Board</p> <p>Reference made to a response provided to a similar question in advance in May 2021 as follows:</p> <p>Over the past 3 to 4 years there have been growing challenges for community pharmacies in securing medicines to fulfil prescription for our patients. There is no single reason for this but a number of things that impact on the supply chain. Pharmacies make every effort to source medicines from a range of suppliers, often spending many hours ringing and chasing companies to secure supplies. The supply market for medicines is extremely complex and as a global market is influenced by events that may occur across the world. I have tried to summarise some of the factors:</p> <ul style="list-style-type: none"> a) Companies often choose to limit the amount of supply to a pharmacy based on its average monthly usage. This causes problems where a pharmacy may have additional use one month, causing the need to provide an 'owing ticket' requiring the patient to call back again for the remainder of their prescription. While this is constantly flagged as an issue at UK national level, companies are at liberty to determine how much of their stock is directed to which country. b) Generic products and many of the branded products, are made in a number of countries but often by a small number of manufacturers. Where a manufacturer receives an inspection and is required to make immediate improvements, this may result in a number of products no longer being available for several months. This happens on a relatively frequent basis and causes significant supply problems across the world. One unit may make the same products for a range of companies. c) It is difficult to ascertain if any of the current shortages and delays are associated with Brexit as these are not new issues. I am not aware that this has worsened over the past few months, although undoubtedly there will some drugs that are

REF	QUESTION	RESPONSE
		<p>impacted by changes to import regulations but generally I understand these paths are clear due to the critical nature of medicines.</p> <p>I cannot give any indication when this will improve but can give assurance that pharmacies are doing everything, they can to maintain supply for patients. Often, they will contact GPs to suggest/agree a similar alternative to the medicine on the prescription. They frequently 'borrow' from each other to meet demands, including for unusual or urgent requests from the hospital pharmacies as well.</p> <p>Also, in addition to the response provided previously if the questioner is willing to share further details such as which medicine and when did this/is this occurring then the Head of Medicines Management would be happy to ask one of their team to look into it further with the local pharmacies and GP practices as appropriate.</p> <p><u>GP ACCESS ELEMENT OF QUESTION</u> Dr Sion James, Deputy Medical Director, Primary and Community Care Services Reference made to a response provided to a similar question in advance in May 2021 as the situation is still the same:</p> <p>Most GP practices are still operating a triage model for Primary Care appointments where patients access services via telephone or email in the first instance. Practices have to balance the difficulties of social distancing in order to keep patients safe with the need to ensure face to face appointments where needed. A clinician will therefore agree with the patient on the most appropriate outcome for them following telephone triage. This may be a remote consultation, signposting to another service or a face to face appointment with a clinician. If a patient feels they have difficulty in accessing services at their practice, then we would encourage them to contact the Hywel Dda University Health Board Concerns team on 0300 0200 159.</p> <p>Patients should expect that access models will change to make more use of digital and remote consultations as part of the future model but that those patients that need to be seen face to face will be.</p>

REF	QUESTION	RESPONSE
1021(04)	<p>Cllr. Bryan Davies, Ceredigion County Council</p> <p>There has been a lot of attention recently about the ambulance service in Ceredigion being reduced from 6 to 4 ambulances as well as a reduction in RRV (Rapid Response Vehicles) vehicles. This will put additional pressure on the other vehicles within the county and also affect neighbouring counties such as Carmarthenshire, Pembrokeshire and Powys. But the biggest concern is that the life and well-being of the people of Ceredigion is at risk if this vital service is not up to standard that it was in the past. Of course, there is room for improvement with all services, but it is rural places like Ceredigion that are most affected when potential service cuts occur. So, I'd like a reply to this comment, i.e. is there an ambulance service cut in Ceredigion and if so, for what reasons? Thank you for this opportunity and hope that a favourable response will be in the interest of the residents of Ceredigion.</p> <p>Note: Question received and responded to in Welsh</p>	<p>Estelle Hitchon, Director of Partnerships and Engagement, Welsh Ambulance Services NHS Trust</p> <p>Note: This internal briefing is to be accompanied by a presentation to be provided by Jason Killens to the Mid Wales Joint Committee meeting on 18th October 2021.</p> <p><i>Internal Briefing provided to Welsh Ambulance Services NHS Trust staff</i></p> <p>Emergency Medical Services (EMS) Roster Review – Hywel Dda</p> <p>As many of you will know, we have recently “paused” the next stage of the roster review to take the opportunity to review more recent data on the unscheduled care system to inform next steps. We have also taken the opportunity to consider feedback from operational colleagues and Trade Union partners. The roster review project is focused on improving patient safety, with a particular focus on Amber, where the bulk of our serious adverse incidents occur. The review is part of a package of investment and efficiencies that will see an initial increase of +32.5 full time equivalents (FTEs) in the Hywel Dda area over the period April 2020 to March 2022. The increase in FTEs in Hywel Dda forms part of a national project to close the relief gap, the difference between our budgeted establishment and the FTEs required for our rosters across Wales, with a total investment of +263 FTEs. The re-rostering and closing of the relief gap is about re-basing, but we know further investment and efficiencies will be required in order to effectively meet future patient demand. Following a review of the data, and subsequent discussions with the Chief Ambulance Services Commissioner, we have agreed that we will not reduce the ambulance cover currently offered by today’s rosters, although the configuration may change. We are still considering further data on the unscheduled care system, but we expect workshops to recommence shortly. We will let you know the outcome of this fresh work as and when it is available. National Trade Union leads are on both the EMS Roster Review Project Board and the 2021 EMS Demand & Capacity Review Steering Group. If you have any questions, you can email them to: AMB_RosterReview@wales.nhs.uk or, alternatively, you can speak to your manager or Trade Union representative.</p>