



CYNGOR IECHYD CYMUNED
COMMUNITY HEALTH COUNCIL

DE MORGANNWG | SOUTH GLAMORGAN

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South Glamorgan Community Health Council
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14 September 2021

Mr Len Richards
Chief Executive
Cardiff & Vale University Health Board
Executive Headquarters
Woodland House
Maes Y Coed Road
Cardiff

Dear Len

Re: The Pentyrch Surgery Proposal Engagement CHC Executive Committee Decision.

The 14 September 2021 Executive Committee decision was to support the Service Planning Committee majority recommendation that this service change proceed to formal consultation as stipulated in the 2011 Welsh Government guidance. The consultation should be for a period of no less than eight weeks.

In coming to this decision, the CHC acknowledges that while support for the proposal was mixed many of the key questions raised by patients and public have still to be fully answered. The CHC and Health Board received a significant amount of correspondence from the public who live in Pentyrch and Rhydlaifa. A large number of respondents felt the local population had not been engaged or were not aware of any engagement being undertaken. The main reasons for CHC decision as are follows.

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Cadeirydd / Chair: Mr Malcolm Latham, BA, MSc, MCMI, FIBMS

Ffôn/Tel: 029 20750112

Prif Swyddog / Chief Officer: Mr Stephen Allen, O.St.J MSc: MIHM

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Compliance with Section 183 NHS Wales Act (2006)

The CHC sought assurance from the Health Board that they were complying with the Act legislation at several meetings as set out in the Welsh Government Guidance for Engagement and Consultation (2011)

The CHC Executive Committee supported the view of the Service Planning Committee that while the Practice did engage with its practice population using a microsite hosted by the developer and a survey. The Health Board failed to engage with the wider community on these proposals, this included the communities of Rhydlafer and St Fagans which would be directly affected by the re-provision of this surgery.

Furthermore, the practice population and the wider community should have been engaged with developing plans to provide services, and their voices should have been key in developing any proposals.

The microsite and subsequent ADET focussed upon the layout of the building, parking, and aesthetics of the building rather than where this service should be located and how those who use the service could influence the service delivery in the future.

The Executive Committee were of the view based upon the evidence seen by the Service Planning Committee that the Health Board failed to fully comply with Section 183 of the Act.

Lack of Public Scrutiny and Engagement on the Options Appraisal

We are aware that an options appraisal was undertaken initially looking at 22 sites, which was then reduced to 6 potential sites (5 in Pentyrch and 1 in Rhydlafer). The CHC sought clarity from the Health Board on who participated in this appraisal process we understand this was undertaken by:

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- NHS Wales Estates;
- Staff from the Primary Care Team Cardiff & Vale University Health Board;
- Staff from the Practice; and
- Staff from the developers Assure.

It was confirmed that no patient representative(s) were involved, and that the CHC had not been invited to observe this process. The reason given for this by the Primary Care team was it would be difficult to identify just a few patients to participate in this technical piece of work.

The CHC is of the view that if the patient voice had been included at this stage it may have affected the outcome. This is because we believe that the key issues raised by patients and the local community may have altered the weighting of scores.

In addition, it should be noted that one of the final shortlisted sites was marked as confidential and no details were provided. The CHC requested this information. The request was refused due to business sensitivities. Not having access to full picture and being able to scrutinise the decision makes it difficult to confirm how robust the whole process was. The CHC is of the view that the options appraisal process should be undertaken again across all sites with public involvement in this process. This will ensure transparency prior to the start of the public consultation.

Accessibility to the proposed new site

Access to the proposed new surgery is by way of a very busy narrow road with no pavement and very limited street lighting. Most of the correspondence highlighted that there is no accessible public transport which was seen locally as a major issue.

The Health Board has stated that £15,000 has been made available for public transport, and a task and finish group has been established. However, there is no clarity on the sustainability of any transport

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arrangements once the agreed funding has been exhausted. Most likely very quickly once the new surgery is opened. The CHC is concerned on behalf of the community that once approval for the proposals is given resolving the issue will not be given sufficient priority. The CHC believes this should be tested and scrutinised through the consultation process and this may highlight a more sustainable way forward.

Additional comments

While the CHC recognises that this engagement was affected by the COVID 19 Pandemic and engaging with the public was a challenge. The Health Board did not keep the CHC fully informed of the proposal development.

The Service Planning Committee highlighted in its report to the Executive Committee that the Health Board in discussion with Welsh Government had received confirmation that the funding was for providing general practice services for Pentyrch, not necessarily in the village. The CHC had not been made aware of these discussions which would possibly have changed the engagement approach. The CHC is puzzled as to why the Health Board chose not to inform us of these material discussions.

The Health Board informed the Service Planning Committee "that the information shared with the CHC was not information that would normally have been shared and they have tried to be quite open". The view was "it was a Health Board decision in terms of where the location would be, we have probably shared documents that wouldn't have normally shared, there was a letter from the Executive Director of Strategic Planning to the CHC confirming the position, so it has been documented formally".

Under Regulation 28 of National Health Service, Wales the Community Health Councils (Constitution, Membership and Procedures) (Wales) Regulations 2010 entitled "Information to be furnished by relevant health service bodies". The Health Board, must provide the Council with such information about the planning and operation of health services for which

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it is responsible, and which fall within the district of a Council as the Council may reasonably require in order to discharge its functions. In the event a NHS body refusing to disclose to a Council information the Council may appeal to the Minister as to whether the information is reasonably required by the Council in order to discharge its functions is final for the purposes of this regulation.

It appears the Health Board has been selective in what information should be made available to the CHC. Members were of the view that if some key information was not available any decision to support the proposal could be successfully challenged.

The CHC is seeking assurance that the Health Board has provided all the information regarding the Pentyrch proposal and will review current and future service change proposals.

The Executive Community is clear that the public meeting held in June 2021 was part of the engagement plan originally discussed with the CHC. The Practice wrote to the CHC in early April 2020 stating that holding a virtual meeting would not be possible due to the number of the practice population not having access to technology. The CHC agreed with this view and the engagement was placed on hold until such time as a face-to-face meeting could be convened.

We are aware that the Health Board does not see the Pentyrch proposal as a significant service change. The CHC holds a different view that because the proposal is contentious and involves more than one community that this falls within the CHCs definition of significant service change. Under current service change guidelines, the CHC is responsible for identifying what is a significant service change.

I hope the reasons set out by the CHC and Executive Committee allow the Health Board to support our decision.

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Yours sincerely



Stephen Allen
Chief Officer

CC Stuart Walker Deputy Chief Executive Cardiff & Vale UHB
Charles Janczewski Chair Cardiff & Vale UHB

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