


Board

Wed 24 May 2023, 09:30 - 15:00

Agenda

09:30 - 09:30
0 min

1. PRELIMINARY MATTERS

 Board_Agenda_24May2023.pdf (3 pages)

1.1. Welcome and apologies for absence

1.2. Declarations of interest

1.3. Experience Story

1.3.1. Patient Experience Story

1.3.2. Staff Experience Story

 Board_Item_1.3b_Staff Story.pdf (6 pages)

1.4. Update Reports of the


1.4.1. Chair

 Board_Item_1.4_Chair's Board Report May 2023.pdf (4 pages)



1.4.2. Vice-Chair

 Board_Item_1.4b_Vice Chair's report Board May 2023.pdf (3 pages)

1.4.3. Chief Executive

 Board_Item_1.4c CEO Board paper May 2023.pdf (7 pages)



1.5. Assurance Reports of the Board's Committees

-  Board_Item_1.5_Committee Chair Reports_May_2023.pdf (3 pages)
-  Board_Item_1.5a_App_A_PEQS Chairs Assurance Report 25Apr23.pdf (4 pages)
-  Board_Item_1.5ai_App_B_ARA_Committee Chair's Assurance Report_May23.pdf (7 pages)
-  Board_Item_1.5aii_App_B1_ARAC Committee Annual Report_Apr23.pdf (13 pages)
-  Board_Item_1.5aiii_App_B2 - Powys Structured Assessment 2022-23 Final Report.pdf (38 pages)
-  Board_Item_1.5aiv_App B3_3561A2023 Powys THB Annual Audit Report 2022.pdf (20 pages)
-  Board_Item_1.5av_App_C_Delivery & Performance Chairs Assurance Report_2May23.pdf (5 pages)
-  Board_Item_1.5avi_AppD_Executive Committee Chair's Assurance Report_May23 (002).pdf (8 pages)

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2. ITEMS FOR APPROVAL/RATIFICATION/DECISION

2.1. Belmont Branch Surgery, Gilwern closure application

-  Board_Item_2.1_Belmont Branch Surgery.pdf (28 pages)
-  Board_Item_2.1a_Belmont Branch Surgery - Appendix 1 Branch Surgery Review process.pdf (12 pages)

- Board_Item_2.1b_Belmont Branch Surgery - Appendix 2 Engagement Report.pdf (58 pages)
- Board_Item_2.1c_Belmont Branch Surgery - Appendix 2a Engagement Report - Annexes.pdf (258 pages)
- Board_Item_2.1d_Belmont Branch Surgery - Appendix 3 Equality Impact Assessment.pdf (34 pages)
- Board_Item_2.1e_Belmont Branch Surgery - Appendix 4 Powys CHC Letter.pdf (2 pages)
- Board_Item_2.1f_Belmont Branch Surgery - Appendix 5 Aneurin Bevan CHC Letter.pdf (3 pages)
- Board_Item_2.1g_Belmont Branch Surgery - Appendix 6 Mitigation Plan.pdf (8 pages)
- Board_Item_2.1h_Llais Letter to PTHB and ABUHB - May Board Crickhowell - April 2023.pdf (3 pages)
- Board_Item_2.1i_PTHB letter to Llais letter 220523 May Board Crickhowell.pdf (2 pages)

2.2. Integrated Plan 2023/24 - Supplementary Submission

- Board_Item_2.2_Supplementary Integrated Plan 2324 cover paper.pdf (7 pages)
- Board_Item_2.2a_App 1 PTHB Financial Plan Supplementary 202324.pdf (8 pages)

2.3. 2023/24 Annual Delivery Plan

- Board_Item_2.3_May 23 Annual Delivery Plan 2324 cover paper.pdf (7 pages)
- Board_Item_2.3a_IP Delivery Plan 23 24.pdf (21 pages)

2.4. Anti Racism Plan

- Board_Item_2.4_Cover Paper Anti Racist Wales Action Plan.pdf (5 pages)
- Board_Item_2.4a_Anti-racist Action Plan PTHB 2022-24 DRAFT.pdf (9 pages)

2.5. Director of Corporate Governance and Board Secretary Report

To follow

- Board_Item_2.5_Director Corporate Governance report.pdf (5 pages)
- Board_Item_2.5a_Appendix 1 - Scheme of delegation to Directors.pdf (8 pages)
- Board_Item_2.5b_Appendix 2 - Committee work programmes.pdf (12 pages)

2.6. WHSSC Standing Orders

- Board_Item_2.6_WHSSC Governance and Accountability Framework Cover Paper.pdf (8 pages)
- Board_Item_2.6a_Appendix 1 - Updated Standing Orders Feb 2023.pdf (57 pages)
- Board_Item_2.6b_Appendix 2 - WHSSC MoA Feb 2023 with Annex 1-5.pdf (66 pages)
- Board_Item_2.6c_Appendix 3 WHSSCS SFIs July 2021.pdf (33 pages)
- Board_Item_2.6d_Appendix 3a - Scheme of Delegation.pdf (8 pages)
- Board_Item_2.6e_Appendix 3b - Copy of Authorisation Matrix.pdf (1 pages)

2.7. Minutes of previous meeting held on 29 March 2023

- Board_Item_2.7_PTHB Board Minutes Unconfirmed 29 March 2023.pdf (17 pages)

2.8. Board Action Log

- Board_Item_2.8_Action Log.pdf (1 pages)

09:30 - 09:30 **3. ITEMS FOR ASSURANCE**
0 min

3.1. Finance and Performance

3.1.1. Integrated Performance Report Month 12

- Board_Item_3.1_IPR report Month 12 (March 2023).pdf (13 pages)
- Board_Item_3.1_IPR_Month 12_Final 20230511.pdf (101 pages)

3.1.2. 2022/23 Month 12

Patterson, Liz
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 Board_Item_3.1a_Financial Performance Report Mth 12.pdf (2 pages)

3.1.3. 2023/24 Month 01

 Board_Item_3.1b_Financial Performance Report Mth 01 Summary.pdf (2 pages)

3.2. Corporate Risk Register, March 2023

 Board_Item_3.2_Corporate Risk Report_Apr23.pdf (5 pages)

 Board_Item_3.2a_Appendix 1 - Corporate Risk Register_Apr23.pdf (30 pages)

3.3. Assurance Reports

3.3.1. Board's Partnership Arrangements

 Board_Item_3.3_Summary of Partnership Board Activity.pdf (3 pages)


 Board_Item_3.3ai_App 1_SSPC Assurance Report 23 March 2023.pdf (4 pages)


3.3.2. Joint Committees

 Board_Item_3.3b_Joint Committee Reports_Feb 23.pdf (3 pages)

 Board_Item_3.3bi_App A WHSCC Joint Committee Briefing (Public) 13 February 2023.pdf (3 pages)


 Board_Item_3.3bii_App B WHSCC Joint Committee Briefing (Public) 14 March 2023.pdf (6 pages)

 Board_Item_3.3biii_JC Briefing (Public) 16 May 2023.pdf (7 pages)


 Board_Item_3.3biv_App C EASC Confirmed minutes 14_Mar_2023.pdf (15 pages)

3.4. Assurance Report of the Local Partnership Forum

 Board_Item_3.4_Report of the Board's Local Partnership Forum_May23.pdf (2 pages)

 Board_Item_3.4a_Appendix_A_Advisory Group_LPF Report Apr23.pdf (4 pages)

3.5. Community Health Council transfer to Llais

 Board_Item_3.5 CHC board assurance report March 22.pdf (9 pages)

3.6. Report of the Regional Director of Llais

 Board_Item_3.6_RDs Report PtHB May 2023 (2).pdf (13 pages)

09:30 - 09:30

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4. OTHER MATTERS

4.1. Any other urgent business

4.2. Close

4.3. Date of next meeting:

26 July 2023

09:30 - 09:30

0 min

5. Board In-Committee

Motion under Section 1(2) Public Bodies (Admission to Meetings) Act 1960: Representatives of the press and other members of the public shall be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest

5.1. Welcome and apologies for absence

5.2. Declarations of interest

5.3. Radiology Informatics System Programme - Full Business Case

5.4. Non-Emergency Patient Transport - approval to transfer to WAST

5.5. Remuneration and Terms of Service Committee Annual Report

5.6. Minutes of previous meeting 29 March 2023

5.7. Corporate Risk Register (cyber security)

**POWYS TEACHING HEALTH BOARD
BOARD MEETING
WEDNESDAY 24 MAY 2023
09:30 – 16:10
TO BE HELD VIA MICROSOFT
TEAMS**



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd
Addysgu Powys
Powys Teaching
Health Board

AGENDA BOARD

1: PRELIMINARY MATTERS

09.30	1.1	Welcome and Apologies for Absence	Oral	Chair
	1.2	Declarations of Interest	Oral	All
09.35	1.3	Experience Story a) Patient Experience Story b) Staff Experience Story	Attached	Director of Nursing and Midwifery Director of Workforce and OD
09.55	1.4	Update from the: a) Chair b) Vice Chair c) Chief Executive	Attached Attached Attached	Chair Vice Chair Chief Executive
10.15	1.5	Assurance Reports of the Board's Committees	Attached	Committee Chairs Chief Executive

2: ITEMS FOR APPROVAL/RATIFICATION/DECISION

10.35	2.1	Belmont Branch Surgery Gilwern closure application	Attached	Chief Executive Medical Director
11.15		COMFORT BREAK		
11.30	2.2	Integrated Plan 2023/24 – Supplementary Submission	Attached	Chief Executive
11.50	2.3	2023/24 Annual Delivery Plan	Attached	Chief Executive
12.15	2.4	Anti Racism Plan	Attached	Director of Workforce and OD
12.30	2.5	Director of Corporate Governance and Board Secretary Report • Committee ToR • Committee Work Plans • PTHB Standing Orders • Common Seal • Committee Membership	Attached	Director of Corporate Governance
12.45	2.6	WHSSC Standing Orders	Attached	Director of Corporate Governance

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23/05/2023 11:25:01

12.50	2.7	Minutes of Previous Meeting: 29 March 2023	Attached	Chair
	2.8	Board Action Log	Attached	Chair
12.55		LUNCH BREAK		
3: ITEMS FOR BOARD ASSURANCE				
13.40	3.1	Financial Performance <ul style="list-style-type: none">• 2022/23 Month 12• 2023/24 Month 01	Attached	Director of Finance and IT
13.50	3.2	Corporate Risk Register, March 2023	Attached	Director of Corporate Governance
14.05	3.3	Assurance Reports <ul style="list-style-type: none">a) Board’s Partnership Arrangementsb) Joint Committees	Attached	Chief Executive
14.10	3.4	Assurance Report of the Local Partnership Forum	Attached	Director of Workforce & OD
14.15	3.5	Community Health Council Transfer to Llais	Attached	Director of Workforce & OD
14.20	3.6	Report of the Regional Director of Llais	Attached	Regional Director of Llais
4: OTHER MATTERS				
14.25	4.1	Any Other Urgent Business	Oral	Chair
	4.2	Close		
	4.3	Date of the Next Meeting: <ul style="list-style-type: none">▪ 26 July 2023 Via Microsoft Teams		
5. The Chair, with advice from the Director of Corporate Governance, has determined that the following items include confidential or commercially sensitive information which is not in the public interest to discuss in an open meeting at this time. The Board is asked to take this advice into account when considering the following motion to exclude the public from this part of the meeting: <u>Motion under Section 1(2) Public Bodies (Admission to Meetings) Act 1960</u> <i>"Representatives of the press and other members of the public shall be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest"</i>				
Time	Item	Title	Attached / Oral	Presenter
14.45	5.1	Welcome and Apologies for Absence	Oral	Chair
	5.2	Declarations of Interest	Oral	All

14.45	5.3	Radiology Informatics System Programme (RISP) – Full Business Case	Attached	Director of Therapies and Health Sciences
15.15	5.4	Non Emergency Patient Transport – approval to transfer to WAST	Attached	Director of Therapies and Health Sciences
15.30	5.5	Remuneration and Terms of Service Committee Annual report	Attached	Director Corporate Governance
15.40	5.6	Minutes of Previous Meeting: 29 March 2023	Attached	Chair
15.45	5.7	Corporate Risk Register (Cyber Security)	Attached	Chair
15.50		Close		

Key

Well-being Objective 1: Focus on Well-being	
Well-being Objective 2: Early Help and Support	
Well-being Objective 3: Tackle the Big Four	
Well-being Objective 4: Joined Up Care	
Well-being Objective 5: Workforce Futures	
Well-being Objective 6: Innovative Environments	
Well-being Objective 7: Digital First	
Well-being Objective 8: Transforming in Partnership	
All Well-being Objectives	

MESSAGE TO THE PUBLIC:
Powys Teaching Health Board is committed to openness and transparency and conducts as much of its business as possible in a session that members of the public are normally welcome to attend and observe. At present Board meetings are held virtually and livestreamed. Members of the public are able to view the livestream or view the uploaded copy of the meeting on demand.

Patterson, Liz
23/05/2023 11:25:01

Learning from Lived Experiences: Racism in Recruitment

Staff Story

Powys Teaching Health Board

2023

Patterson, Liz
23/05/2023 11:25:01

What is a Microaggression?

‘Everyday verbal, non-verbal and environment slights, snubs, or insults, whether intentional or unintentional, which communicate hostile, derogatory or negative messages to target persons based solely upon their marginalised group membership’

(Sue et al, 2019)

Patterson.Liz
23/05/2023 11:25:01

Staff stories: recruitment

Behaviours BEFORE, DURING and AFTER interview.

- Microaggressions
- Systemic racism
- Allyship
- Turning a blind eye
- Allowing a culture of racism
- Accountability
- Workplace justice

Names and organisations have been taken out for anonymity purposes.

Patterson
23/05/2023 11:25:01

How can we avoid Microaggressions?

- Do not be afraid of getting it wrong
- Listen to lived experiences, do not invalidate them
- Acknowledge your own unconscious / subconscious bias
- Do not be defensive
- Hold people accountable
- Promote justice



Patterson, Liz
23/05/2023 11:25:01

Allyship

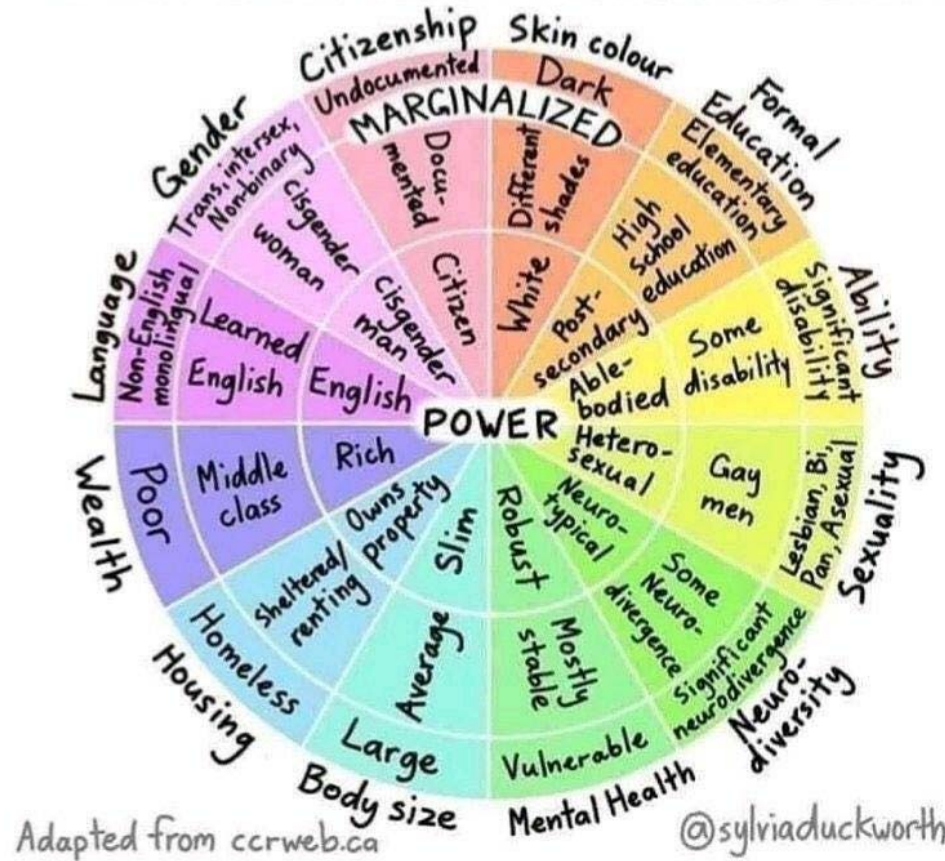
What if I do nothing? Its not my problem?



- Moral responsibility to others
- Promoting equality in all aspects of care in the NHS
- Integrity
- Openness
- Honest
- Consequences of serious mental health concerns for victims ie racial trauma, PTSD, low self-image / confidence

Patterson, Liz
23/05/2023 11:25:01

WHEEL OF POWER/PRIVILEGE



Not limited to race.

AGENDA ITEM: 1.4

BOARD MEETING		Date of Meeting: 24 May 2023
Subject:	CHAIR'S REPORT	
Approved and Presented by:	Carl Cooper, PTHB Chair	
Prepared by:	Carl Cooper, PTHB Chair	
Other Committees and meetings considered at:	None	

PURPOSE:

To bring to the Board's attention key points for awareness from the Chair of Powys Teaching Health Board, since the previous Board meeting in December 2022.

RECOMMENDATION(S):

It is recommended that the Board NOTES this report.

Approval/Ratification/Decision	Discussion	Information
x	✓	x

Patterson, Liz
23/05/2023 11:25:00

Chair's Report

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Board Meeting
24 May 2023
Agenda Item: 1.4

THE PAPER IS ALIGNED TO THE DELIVERY OF THE FOLLOWING STRATEGIC OBJECTIVE(S) AND HEALTH AND CARE STANDARD(S):

Strategic Objectives:	1. Provide Early Help and Support	✓
	2. Tackle the Big Four	✓
	3. Enable Joined up Care	✓
	4. Develop Workforce Futures	✓
	5. Promote Innovative Environments	✓
	6. Put Digital First	✓
	7. Transforming in Partnership	✓
Health and Care Standards:	1. Staying Healthy	
	2. Safe Care	
	3. Effective Care	
	4. Dignified Care	
	5. Timely Care	
	6. Individual Care	
	7. Staff and Resources	
	8. Governance, Leadership & Accountability	✓

CHAIR'S REPORT:

CEO Changes

On the 2 May, I announced the appointment of Hayley Thomas as interim Chief Executive of the Health Board. This appointment follows the secondment of Carol Shillabeer to Betsi Cadwaladr University Health Board as their interim Chief Executive while recruitment is under way to the permanent role. Further details are available on our website using this link -

<https://pthb.nhs.wales/news/health-board-news/appointment-of-interim-chief-executive-following-secondment/>

The secondment arrangements are on an interim basis and commenced on 2nd May 2023; and will support BCU to recruit a substantive CEO.

On behalf of the board, I assure Carol & Hayley of our very best wishes & ready support as they take up their new responsibilities.

Independent Member (Finance)

Tony Thomas' time as the Independent Member (finance) of our Board will conclude at the end of May. Tony has served the Board faithfully and diligently for many years. In his role as board member and as chair of our Audit & Risk Committee, we have benefitted hugely from his professional expertise. His contribution has helped to strengthen the governance and, in turn, the performance of our organisation. We will miss Tony's sharp wit and informed participation. He leaves us with our sincere gratitude & very best wishes.

We have been liaising with the Public Appointments Unit in Welsh Government. Unfortunately, there has been a delay in processing the appointment of Tony's successor and we will not be in a position to make an appointment for some months. In the meantime, we will consider how best to secure the necessary, interim finance skills and expertise needed for us to fulfil our governance responsibilities effectively.

Chairs Peer Group

The peer group of NHS Wales chairs continues to meet, supported by colleagues from the NHS Wales Confederation. At its recent meeting the principal focus was on the challenging financial context in which all health boards find themselves. Together with NHS CEOs, we are committed to sharing knowledge & learning with each other in order that we address our financial statutory duties, whilst also meeting other essential statutory and legal requirements, for example quality and safety.

Integrated Medium Term Plan (IMTP)

Following our last Board meeting we submitted our proposed IMTP to Welsh Government (WG) for consideration. We knew that it was a work in progress and, as expected, WG has requested additional information linked with a reconsideration of our financial and delivery commitments. These are included in the proposed additional submission presented to this meeting. This is supported by the Delivery Plan. Given the ongoing demands on our services and the pressures on our system, it is important that the board regard this year as a year of focused and determined delivery.

Board Development

We continue our journey as a learning Board as we seek to continually improve board effectiveness.

Colleagues from Audit Wales attended a recent Board development session to help us consider what we might learn from the unfortunate situation in Betsi Cadwaladr UHB. We will ensure the lessons inform our Board development into the future.

We have also undertaken a Strength Deployment Inventory (SDI) of all Board members. This will help us to better understand the individual strengths and preferences of Board colleagues as we work with each other in an optimum way.

Listening & Learning

As I continue to visit PTHB sites across Powys and meet staff colleagues, I am continually struck by the depth and substance of diligence, dedication and commitment demonstrated by individuals and teams, notwithstanding the

significant difficulties and pressures colleagues need to manage on a daily basis.

It was a particularly inspiring to visit colleagues recently in Ystradgynlais Community Hospital and to see the reablement room developments in Cottage View at Knighton Hospital.

Independent Member (IM) Reviews

As a relatively new chair I have much appreciated the opportunity over recent weeks to hold performance & development appraisal conversations with Independent Board Members.

I am struck by the wealth, breadth and depth of skills, knowledge and expertise around our board table. This is energised by individuals' infectious enthusiasm for ensuring that we provide the very best service possible for the citizens whom we serve. Thank you to all IM colleagues for your impressive contribution.

EASC Public Meetings

I have attended some of the public engagement meetings regarding the review of the Air Ambulance service for Mid & North Wales. These are well organised and very informative.

The detailed information is yet to be collated and analysed. Therefore, it is too early to determine how any changes may affect our population and patients. We are members of the commissioning body and will, therefore, have an opportunity to participate in discussions & decisions.

Further, Faster & Volunteering

The Minister for Health & Social Care is leading a piece of work that considers how we can better expedite improvement within the healthcare system in order to relieve the significant pressures that continue to impede the progress everyone is working so hard to achieve.

Because of my third sector background, I was pleased to accept the Minister's invitation to contribute to this work, specifically as regards the role volunteers and voluntary organisations could play in new arrangements.

We are expecting proposals to emerge soon that will be divided into two lanes. Lane 1 proposals will include actions that can be taken to quicken progress in the short term. Lane 2 proposals will contain actions that will help to further improvement in the longer term. This work is being carried out within the context of current strategic plans and frameworks.

Patterson, Liz
23/05/2023 11:25:00

AGENDA ITEM: 1.4b

BOARD MEETING		Date of Meeting: 24 May 2023
Subject:	VICE CHAIR'S REPORT	
Approved and Presented by:	Kirsty Williams, PTHB Vice Chair	
Prepared by:	Kirsty Williams, PTHB Vice Chair	
Other Committees and meetings considered at:	None	

PURPOSE:

To bring to the Board's attention key points for awareness from the Vice Chair of Powys Teaching Health Board, since the previous Board meeting in March 2023.

RECOMMENDATION(S):

The Board is asked to RECEIVE the report and DISCUSS any key issues.

Approval/Ratification/Decision	Discussion	Information
x	✓	x

THE PAPER IS ALIGNED TO THE DELIVERY OF THE FOLLOWING STRATEGIC OBJECTIVE(S) AND HEALTH AND CARE STANDARD(S):

Strategic Objectives:	1. Provide Early Help and Support	
	2. Tackle the Big Four	
	3. Enable Joined up Care	
	4. Develop Workforce Futures	
	5. Promote Innovative Environments	
	6. Put Digital First	
	7. Transforming in Partnership	✓
Health and Care Standards:	1. Staying Healthy	
	2. Safe Care	
	3. Effective Care	
	4. Dignified Care	
	5. Timely Care	
	6. Individual Care	
	7. Staff and Resources	
	8. Governance, Leadership & Accountability	✓

VICE CHAIR'S REPORT:

Primary Care

I recently attended a meeting of the Powys Sub-committee of the Dyfed/Powys Local Medical Committee. It was a valuable opportunity to hear directly from local GPs about the issues that are of concern to them. The main points that were discussed were, access to planned secondary care, workload, access to social services and community care, the impact of inflation on sustainability and recruitment of staff.

As referenced in papers due to be considered later in this Board meeting on 26 April 2023, I chaired the Branch Practice Review Panel.

Mental Health

Since the last Board meeting The Power of Discharge Committee has met once. It was very pleasing to hear the independent Hospital Managers comment on the improvement in the quality of reports they receive when undertaking hearings. This follows a series of training and development sessions for staff which have clearly been impactful on practice.

Quality and Safety

At the invitation of our Medical Director Dr Kate Wright, I observed a recent meeting of the Learning from Experience Group. This was a very helpful insight into how the Health Board uses data from numerous sources to reflect on and improve quality and safety of both directly provided and commissioned

services. Dr Wright would be happy to extend the invitation to observe future meetings of the Learning Group to other Independent Members should they find it helpful in aiding their understanding of this important area.

Partnership Working

The Chairs of the Regional Partnership Boards (RPB) met with Welsh Government Ministers and officials at the beginning of May. Ministerial priorities included the strengthening of the citizens and third sector voice, the implementation of the Nest approach and progress on "Further Faster". There was a session dedicated to the evaluation of the Social Services and Well-being (Wales) Act which found that whilst the aims and aspirations of the legislation are still widely supported, there is widespread geographical differences in implementation. Services users reported that the Act had had a limited impact on how they experienced care and support.

As a part of an objective to strengthen RPB governance I also attended the Live Well Mental Health Board meeting and a Live Well Planning Workshop. Each of the partnership work streams that sit below the RPB are at different stages in their maturity, but all are committed to ensuring that they deliver the strategy agreed by the Board in the new area plan.

Healthy weight Healthy Powys

Following two well supported stakeholder events that identified Children and families as the priority area for developing a whole system approach to tackling overweight and obesity in Powys, I attended a further workshop in Llandrindod Wells. This brought together a wide range of statutory and voluntary organisations to continue to plan ways of working together to tackle this Welsh Government population health priority.



BOARD MEETING

DATE OF MEETING:
24th May 2023

Subject:

CHIEF EXECUTIVE REPORT

**Approved and
Presented by:**

Hayley Thomas, Interim Chief Executive

Prepared by:

Hayley Thomas, Interim Chief Executive

**Other Committees
and meetings
considered at:**

Elements of this report may have been considered at various committees or meetings prior to being presented.

PURPOSE:

This report is intended to keep the Board up to date with key developments at a national and local level.

It sets out for the Board areas of work being progressed and achievements that are being made, which may not be subject to consideration by a Committee of the Board, or may not be directly reported to the Board through Board reports.

The report specifically covers:

- Changes to Executive Team Portfolios
- Update from Joint Executive Team meeting with Welsh Government
- Health and Care Research Wales Hosting Agreement
- NHS75
- Duty of Quality and Duty of Candour
- Recent success at National Awards

The Board is asked to RECEIVE the report and DISCUSS any key issues.

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23/05/2023 11:25:01

Approval/Ratification/Decision ¹		Discussion	Information
		✓	
THE PAPER IS ALIGNED TO THE DELIVERY OF THE FOLLOWING STRATEGIC OBJECTIVE(S) AND HEALTH AND CARE STANDARD(S):			
Strategic Objectives:	1. Focus on Wellbeing		✓
	2. Provide Early Help and Support		✓
	3. Tackle the Big Four		✓
	4. Enable Joined up Care		✓
	5. Develop Workforce Futures		✓
	6. Promote Innovative Environments		✓
	7. Put Digital First		✓
	8. Transforming in Partnership		✓
Health and Care Standards:	1. Staying Healthy		✓
	2. Safe Care		✓
	3. Effective Care		✓
	4. Dignified Care		✓
	5. Timely Care		✓
	6. Individual Care		✓
	7. Staff and Resources		✓
	8. Governance, Leadership & Accountability		✓

EXECUTIVE SUMMARY:

This report briefly outlines some of the key matters to draw to the attention of the Board, including:

- **Changes to Executive Team Portfolios**
- **Update from Joint Executive Team meeting with Welsh Government**
- **Health and Care Research Wales Hosting Agreement**
- **NHS75**
- **Duty of Quality and Duty of Candour**
- **Recent Success at National Awards**

¹ Equality Impact Assessment (EiA) must be undertaken to support all organisational decision making at a strategic level

DETAILED BACKGROUND AND ASSESSMENT:

Changes to Executive Team Portfolios

An update in relation to the substantive CEO's secondment to Betsi Cadwaladr University Health Board has been provided by the Chair in his report to the Board. In order to ensure a smooth transition, some additional changes have been made to Executive Director portfolios, as follows:

- Pete Hopgood has been appointed as the Interim Deputy Chief Executive (whilst maintaining the current portfolio of Executive Director of Finance, Information and IT) and is also the responsible Executive Director for Primary Care.
- Claire Madsen has been appointed as the responsible Executive Director with responsibility for Planning and Health and Safety (including Support Services). Claire will maintain her current portfolio of Executive Director of Therapies and Health Science.

These changes were put in place from 2nd May 2023 and were as a result of discussions and agreement with both the Remuneration and Terms of Service Committee and the relevant Executive Directors. I am grateful to all Executive Team colleagues for their support during this interim period as we focus on delivering on the key priorities contained in our Integrated Medium-Term Plan during a very challenging year for the NHS and wider system partners.

Update from Joint Executive Team (JET) meeting with Welsh Government

The end of year 2022/23 Joint Executive Meeting (JET) took place on Tuesday 12 May 2023. The health board's submission to Welsh Government in advance of the meeting followed the directions set by the NHS Wales Chief Executive and covered:

- End of year position 2022/23 – performance against targets. This included an assessment of performance against each of the measures set out in the Quadruple Aims.
- Performance Overview – exception and escalation measures. This included 28 measures (out of circa 200 in total) where we are performing below the target set by Welsh Government.
- Performance Overview for Commissioning of Planned Care. This included the Referral to Treatment (RTT) performance where we commission services from both Welsh and English providers and monthly percentage compliance levels against the Welsh Single Cancer Pathway.

Patterson, Liz
23/05/2023 11:25:01

- The end of year financial position which highlighted the reported month 12 month revenue deficit of £7.02m, which was below the forecast £7.5m deficit.
- An update on the position around Governance which included the make-up of the Board, positive Audit Wales Structured Assessment which included some areas for development, the reasonable assurance given from the Head of Internal Audit report and corporate risks.
- An update on progress against the Accountability Conditions
- Successes and Lessons Learned for 2022/23
- Our plan on a page providing a high-level overview of our IMTP priorities for 2023/24 and how they map against the Ministerial Priorities and the risks to delivery of the plan identified
- An update on how we are responding to and implementing the new Duty of Quality and Duty of Candour
- Our approach to the work that is underway on developing a sustainable model for health and care in Powys – the Accelerated Sustainable Model
- A route map setting out the Board's trajectory for the submission of the supplementary review of the 'working plan' to Welsh Government by 31st May 2023.

In summarising the meeting, Welsh Government colleagues acknowledged progress and achievements made in 2022/23 and also the challenging year ahead for finance and delivery against our priorities. Welsh Government welcomed the improvements targeted which will be the subject of discussion at future Improvement, Quality, Performance and Delivery meetings (IQPD) and the mid-year JET review.

The development of our submission was a collective endeavour and I am grateful for all the work that our teams across the organisation and Directors put into this meeting which is a significant milestone for the health board and for their support with presenting our submission at the JET meeting.

Duty of Quality and Duty of Candour

The Health and Social Care (Quality and Engagement) (Wales) Act ('the Act') became law on 1 June 2020 with its full implementation to be completed by spring 2023. The Act aims to:

- support an ongoing, system-wide approach to quality improvement within the NHS in Wales
- further embed a culture of openness and honesty
- help drive continual public engagement in the design and delivery of health and social care services.

A consultation period commenced in October 2022 and closed in January 2023, with ratified guidance published during March 2023. An engagement

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event was held on 30th January 2023 with attendance from all services and specialities across the health board, along with representatives of Welsh Government and Health Collaborative responsible for implementing the Act across Wales. The team also welcomed the Local Medical Committee (LMC) and our Vice Chair, Kirsty Williams, to participate in the discussions and workshops. The feedback has been overwhelmingly positive with significant progress made to ensure a implementation plan is in place with wide support and buy in to ensure success.

Several measures were taken which include:

- Drafting a road map to inform the implementation plan.
- Agreement of the key priorities for implementation; namely the requirements of the Duty of Candour process which commenced on 1st April 2023.
- Establishing a candour toolkit of resources for teams to utilise.
- Revisiting the Health & Care Strategy to ensure alignment with the Quality & Engagement Act.
- A Board development session has taken place and a number of Independent Members have attended the national training event.
- Developing a robust reporting and monitoring process and structure for services to align with the requirements of Duty of Candour, to include the establishment of a Clinical Advisory Group.
- Implementation of a risk register.

Our progress in implementing the Act will be monitored through a monthly meeting with key stakeholders, chaired by the Executive Director of Therapies & Health Science and reported, for assurance, to the Patient Experience, Quality and Safety Committee.

Health and Care Research Wales (HCRW) Hosting Agreement

The Health Board is the host organisation for HCRW providing a range of back of office functions to support the organisation to operate, for example employment, IT and support services.

The existing hosting agreement has been in place for some time and is currently being reviewed with the intention for a new agreement to be in place for the remainder of 2023/24 for a three-year period.

The Director of Workforce and Organisational Development is the lead executive member, and together with the Director of Corporate Governance will ensure a new hosting agreement is in place, against which the Audit and Risk Assurance Committee will receive an annual report, for their consideration. The role of Audit and Risk Assurance Committee is to determine if it can take assurance that parties have complied with the hosting agreement requirements. The Board will receive relevant updates via the Audit and Risk Assurance Committee report.

NHS75

The NHS will reach its 75th birthday on 5 July 2023. This provides an opportunity to re-engage the public in a conversation about what the NHS has achieved, and how it needs to develop for the future. In support of this goal, a range of activities is taking place local and nationally on and around the NHS birthday with support from Powys Teaching Health Board.

A number of ongoing activities are under way, linked to the NHS 75th birthday, including:

- A small grants scheme has been launched by the PTHB Charity within the organisation to support our wards and departments to stage local events for patients, colleagues, and the wider community. A programme of events will be developed to share with Board members.
- An external grants scheme is under development with the intention of launching this as part of our NHS75 activities.
- Town and Community Councils have been offered a Powys Local NHS Heroes award to gift to an individual in their community.
- We are working with Knit and Natter groups who are planning to festoon local towns with knitted NHS mementoes.
- Work is under way to relaunch our PTHB Staff Excellence Awards, and NHS75 will provide an opportunity to promote the awards and encourage nominations. Applications for the NHS Wales Awards will also close during the NHS75 birthday week.
- We are gathering NHS75 careers stories celebrating different NHS roles to use as part of a national campaign led by HEIW and also for local use by the health board.
- The PTHB Charity is inviting people to share their NHS75 memories
- We are supporting key national campaign themes which include encouraging people to Give Blood, register their Organ Donation wishes, and get involved in NHS research. This also includes national discussions around how NHS75 can prompt a big conversation around ensuring the NHS is fit for the future.
- An intranet hub is being established for PTHB staff with information about events and activities: [NHS75 in PTHB \(sharepoint.com\)](#)
- A public website is being established with information for the general public and stakeholders: www.pthb.nhs.wales/nhs75

A calendar of events is also being established, which we continue to expand as further activities are confirmed:

Monday 3 July – Sunday 9 July	During Health Information Week from 3 to 9 July we plan to work with public libraries with a focus on health literacy.
Monday 3 July	Health Volunteers celebration event.
Tuesday 4 July	PTHB colleagues have been invited to attend a national service of commemoration on 4 July 2023 in Cardiff.

Wednesday 5 July	<p>Our PTHB Staff Briefing takes place on Wednesday 5 July, providing an opportunity to bring colleagues together to mark the day.</p> <p>Our next public online briefing will also take place that evening, providing an opportunity to share the day with the public and thank them for their support.</p>
Saturday 8 July	NHS staff and partners will be participating in parkrun for the NHS on Saturday 8 July. Within Powys, parkrun currently takes place in Builth Wells and Newtown. Some staff who live outside Powys will also be taking part in parkrun closer to home.
Sunday 9 July	Junior parkrun takes place on Sunday mornings, although currently there are no junior parkruns in Powys.
Monday 10 July	A "thank you" event for Leagues of Friends is being scheduled for 10 July.

Recent Success at National Awards

I am very pleased to inform the Board of recent staff and team successes at national awards. The health board was chosen as a winner of the Vaccination Saves Lives Health Board/Trust Achievement Award 2023. The awards ceremony took place at the Ramada Hotel in Wrexham on 26th March 2023. The award was collected by Jenny Spreafico and Bernette Venables and is for all involved in the delivery of respiratory vaccinations - GP Practices, pharmacy, school nursing, the vaccination service etc. The independent panel established to judge the awards looked at the overall performance of Health Boards and Trusts in Wales and concluded that we had the most successful programme in Autumn 2022. I am sure the Board would wish to congratulate all involved in the Autumn vaccination programme on their success.

At the Advancing Healthcare Awards, held in London on 21st April 2023, Claire Madsen, our Director of Therapies and Health Science, was a finalist in the Chroma AHP Clinical Leadership Award in recognition of her work and dedication to the development of Long Covid services in NHS Wales and Joseph Cox, one of our Dieticians, was a winner in the Rising Star Award. Joseph was recognised for his role supporting dietetic input to wards, digital outpatients and care homes and his personal drive to develop and collaborate and be an ambassador for his profession. Congratulations to both on your success and for everything you do for Powys patients.

The Board is asked to note/discuss the Chief Executive Report.

Agenda Item: 1.5

BOARD MEETING		DATE OF MEETING: 24 May 2023
Subject:	BOARD COMMITTEES: CHAIRS ASSURANCE REPORTS	
Approved and presented by:	Committee Chairs Director of Corporate Governance / Board Secretary	
Prepared by:	Interim Head of Corporate Governance	
Other Committees and meetings considered at:	The content of each of the reports has been subject to the consideration of the relevant Board Committee Chair.	

PURPOSE:

The purpose of this report is to provide the Board with an update on the work of the Board Committees.

RECOMMENDATION(S):

The Board is asked to:

- RECEIVE and DISCUSS the summary assurance reports appended to this covering paper

Approval/Ratification/Decision	Discussion	Information
	✓	

THE PAPER IS ALIGNED TO THE DELIVERY OF THE FOLLOWING STRATEGIC OBJECTIVE(S) AND HEALTH AND CARE STANDARD(S):

Strategic Objectives:	1. Focus on Wellbeing	✓
	2. Provide Early Help and Support	✓
	3. Tackle the Big Four	✓
	4. Enable Joined up Care	✓
	5. Develop Workforce Futures	✓
	6. Promote Innovative Environments	✓
	7. Put Digital First	✓
	8. Transforming in Partnership	✓
Health and Care Standards:	1. Staying Healthy	✓
	2. Safe Care	✓
	3. Effective Care	✓
	4. Dignified Care	✓
	5. Timely Care	✓
	6. Individual Care	✓
	7. Staff and Resources	✓
	8. Governance, Leadership & Accountability	✓

DETAILED BACKGROUND AND ASSESSMENT:

ASSURANCE REPORTS FROM COMMITTEE CHAIRS

The following Chair's Assurance Reports with links to confirmed committee minutes are appended for the information of the Board:

Patient Experience, Quality and Safety Committee:

- The Committee Chair's report of the meeting held on 25 April 2023 is attached at **Appendix A.**

Audit, Risk and Assurance Committee:

- The Committee Chair's report of the meeting held on 21 March 2023 is attached at **Appendix B.**

Delivery and Performance Committee:

- The Committee Chair's report of the meeting held on 2 May 2023 is attached at **Appendix C.**

Executive Committee

- The Committee Chair's report of the meetings held from 22 March to 3 May 2023 is attached at **Appendix D.**

NEXT STEPS:

Further updates from the Chairs of the Board Committees will be received at the Board meeting scheduled for 26 July 2023.

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Reporting Committee:	Patient Experience, Quality and Safety Committee
Committee Chair	Kirsty Williams
Date of last meetings:	25 April 2023
Paper prepared by:	Interim Head of Corporate Governance
KEY DECISIONS / MATTERS CONSIDERED BY THE COMMITTEE	
<p>The last meeting of the Patient Experience, Quality and Safety Committee took place on 25 April 2023.</p> <p>The Board is asked to note that the following matters were discussed at the Patient Experience, Quality and Safety Committee on 25 April 2023:</p> <ul style="list-style-type: none">• Integrated Quality Report• WHSSC Quality and Safety Committee Chair's Report January 2023• Maternity Services De-escalation to business and usual• Committee Risk Register <p>The papers from this meeting can be accessed at: Patient Experience Quality and Safety Committee 25 April 2023 - Powys Teaching Health Board (nhs.wales)</p> <p>COMMITTEE ACTION LOG</p> <p>The Committee received and discussed the Committee Action Log.</p> <p>-----</p> <p>INTEGRATED QUALITY REPORT</p> <p>The Committee received the report particularly noting the following areas raised by the Director of Nursing and Midwifery:</p> <ul style="list-style-type: none">• the partnership between NHS Wales Health Board and Trusts, Improvement Cymru and the Institute for Healthcare Improvement to	



create the Safe Care Collaborative designed to improve quality and safety of care across all systems;

- the national nosocomial work is anticipated to be completed in Q2 of 2023/24, some six months earlier than planned;
- the number of open formal concerns had remained stable at under 10 since October 2022, a considerable improvement since March 2022 when 44 were open. Maintaining this level will allow for a timely response to new concerns;
- compliance in responding to concerns within 30 working days had improved, but with the decrease in number of concerns the indicator of responding within 30 working days had become more volatile;
- the top three themes of formal concerns were: access to services, complexity of care and delays;
- the number of reported low and moderate incidents of harm had recently decreased. This was thought to be due to a programme of training on root cause analysis which enabled colleagues to correctly score potential harm;
- there were no No Surprises notifications during Q4 of 2022/23;
- the Civica patient feedback system had been implemented during Q3 and Q4 of 2022/23 which it is hoped will provide rich feedback of patient stories; and
- Health Inspectorate Wales (HIW) had undertaken reviews at Claerwen Ward, Llandrindod Wells and Tawe Ward, Ystradgynlais. A response to HIW on both reports is in preparation.

The Director of Nursing drew to the attention of Committee the following two matters:

- Timely management of incidents is required to ensure appropriate action is taken – ACTION taken: Managers and those responsible for managing incidents have been provided with RCA training to manage incidents effectively and in a timely manner. Implementation of the Incident Management Framework will further support the timely and robust management of incidents.
- Limitations to the capability of the CIVICA system due to no additional resource aligned to drive the agenda across the health board. ACTION taken: Quality & Safety Team members are being utilised to support the use of the CIVICA system within teams and services, encouraging local service level champions is being considered.

The limitations regarding the CIVICA system will be brought to the attention of the Board.



The Committee receive a presentation on the implementation of the Duties of Quality and Candour which would be monitored by the Committee.

WHSSC QUALITY AND SAFETY COMMITTEE REPORT – JANUARY 2023

The Committee received the Chair's report noting that a further meeting of the WHSSC Quality and Safety Committee had taken place in March, the Chair's Report of which was not yet available.

MATERNITY SERVICES DE-ESCALATION TO BUSINESS AS USUAL

The Committee received the report outlining the actions that had been taken resulting in the local de-escalation of Maternity Services to business as usual.

COMMITTEE RISK REGISTER

The Committee Risk register was presented, it was noted that it would be necessary to review the Corporate Risk Register for 2023/24 given the new Integrated Plan. It was noted this will be considered at the July meeting of Board.

WORK PROGRAMME

The Committee were advised of the process for developing the annual programme of committee business for 2023/24 which would be presented at the May meeting of Board.

ITEMS TO BE ESCALATED TO THE BOARD

The Board is asked to note the following two matters:

- Maternity Services have been de-escalated to business as usual;
- The Patient Experience, Quality and Safety Committee have concerns regarding capacity constraints in respect of the use of the Civica System in relation to patient experience. The

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Committee will continue to review and update at the relevant time.

NEXT MEETING

The next meeting of the Patient Experience, Quality and Safety Committee will be held on 4 July 2023.

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Reporting Committee:	Audit, Risk and Assurance Committee
Committee Chair	Mark Taylor
Date of last meeting:	16 May 2023
Paper prepared by:	Interim Corporate Governance Manager

KEY DECISIONS / MATTERS CONSIDERED BY THE COMMITTEE

As Chair of the Audit, Risk and Assurance Committee, I am pleased to provide the Board with a summary of the matters discussed and reviewed by the Committee on 21 March 2023. The papers of this meeting can be accessed at: [Audit Risk and Assurance Committee 21 March 2023 - Powys Teaching Health Board \(nhs.wales\)](https://nhs.uk/audit-risk-and-assurance-committee-21-march-2023-powys-teaching-health-board)

The Board is asked to note that the following matters were considered by the Committee on 21 March 2023:

- Applications for Single Tender Waiver
- Approach to the 2022-23 Annual Report and Annual Accounts
- Internal Audit Plan 2023-24
- External Audit Plan 2023-24
- Internal Audit Progress Report 2022-23
- Internal Audit Review Reports:
 - a) Therapies and Health Sciences Professional Governance Structure
 - b) Incident Management
- External Audit Structured Assessment
- External Audit Progress Report 2022-23
- Post Payment Verification (PPV) Update and Workplan 2023-24
- Audit Recommendation Tracking
- Annual Governance Programme Reporting
- Welsh Health Circular Tracking
- Register of Interests

A meeting of the Committee was also held on 16 May 2023, due to its proximity to Board a full summary of matters discussed is not yet available. A full report of will be brought forward to the next meeting. The papers of this meeting can be accessed at: [Audit, Risk and Assurance Committee 16 May 2023 - Powys Teaching Health Board \(nhs.wales\)](https://nhs.uk/audit-risk-and-assurance-committee-16-may-2023-powys-teaching-health-board)

The Board is asked to note that the following matters were considered by the Committee on 16 May 2023:

- Application of Single Tender Waiver
- Counter Fraud Work Plan 2023-24
- External Audit Plan 2023-24
- Committee Annual Report 2022-23
- Annual Reporting:
 - Progress with the Annual Report, including the Financial Statements 2022-23 (Presentation)
 - Draft Accountability Report 2022-23
- Internal Audit Progress Report 2022-23
- Internal Audit Reports:
 - Temporary Staffing Unit (Reasonable Assurance)
- Draft Head of Internal Audit Opinion 2022-23
- External Quality Assessment of Internal Audit
- External Audit Progress Report 2022-23
- Structured Assessment 2022-23
- Counter Fraud Annual Report 2022-23
- Audit Recommendation Tracking
- Draft Committee Work Programme 2023-24

21 March 2023

APPLICATION FOR SINGLE TENDER WAIVER

The Committee received one application for single tender waiver which had been received during the period of 1 January to 28 February 2023.

The Committee RATIFIED the use of Single Tender Waiver in respect of the single item during the period of 1 January to 28 February 2023.

APPROACH TO 2022-23 ANNUAL REPORT AND ANNUAL ACCOUNTS

The Committee received the item which provided an outline of the approach and principles to be adopted for completion of the 2022/23 Annual Accounts together with the planned approach to key financial areas.

It was noted that the development and presentation of the approach was good practice which had been implemented for the previous few years and was supported by Audit Wales.

The Committee NOTED that timescales were due to be extended in comparison to 2021/22 due to an extended audit timeline that has been communicated to all

NHS Wales bodies, details of this were due to be considered in more detail under agenda item 2.4 (ARA/22/122). The approach in respect of the following matters was also highlighted to the Committee:

- Revaluations and De-recognitions
- IFRS 16
- Primary Care Accruals
- Retrospective Continuing Health Care Claims
- 6.3% Pension Increase
- Scheme Pays
- Early Retirement Pension Provision/Permanent Injury

The Committee discussed and APPROVED the approach to the Annual Report and Accounts 2023-24.

INTERNAL AUDIT PLAN 2023-24

The Committee received the plan which had been developed alongside Executive colleagues to ensure a risk based approach. The plan provided a detailed overview of the proposed audits due to take place in 2023-24 and analysis of the corresponding resource for delivery, appended to the plan was Internal Audit Charter. Appendix A of the plan provided details of the plan, including outline scope for each audit, it was noted that there was a slight reduction in the number of audits since the previous year, from 26 (2022-23) to 24 (2023-24) it was anticipated that this would improve the ability to widen coverage as necessary. Under the approach adopted by Internal Audit for a number of years, the top slice provided to undertake the internal audit programme is supplemented by an additional charge for work over and above the top slice. To this end the health board would need to pay an additional £64,325 (£57,614 in 22/23) to cover this additional audit work, it was noted that any additional audit work required in relation to capital would be incorporated into business cases.

The Committee APPROVED the Internal Audit Plan for 2023-24 and the Internal Audit Charter as of March 2023.

EXTERNAL AUDIT PLAN 2023-24

The Committee received the plan which set out an outline plan which provided an overview of the external audit team and key dates. It was anticipated that further detail would be presented to the Committee in May.

It was highlighted to the Committee that appended to the plan was two letters dated 1 March 2023, the letters detailed the intention for both an increase in fees for the provision of external audit as well as an increase in the length of time required to undertake the audit of the financial accounts. Audit fees were due to

increase by 10.2% as a result of ISA 315, in addition to the 4.8% inflationary increase set out in the Audit Wales 2023-24 Fee Scheme and an audit certification deadline of 31 July 2023 was proposed for NHS Wales. It was highlighted that over the coming three years there was a plan established to revert to the 15 June deadline as below:

- Audit of Accounts 2022-23 – certification by 31 July 2023;
- Audit of Accounts 2023-24 – certification by 30 June 2024; and
- Audit of Accounts 2024-25 – certification by 15 June 2025.

The Committee DISCUSSED and APPROVED the Draft External Audit Plan 2023-24.

INTERNAL AUDIT PROGRESS REPORT 2022-23

The Committee received the report which provided an overview of the progress against the 2022-23 Internal Audit Plan. The following matters were highlighted for the Committee's attention:

- 3 audits had been finalised since the previous meeting of the Committee;
- At the time of reporting 2 reports were in draft, 2 audits were work in progress and 4 were at the planning stage;
- It was proposed that the COVID-19 Outbreak Control Plan and Contact Tracing audit was removed from the plan as following discussions with Director of Public Health it was felt that the audit was no longer appropriate due to the change in the situation in relation to COVID-19, assurance in relation to the area would be provided as part of the COVID-19/Vaccination audit planned for 2023-24.

The Committee DISCUSSED and NOTED the update and APPROVED the removal of the COVID-19 Outbreak Control Plan audit.

INTERNAL AUDIT REPORTS:

- a) Therapies and Health Sciences Professional Governance Structure (Reasonable Assurance)
- b) Incident Management (Reasonable Assurance)

The Committee received the Internal Audit Reports and took ASSURANCE from their content.

EXTERNAL AUDIT STRUCTURED ASSESSMENT

The Committee received a verbal update and confirmed that there had been delays with the production of the Structured Assessment, the report had been

submitted to health board in draft for checking and was due to be presented to the meeting of the Committee in May.

The Committee RECEIVED and NOTED the update.

EXTERNAL AUDIT PROGRESS REPORT 2022-23

The Committee received the item which provided an update on current and planned Audit Wales work. The Committee NOTED the update:

- Orthopaedic services – Follow-up (Published 2 March 2023)
- Audit of the 2022-23 Accountability Report and Financial Statements (Planning)
- Review of Unscheduled Care (Fieldwork underway)
- Workforce Planning (Fieldwork underway)
- Structured Assessment (Report in Draft)
- Primary Care Services – Follow-up Review (Scoping)

The Committee DISCUSSED and NOTED the Report.

POST PAYMENT VERIFICATION (PPV) UPDATE AND WORKPLAN 2023-24

The Committee received an overview of the overall performance of the health board against the national averages. PPV claims from General Medical Services (GMS), General Ophthalmic Services (GOS) and General Pharmaceutical Services (GPS) are undertaken as a part of an annual plan by NHS Wales Shared Services Partnership (NWSSP), it was highlighted that assurance is not provided in relation to General Dental Service (GDS).

The Committee DISCUSSED and NOTED the Report.

AUDIT RECOMMENDATION TRACKING

The Committee received the item which provided the Committee with an overview of the position relating to the implementation of Audit Recommendations, arising from reviews undertaken by Internal Audit, External Audit (Audit Wales) and Local Counter Fraud Services as of 31st January 2023. It was reported that significant progress had been made in relation to implementation of recommendations to date with an increased focus on high priority overdue recommendations and impact analysis going forward. Members noted that an increased focus on prioritisation and associated risks would be helpful for the purposes of providing assurance to the Committee.

The Committee CONSIDERED the position and took ASSURANCE that the organisation has an appropriate system for tracking and responding to audit recommendations.

ANNUAL GOVERNANCE PROGRAMME REPORTING

The Committee received the report which provided an update on progress against the Annual Governance Programme as of Q3 2022-23. It was noted that the Annual Governance Programme would be reviewed for 2023-24 in line with the Integrated Medium Term Plan 2023-26 and the outcome of the Structured Assessment.

The Committee took ASSURANCE from the position reported.

WELSH HEALTH CIRCULAR TRACKING

The Committee received the report which provided the Committee with an overview of the current position relating to the implementation of Welsh Health Circulars (WHCs) and Ministerial Directions.

The Committee DISCUSSED the current position, considering those WHCs where no progress has been made and took ASSURANCE that the organisation was managing Welsh Health Circulars appropriately.

REGISTER OF INTERESTS

The Committee received the item which provided the Register of Interests for Board and Executive Members as of 1st March 2023, which would be published to the Health Board's website following the Committee. It was noted that further work was underway to include professional registration and extend reporting to Deputy/Assistant Directors and Professional Heads of service.

The Committee NOTED the contents of the Register and took ASSURANCE that the organisational policy was being implemented.

REVIEW OF COMMITTEE PROGRAMME OF BUSINESS

The Committee RECEIVED and NOTED the Committee programme of business.

ITEMS FOR ESCALATION TO THE BOARD

The Chair of the Committee wished to highlight to the Board:

- the Audit, Risk and Assurance Committee Annual Report 2022/23, which was approved by the Committee on 16 May 2023 and is attached to this report as Appendix B1.
- the final Audit Wales Structured Assessment 2022/23, which was considered by the Committee on 16 May 2023 and is attached to this report as Appendix B2.
- the final Annual Audit Report 2022 is attached to this report at Appendix B3.

NEXT MEETING

The next meeting of Audit, Risk and Assurance Committee will be held on 11 July 2023.

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Agenda item 1.5a ii

BOARD		Date of Meeting: 24 May 2023
Subject:	AUDIT, RISK AND ASSURANCE COMMITTEE ANNUAL REPORT TO THE BOARD	
Approved and Presented by:	Director of Corporate Governance / Board Secretary	
Prepared by:	Director of Corporate Governance / Board Secretary Interim Corporate Governance Manager	
Other Committees and meetings considered at:	Audit, Risk and Assurance Committee, 16 May 2023	

PURPOSE:

The purpose of this report is to provide the Audit, Risk and Assurance Committee Annual Report for 2022/23.

RECOMMENDATION(S):

It is recommended that the Board:

- CONSIDER the Audit and Risk Assurance Committee Annual Report for 2022/23 summarising the key areas of business activity undertaken;
- Take ASSURANCE that the Audit and Risk Assurance Committee is fit for purpose and operating effectively in fulfilling its terms of reference;

Approval/Ratification/Decision	Discussion	Information
x		

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1. Introduction

The Audit, Risk and Assurance Committee has been established by the Board in order to enable the scrutiny and review of matters related to audit, financial accounting, assurance and risk management, to a level of depth and detail not possible in Board meetings.

This report summarises the key areas of business activity undertaken by the Audit and Risk Assurance Committee ('the Committee') over the past year and highlights some of the key issues which the Committee intend to give further consideration to over the next 12 months.

2. Roles and Responsibilities

The Terms of Reference for the Audit and Risk Assurance Committee were reviewed and agreed by the Board in September 2021. The purpose of the Audit and Risk Assurance Committee ("the Committee") is to:

- independently monitor, review and report to the Board on the processes of governance, risk management and internal control in accordance with the standards of good governance determined for the NHS in Wales;
- advise the Board and the Accountable Officer on where, and how, its system of assurance may be strengthened and developed further;
- Maintain an appropriate financial focus demonstrated through robust financial reporting and maintenance of sound systems of internal control; and
- Work with the other committees of the Board to provide assurance that governance and risk managements arrangements are adequate and part of an embedded Board Assurance Framework that is 'fit for purpose'.

The Committee is responsible for providing advice to the Board and Accountable Officer on:

- the design, operation and effectiveness of strategic processes for risk management, internal control and corporate governance across the whole of the organisations activities;

- the Annual Accountability Report, which includes the Annual Governance Statement;
- the accounting policies, the accounts, and the annual report of the organisation, including the process for review of the accounts prior to submission for audit, levels of error identified, and management's letter of representation to the external auditors;
- the planned activity and results of internal and external audit;
- adequacy of management response to issues identified by audit activity, including external audit's management letter;
- assurances relating to the management of risk and corporate governance requirements for the organisation;
- systems for financial reporting to the Board (including those of budgetary control);
- proposals for tendering for the purchase of audit and non-audit services from contractors who provide audit services; and
- anti-fraud policies, whistle-blowing processes, and arrangements for special investigations.

It is expected that the Committee will also periodically review its own effectiveness and report the results of that review to the Board.

2.1 Membership of the Committee

The membership of the Committee during 2022/23 was:

Name	Role	Attendance
Tony Thomas	Independent Members (Finance) and Chair of the Committee (March 2022-July 2022)	6/8
Mark Taylor	Independent Members (Finance) and Committee Vice Chair (March 2023-July 2023)/	8/8

	Chair of the Committee (August 2022 – March 2024)	
Matthew Dorrance	Independent Member (Local Authority) (April 2022 – June 2022)	2/8
Rhobert Lewis	Independent Member (General)	7/8
Ronnie Alexander	Independent Member (General)	6/8
Ian Phillips	Independent Member (ICT)	1/8 (Provided cover for quoracy)

2.2 Others in Attendance

During 2022/23, the following staff attended the Committee:

Name	Role	Attendance
Pete Hopgood	Director of Finance, Information and IT (Joint Executive Lead)	8/8
James Quance	Interim Board Secretary (Joint Executive Lead) (March 2022 – December 2022)	5/8
Helen Bushell	Director of Corporate Governance / Board Secretary (Joint Executive Lead) (January 2023-March 2023)	2/8

Other Directors and officers attended during the year to present reports which related to their areas of responsibility as required.

The Chief Executive, Carol Shillabeer, was also invited to attend every meeting, and attends at least annually, to discuss with the Committee the process for assurance that supports the Annual Governance Statement. The Chief Executive attended five meetings during the year.

The Chair of the Board, Carl Cooper, attended four meetings. The Chair has a standing invited to attend Board Committees.

Representatives of the Audit Wales, and the Internal Audit Service also attended each meeting.

Representatives of the Counter Fraud Service attended Committee meetings in April 2022, July 2022 and January 2023 to present their reports.

2.3 Meeting frequency

During 2021/22 the Committee met eight times and was quorate on all occasions.

The terms of reference for the Committee require meetings to be held no less than quarterly and otherwise, as the Chair of the Committee deems necessary, consistent with the annual plan of Board and Committee Business.

One of the eight total meetings is held on an annual basis to receive and Recommend, for Board approval, the Accountability Report and Annual Financial Statements and Accounts.

3. Activity in 2022/23

3.1 Main Areas of Committee Activity 2022/23

Internal Audit	
Internal Audit Reports	Presentation of all Internal Audit Reports, see item 3.2 for more details.
Progress Reports	Internal Audit provided the Committee with regular progress reports against the Internal Audit Plan and monitored progress against recommendations.
Head of Internal Audit Opinion 2021/22	For assurance of the overall assessment and Opinion from the Head of Internal Audit for the 2021/22 year.
Internal Audit Plan 2023-24	Internal Audit presented the Draft Internal Audit Plan for 2023/24 for review, comment and approval.
External Audit	
Progress Reports	Audit Wales provided the Committee with regular progress reports on any external audits and monitored progress against recommendations.
External Audit Reports	Presentation of External Audit Reports, both local and national.
Structured Assessment 2022-23 (Update)	Regular updates reports were provided which reported progress against the development of the Structured Assessment 2022-23.
External Audit Plan 2023-24	External Audit presented Draft External Audit Plan for 2023/24 for review, comment and approval.
Counter Fraud	

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Counter Fraud Annual Report 2021-22	Annual Report outlining counter fraud activity in 2021/22 for assurance.
Counter Fraud Updates	Regular updates reporting progress against the workplan and key areas of work undertaken by the Local Counter Fraud Specialists during 2022/23 were provided for assurance.
Corporate Governance	
Audit Recommendation Tracking	An overview of the position relating to the implementation of Audit Recommendations, arising from reviews undertaken by Internal Audit, External Audit (Audit Wales) and Local Counter Fraud Services was provided to each meeting of the Committee for discussion, except for 21 January 2023, and to provide assurance that the organisation has an appropriate system for tracking and responding to audit recommendations.
Welsh Health Circular Tracking	An overview of the position relating to the implementation of Welsh Health Circulars (WHCs) and Ministerial Directions was provided on a quarterly basis for discussion and to provide assurance that the organisation has an appropriate system for tracking and responding to WHCs and Ministerial Directions.
Annual Governance Programme Reporting	Quarterly update regarding progress with the Annual Governance Programme for assurance.
Register of Interests	Register of Interests for Board and Executive Members for discussion and to provide assurance that organisational policy is being implemented..
Committee Work Programme 2022-23	Presented to each Committee for discussion and information.

Local Public Health Team Transfer	An overview of the arrangements that had been put in place to transfer the local public health team function, staff and resources to the Health Board from Public Health Wales, for assurance.
Finance and procurement	
Application of Single Tender Waivers	In-line with the organisation's Standing Orders, there is a requirement for all single tender waiver and extension of contracts to be reported to the Audit, Risk and Assurance Committee for ratification.
Charitable Funds Annual Report and Accounts 2021-22	Charitable Funds Annual Report and Accounts for the period to 31 March 2021 for the Committee to review, and subsequently consider making the recommendation that the Charitable Funds Committee requests Board approval as Corporate Trustee.
Losses and Special Payments Annual Report 2021-22	Annual Report of Losses and Special Payments for the period 1 st April 2021 to 31 st March 2022 for assurance.
Losses and Special Payments Interim Report 2022-23	The interim report of Losses and Special Payments for the period 1 st April 2022 to 31 st October 2022 for assurance.
Post Payment Verification Update and Workplan 2023-24	Update on progress and forward work plan to provide assurance Post Payment Verification cycle is being managed appropriately.
Annual Reporting	
Draft Accountability Report	Draft Annual Accountability Report for 2021-22 for review and comments to inform the final draft.
Draft Financial Accounts	Draft Financial Accounts for 2021-22 for discussion and assurance.
Annual Report and Accounts, 2021-22	Final Draft of the Annual Report and Accounts 2021-22 or consideration prior to being submitted for formal approval at PTHB Board.

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including Letter of Representation	
Enquiries of Management and Those Charged with Governance	Audit Wales Letter formally seeking documented consideration and understanding on a number of governance areas that impact on the audit of financial statements for information.
Approach to the 2022-23 Annual Report and Annual Accounts	Outline of the approach and principles to be adopted for completion of the 2022/23 Annual Accounts together with the planned approach to key financial areas for approval.
Risk Management	
Risk Management Framework	Revised Risk Management Framework for review to ensure that it remains an effective Framework supporting the organisation's risk management arrangements ahead of presentation to the Board for approval.
Risk Appetite Statement	Revised Risk Appetite Statement for review and feedback as part of consultation on the amended approach ahead of presentation to the Board for approval.

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3.2 Internal Audit

Summary audits completed 2022/23:

Substantial Assurance	Reasonable Assurance
<ul style="list-style-type: none"> • Control of Contractors: Follow-up • Looked After Children Health Assessments • Cancer Services - Access to Symptomatic FIT • Women & Children's Services 	<ul style="list-style-type: none"> • Staff Rostering • Security Services • Machynlleth Hospital Reconfiguration Project • North Powys Wellbeing Programme • Charitable Funds • Workforce Futures Strategic Framework • Incident Management • Therapies and Health Sciences Professional Governance Structure • Temporary Staffing Department • Risk Management and Board Assurance Framework (Draft) • Performance Management & Reporting (Draft) • Occupational Health Follow-up (Draft)
Limited Assurance	Advisory & Non-Opinion
<ul style="list-style-type: none"> • IT Infrastructure and Asset Management • Welsh Language Standards • Cyber Security 	<ul style="list-style-type: none"> • Site Leadership & Coordination • Decarbonisation
No Assurance	Assurance yet to be determined
N/A	<ul style="list-style-type: none"> • Savings Plans / Efficiency Framework (WiP) • Follow-up Action Tracker (WiP) • SLAs for IN-reach Medical Staff (WiP)

3.3 Work programme and action log

The Committee Work Plan ensures that the Committee discharges its responsibilities in a planned manner. It assists with agenda planning and is updated during the year to ensure that the Committee considers any additional items which may arise during the year.

In order to monitor progress and any necessary follow up action, the Committee has an Action Log that captures all agreed actions. This

provides an essential element of assurance to the Committee and from the Committee to the Board.

The Committee reported to the Board through a Committee Chair's report, providing an overview of items considered by the Committee and highlighting any cross-committee issues / themes or items needing to be brought to the Board's attention. The Committee Chair's report and confirmed minutes are published on the website.

4. Assurance to the Board

The Committee wishes to assure the Board that on the basis of the work completed by the Committee during 2022/23, there are effective measures in place and there are no outstanding issues that the Committee wishes to bring to the attention of the Board over and above the risks and issues already raised in the Committee Chairs report or that are already visible in the corporate risk register. The Chair of the Committee reports into the Board via a report from Committee Chairs, where any significant issues are brought to the attention of the Board.

5. Committee Effectiveness

During the year the Committee has continued to review and revise its ways of working to optimise the need for a robust governance approach and balance the need reduce pressure on staff during this time.

The Committee continued to review its effectiveness thorough the year, to ensure effective use of time and ensure it fulfilled its role to provide assurance to the Board.

The key adaptations made this year included:

- The construct of the Committee meeting agendas remained flexible, and the application of a risk based approach to the selection of agenda items.
- The use of verbal updates and presentations where appropriate to ensure the timeliness of information to the Committee given the fast moving pace of some agenda areas.
- The circulation of relevant material outside meetings where appropriate.

The Committee is in the process of undertaking its annual effectiveness review process.. The outcome and recommendations following this review will be reported to the Board in Quarter 2 of 2023/24.

6. Planned Activity in 2023/24

The Committee has developed its annual work programme and is committed to continuing to develop its function and effectiveness as per its terms of reference. The Committee welcomes any feedback from the Board in relation to its annual work programme.

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Structured Assessment 2022 – Powys Teaching Health Board

Audit year: 2022

Date issued: May 2023

Document reference: 3560A2023

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This document has been prepared for the internal use of Powys Teaching Health Board as part of work performed in accordance with statutory functions.

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Mae'r ddogfen hon hefyd ar gael yn Gymraeg. This document is also available in Welsh.

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Summary report

About this report

- 1 This report sets out the findings from the Auditor General's 2022 structured assessment work at Powys Teaching Health Board (the Health Board). Our structured assessment work is designed to help discharge the Auditor General's statutory requirement to be satisfied that NHS bodies have made proper arrangements to secure economy, efficiency, and effectiveness in their use of resources under section 61 of the Public Audit (Wales) Act 2004.
- 2 Our 2022 Structured Assessment work took place at a time when NHS bodies continued to respond to the unprecedented and ongoing challenges presented by the COVID-19 pandemic. Health bodies were not only tackling the immediate challenges presented by the public health emergency but were also seeking to recover and transform services to respond to the significant numbers of people who are waiting for treatment and improve population health. NHS bodies and their Boards need to have sound corporate governance arrangements that can provide assurance to the public and key stakeholders that the necessary action is being taken to deliver high quality, safe and responsive services, and that public money is being spent wisely.
- 3 The key focus of the work has been on the Health Board's corporate arrangements for ensuring that resources are used efficiently, effectively, and economically, with a specific focus on the organisation's governance arrangements; strategic planning arrangements; financial management arrangements; and arrangements for managing the workforce, digital assets, the estate, and other physical assets. The approach we adopted to deliver our work is detailed in summarised in **Appendix 1**.
- 4 We have also provided updates on progress against recommendations identified in previous structured assessment reports.

Key messages

- 5 Overall, we found that the Health Board has generally good governance arrangements in place, but it needs to update the Board Assurance Framework to have a clear understanding of risks, ensure there are no key governance gaps, and help develop and prioritise workplans.
- 6 The Health Board has a well-established long-term strategy and a clear focus on its clinical priorities. An approved Integrated Medium-Term Plan (IMTP) is in place, which was developed with Board engagement. However, there is scope to engage the Board earlier in the planning process. There are good arrangements for developing plans, with a clear focus on value-based healthcare and commissioned services. Clear arrangements for monitoring delivery of the IMTP and supporting plans are also in place but greater focus is needed on measures and impact.

- 7 The Health Board has some effective sources of assurance in place, but it still does not have an updated Board Assurance Framework. The Board and committees are generally operating well. However, opportunities exist to improve public access to key Health Board documents, address some gaps in assurance, strengthen staff feedback, and improve Board self-review mechanisms. Despite some new appointments, there remains continued change at an Executive level which can lead to instability with a risk that the operations portfolio is disproportionate. Interim governance arrangements have now been addressed; however, capacity to support the governance function is an issue.
- 8 The Health Board met its financial duties for 2021-22, but despite having a balanced financial plan, is now forecasting a year-end financial deficit for 2022-23. This means it will fail its financial duties for revenue. The Health Board has appropriate arrangements for financial management and control, which have been escalated at an operational level to minimise the impact of financial pressures during the year. Oversight and scrutiny of the Health Board's financial position has improved with more timely information now reported to Board and relevant committees.
- 9 The Health Board has appropriate arrangements in place to support and oversee staff wellbeing, but it could do more to monitor progress against our previous recommendations. Digital is recognised as a key enabler and the Health Board is developing its digital framework, but the digital infrastructure and availability of funding are significant issues. The Health Board has generally good oversight of the management of estates although visibility and discussion could be improved at Board.

Recommendations

- 10 Recommendations arising from this audit are detailed in **Exhibit 1**. The Health Board's management response to these recommendations is summarised in **Appendix 2**.

Exhibit 1: 2022 recommendations.

Recommendations	
Improving strategic planning arrangements	
R1	Opportunities exist to engage Independent Members in the early stages of the IMTP planning process to enable the Board to fully discharge its duty to set the strategic direction for the organisation. The Health Board, therefore, should put appropriate arrangements in place to ensure appropriate Independent Member involvement in all IMTP planning stages.

Recommendations

- R2 Delivery reports for monitoring progress against the priorities and actions set out in the IMTP are largely narrative and lack a focus on measures and impact. The Health Board, therefore, should revisit its delivery reports to ensure they are succinct, less narrative, and have an increased focus on measures and impact.

Further enhancing systems of assurance

- R3 The Health Board does not have an updated Board Assurance Framework that maps all the opportunities and risks to achieving strategic objectives, identifies gaps in assurance, and informs Board and committee workplans. The Health Board, therefore, needs to update its Board Assurance Framework.
- R4 There is currently a disconnect between directorate risk registers and the Corporate Risk Register (CRR). The Health Board, therefore, needs to review all high risks on directorate risk registers to ensure the relevant ones are escalated to the CRR, and that the Board is aware of wider risks that may materialise.

Improving Board and committee effectiveness

- R5 Opportunities exist to improve public access to key Health Board documents. The Health Board should ensure that:
- a) policies and procedures, and the register of interest on the public website are accessible; and
 - b) key documents, including Standing Orders, on the public website are the most recently approved version.
- R6 There are no mechanisms for committee Chairs to meet formally outside of committee meetings to share concerns and good practice, and there are also no mechanisms in place to track issues and actions referred between committees. The Health Board, therefore, should put in place a mechanism to enable:
- a) committee chairs to come together on a regular basis; and
 - b) issues and actions referred between committees to be tracked and feedback provided when completed.

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Recommendations

- R7 The Board and its committees do not hear from staff, and Board walkarounds have not been reinstated since the pandemic. The Health Board, therefore, should increase opportunities for Board members to hear from staff. This should include making use of staff stories in Board and committee meetings, and the urgent reinstatement of Board walkarounds.
- R8 Despite Standing Order requirements, the Health Board still does not have a Healthcare Professionals Forum or a Stakeholder Reference Group. The Health Board, therefore, should establish both groups as a matter of urgency.
- R9 Opportunities exist to improve self-reviews of Board and committee effectiveness. The Health Board, therefore, should:
- a) ensure areas for improvement are captured and monitored via an action plan; and
 - b) include a standing agenda item in all Board and committee meetings to allow for a review of the meeting.

Recruiting to key positions

- R10 The Health Board is carrying several interim posts at a senior level which can cause instability for both services and staff. The Health Board, therefore, should seek to appoint substantively to the interim posts within the Executive team as soon as practical to do so.

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Detailed report

Strategic planning arrangements

- 11 In this section of the report, we provide our views on the Health Board's strategic planning arrangements, with a particular focus on the organisation's:
- vision and strategic objectives;
 - Integrated Medium-Term Plan (IMTP);
 - planning arrangements; and
 - arrangements for implementing and monitoring the delivery of corporate strategies and plans.
- 12 We found that **the Health Board has a well-established long-term strategy which is supported by an approved IMTP. It has good arrangements in place to develop and monitor delivery of its plans, but there is scope to engage the Board earlier in the planning process and to increase its focus on measures and impact.**

Vision and strategic objectives

- 13 We considered the extent to which there is a clear vision and long-term strategy in place for the organisation. In examining this, we have looked at whether:
- the vision and strategic objectives are future-focussed, and rooted in a detailed and comprehensive analysis of needs, opportunities, challenges, and risks;
 - the vision and strategic objectives have been developed and adopted by the Board; and
 - the long-term strategy is underpinned by an appropriate long-term clinical strategy.
- 14 We found that **the Health Board has a well-established long-term strategy and a clear focus on its clinical priorities.**
- 15 The Health Board has a well-established Health and Care Strategy, spanning 2017- 2027, which outlines its vision for a Healthy, Caring Powys. The strategy was developed in partnership with Powys County Council and in consultation with stakeholders, partners, and the public taking on board their experience and opinions of health in Powys. The strategy is informed by the Powys Public Service Board Well-being Assessment and the Regional Partnership Board Population Needs Assessment. It is based around three themes - Start Well, Live Well, and Age Well - with several priorities and enablers to drive this ambition forward.
- 16 Alongside the strategy is the Health Board's Renewal Portfolio, which blends recovery and transformation and focuses on six clinical renewal priorities. These priorities are based on the Health Board's internal appraisal of the impacts of the pandemic and rooted in the priority needs of the Powys population. They build on the principles of the strategy and the Health Board's plan to ensure a focus on

those things that matter most to the well-being of its population and those things which will work best to address the critical challenges ahead.

Integrated Medium-Term Plan

- 17 We considered the extent to which the Health Board has been able to produce an approvable Integrated Medium-Term Plan (IMTP) for 2022-2025. In examining this, we have looked at whether:
- the IMTP was submitted within the required timeframes in line with Welsh Government guidance;
 - the draft and final versions of the IMTP were discussed, challenged, and agreed by the Board prior to submission; and
 - the IMTP received approval from the Minister for Health and Social Services.
- 18 We found that **the Health Board has an approved IMTP, but there is scope to engage the Board much earlier in the planning process.**
- 19 The Health Board has been able to produce a Welsh Government approved IMTP for 2022-2025. The draft IMTP was approved by the Board in March 2022 and submitted to the Welsh Government by the required deadline. Ministerial approval was received in July 2022.
- 20 An early draft IMTP was discussed in detail at a Board development session in February 2022, giving opportunity for Independent Members to contribute. However, this was only a month prior to the submission deadline. The Health Board, therefore, may benefit from involving Independent Members much earlier in the development of future IMTPs to allow time for any substantive changes to be made ahead of submission. This would also give Independent Members more of a role in setting the organisation's strategic direction as set out in Standing Orders (**Recommendation 1**).

Wider planning arrangements

- 21 We considered the extent to which the Board maintains effective oversight of the process for developing corporate strategies and plans. In examining this, we have looked at whether:
- corporate strategies and plans have been developed in liaison with relevant internal and external stakeholders;
 - prudent and value-based healthcare principles are considered and reflected in corporate strategies and plans; and
 - arrangements for commissioning services are effective and efficient, and aligned to corporate strategies and plans.
- 22 We found that **the Health Board has good arrangements for developing its plans, with a clear focus on value-based healthcare and commissioned services.**

- 23 The Health Board has good arrangements in place to oversee the development of its corporate plans. An Integrated Plan Core Group is in place which oversees the development of the IMTP and the underpinning delivery and enabler plans. The process for developing the plans is clearly set out to Board, and oversight is provided by the Executive Committee and the Planning, Partnerships, and Population Committee. The process also sets out clear points of engagement with stakeholders, including staff and the public. As referenced in **paragraph 15**, the 10-year strategy was developed in partnership with stakeholders including Powys County Council, with whom it has a close working relationship. The Health Board is also proactive in ensuring that its corporate plans are developed and set within the strategic context.
- 24 Value-based healthcare (VBH) is apparent throughout Health Board plans and policies and is recognised as a standalone strategic priority within the IMTP. The Health Board's VBH work is led by the Director of Finance and the Medical Director. This ensures that VBH spans different specialisms within the Health Board, the ownership of the priority reaches across disciplines, and makes it easier to embed VBH corporately. This is evident in the language used by Health Board employees who see value-based healthcare as an essential delivery framework.
- 25 The Health Board is heavily reliant on commissioned services, and working with other partners to deliver services is a key priority within the IMTP. The Health Board has a well-developed Commissioning Assurance Framework in place which enables the quality and performance of these services to be monitored. The Health Board is also a key partner in several strategic programmes at a regional and national level, such as the Mid Wales Health Collaborative and its role within these arrangements is reflected in the IMTP and 10-year strategy. Some commissioning, however, sits outside of these arrangements, including significant resources allocated to the commissioning of Continuing Health Care (CHC) provision. The Health Board has recognised that there is scope to tighten up commissioning arrangements for CHC provision to ensure better use of resources, as a way of getting greater grip on the CHC financial pressures.

Implementation and monitoring arrangements

- 26 We considered the extent to which the Board oversees, scrutinises, and challenges the implementation and delivery of corporate strategies and plans. In examining this, we have looked at whether:
- corporate strategies and plans contain clear milestones, targets, and outcomes that aid monitoring and reporting; and
 - the Board receives regular reports on progress to deliver corporate strategies and plans.
- 27 We found that **there are clear arrangements for monitoring delivery of the IMTP and supporting plans, but greater focus is needed on measures and impact.**

- 28 The 2022-25 IMTP is aligned with the Health Board's 10-year strategy. The IMTP sets out clear priorities and actions, including the delivery of supporting plans, and several high-level outcomes. It is supported by a clear Annual Delivery Plan which sets out when the Board can expect the actions and plans to be delivered, the responsible officers, and the route through which it can expect to receive appropriate assurance. The IMTP, however, lacks any detail on how the impact of the actions and the outcomes will be measured, other than reference to the NHS Wales ministerial targets.
- 29 There are clear arrangements in place for monitoring delivery of the IMTP, although reports could be clearer with a greater focus on measures and impact. Progress on delivery against each of the priorities is reported quarterly to the Delivery and Performance Committee, and the Board. The quarterly delivery reports use a colour coded rating to highlight priorities which are off track. Information within the reports, however, is largely narrative with limited use of data. The reports, therefore, could benefit from being more succinct, with a greater focus on impact and the difference the work is making (**Recommendation 2**).

Governance arrangements

- 30 In this section of the report, we provide our views on the Health Board's governance arrangements, with a particular focus on:
- key systems of assurance;
 - Board and committee effectiveness; and
 - the extent to which organisational design supports good governance.
- 31 Details of progress made on previous year recommendations relating to the Health Board's governance arrangements are provided in **Exhibit 2**.
- 32 We found that **governance arrangements are generally effective. However, an updated Board Assurance Framework is urgently needed. Staff feedback and Board self-review mechanisms also need to be improved. Instability and capacity within the operational structure remains a risk.**

Systems of assurance

- 33 We considered the extent to which the Board and its committees oversee, scrutinise, and challenge organisational risks, performance, and quality of services. In examining this, we have looked at whether:
- there is an effective Board Assurance Framework (BAF) in place, which is actively reviewed and owned by the Board;
 - the BAF is underpinned by appropriate systems for managing risks and performance; overseeing the quality and safety of services; and handling information in a secure manner; and

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- effective action is taken to address audit and review findings and recommendations.

- 34 We found that **whilst the Health Board has some effective sources of assurance in place, there is scope to strengthen others, such as the Board Assurance Framework.**
- 35 The Health Board still does not have an updated BAF in place. We previously reported in 2021 that the BAF had not been updated to reflect the priorities set out in the Health Board's strategy and that the BAF had not been presented to the Board since January 2020. The Health Board had intended to update the BAF by 31 March 2022, but this has still not been done. The lack of an updated BAF is a key gap in ensuring that risks to delivering the Health Board's strategy are clearly identified, that appropriate assurance mapping has taken place to identify and address gaps in assurance, and that controls are in place to mitigate the risks (**Recommendation 3**).
- 36 Risk management arrangements are in place but these need to be aligned to an updated BAF. The Health Board's Risk Management Framework and Risk Appetite was last updated and approved by the Board in November 2022, following consideration by the Audit, Risk and Assurance Committee (ARAC). The framework states that risks contained in the Corporate Risk Register (CRR) should align to the BAF; however, as previously noted, the BAF is not up to date. The CRR is presented at each Board meeting. Whilst there is little discussion on the CRR itself, the high-risk topics (such as finance) are discussed in depth, and each of the risks are allocated to a committee for oversight. The CRR is considered by the Executive Committee and a 'blank page' exercise has been undertaken through a Board development session to review the corporate risks. In-year amendments have also been made, such as the splitting of the finance risk, recognising the challenges that the Health Board is facing to maintain an in-year break-even position.
- 37 An Internal Audit review in July 2022 gave reasonable assurance on risk management, noting a need to expand awareness raising and training across all services. Directorate risk registers continue to be spreadsheet based, ahead of the implementation of the Once for Wales system¹. However, they were not maintained during the pandemic due to the significant operational demands of COVID-19. This has led to a disconnect between directorate risk registers and the CRR. Prior to the pandemic, a Risk and Assurance Group would consider directorate risks and recommend any that needed escalation to the CRR. Although this group has been re-established, it has only met once in July 2022. The Health Board has a desire to improve its risk management arrangements so that it better informs Board activity. An exercise to reassess high risks across directorates and align them to the CRR

¹ The risk module within the Once for Wales Content Management System is due to be deployed across the Health Board in April 2023.

is now needed to ensure any emerging risks at an operational level are on the Board's radar (**Recommendation 4**).

- 38 The Health Board has robust arrangements for performance management. The revised Integrated Performance Management Framework (IPMF) was approved by the Board in September 2022. The updated IPMF incorporates the Health Board's Commissioning Assurance Framework and covers the period 2022-2026 with an annual review. It also aligns with the NHS Wales performance framework including ministerial priorities. Performance review mechanisms are in place within the IPMF, from personal appraisals through to assurance to Board and its committees. The Integrated Performance Report is comprehensive and presented to the Delivery and Performance Committee and the Board in line with the IMPF. The Delivery and Performance Committee also receives a range of performance data and more localised performance reports and plans.
- 39 The Health Board's quality governance arrangements are improving since our previous work in 2021². The Health Board developed a Clinical Quality Framework in 2020, which is accompanied by an implementation plan. The Patient Experience, Quality & Safety Committee routinely receives updates on the plan. The latest update shows many areas where progress has been made. However, more work remains in several areas, such as refreshing the patient experience framework, clinical leadership in quality improvement projects, and benchmarking. The Integrated Quality Report to the Patient Experience, Quality & Safety Committee provides a comprehensive overview of quality and safety across the Health Board, including complaints, concerns, and mortality reviews. A comprehensive update on the clinical audit plan is also presented to the committee.
- 40 The Health Board is making good progress with its information governance arrangements, but some areas remain a concern. In 2021-22, the Health Board repeated its self-assessment against the NHS Information Governance toolkit. The assurance levels across the toolkit's five domains³ have improved from 2020-21 to the highest level of assurance, except for one domain which has remained the same. Actions to address the shortfalls are set out in an improvement plan which is overseen by the Delivery and Performance Committee. However, records management was not included in the self-assessment submission. In 2019, an Internal Audit report on records management gave a 'no assurance' rating. Progress against recommendations set out in this report has been slow, with outstanding work requiring significant investment to support the digitalisation of records. An update to the Delivery and Performance Committee in June 2022 highlighted that significant progress was still required on five of the six recommendations. The Committee agreed to escalate records management to the

² Review of Quality Governance Arrangements, October 2021

³ The five domains are business responsibilities; business management; individual rights and obligations; technical, physical, and organisational measures; and reporting data breaches.

corporate risk register whilst work is progressing, but at the time of our work, this had not happened.

- 41 More work is also required to improve the Health Board's cyber security arrangements. An update on the Digital Transformation Programme Plan for 2021-22 to the Delivery and Performance Committee in June 2022 highlighted that the eight tasks dedicated to cyber security improvement were yet to start, despite due dates for completion of March 2022. Areas of improvement were also highlighted in the Cyber Assessment Framework in 2021 to meet Network and Information Systems (NIS) regulations⁴. Since the update report, some improvements have been made such as investments in monitoring platforms and licence upgrades. Cyber security does not routinely feature at Board, but a Board development session is scheduled to discuss cyber security. However, as Board development sessions do not form part of the Health Board's formal assurance processes, it might want to consider holding a closed Board meeting instead to discuss sensitive information.
- 42 The Health Board has good arrangements in place for tracking audit and review findings and recommendations. In June 2022, Internal Audit gave substantial assurance on the Health Board's arrangements for monitoring and reporting progress in implementing Internal Audit recommendations. A comprehensive update report setting out progress against recommendations relating to internal and external audit, and counter fraud are presented at each ARAC meeting. The report flags the number of recommendations implemented and those that are overdue. To provide additional assurance to the committee, the Health Board could also consider including information which sets out the process for closing recommendations.

Board and committee effectiveness

- 43 We considered the extent to which the Board and its committees conduct their business effectively and support good governance. In examining this, we have looked at whether:
- the Board and its committees demonstrate appropriate levels of public transparency;
 - meetings are conducted appropriately supported by clear Schemes of Delegation, Standing Orders, Standing Financial Instructions, and Registers of Interest;
 - there is an appropriate and well-functioning committee structure below the Board;

⁴ The Network & Information Systems (NIS) Regulations, aimed at raising levels of cyber security and resilience of key systems across the EU, came into force in the UK in May 2018.

- the Board and its committees receive the right information, including views from staff and service users; and
- there is evidence of sufficient self-review by the Board and its committees.

- 44 We found that **the Board and committees are generally operating well. However, opportunities exist to improve public access to key documents, address gaps in some sources of assurance, strengthen staff feedback, and improve self-review mechanisms.**
- 45 The Board remains committed to public transparency. Board meetings continue to be held virtually. They are livestreamed, with recordings available to view via the Health Board website shortly after. Meetings are promoted via the website and papers are made publicly available seven days in advance. The amount of business discussed in private sessions is appropriate. All committee meetings also continue to be held virtually. Although they are not livestreamed, members of the public are able to attend by request. However, there is scope to improve transparency further. Unlike other NHS bodies, the Health Board's policies (both clinical and non-clinical) are not available to the public. Although there is reference to them on the Health Board's website, they can only be accessed by those with an NHS Wales account. We have previously recommended the need to improve access to policies on the Health Board's website to enable transparency and accessibility (**Recommendation 5a**).
- 46 The Health Board's arrangements support the effective conduct of Board and committee business. Standing Orders, Schemes of Delegation, and Standing Financial Instructions were reviewed in May 2022. Updates were made to the delegated director portfolios, the inclusion of the Director of Environment in the Scheme of Delegation, and an additional financial delegation to the Deputy Chief Executive. Meetings consistently follow governance processes, including recording apologies and declarations of interest and reviewing action logs. Minutes of previous meetings are also reviewed, and confirmed minutes are published on the Health Board's website. The use of Chair's actions is also kept to a minimum with only one Chair's action reported in 2022-23 at the time of our review. The Health Board, however, could improve transparency of its register of interests. Although the register is published on the Health Board's website, it can only be accessed by those with an NHS Wales account (**Recommendation 5a**). Standing order schedules available on the Health Board's website are also out of date, with the latest versions uploaded dating back to July 2021. To ensure accurate and up to date information is available and accessible, the Health Board needs to update the online documents to the most recent approved versions (**Recommendation 5b**).
- 47 The Board and its committees are generally working well. The Board receives assurance reports from each committee, which give an overview of their key business and areas requiring escalation and a wider strategic focus. The timing of committee reports is kept under review to ensure issues are escalated in a timely manner. Flows of assurances between committees, however, are less clear. At the time of our work, there was no formal mechanism for committee chairs to meet to

discuss relevant issues and share good practice as is the case in other NHS bodies (**Recommendation 6a**). Furthermore, there was no mechanism in place to track actions referred between committees and provide feedback (**Recommendation 6b**). Terms of reference for all committees are up to date and each committee has a lead Executive Director whose portfolio broadly aligns with the committee's focus. Executive Directors make themselves available to the relevant Chair outside of the committees, although this could be more consistent across each committee. There is evidence that committee Chairs are having more input into their workplans and shaping agendas in line with the relevant committee terms of reference which has the potential to lead to slicker more focussed meetings and scrutinised items on a priority basis where required. Once updated, the Health Board should use the BAF to actively inform and shape Board and committee business (**Recommendation 3**).

- 48 Information presented to the Board and its committees is generally of a good standard, but the presentation and timeliness is variable. Items are presented by Executive Directors or relevant staff members, and questions and comments welcomed. The level of challenge and scrutiny from Independent Members has increased over recent months and this is evident in the meetings we observed. The Health Board has reflected on the quality of reports and the way in which information is presented. Consequently, some Executive Directors now use presentations to focus on areas of concern, which appears to be working well. There is still work required, however, to ensure reporting is being pitched at the correct level and that outcomes and impact are visible. There is also scope to increase the extent to which the sustainable development principle is considered within discussions and decision making. The amount of time spent presenting items could also be reviewed on the assumption that Independent Members will have read papers in advance. This is already happening with lots of items, so applying this good practice widely would ensure more time is spent scrutinising and discussing the topic. Late papers are also still occasionally received which impacts upon the time members have to read and analyse reports ahead of meetings and prepare relevant questions. The Health Board is aware of these issues and is actively reviewing how information is presented.
- 49 The Health Board continues to demonstrate its commitment to hearing from patients but could do more to hear from staff and wider stakeholders. Patient stories appear regularly at Board, which are well received and provide valuable insight. Patient experience is also a key feature of the Integrated Quality Report presented to the Patient Experience, Quality & Safety Committee. However, as mentioned in **paragraph 39**, more work is needed on the Patient Experience Framework. There are established relationships with the Community Health Council, with regular attendance at Board meetings. The Health Board also engages with a range of third sector and public groups. However, the Board and its committees do not hear from staff and Board walkarounds have not taken place since prior to the pandemic, which is a cause of concern (**Recommendation 7**). Also, the Health Board still does not have a Stakeholder Reference Group and

Healthcare Professionals Forum, despite Standing Order requirements. Whilst the Health Board has other mechanisms for engagement, there are missed opportunities by not having these groups attending Board meetings and contributing to wider strategic discussions (**Recommendation 8**).

- 50 The Board has stabilised after a period of flux, with a diverse portfolio of skills and experience now in place. Turnover at the Board has been handled well. During the year, both a new Chair and Vice-Chair have been appointed, with several other Independent Members appointed. Succession planning arrangements have also been put in place for the ARAC Chair in preparation of the departure of the Independent Member for Finance in early 2023. The Board has a mix of skills and abilities, but at the time of our work, no formal skills assessment had been undertaken to identify specific gaps at Board level. There was recognition, however, that increased financial experience would be needed for the Board given the difficult financial position facing the public sector going forward. A skills review has since commenced.
- 51 We have previously identified the need to improve induction training for Independent Members. Whilst there has been some improvement, with a central library of resources now developed for new Independent Members, there is still further progress to be made. Independent Members undertake a corporate and national induction as part of their appointment. However, a tailored induction programme relevant to the Health Board's functions and challenges would support members to familiarise themselves more quickly with their roles. The Board continues to make use of development sessions to provide training for members. However, with a new Chair and Vice-Chair now in place, an opportunity exists to explore options for developing a more enhanced development programme which focuses on developing a cohesive Board.
- 52 The Health Board's arrangements for reviewing Board and committee effectiveness continue to develop. The Health Board undertook a Board effectiveness review in April 2022, which also included a broad review of the committees' following changes made to the committee structure in 2021. The results were considered in a Board development session and arrangements were considered generally effective. Whilst several points for improvement were identified, it is unclear what actions have been taken as a result. The Health Board could benefit from establishing an action planning process following future Board effectiveness reviews which can then be monitored (**Recommendation 9a**). In addition, time is not allocated to review the effectiveness of Board and committee meetings at the end. However, an informal review of committee meetings by the Board Secretary, and relevant committee Chair and Lead Executive has been introduced in the last couple of cycles. Including an item to review meetings on all Board and committee agendas would significantly enhance the Health Board's review arrangements (**Recommendation 9b**).

Organisational design

- 53 We considered the extent to which the Health Board's organisational structure supports effective governance. In examining this, we have looked at whether:
- the responsibilities of Executive Directors are clear, and that they have balanced and equitable portfolios of work; and
 - there is clarity on the role of the Board Secretary, and there are adequate resources in place to support the work of the Board and its committees.
- 54 We found that **despite some new appointments, there remains continual change at an Executive level and disproportionate variances amongst some portfolios. Interim governance arrangements have now been addressed; however, capacity to support the governance function requires attention.**
- 55 There has been considerable movement of Executive Directors in the last year. This has included:
- Interim arrangements for the Director of Workforce and Organisational Development, and Director of Public Health. The Board Secretary post was also interim during 2022, with a substantive appointment now in place.
 - The former Director of Primary Care, Community and Mental Health Services moving to a new Director of Environment post within the Health Board, with the postholder now due to leave in March 2023.
 - The former Director of Planning and Performance temporarily moving to the Director of Primary Care, Community and Mental Health Services, and the Deputy Director of Planning and Performance temporarily moving into the director role.
 - A new Director of Nursing and Midwifery.
- 56 There have also been recent changes within the Corporate Governance Team and multiple interim posts are in place at the senior operational level. Whilst activity has remained stable, there is an organisational risk which comes with movement at senior levels, and the number of interim posts implies potentially more change to come. This can cause instability for services and the staff which sit underneath. The Health Board should aim to reduce the number of interim posts to create more stability for both the short- and longer-term **(Recommendation 10)**.
- 57 Despite the changes and interim arrangements, executive portfolios are clear. There is a good range of Executive Directors, and the Executive Team works well. However, the portfolio of the Director of Primary Care, Community and Mental Health Services is significant. There are deputy roles in place within the structure. However, given the scale of primary and community care services in Powys compared to other health boards, the work required within the portfolio is potentially disproportionate. The Health Board has experienced difficulty in appointing to this role, which potentially impacts continuity of service and embedding strategic direction.

- 58 The temporary Board Secretary arrangement has provided good support to the Board during the interim period. The Board Secretary role has remained independent and has had clear lines of accountability to the Chair. However, capacity to support the Board Secretary role has been a challenge, with several members of the Corporate Governance Team leaving in early 2022. This is impacting on the ability of some outstanding governance related actions to be addressed. There has been a recent realignment between the governance and corporate business functions to create additional capacity whilst remaining independent. Previously, there was a Head of Risk and Assurance role, but this has now gone. The new Board Secretary will need to consider whether there is sufficient capacity within their team, and whether the realignment is something that needs to be retained.

Exhibit 2: progress made on previous year recommendations.

Recommendation	Description of progress
<p>Healthcare Professionals Forum</p> <p>R2 Standing Orders include a requirement for a Healthcare Professionals' Forum, but the Health Board does not have one. The Health Board should establish a Healthcare Professionals' Forum to advise the Board on local strategy and delivery (2018).</p>	<p>Superseded</p> <p>Superseded by R8 2022 (see Exhibit 1)</p>
<p>Internet Accessibility</p> <p>R4 The Health Board's internet pages do not provide access to current policies such as the counter-fraud policy. The Health Board should update its internet site to provide easy access to current policies and strategies (2018).</p>	<p>Superseded</p> <p>Superseded by R5 2022 (see Exhibit 1)</p>
<p>Quality of Board Cover Papers</p> <p>R6 Report cover papers vary in the way in which they are completed which may limit the ability of Board members to focus on the most important areas. The Health Board should improve report cover papers to ensure that they highlight important aspects of reports rather</p>	<p>Completed</p> <p>The use of Board cover papers has substantially improved.</p>

Recommendation	Description of progress
<p>than just describe the content or purpose of the report (2018).</p>	
<p>Independent member induction</p> <p>R1 The Health Board is experiencing a period of significant change within its independent members cohort. Independent members must be appropriately supported to meet their responsibilities through the provision of an adequate induction programme and ongoing development so they can effectively scrutinise the information presented to them. To supplement the national induction programme, the Health Board should develop a local induction training programme as soon as possible to help new independent members ease quickly into their role (2021).</p>	<p>Completed</p> <p>Induction for new Independent Members is now considered an ongoing area of focus.</p>
<p>Associate Board member appointment</p> <p>R2 The Health Board does not currently have any associate Board members to assist it in carrying out its functions. Previously the Corporate Director (Children and Adults) from Powys County Council was an associate Board member but has not attended. The Health Board should work with Powys County Council to identify a suitable replacement as soon as possible (2021).</p>	<p>Completed</p> <p>Associate Board Member appointed January 2023</p>
<p>Board and committee agenda papers</p> <p>R3 Board and committee meeting agenda bundles are made available in advance of meetings. However, on occasions some papers are provided late and added to a separate bundle called 'supplementary papers.' Late papers do not allow adequate time for scrutiny, and the use of the term supplementary papers is misleading. The Health Board should ensure as</p>	<p>Completed</p> <p>The number of late papers has substantially improved, and supplementary bundles are no longer used.</p>

Recommendation	Description of progress
<p>soon as possible, that appropriate arrangements are in place to:</p> <ul style="list-style-type: none"> • reduce as far as possible inclusion of late papers; • stop the use of naming late papers 'supplementary,' and • to merge late papers into the main agenda bundle when publishing Board and committee papers on the website (2021). 	

Managing financial resources

- 59 In this section of the report, we provide our views on the Health Board's arrangements for managing its financial resources, with a particular focus on the organisation's:
- arrangements for meeting key financial objectives;
 - financial controls; and
 - arrangements for reporting and monitoring financial performance.
- 60 Details of progress made on previous-year recommendations relating to the Health Board's arrangements for managing financial resources are provided in **Exhibit 3**.
- 61 We found that **the Health Board has a good track record of managing its financial resources. However, it is now facing pressures which means that it is unlikely to meet some of its financial duties for 2022-23. Financial controls have been strengthened to manage this risk. There is good financial reporting, which supports open and transparent oversight and scrutiny.**

Financial objectives

- 62 We considered the extent to which the Health Board has effective arrangements in place to meet its key financial objectives. In examining this, we have looked at whether the Health Board
- met its financial objectives for 2021-22, and is on course to meet its financial duties in 2022-23; and
 - has a clear and robust financial plan in place, which includes realistic and sustainable savings and cost improvement plans.
- 63 We found that **the Health Board met its financial duties for 2021-22. Despite having a balanced financial plan for 2022-23, it is now forecasting a year-end financial deficit which means it will fail to meet some financial duties.**

- 64 The Health Board met its financial duties for 2021-22, ending the year with a small surplus of £80,000. The Health Board also achieved a revenue break-even position over the three-year period 2019-22 and met its capital resource limit duty with a small surplus of £67,000.
- 65 The Health Board had a balanced financial plan for 2022-23; however, at Month 4 2022-23, it started reporting a forecast year-end financial deficit of £7.5 million. At Month 10 2022-23, the forecast position remains at £7.5 million. The Health Board's forecast financial deficit will mean that it will fail to meet its revenue financial duties for 2022-23.
- 66 The Health Board's financial revenue position for 2022-23 is volatile with pressures from CHC costs, costs associated with commissioned activity (particularly by English providers), and variable pay costs. The Health Board has a savings requirement of £4.6 million. Savings are informed by the Health Board's efficiency framework, value-based healthcare principles, and challenge and scrutiny provided through the executive-led investment group to ensure the Health Board's resources are appropriately allocated. However, at Month 10 2022-23, only £0.923 million savings had been delivered, the majority of which related to medicines management. Non-recurrent savings opportunities of £2.27 million have been applied but this has left a shortfall of £1.79 million savings in-year, and £4 million recurrent full-year impact. The non-delivery of recurring savings also poses a risk to the financial position for 2023-24 because of a growing underlying deficit position. The Health Board is on track to achieve its capital resource limit target.

Financial controls

- 67 We considered the extent to which the Health Board has appropriate and effective arrangements in place for allocating, authorising, recording, and managing the use of its financial resources. In examining this, we have looked at whether:
- there are effective controls in place to ensure compliance with Standing Financial Instructions and Schemes of Delegation;
 - the Audit Committee maintains appropriate oversight of arrangements and performance relating to single tender actions, special payments, losses, and counter-fraud;
 - there are effective financial management arrangements in place; and
 - financial statements were submitted on time, contained no material misstatements, and received a clean audit opinion.
- 68 We found that **the Health Board has appropriate arrangements for financial management and control which have been escalated at an operational level to minimise the impact of financial pressures during the year.**
- 69 The Health Board has robust arrangements in place to ensure compliance with statutory instruments, and to report breaches. Updated financial control procedures were approved by the ARAC in January 2022, and there are regular reports to the committee on Single Tender Actions (STAs), and losses and special payments.

Only eight STAs were reported between April and December 2022, five of which were prospective STA approvals. Internal Audit gave substantial assurance on the Health Board's budgetary controls, and reasonable assurance on NHS Wales Shared Services Partnership (NWSSP) systems including payroll, accounts payable and primary care contractors. The Health Board has a proactive counter fraud arrangement with cases reported in the public ARAC meeting for transparency.

- 70 The Health Board is aware of its cost drivers and is taking action to control expenditure. Specific project groups have been established to focus on controlling financial pressures relating to increasing CHC costs, commissioned activity, and nursing variable pay due to vacancies. All groups are reporting to the Executive Committee and providing workable solutions to minimise the impact of the cost pressures. Robust processes are also in place for financial management. Accountability letters have been issued for each directorate from the Chief Executive Officer. They set out the financial requirements, including delivery of savings and improvement opportunities, and a reduction on run rates. Since reporting a forecast deficit, the Health Board has placed itself into financial recovery and established a Performance and Finance Task Group which reports to the Executive Committee. Meetings to monitor the financial position at a directorate level have increased from six-monthly to monthly, and the finance business partner model, which is aligned to the directorates, is supporting the current focus on minimising the financial deficit.
- 71 The Health Board submitted good quality draft financial statements for audit. There were no significant financial control weaknesses reported in our accounts work which warranted a qualified opinion, although there was some incorrect accounting of several transactions. However, financial control weaknesses were reported in the charitable funds account, with several donated properties not accounted for correctly. We issued a qualified regularity opinion to all health boards due to clinicians' pension tax liabilities.

Monitoring and reporting arrangements

- 72 We considered the extent to which the Board oversees, scrutinises, and challenges the organisation's financial performance. In examining this, we have looked at whether:
- reports to the Board provide a clear picture of the organisation's financial position, as well as the key financial challenges, risks, and mitigating actions taken; and
 - Board members sufficiently challenge ongoing assessments of the financial position.
- 73 We found that **oversight and scrutiny of the Health Board's financial position has improved with more timely information now reported to Board and relevant committees.**

- 74 The Health Board has comprehensive financial reports which are presented to both the Board and Delivery and Performance Committee. The report sets out a clear overview of revenue, the forecast position, performance against required savings, commissioned activity, capital spend, and includes the monthly monitoring returns. Detailed information is also provided on the key cost drivers and variances for each of the directorates. The timing of the Delivery and Performance Committee meetings have been adjusted to ensure that the finance information reported is the most recent.
- 75 The corporate risk relating to the financial position has increased since the Health Board reported a forecast deficit position for 2022-23 and the rolling three-year period. There was detailed and honest reporting at the Delivery and Performance Committee and Board meetings we observed in relation to the financial challenges. The financial position is also closely monitored by the Executive Committee.

Exhibit 3: progress made on previous-year recommendations.

Recommendation	Description of progress
<p>Performance and Resources Committee</p> <p>R1 There are some issues with the functioning of the Performance and Resources Committee⁵. The Committee does not always receive reports on finance and performance for scrutiny before the Board. Finance papers have also been issued after the main set of papers reducing the time available for preparation. Although the Committee's work plan indicates that it will receive reports on savings delivery at each meeting, this is not always the case. The Health Board should:</p> <ul style="list-style-type: none"> a) review the schedule of meetings to ensure the timing of meetings supports effective detailed scrutiny of finance and performance by Committee; and b) ensure that finance papers are produced and distributed in a timely manner. c) provide reports on the delivery of savings to each meeting to support scrutiny of how the non-delivery of certain schemes will be 	<p>Completed</p> <p>See paragraph 75.</p>

⁵ In 2020, the Performance and Resource Committee was changed to become the Delivery and Performance Committee.

Recommendation	Description of progress
mitigated to ensure that the 2019-20 break-even position is delivered (2019).	

Managing the workforce, digital resources, the estate, and other physical assets

- 76 In this section of the report, we provide our high-level views on the Health Board's arrangements for managing its wider resources, with a particular focus on the organisation's:
- arrangements for supporting staff well-being (please note we will be undertaking a separate review of the organisation's workforce planning arrangements);
 - arrangements for managing its digital resources; and
 - arrangements for managing its estate and other physical assets.
- 77 We found that **the Health Board is supporting staff well-being, recognises the importance of the digital agenda, and has good oversight of the management of its estate. But resources to support digital are an ongoing challenge.**

Supporting staff well-being

- 78 We considered the extent to which the Health Board has appropriate and effective arrangements in place for supporting staff well-being. In examining this, we have looked at whether:
- mechanisms to seek staff views about their wellbeing needs are effective, and appropriate action is taken to respond to findings; and
 - actions to support and improve staff wellbeing are actively monitored by the Board, including actions taken in response to our report on how NHS bodies supported staff well-being during the COVID-19 pandemic⁶.
- 79 We found that **the Health Board has appropriate arrangements in place to support and oversee staff well-being, but more could be done to monitor progress against our previous recommendations.**
- 80 Staff wellbeing is a clear priority for the Health Board. One of the key priorities within the Health Board's IMTP is to deliver improvements to staff well-being and

⁶ Taking care of the carers? How NHS bodies supported staff wellbeing during the COVID-19 pandemic.

engagement. In November 2021, the Health Board adopted its Staff Well-being and Experience Framework. The framework is built around six pillars of staff well-being and engagement with overarching aims to optimise occupational health and develop mechanisms to understand and track staff well-being. These pillars are reflected in the IMTP. At the latest update in November 2022, positive action had been taken in promoting the use of the national tool for well-being conversations, reviewing, and redesigning the occupational health service, and developing and implementing an approach to financial well-being support for staff.

- 81 The Health Board has sought ways to capture staff feedback. Previously, the Health Board has undertaken staff well-being surveys. For 2022, the Health Board was looking to use the National Staff Survey to seek feedback, but due to this being postponed, a targeted survey process is currently being implemented to get a temperature check of wellbeing in high-risk areas. There is evidence that these surveys are informing Health Board actions. For example, the highest staff sickness levels related to stress and anxiety led to the changes to the occupation health model along with increased capacity. Survey feedback has been used to inform agile working, which is being led by the Director of Environment.
- 82 There are good arrangements in place for maintaining oversight of staff well-being. In 2021, the Health Board established a Workforce and Culture Committee. Oversight of the relevant workforce priorities within the IMTP, along with the implementation of the Staff Wellbeing and Experience Framework, is the responsibility of this committee with regular updates provided. In December 2021, the ARAC received our Taking Care of the Carers report. A detailed response to our recommendations was subsequently received by the Workforce and Culture Committee in January 2022. However, much of the response contained 'ongoing' action and no further updates on progress have been provided.

Managing digital resources

- 83 We considered the extent to which the Health Board has appropriate and effective arrangements in place for managing its digital resources. In examining this, we have looked at whether:
- there is a Board approved digital strategy in place which seeks to harness and exploit digital technology to improve the quality, safety, and efficiency of services, as well as to support new models of care and new ways of working; and
 - benefits arising from investments in digital technology are actively monitored by the Board.
- 84 We found that **the Health Board recognises digital as a key enabler and is developing its digital framework, but the digital infrastructure and availability of funding are significant barriers to delivery.**
- 85 The COVID-19 pandemic has enabled the Health Board to fast track some its digital ambitions, and it has recently set out its Digital Transformation Plan for the

next three years. This is reflected in the Health Board's IMTP through the 'Digital First' strategic priorities, which cover digital systems, infrastructure, and intelligence. The Digital Transformation Plan was approved by the Board in November 2022, and progress against the plan and delivery against the strategic priorities is monitored through the Delivery and Performance Committee. A Digital Strategic Framework is currently being developed, informed by Board discussions, which will set the framework for the digital transformation and the outcomes that the Health Board expects to achieve.

- 86 The Health Board, however, is starting from a low base. Whilst the Health Board's digital resources have improved over the two years, recent internal audit and external reviews have provided limited assurance on the Health Board's IT infrastructure, including its Wi-Fi. The Internal Audit report set out seven recommendations, three medium priority and four high priority. Old equipment, network security, limited system monitoring, and switch patching are all aspects which need addressing. The Health Board has an ongoing issue with connectivity due to the rurality of its services, which remains a challenge. The Health Board is also heavily reliant on national solutions. Capital funding for 2022-23 has significantly reduced and the Health Board has been unable to allocate any capital funding to digital at a local level.

Managing the estate and other physical assets

- 87 We considered the extent to which the Health Board has appropriate and effective arrangements in place for managing its estate and other physical assets. In examining this, we have looked at whether:
- there are Board-approved strategies and plans in place for managing the organisation's estates and its wider physical assets;
 - there are appropriate arrangements in place for the Board to review, scrutinise, challenge, and approve significant capital projects and programmes; and
 - there are appropriate arrangements in place for the Board to maintain appropriate oversight of the condition of the estate and other physical assets.
- 88 We found that **the Health Board has generally good oversight of the management of estates, although visibility and discussion could be improved at Board.**
- 89 Estates is an integral part of the Health Board's delivery plan, with several IMTP priorities specifically focused on improving the estate. An estates strategy is currently being developed, and clear processes are in place to look at how investment is prioritised, within the constraints of the current capital funding, through an Estates Advisory Funding Board. Several major capital projects are already in place which are fundamental to delivering the strategic aims of the

Health Board. These include the Machynlleth project and the North Powys Wellbeing Campus.

- 90 There are good arrangements in place to maintain oversight of capital projects and the condition of the estate. The Delivery and Performance Committee receive updates from the Director of Environment on areas of work which are considered by the Innovative Environments Group. This group, in turn, considers information from a range of estates sub-groups. The updates to the committee include a capital programme dashboard and a summary of progress of each of the major capital projects. The updates also include detailed information relating to the condition of the estate, such as fire compliance and backlog maintenance. There is also good coverage of wider aspects relevant to the estate such as the decarbonisation agenda and an agile workforce. Reports from the Director of Environment are clear and informative; however, they are not presented to every committee. Given how integral estates is to the delivery of so much of the short- and long-term plans of the Health Board, it may also be useful to have more visibility and discussion focused on estates at Board.

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Appendix 1

Audit methods

Exhibit 4 sets out the approach we adopted for delivering our structured assessment work at the Health Board.

Exhibit 4: audit approach

Element of audit approach	Description
Observations	We observed Board meetings as well as meetings of the following Committees: <ul style="list-style-type: none">• Delivery and Performance Committee;• Patient Experience, Quality and Safety Committee; and• Planning, Partnerships and Population Health Committee.
Documents	We reviewed a range of documents, including: <ul style="list-style-type: none">• Board and Committee Terms of Reference, work programmes, agendas, papers, and minutes;• Key governance documents, including Schemes of Delegation, Standing Orders, Standing Financial Instructions, Registers of Interests, and Registers of Gifts and Hospitality;

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Element of audit approach	Description
	<ul style="list-style-type: none"> • Key organisational strategies and plans, including the IMTP; • Key risk management documents, including the Board Assurance Framework and Corporate Risk Register; • Key reports relating to organisational performance and finances; • Annual Report, including the Annual Governance Statement; • Relevant policies and procedures; and • Reports prepared by the Internal Audit Service, Health Inspectorate Wales, Local Counter-Fraud Service, and other relevant external bodies.
Interviews	<p>We interviewed the following Senior Officers and Independent Members:</p> <ul style="list-style-type: none"> • Board Chair; • Vice-Chair; • Chief Executive Officer; • Chair of ARAC; • Interim Director of Planning and Performance; • Director of Finance; and • Interim Board Secretary

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Appendix 2

Organisational response to audit recommendations

Exhibit 5: organisational response

Recommendation	Management response	Completion date	Responsible officer
R1 Opportunities exist to engage Independent Members in the early stages of the IMTP planning process to enable the Board to fully discharge its duty to set the strategic direction for the organisation. The Health Board, therefore, should put appropriate arrangements in place to ensure appropriate Independent Member involvement in all IMTP planning stages.	Recommendation accepted at the point of fieldwork. For 2023-26 (and therefore 2023-24), Independent Members have been involved in the development of the IMTP 2023-26 via Board Development and briefing sessions over the last 5-6 months culminating in the formal Board meeting in March 2023. This approach has contributed to further strengthening the effectiveness of our unitary board.	Completed	Director for Strategy, Primary Care and Partnerships and Director of Corporate Governance/ Board Secretary

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Recommendation	Management response	Completion date	Responsible officer
R2 Delivery reports for monitoring progress against the priorities and actions set out in the IMTP are largely narrative and lack a focus on measures and impact. The Health Board, therefore, should revisit its delivery reports to ensure they are succinct, less narrative, and have an increased focus on measures and impact.	Recommendation accepted. Future IMTP monitoring progress reports will include an improved focus on measure and impact. The reference to impact reflects some of the conversation in Executive Committee, Delivery and Performance Committee, and Board. We receive a lot of data and information about performance against targets and work is underway, future IMTP performance reports will be more succinct and focused, including links to further detail should Board members wish to investigate the detail further.	End June 2023	Interim Director of Performance and Commissioning
R3 The Health Board does not have an updated Board Assurance Framework that maps all the opportunities and risks to achieving strategic objectives, identifies gaps in assurance, and informs Board and committee	Recommendation accepted. The Board Assurance Framework will be reviewed and updated comprehensively before the 31 March 2024. In the interim, the corporate risk register will be refreshed to reflect the relevant risks for the 2023-24 IMTP and relevant assurances will be mapped into the register.	31 March 2024	Director of Corporate Governance/ Board Secretary

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Recommendation	Management response	Completion date	Responsible officer
workplans. The Health Board, therefore, needs to update its Board Assurance Framework.			
R4 There is currently a disconnect between directorate risk registers and the Corporate Risk Register (CRR). The Health Board, therefore, needs to review all high risks on directorate risk registers to ensure the relevant ones are escalated to the CRR, and that the Board is aware of wider risks that may materialise.	<p>Recommendation partially accepted.</p> <p>The corporate risk register (CRR) was refreshed during the summer of 2022 and then updated and reviewed at every Board meeting since then. Each corporate risk is owned by an executive level risk owner; the Executive Committee review the register at least every 2 months. Directorate risk registers are owned by each directorate and relevant risks can be escalated at any time.</p> <p>The CRR is being reviewed in light of the 2022-23 IMTP and risk reviews will take place with each directorate over the summer into Autumn of 2023 (led by Corporate Governance) which will lend further opportunity to ensure directorate to corporate alignment.</p> <p>The Risk and Assurance Group will also recommence from September 2023.</p>	<p>CRR full review – July 2023 Directorate reviews - End Sept 2023</p> <p>RAG - Sept 2023</p>	Director of Corporate Governance/ Board Secretary
R5 Opportunities exist to improve public access to key Health Board	Recommendation partially accepted.		

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Recommendation	Management response	Completion date	Responsible officer
<p>documents. The Health Board should ensure that:</p> <ul style="list-style-type: none"> a) policies and procedures, and the register of interest on the public website are accessible; and b) key documents, including Standing Orders, on the public website are the most recently approved version. 	<ul style="list-style-type: none"> a) Policies and procedures - the Health Board took a decision to provide all documents via the internal intranet to staff. Relevant external policies are available on the website, for example making a complaint (PTR). A review will be undertaken to ensure relevant documents are available to the public via the website. b) Key documents – accepted at the point of fieldwork, all documents have now been updated. 	Sept 2023	Director of Corporate Governance / Board Secretary
<p>R6 There are no mechanisms for committee Chairs to meet formally outside of committee meetings to share concerns and good practice, and there are also no mechanisms in place to track issues and actions</p>	<p>Recommendation accepted.</p> <ul style="list-style-type: none"> a) A Committee Chairs forum has been established and met for the first time on the 25 April, and quarterly thereafter. b) The tracking of issues and actions between Committees is now tracked using the new action log 	<p>Complete</p> <p>Complete</p>	Director of Corporate Governance / Board Secretary

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Recommendation	Management response	Completion date	Responsible officer
<p>referred between committees. The Health Board, therefore, should put in place a mechanism to enable:</p> <ul style="list-style-type: none"> a) committee chairs to come together on a regular basis; and b) issues and actions referred between committees to be tracked and feedback provided when completed. 	<p>template. A feedback mechanism will be incorporated back to relevant committees.</p>		
<p>R7 The Board and its committees do not hear from staff, and Board walkarounds have not been reinstated since the pandemic. The Health Board, therefore, should increase opportunities for Board members to hear from staff. This should include making use of staff stories in Board and committee meetings, and the urgent reinstatement of Board walkarounds.</p>	<p>Recommendation accepted. Board walkabouts are actively undertaken by the Chair, Vice Chair, CEO, and other executive directors. It is accepted this needs to be broadened out to the whole Board. An approach will be developed and then implemented from 1 September 2023.</p>	<p>1 September 2023</p>	<p>Director of Corporate Governance / Board Secretary</p>

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Recommendation	Management response	Completion date	Responsible officer
R8 Despite Standing Order requirements, the Health Board still does not have a Healthcare Professionals Forum or a Stakeholder Reference Group. The Health Board, therefore, should establish both groups as a matter of urgency.	Recommendation partially accepted. The Healthcare Professionals Forum will be reinstated by the 30 September 2023. The Health Board recognises the importance of effective stakeholder engagement, although the Stakeholder Reference Group is not complimentary to our approach to stakeholder engagement and as such will not be reinstated at this time.	30 September 2023	Director of Corporate Governance / Board Secretary
R9 Opportunities exist to improve self-reviews of Board and committee effectiveness. The Health Board, therefore, should: <ul style="list-style-type: none"> a) ensure areas for improvement are captured and monitored via an action plan; and b) include a standing agenda item in all Board and committee meetings 	Recommendation accepted. a) Performance reviews were undertaken for the Board and Committees in 2021-22 and currently being undertaken again for 2022-23 – including an opportunity to look ahead into 2023-24. As a point of improvement, an action plan will be developed to ensure implementation and relevant monitoring of agreed actions.	30 June 2023	Director of Corporate Governance / Board Secretary

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Recommendation	Management response	Completion date	Responsible officer
to allow for a review of the meeting.	b) Board meeting reviews were introduced from January 2023 and will continue using a variety of means. A mechanism for Committee meeting review will be agreed by the newly formed Chairs Forum for implementation from quarter two.	From 1 July 2023	
R10 The Health Board is carrying several interim posts at a senior level which can cause instability for both services and staff. The Health Board, therefore, should seek to appoint substantively to the interim posts within the Executive team as soon as practical to do so.	Recommendation acknowledged. The Health Board fully recognises the need for stable leadership at the senior level. In recent months, a number of substantive appointments have been made which include, the Director of Corporate Governance/Board Secretary, Director for Public Health and Director for Workforce and Organisational Development. Any appointments to interim roles are on a selective basis and to enable the Health Board to respond to specific challenges and circumstances.	N/A – considered complete	Director of Workforce & Organisational Development

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Annual Audit Report 2022 – Powys Teaching Health Board

Audit year: 2021-22

Date issued: May 2023

Document reference: 3561A2023

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Mae'r ddogfen hon hefyd ar gael yn Gymraeg. This document is also available in Welsh.

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Summary report

About this report

- 1 This report summarises the findings from my 2022 audit work at Powys Teaching Health Board (the Health Board) undertaken to fulfil my responsibilities under the Public Audit (Wales) Act 2004. That Act requires me to:
 - examine and certify the accounts submitted to me by the Health Board, and to lay them before the Senedd;
 - satisfy myself that expenditure and income have been applied to the purposes intended and are in accordance with authorities; and
 - satisfy myself that the Health Board has made proper arrangements for securing economy, efficiency, and effectiveness in its use of resources.
- 2 I report my overall findings under the following headings:
 - Audit of accounts
 - Arrangements for securing economy, efficiency, and effectiveness in the use of resources
- 3 This year's audit work took place at a time when NHS bodies continued to respond to the unprecedented and ongoing challenges presented by the COVID-19 pandemic. Health bodies were not only tackling the immediate challenges presented by the public health emergency but were also seeking to recover and transform services to respond to the significant numbers of people who are waiting for treatment and improve population health. My work programme, therefore, was designed to best assure the people of Wales that public funds are well managed. I have considered the impact of the current crisis on both resilience and the future shape of public services.
- 4 I aimed to ensure my work did not hamper public bodies in tackling the crisis, whilst ensuring it continued to support both scrutiny and learning. We largely continued to work and engage remotely where possible using technology, but some on-site audit work resumed where it was safe and appropriate to do so. This inevitably had an impact on how we deliver audit work but has also helped to embed positive changes in our ways of working.
- 5 As was the case in the previous two years, the delivery of my audit of accounts work has continued mostly remotely. The success in delivering it reflects a great collective effort by both my staff and the Health Board's officers.
- 6 I have adjusted the focus and approach of my performance audit work to ensure its relevance in the context of the crisis and to enable remote working. I have commented on how NHS Wales is tackling the backlog of patients waiting for planned care. My local audit teams have commented on how governance arrangements have adapted to respond to the pandemic, and the impact the crisis has had on service delivery.

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- 7 This report is a summary of the issues presented in more detailed reports to the Health Board this year (see **Appendix 1**). I also include a summary of the status of work still underway, but not yet completed.
- 8 **Appendix 2** presents the latest estimate of the audit fee that I will need to charge to cover the costs of undertaking my work, compared to the original fee set out in the 2022 Audit Plan.
- 9 **Appendix 3** sets out the audit of accounts risks set out in my 2022 Audit Plan and how they were addressed through the audit.
- 10 The Chief Executive, the Director of Finance & ICT, the Director of Corporate Governance/Board Secretary and the Chair of the Audit, Risk and Assurance Committee have agreed the factual accuracy of this report. We presented it to the Board on 24 May. We strongly encourage the Health Board to arrange its wider publication. We will make the report available to the public on the [Audit Wales website](#) after the Board have considered it.
- 11 I would like to thank the Health Board's staff and members for their help and co-operation throughout my audit.

Key messages

Audit of accounts

- 12 I concluded that the Health Board's accounts were true and fair and free from material misstatement, and I issued an unqualified audit opinion in that respect.
- 13 In addition, the Health Board met its two financial duties for the year by not overspending against its three-year rolling Revenue Resource Limit and having an Integrated Medium-Term Plan approved covering the 2019-22 period.
- 14 However, during the year the Health Board incurred £47,000 of expenditure under a Ministerial Direction to make good shortfalls in pension tax liabilities for senior NHS Clinicians. I deem such expenditure as irregular (as it constitutes potential tax planning) and material by its nature, so as a result I qualified my opinion on the regularity of the financial transactions within the Health Board's 2021-22 accounts.
- 15 Alongside my audit opinion, I placed a substantive report on the Health Board's accounts to highlight the issue of NHS Clinicians' pension tax liabilities.

Arrangements for securing efficiency, effectiveness, and economy in the use of resources

- 16 My programme of Performance Audit work has led me to draw the following conclusions:

- The Health Board has generally good governance arrangements in place, but it needs to update the Board Assurance Framework to have a clear

understanding of risks, ensure there are no key governance gaps, and help develop and prioritise workplans.

- Despite the additional investment in waiting list recovery, the significant growth in the numbers of people waiting is likely to mean that waiting lists will not return to pre-pandemic levels for many years.
- The Strategic Review Portfolio priorities were developed effectively and align with longer-term ambitions. However, the purpose and progress of the portfolio should be more clearly articulated, and the governance arrangements are potentially disproportionately large to the scale of the work being delivered.

17 These findings are considered further in the following sections.

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Detailed report

Audit of accounts

- 18
- Preparing annual accounts is an essential part of demonstrating the stewardship of public money. The accounts show the organisation’s financial performance and set out its net assets, net operating costs, gains and losses, and cash flows. My annual audit of those accounts provides an opinion on both their accuracy and the proper use (‘regularity’) of public monies.
- 19
- My 2022 Audit Plan set out the key risks for audit of the accounts for 2021-22 and these are detailed along with how they were addressed in **Appendix 3 Exhibit 4**.
- 20
- My responsibilities in auditing the accounts are described in my Statement of Responsibilities publications, which are available on the Audit Wales website.

Accuracy and preparation of the 2021-22 accounts

- 21
- I concluded that the Health Board’s accounts were true and fair and free from material misstatement, and I issued an unqualified audit opinion in that respect. My work did not identify any material weaknesses in internal controls (as relevant to my audit) however I brought some issues to the attention of officers and the Audit Committee for improvement.
- 22
- The draft accounts were submitted for audit on time and the quality of working papers was good. No other material weaknesses were identified in internal controls.
- 23
- I must report issues arising from my work to those charged with governance (the Audit Committee) for consideration before I issue my audit opinion on the accounts. My Financial Audit Manager reported these issues on 13 June 2022. **Exhibit 1** summarises the key issues set out in that report.

Exhibit 1: issues reported to the Audit, Risk and Assurance Committee

Issue	Auditors’ comments
Uncorrected misstatements <div>Patterson, Liz 23/05/2023 11:25:01</div>	<ul style="list-style-type: none"><u>Indexation of land and building assets</u> After submitting its indexation report in August 2021, the District Valuer updated its indexation factors late in March 2022, due to widespread inflationary pressures. Given the late notification, the Health Board accounted for its land and building assets using the initial District Valuer report. If the updated report had been used, the net book value of the Health Board’s assets would have increased by £999,000.

Issue	Auditors' comments
Corrected misstatements	Appendix 3 of our report identified various corrections arising from the audit. These corrections covered a number of separate account areas but were largely presentational in nature and none of them affected the Health Board's overall three-year underspend of £278,000 against its rolling Revenue Resource Limit.
Other significant issues	<p>Our report identified three further issues, for which recommendations were raised in Appendix 4 of our report:</p> <ul style="list-style-type: none"> • <u>Non-NHS accruals</u> Three transactions identified during audit testing (totalling £20,000) where goods and services had not been provided to the Health Board until 2022-23. • <u>Provisions</u> One instance noted where a payment of £487,000 on a 'residual' legal claim (i.e., a claim raised against the Welsh NHS prior to the creation of local health boards in 2003) had not been notified to the Health Board or therefore accounted for appropriately. • <u>Miscellaneous income</u> Two transactions identified during audit testing where income totalling £992,000 relating to clinical trials via Health and Care Research Wales should have been accounted for in the 2020-21 accounts.

- 24 I also undertook a review of the Whole of Government Accounts return. I concluded that the counterparty consolidation information was materially consistent with the Health Board's financial position on 31 March 2022, although there some inconsistent classifications between the accounts and the return.
- 25 My separate audit of the charitable funds accounts was completed in January 2023, allowing the audited accounts to be filed prior to the Charity Commission deadline of 31 January.

Regularity of financial transactions

- 26 The Health Board's financial transactions must be in accordance with authorities that govern them. The Health Board must have the powers to receive the income and incur the expenditure. Our work reviews these powers and tests that there are no material elements of income or expenditure which the Health Board does not have the powers to receive or incur.

- 27 Where a Health Board does not achieve financial balance, its expenditure exceeds its powers to spend and so I must qualify my regularity opinion.
- 28 The Health Board met its two financial duties for the year by not overspending against its three-year rolling Revenue Resource Limit and having an Integrated Medium-Term Plan (IMTP) approved covering the 2019-22 period. The Health Board had a cumulative three-year underspend of £278,000 comprising £55,000 in 2019-20, £143,000 in 2020-21 and £80,000 in 2021-22.
- 29 However, during the year the Health Board incurred £47,000 of expenditure under a Ministerial Direction to make good shortfalls in pension tax liabilities for senior NHS Clinicians. I deem such expenditure as irregular (as it constitutes potential tax planning) and material by its nature, so as a result I qualified my opinion on the regularity of the financial transactions within the Health Board's 2021-22 accounts.
- 30 I have the power to place a substantive report on the Health Board's accounts alongside my opinions where I want to highlight issues. Consequently, I placed a substantive report on the Health Board's accounts to highlight the issue of NHS Clinicians' pension tax liabilities.

Arrangements for securing efficiency, effectiveness, and economy in the use of resources

- 31 I have a statutory requirement to satisfy myself that the Health Board has proper arrangements in place to secure efficiency, effectiveness, and economy in the use of resources. I have undertaken a range of performance audit work at the Health Board over the last 12 months to help me discharge that responsibility. This work has involved:
- undertaking a structured assessment of the Health Board's corporate arrangements for ensuring that resources are used efficiently, effectively, and economically.
 - undertaking a high-level review of how NHS Wales is tackling the planned care backlog.
 - undertaking a local review of the Health Board's renewal programme.
- 32 My conclusions based on this work are set out below.

Structured assessment

- 33 My 2022 structured assessment work took place at a time when NHS bodies were not only continuing to tackle the challenges presented by COVID-19 but were also seeking to recover and transform services to respond to the significant numbers of people who are waiting for treatment and improve population health.
- 34 My team focussed on the Health Board's corporate arrangements for ensuring that resources are used efficiently, effectively, and economically, with a specific focus

on the organisation's governance arrangements; strategic planning arrangements; financial management arrangements; and arrangements for managing the workforce, digital assets, the estate, and other physical assets. Auditors also paid attention to progress made to address previous recommendations.

Governance arrangements

- 35 My work considered the Health Board's governance arrangements, with a particular focus on:
- Board and committee effectiveness;
 - the extent to which organisational design support supports good governance; and
 - key systems of assurance.
- 36 My work found that **governance arrangements are generally effective. However, an updated Board Assurance Framework is needed. Staff feedback and Board self-review mechanisms also need to be improved, and risks associated with turnover and capacity within the operational structure need to be managed.**
- 37 The Health Board has some effective sources of assurance in place, but it still does not have an updated Board Assurance Framework. The Board and committees are generally operating well. However, opportunities exist to improve public access to key Health Board documents, address some gaps in assurance, strengthen staff feedback, and improve Board self-review mechanisms. There is a need to stabilise leadership arrangements at the Executive level after a period of churn, and as part of that ensure that operational executive leadership portfolios are appropriately balanced and proportionate. Interim governance arrangements have now been addressed; however, capacity to support the governance function is an issue.

Strategic planning arrangements

- 38 My work considered the Health Board's strategic planning arrangements, with a particular focus on the organisation's:
- vision and strategic objectives;
 - Integrated Medium-Term Plan;
 - planning arrangements; and
 - arrangements for implementing and monitoring the delivery of corporate strategies and plans.
- 39 My work found that **the Health Board has a well-established long-term strategy which is supported by an approved IMTP for 2022-25. Good arrangements are in place to develop and monitor delivery of its plans, but there is scope to engage the Board earlier in the planning process and to increase the focus on measures and impact.**

- 40 The Health Board has a well-established long-term strategy and a clear focus on its clinical priorities. An approved IMTP is in place, which was developed with Board engagement. However, there is scope to engage the Board earlier in the planning process. There are good arrangements for developing plans, with a clear focus on value-based healthcare and commissioned services. Clear arrangements for monitoring delivery of the IMTP and supporting plans are also in place but greater focus is needed on measures and impact.

Managing financial resources

- 41 My work considered the Health Board's arrangements for managing its financial resources, with a particular focus on the organisation's:
- arrangements for meeting key financial objectives;
 - financial controls; and
 - arrangements for reporting and monitoring financial performance.
- 42 My work found that **the Health Board has a good track record of managing its financial resources. However, it is now facing pressures which means that it will not meet some of its financial duties for 2022-23. Financial controls have been strengthened to manage this risk. There is good financial reporting, which supports open and transparent oversight and scrutiny.**
- 43 The Health Board met its financial duties for 2021-22, but despite having a balanced financial plan, is now reporting a year-end financial deficit for 2022-23 of £7.5 million. This means it will fail its financial duties for revenue, with a deficit for the three-year period 2020-23 also reported. The Health Board has appropriate arrangements for financial management and control, which have been escalated at an operational level to minimise the impact of financial pressures during the year. Oversight and scrutiny of the Health Board's financial position has improved with more timely information now reported to Board and relevant committees.

Managing the workforce, digital resources, the estate, and other physical assets

- 44 My work considered the Health Board's arrangements for managing its wider resources, with a particular focus on the organisation's:
- arrangements for supporting staff wellbeing;
 - arrangements for managing its digital resources; and
 - arrangements for managing its estate and other physical assets.
- 45 My work found that **the Health Board is supporting staff well-being, recognises the importance of the digital agenda, and has good oversight of the management of its estate. But resources to support digital are an ongoing challenge.**
- 46 The Health Board has appropriate arrangements in place to support staff well-being, with clear priorities set out within the IMTP to deliver improvements to staff

well-being and engagement. Positive action has been taken to embed the Staff Wellbeing and Experience Framework which is informed by mechanisms for capturing staff feedback on how well services are working. There are good arrangements in place for maintaining oversight of staff well-being through the Workforce and Culture Committee, although the Health Board could do more to monitor progress against our Taking Care of the Carers report.

- 47 Digital is recognised as a key enabler with a Digital Transformation Plan in place for the next three years. The Health Board is developing its digital framework, but the digital infrastructure and availability of funding are significant issues. The allocation of capital funding to the Health Board has significantly reduced, which has meant that it has been unable to allocate any capital funding to digital projects. Several recent internal audit and external reviews have provided limited assurance on the IT infrastructure, and there are ongoing issues with connectivity due to the rurality of services.
- 48 Estates is an integral part of the Health Board's IMTP, and an estates strategy is currently being developed. Clear processes are in place to look at how investment is prioritised with several major capital projects underway. The Delivery and Performance Committee maintain oversight of capital projects and the condition of the estate, although there is scope to increase visibility and discussion of issues related to the estate at Board.

Tackling the planned care backlog in Wales

- 49 In May 2022, I published a report that set out the extent of the planned care backlog in NHS Wales, and the key actions the system needs to take to start to tackle the backlog. My report highlighted the continued growth of the overall waiting list numbers month on month, whilst noting the rate of growth was slowing. It also noted that the inevitable drop in referrals seen during the pandemic would likely result in this latent demand eventually coming back into the system. Taking these and other factors into account my work estimated that it could be as much as seven years before overall waiting list numbers in Wales returned to pre-pandemic levels.
- 50 The Welsh Government has produced a national recovery plan for planned care with key milestones for health boards to achieve, including an initial focus on those patients facing very long waits. However, those milestones are already proving difficult to achieve. In line with the key actions, I set out in my report, the Health Board, along with others in Wales, will need to both build and protect capacity for planned care, and continue to maintain a focus on efficiency and productivity.
- 51 The Health Board will also need to ensure that it actively manages the clinical risks to patients that are facing long waits for treatment and enhance its systems for communicating with patients to help them manage their condition whilst they are waiting and inform them of what to do if their condition deteriorates.

Review of the Strategic Renewal Priorities

- 52 My work considered how the Health Board is using its resources to recover and transform following the pandemic, how the renewal priorities had been set, and whether the delivery and monitoring arrangements to manage the renewal portfolio are effective.
- 53 My work found that **the Strategic Renewal Portfolio priorities were developed effectively and align with longer-term ambitions. However, the purpose and progress of the portfolio should be more clearly articulated, and the governance arrangements, whilst robust, are potentially overdeveloped in the context of the scale of work being delivered.**
- 54 The strategic renewal priorities were developed effectively and align to the Health Board's ambitions; however, the purpose of the portfolio needs to be clarified to allow for sufficient scrutiny and challenge.
- 55 Robust governance arrangements are in place for the renewal priorities; however, these may be disproportionate to the scale of work being delivered and there is a risk that the agile nature of the renewal portfolio means core aims of the project become lost.
- 56 Key points of progress and outcome measures are regularly reported to relevant committees, however, there is scope for the progress to be less narrative and show clearer links to the Health Board's strategic aims.

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Appendix 1

Reports issued since my last annual audit report

Exhibit 2: reports issued since my last annual audit report

The following table lists the reports issued to the Health Board since my last annual audit report.

Report	Date
Financial audit reports	
Audit of Financial Statements Report	June 2022
Opinion on the Financial Statements	June 2022
Audit of Charitable Funds Financial Statements Report and Opinion on the Charitable Funds Financial Statement	January 2023
Performance audit reports	
Tackling the Planned Care Backlog in Wales	May 2022
Review of the Strategic Renewal Programme	February 2023
Structured Assessment 2022	May 2023
Other	
2022 Audit Plan	March 2022

My wider programme of national value for money studies in 2022 included reviews that focused on the NHS and pan-public-sector topics. These studies are typically funded

through the Welsh Consolidated Fund and are presented to the Public Accounts Committee to support its scrutiny of public expenditure. Reports are available on the [Audit Wales website](#).

Exhibit 3: performance audit work still underway

There are several performance audits that are still underway at the Health Board. These are shown in the following table, with the estimated dates for completion of the work.

Report	Estimated completion date
Unscheduled care – patient flow out of hospital	July 2023
Unscheduled care – access to unscheduled care services	September 2023
Workforce planning	September 2023
Primary care follow-up	September 2023

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Appendix 2

Audit fee

The 2022 Audit Plan set out the proposed audit fee of £272,391 (excluding VAT). My latest estimate of the actual fee, on the basis that some work remains in progress, is in keeping with the fee set out in the outline.

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Appendix 3

Audit of accounts risks

Exhibit 4: audit of accounts risks

My 2022 Audit Plan set out the risks for the audit of the Health Board's 2021-22 accounts. The table below lists these risks and sets out how they were addressed as part of the audit.

Audit risk	Proposed audit response	Work done and outcome
The risk of management override of controls is present in all entities. Due to the unpredictable way in which such override could occur, it is viewed as a significant risk.	We will: <ul style="list-style-type: none">• test the appropriateness of journal entries and other adjustments made in preparing the financial statements;• review accounting estimates for biases; and• evaluate the rationale for any significant transactions outside the normal course of business.	I reviewed a sample of the accounting estimates and a sample of transactions that included journal entries. I did not identify any significant transactions outside the normal course of business. My audit findings were satisfactory.
The implementation of the 'scheme pays' initiative in respect of the NHS pension tax arrangements for clinical staff is ongoing. Last year we included an Emphasis of matter paragraph in the audit opinion drawing attention to your disclosure of the contingent liability. Applications to the scheme will close on 31 March 2022 and if any expenditure is made in year, we would consider it to be irregular as it	We will review the evidence one year on around the take-up of the scheme and the need for a provision, and the consequential impact on the regularity opinion.	The Health Board included £47,000 of expenditure in this area for the first time in 2021-22, which I deem to be material by nature with regard to regularity. Consequently, I have qualified my regularity opinion over the Health Board's 2021-22 accounts and issued a substantive report on the matter.

Audit risk	Proposed audit response	Work done and outcome
contravenes the requirements of Managing Welsh Public Money.		
During the audit of the 2020-21 Remuneration Report, we identified a significant number of errors within the senior officer remuneration disclosures. If the quality of the Report is not improved for the 2021-22 disclosures, there is a risk of material misstatement.	We will discuss with officers the proposed method for the preparation and quality assurance review of the Remuneration Report during our audit planning.	My audit team reviewed the Remuneration Report and its entries in detail. While we did identify some further audit corrections in 2021-22, we noted improvements in the collation of this disclosure overall and have not raised any further recommendations here.
There is a risk that you will fail to meet your first financial duty to break even over a three-year period. The position at month 10 shows a year-to-date surplus of £149,000 and a forecast year-end break-even position. This, combined with the outturns for 2019-20 and 2020-21, predicts a three-year surplus of £198,000. Where you fail this financial duty, we will place a substantive report on the financial statements highlighting the failure and qualify your regularity opinion. Your current financial pressures increase the risk that management judgements and estimates could be biased in an effort to achieve the financial duty.	We will focus our testing on areas of the financial statements which could contain reporting bias.	As set out in this report, my audit confirmed that the Health Board met its financial duty to break even over a three-year period. I substantively tested a sample of transactions and balances. My audit findings were satisfactory.
Although COVID-19 restrictions have now been removed, there have been ongoing pressures on staff resource and of remote	We will discuss your closedown process and quality monitoring arrangements with the	I did not identify any significant issues with your closedown process during my audit this year.

Audit risk	Proposed audit response	Work done and outcome
<p>working that may impact on the preparation, audit, and publication of accounts. There is a risk that the quality of the accounts and supporting working papers may be compromised leading to an increased incidence of errors. Quality monitoring arrangements may be compromised due to timing issues and/or resource availability.</p>	<p>accounts preparation team and plan to monitor the accounts preparation process. We will help to identify areas where there may be gaps in arrangements.</p>	
<p>There continues to be increased funding streams and expenditure in 2021-22 to deal with the COVID-19 pandemic. These could have a significant impact on the risks of material misstatement and the shape and approach to our audit. Examples of issues include fraud, error, and regularity risks of additional spend, treatment and valuation of assets and estimation of annual leave balances.</p>	<p>We will identify the key issues and associated risks and plan our work to obtain the assurance needed for our audit.</p>	<p>I substantively tested a sample of transactions and balances. My audit findings were satisfactory.</p>
<p>Introduction of IFRS 16 Leases has been deferred until 1 April 2022. There may be considerable work required to identify leases and the COVID-19 national emergency may pose additional implementation risks. The 2021-22 accounts will need to disclose the potential impact of implementing the standard.</p>	<p>We will review the completeness and accuracy of the disclosures.</p>	<p>These disclosures were reviewed with no audit corrections arising for the 2021-22 accounts.</p>

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We welcome correspondence and
telephone calls in Welsh and English.

Rydym yn croesawu gohebiaeth a
galwadau ffôn yn Gymraeg a Saesneg.



Reporting Committee:	Delivery & Performance Committee
Committee Chair	Mark Taylor
Date of last meeting:	2 May 2023
Paper prepared by:	Interim Corporate Governance Business Officer

KEY DECISIONS / MATTERS CONSIDERED BY THE COMMITTEE

The last meeting of the Delivery and Performance Committee took place on 2 May 2023 where the following items were considered:

- Performance Report section of the Annual Report
- Financial Performance Report: Month 12
- Integrated Performance Report 2022/2023
- Annual Delivery Plan 2023/2024
- Information Governance Annual Performance Report
- Committee Risk Register
- Records Management Improvement Plan
- Development of Committee Annual Programme of Business

The papers from this meeting can be accessed at:

[Delivery and Performance Committee on 2 May 2023 - Powys Teaching Health Board \(nhs.wales\)](#)

The Board is asked to note that the following matters were discussed at the In-Committee on 2 May 2023.

- Financial Sustainability
- Integrated Plan 2023-2026

A summary of the key issues discussed at the meeting is provided below.

COMMITTEE ACTION LOG

The Committee received and discussed the Committee Action Log.

UPDATE ON THE PERFORMANCE REPORT SECTION OF THE ANNUAL REPORT

The Committee received the report which provided a reflection of the organisation's performance. A first draft of the Annual Report is due to be submitted to Audit Wales and Welsh Government on Friday 12 May 2023, following feedback, the report would then be submitted to the Audit, Risk and Assurance Committee for formal approval prior to final submission to the Board in July 2023.

The Committee took ASSURANCE and NOTED the progress against the draft Performance Report.

FINANCIAL PERFORMANCE REPORT MONTH 12

The Committee received the financial performance update including the financial interim position for year end 2022/2023. The year-end deficit reported was £7.0M against a forecast deficit of £7.5m. It was confirmed that the position was subject to audit, by Audit Wales, with the accounts due to be finalised by 31 July 2023.

The Committee NOTED the Health Boards Month 12 Financial position.

INTEGRATED PERFORMANCE REPORT 2022/2023 (MONTH 11)

The Committee received the report with an update against the latest available performance position for Powys against NHS Wales Performance Framework up until the end of February 2023. Performance remains a challenge across both national and local measures with key expectations across the quadruple aims of the NHS Performance Framework. The four quadruple aims were discussed and noted by the committee.

Performance across the Mental Health and Learning Difficulties service areas, where Powys is undertaking work across the high intensity therapeutic services nationally to improve performance measures and patient experience. It was noted commissioned services performance across Wales remains a significant concern.

The Committee DISCUSSED and NOTED the Integrated Performance Report for 2022/2023.



ANNUAL DELIVERY PLAN 2023/2024

The Committee received a verbal update against the Annual Delivery Plan for 2023/2024 and were advised that the Integrated Medium-Term Plan had been approved by the Board in March 2023, subject to further work which underpins the Annual delivery plan. It was noted that Executive Directors continue to review the plan prior to the final approval to the Board in May 2023.

The Committee NOTED the progress made against the Annual Delivery Plan for 2023/2024.

INFORMATION GOVERNANCE ANNUAL PERFORMANCE REPORT

The Committee received the report and were provided with an overview of the arrangements in place to ensure the Health Board was compliant with its statutory obligations in relation to data protection legislation, national frameworks, and good practice. The report included work undertaken during 2022/2023 and anticipated work for 2023/2024.

The Committee DISCUSSED and NOTED the Information Governance Annual Report.

COMMITTEE RISK REGISTER

The Committee received the Committee Risk Register of risks relevant to the Committee and highlighted that Risk 9 had been extracted due to the sensitive and confidential nature of the risk content. In line with the Integrated Medium-Term Plan (IMTP), Executive Directors continue to review and reflect upon corporate risks on a regular basis.

Committee members suggested that a trend analysis maybe beneficial for future reporting to the committee within the cover paper to clearly identify the common themes identified and suggested comparison with other organisations who used this approach.

The Committee RECEIVED the Risk Register and took ASSURANCE that the risks were being managed in line with the Risk Management Framework.



RECORDS MANAGEMENT IMPROVEMENT PLAN

The Committee received the report which provided an update on progress against the Records Management improvement plan which had been developed in response to a No Assurance Internal Audit Report in November 2019. It was noted that of the six high priority recommendations received, three had been completed and three remained outstanding with work in progress.

The Committee welcomed the ASSURANCE provided by the report in terms of progress and considered that further detail would be beneficial regarding specific evidence to support assessment of 100% completion of aspects of the action plan. A committee work programme deep dive is in progress where Committee members would expect a further update against the action plan at mid-year 2023.

DEVELOPMENT OF COMMITTEE ANNUAL PROGRAMME BUSINESS

The Committee were advised of the process for developing the annual programme of committee business for 2023/24.

The Committee recognised the delivery of work in which the committee receives, and it was agreed that the Committee would meet on a bi-monthly basis going forwards.

The Committee DISCUSSED and NOTED the Development of Committee Annual Programme and recognised the need for the Committee to meet on a bi-monthly basis going forwards.

ITEMS TO BE ESCALATED TO THE BOARD

Board is asked to note the following matter:

- That the Delivery and Performance Committee will continue to monitor progress against the Records Management Action Plan by way of a scheduled mid-year review against outstanding actions

DELIVERY AND PERFORMANCE IN-COMMITTEE MEETING

The following item was discussed in private session.

FINANCIAL SUSTAINABILITY



A detailed briefing was provided to Committee members on financial sustainability.

INTEGRATED PLAN 2023/2026

A presentation was provided to Committee members regarding the Integrated Plan for 2023/2026. Committee members were advised that progress of work is underway in line with the Integrated Medium-Term Plan (IMTP) which sets out the organisations plans and priorities, to provide further information to Welsh Government by 31 May 2023.

The Committee NOTED the updated on the Integrated Plan for 2023/2026.

DATE OF NEXT COMMITTEE MEETING:

The next meeting of the Delivery and Performance Committee will be held on 27 June 2023.

Patterson, Liz
23/05/2023 11:25:01

Reporting Committee:	Executive Committee
Committee Chair	Hayley Thomas, Interim Chief Executive
Date of last meeting:	3 rd May 2023
Paper prepared on:	15 th May 2023

KEY DECISIONS AND MATTERS CONSIDERED BY THE COMMITTEE

I am pleased to provide the Board with a summary of the matters considered by the Executive Committee when it met on 5th April, 19th April and 3rd May 2023.

5th April 2023

1. Risk Management (Corporate Risk Register Review)

The Committee RECEIVED an overview of the Corporate Risk Register as of February 2023 and discussion was held in relation to the extent to which the register reflected the organisations current corporate risk profile, specifically considering the updated strategic objectives set within the Integrated Medium-Term Plan 2023-26.

The Committee DISCUSSED the Corporate Risk Register and welcomed the review.

2. Update following Board Secretaries meeting with Audit Wales

The Committee RECEIVED an update from the meeting between All Wales Board Secretaries and Audit Wales.

The Committee DISCUSSED and NOTED the update.

3. Ionising Radiation Safety Policy

The Committee DISCUSSED and APPROVED the Ionising Radiation Safety Policy.

19th April 2023

1. Strategic Approach to Weight Management Pathway Business Case

The Committee RECEIVED the item which provided an overview of the work undertaken to develop Level 2 and 3 pathways for weight management services in Powys following the publication of Healthy Weights, Health Wales in 2019. The Committee welcomed the report and recognised the approach to weight management as a key component of the Public Services Board (PSB) Plan. The whole population approach was highlighted, and the Committee agreed that an enhanced focus on preventative measures alongside PSB partners would be the preferred area of focus.

The Committee SUPPORTED the item IN PRINCIPLE but was clear that this should not be at the expense of population level services and would be unlikely to receive further funding due to the current financial circumstances. The Committee requested that work be undertaken to establish a waiting list, develop outcome focused performance metrics and move the service into business as usual arrangements, with an update report to return in six months through the performance reporting routes of business as usual arrangements. The Committee also agreed that the Strategic Weight Management Pathway Development Group could be stood down as the service moves to be operationally and performance managed under the operational services divisions.

2. National Testing Framework (Patients and Staff)

The Committee RECEIVED the item which provided an update on the testing requirements needed to align with the current testing arrangements, as outlined in the Welsh Health Circular distributed to NHS Wales Health Boards/Trusts on the 30th March 2023. The Infection Prevention and Control Advisory Group, considered the current Acute Respiratory Infection (ARI) position across Wales, and PTHB recommended the following approach:

- All symptomatic patients who meet the criteria for antiviral treatments to undergo PCR testing, as per the recommendations within the Welsh Health Circular;
- Symptomatic staff members to undertake a risk assessment and;
- Staff who are symptomatic and meet the criteria for antiviral treatments to undergo testing, as per Welsh Government guidance;
- The removal of the requirement to wear masks in all clinical areas; instead, mask to be worn when caring for patients with confirmed or suspected ARI's and/or when suspected/confirmed cluster transmission has been identified, as per recommendations in the Welsh Health Circular;

- Staff, patients, and visitors can continue to wear masks if they feel more comfortable doing so.

The Committee was assured that whilst the above recommendations were proposed, should circumstances change then appropriate measures will be implemented as and when required.

It was AGREED that following confirmation of support by Clinical Directors the approach could be approved by members virtually to ensure the implementation of measures were not delayed, with a verbal update to return to the next meeting of the Committee.

3. Work Placement and Work Experience Policy

The Committee RECEIVED the item and noted that the main amendment to the previous policy was the increase in age from which workplace work experience can be undertaken from 14+ to 16+, to enable the Health Board to offer more experiences to those choosing a particular course or subject. Additionally, engagement with younger students, aged 11+ will take place via the Health and Social Care Academy – Careers and Education Enterprise Scheme (ACEEs) programme, to equip the future workforce with the knowledge and understanding in the world of Health and Social Care. New, exciting, dynamic careers and educational programmes would be made available on a range of workplace experiences, incorporating the use of digital technology, to help attract digital age students. This will increase a wider knowledge of services available and the ability to reach and accommodate a wider audience.

The Committee welcomed the more formalised approach and APPROVED the Policy.

4. Interim Financial Performance Report Month 12: Financial Position and Exception Reporting

The Committee RECEIVED the item which provided the interim position for year end 2022-23. The year end deficit reported was £6.988M against a forecast deficit of £7.5M. It was suggested that the actual deficit had been slightly reduced as a result of reduced activity in England linked to NHS Strike Action. There was a capital surplus of £68M reported at year end, which was confirmed as a reasonable position which allowed a degree of flexibility to provide cover for any material matters arising from the forthcoming audit. It was confirmed that the position was subject to audit, by Audit Wales, with the position due to be finalised by 31 July 2023. It was confirmed that detail in relation to statutory requirements such as the Public Sector Payment Policy (PSPP) would be available in due course.

The Committee NOTED the position and welcomed a full report in due course.

5. Strategic Change Report

The Committee RECEIVED the item which provided an overview of the key programmes that relate to health and care provision for residents of Powys, countywide or in particular geographies, depending on the programme and relevant provider's catchment areas. A summary of neighbouring organisation's plans which have recently been published for 2023/24 onwards (where information was available) was also included in this iteration of the report.

The Committee NOTED the Report and NOTED the actions and process underway around Health Board consultations.

6. Counter Fraud Workplan 2023- 24

The Committee RECEIVED the item which had been developed by the Head of Local Counter Fraud Services. The plan provided an overview of coverage and the allocation of days. It was noted that this item is considered on an annual basis by the Audit, Risk and Assurance Committee, however, this was the first time it had been presented to the Executive Committee. The Committee welcomed the report and acknowledged the importance of having an overview at Executive level.

The Committee DISCUSSED and received the plan for ASSURANCE.

7. Director of Corporate Governance Reports: Audit Structured Assessment and Audit Recommendation Tracking

The Committee DISCUSSED and NOTED the Structured Assessment which was due to be reported to the Audit, Risk and Assurance Committee (ARAC) on 16 May 2023, and later appended to the ARAC Chair's Report to the Board.

The Committee RECIEVED the position relating to the implementation of Audit Recommendations, arising from reviews undertaken by Internal Audit, External Audit (Audit Wales) and Local Counter Fraud Services as of 31st March 2023 for ASSURANCE. It was NOTED that good progress had been made with all Internal Audit recommendations now reported as completed for years 2017/18 and 2018/19. It was requested that Executive colleagues focus particular effort on the completion of overdue high priority recommendations.

8. Records Management Improvement Plan

The Committee RECEIVED the item which provided an update on progress against the improvement plan which had been developed in response to a No Assurance Internal Audit Report in November 2019.

The Committee welcomed the ASSURANCE provided by the report and suggested that a report to the Delivery and Performance Committee would be beneficial. It was requested that a further update return to the Committee with next steps following confirmation a decision by Welsh Government in relation to funding.

9. Information Governance Annual Report

The Committee RECEIVED the item which provided an overview of the arrangements in place to ensure the Health Board was compliant with its statutory obligations in relation to data protection legislation, national frameworks, and good practice. The report included work undertaken during 2022/23 and anticipated work for 2023/24.

The Committee DISCUSSED and took ASSURANCE from the Report.

10. Welsh Language Policy

The Committee discussed the policy, and it was agreed that the policy was not suitable for approval at this stage. The item was DEFERRED for further consideration at later date subject to further development of the policy.

3rd May 2023

1. Improving Cancer Journey (ICJ) Proposals

The Committee RECEIVED the item and NOTED in 2016/17 the Health Board, Powys County Council and Macmillan Cancer Support initiated a strategic partnership also involving the third sector, people using services and carers. The aim was to improve patient experience, support and ultimately outcomes for people living with cancer. This centred on developing an "Improving the Cancer Journey" approach in Powys so that people living with cancer can access personalised holistic support to help meet their wider non-medical needs closer to home. Phase 1 of the programme closed in the summer of 2022.

The proposals for the next phase of the ICJ would take forward the priorities in the Powys Health and Care Strategy, the Powys Area Plan and the health board's Integrated Plan, reflecting Welsh Government's Cancer Improvement Plan for NHS Wales 2023-2026 and the requirements of the Welsh Government Cancer Quality statement. Work to develop these elements into a single cancer plan was due to be completed by the end of Quarter 1. The recommended proposal was the submission of a request to Macmillan Cancer Support for the

following posts, to be hosted by the Health Board, based on 100% funding for 2 years:

- Allied Health Professional Cancer Lead (Band 8a)
- Programme Lead (Band 8a)
- A Co-ordinator (Band 6)

It was highlighted that the intention would be to recruit the Allied Health Professional Cancer Lead permanently, at risk, supported with 2 years funding from Macmillan.

The Committee APPROVED the recommended proposal SUBJECT to the tracking of outcomes and benefits through the Investment Benefits Group (IBG). This process would ensure that the funding was utilised to the best effect and enable the Health Board to reassess the funding position earlier than the designated 2 years, should the programme fail to deliver improved outcomes for Powys patients.

2. Awarding of General Medical Services Contract:

The Committee RECEIVED the item which sought ratification of the decision of the Powys General Medical Services (GMS) Contract Award Panel regarding a GMS Contract.

The Committee RATIFIED the award effective from 1st July 2023.

**Please note information on the above item is limited as contractual aspects are in the process of being communicated to the parties involved.*

3. Digital Strategic Framework

The Committee RECEIVED the item and NOTED the Committee had reviewed the framework previously and had requested further development. Support had been received from the Planning Team to address the feedback provided by the Committee.

The Committee DISCUSSED and SUPPORTED the framework.

4. RISP Full Business Case

The Committee RECEIVED the item and NOTED that the Outline Business Case (OBC) for the RISP programme had been signed off by all health boards in 2022, the Full Business Case (FBC) was due to be considered by all health boards by the end of May 2023. Colleagues from DHCW provided a presentation in relation to the programme which provided an overview of the following matters:

- the procurement process;
- the economic case;
- implementation and timescales;

- challenges;
- financial implications;
- and opportunities.

The Executive Committee SUPPORTED the RISP FBC for onward submission to the Board on 24th May 2023. However, REQUESTED that the following matters be addressed prior to presentation to the Board on 24th May 2023:

- the required investment and potential impact on the capital programme;
- the preferred option in terms of the level of digitalisation;
- access to retrospective records;
- increased Powys specific data;
- border working and patient record access;
- the options for centralised procurement of equipment;
- ongoing implications for front line staff;
- inherent risks; and
- further reassurance in relation to cross border working and the suggested multiple 'go live' dates.

5. Draft Annual Performance Report

The Committee DISCUSSED the Report and AGREED to provide feedback and comments in time to enable submission of the Draft Performance Report on 12th May.

6. Relaunching the Staff Excellence Awards

The Committee RECEIVED the item which proposed the re-launching of the Staff Excellence Awards in 2023, following their cancellation in 2020 due to the COVID pandemic. It was highlighted that the key item for decision at this stage was the agreement of the categories and criteria for nominations, to enable the opening of nominations prior to the summer period.

The Executive Committee APPROVED the re-launch of the Staff Excellence Awards and provided some feedback in relation to categories. It was AGREED that the finalisation of the categories would be picked up outside of the meeting led by the Director of Corporate Governance. The Committee also AGREED that the forthcoming proposal for the running of the event could be directly submitted to the Charitable Funds Committee SUBJECT to careful consideration of the approach to ensure the awards are of an appropriate scale given the economic circumstances.

Sub-Groups of Executive Committee

Sub-Groups of the Executive Committee have been established to support the management of escalated issues within the organisation, these Groups consist of:

- **Finance and Performance Group;**
- **Transformation and Value Group;**
- **Workforce Steering Group; and**
- **Innovative Environments Group**

ITEMS TO BE ESCALATED TO THE BOARD

There were no matters for escalation.

NEXT MEETING

The next meeting of the Executive Committee is scheduled for 31st May 2023.

AGENDA ITEM: 2.1

PTHB BOARD		Date of Meeting: 24th May 2023
Subject:	Branch Surgery Closure Application received from Crickhowell Medical Practice	
Presented by:	Hayley Thomas, Interim Chief Executive Kate Wright, Medical Director	
Prepared by:	Jayne Lawrence, Assistant Director of Primary Care Adrian Osbourne, Assistant Director (Engagement and Communication)	
Other Committees and meetings considered at:	Executive Committee 17 th May 2023 Branch Practice Review Panel 26 th April 2023 Executive Committee 22 nd March 2023 Executive Committee 14 th December 2022	

PURPOSE:

This paper seeks approval of the Board of the recommendation from the Branch Practice Review Panel held on 26 April 2023 to accept the application from Crickhowell Medical Practice to close their premises in Gilwern and consolidate their services at their premises in Crickhowell on the basis that no feasible alternatives to accepting the application have been identified.

This paper provides assurance of the process that has been followed in accordance with the PTHB Branch Surgery Closure Process including the evidence collated in response to the application received and a report on the engagement process to support conscientious consideration and informed decision-making by the Board.

Subject to the decision of the Board on the application, the paper also seeks approval of the next steps including a draft mitigation plan and further patient and stakeholder communication.

Patterson, Liz
23/05/2023 11:25:01

RECOMMENDATION(S):

The Board is asked:

- a) To RECEIVE and NOTE the Engagement Report (Appendix 2), the Equality Impact Assessment (Appendix 3) and the response from Powys CHC/Llais and Gwent CHC/Llais (Appendix 4 and 5).
- b) To APPROVE the recommendation from the Branch Practice Review Panel to accept the application from Crickhowell Medical Practice to close their premises in Gilwern, with a planned closure date of 30 November 2023.
- c) Subject to (b) to RECEIVE, REVIEW and APPROVE the proposed mitigations (Appendix 6), recognising that the mitigation plan will be further developed in continued partnership with ABUHB should the recommendation be approved.
- d) To RECEIVE and NOTE the assurance provided against the Branch Surgery Closure Process.

Approval/Ratification/Decision	Discussion	Information
✓	✓	✓

THE PAPER IS ALIGNED TO THE DELIVERY OF THE FOLLOWING STRATEGIC OBJECTIVE(S) AND HEALTH AND CARE STANDARD(S):

Strategic Objectives:	1. Focus on Wellbeing	✓
	2. Provide Early Help and Support	✓
	3. Tackle the Big Four	✓
	4. Enable Joined up Care	✓
	5. Develop Workforce Futures	✓
	6. Promote Innovative Environments	✓
	7. Put Digital First	✓
	8. Transforming in Partnership	✓
Health and Care Quality Standards:	1. Safe	✓
	2. Timely	✓
	3. Effective	✓
	4. Efficient	✓
	5. Equitable	✓
	6. Person Centred	✓

Patterson, Liz
23/05/2023 11:25:01

1. INTRODUCTION:

In November 2022 the health board received an application from Crickhowell Group Practice to close their Belmont Branch Surgery premises in Gilwern to enhance future sustainability of the practice:

- During 2022 and 2024 four senior partners are retiring from Crickhowell Group Practice.
- The retiring partners own the Belmont Surgery in Gilwern and want to recover their investment in the asset.
- The Practice is actively looking to recruit new GP partners and salaried GP's, however the loss of the four longstanding partners will have a serious impact on the sustainability of the practice if replacements cannot be found.

Powys Teaching Health Board (PTHB) considers such requests in accordance with its 'Branch Surgery Closure Process' (see Appendix 1) which sets out the process the Health Board follows, which in summary includes the following stages:

- Stage 1: The evidence required from a practice when submitting a request to close a branch surgery
- Stage 2: Engagement with key stakeholders
- Stage 3: Branch Practice Review Panel
- Stage 4: Board Decision Making
- Stage 5: Notification to Practice, Patients and Key Stakeholders
- Stage 6: Appeals Process
- Stage 7: Management of potential objections from Community Health Council (now Citizens Voice Body, Llais).

Health boards have a statutory duty to ensure the sustained delivery of primary medical services to their resident population. When a practice indicates an intention to cease provision of General Medical Services (GMS) the health board must ensure a service is provided to those patients by the most effective and efficient means possible, having regard to local needs and circumstances.

The role of the Branch Practice Review Panel is to consider the request from a Practice based on the evidence in Stages 1, 2 and 3 of the Branch Surgery Closure Process.

2. BACKGROUND:

The Crickhowell Practice located in southeast Powys is the provider of general medical services (GMS) for approximately 9,300 people. The Practice area

bridges Powys and Monmouthshire with 6,200 patients living in Powys and 3,100 patients living in Monmouthshire.

It is a two-site practice providing services from premises at War Memorial Health Centre in Crickhowell (Powys) and from Belmont Surgery, Gilwern (Monmouthshire).

The practice has submitted an application to close the Belmont Surgery at Gilwern.

PTHB acknowledged receipt of the closure application on 9th November 2022 and informed the Community Health Council, Local Medical Committee, neighbouring practices and neighbouring health boards.

The distance between Crickhowell and Gilwern is 3.9 miles.

Steps the Practice have taken to date to maintain sustainability:

Over recent years the Practice has taken various measures to maintain its sustainability and to avoid submitting a formal sustainability application to the Health Board. The measures have included:

- The Practice continues to work hard on recruitment within the context of very significant national recruitment challenges for the GP workforce. The practice has recently been fortunate to recruit a salaried GP to the Team.
- The Practice has also taken some important steps to redesign their services to make sure that the right patient sees the right clinician at the right time. This has included introducing GP telephone triage, which helps to provide rapid advice to reduce the need to visit the practice for an appointment.
- The Practice offers online services. This includes My Health Online which enables patients to re-order their prescriptions online. In addition, the practice utilises a text reminder service.
- In 2019, the Practice sold the War Memorial Health Centre, Crickhowell to a GP developer, to make a partnership offer more attractive to new GP Partners.
- In 2021, the Practice reduced the practice boundary to exclude the town of Abergavenny for new patients. Existing patients outside of the new boundary remained registered.
- In 2022, the remote off-site dispensing services in Llangynidr were withdrawn, due to workforce resource and clinical safety.
- The Practice continue to expand the multi-disciplinary team in line with the Primary Care Model for Wales.
- Utilised the national Additional Capacity Funding to support maintaining access. It is important to note that when the practice can secure locum services, often a locum will not provide the full range of services a GP partner or salaried doctor provides, for

example home visits, sign repeat prescriptions etc, therefore the impact of the funding has limitations.

Sustainability Assessment:

The practice has not put in a Sustainability support application to PTHB and have chosen to manage their sustainability to date through the above measure and need to be commended for their approach with this. This is reflected in their Sustainability Assessment.

A review of the Sustainability Assessment matrix over recent years identifies the practice moving from a low risk to a medium risk of unsustainability, to an assumed position of high-risk unsustainability by Jan 2024 if GP replacements are not found with continuing to work across a multi-site practice.

	Risk Score / RAG Rating
Jan 2020	28
Oct 2021	28
July 2022	64
April 2023	68
Jan 2024 (forecast)	82

Practice Escalation levels:

November 2022 – March 2023: Level 3

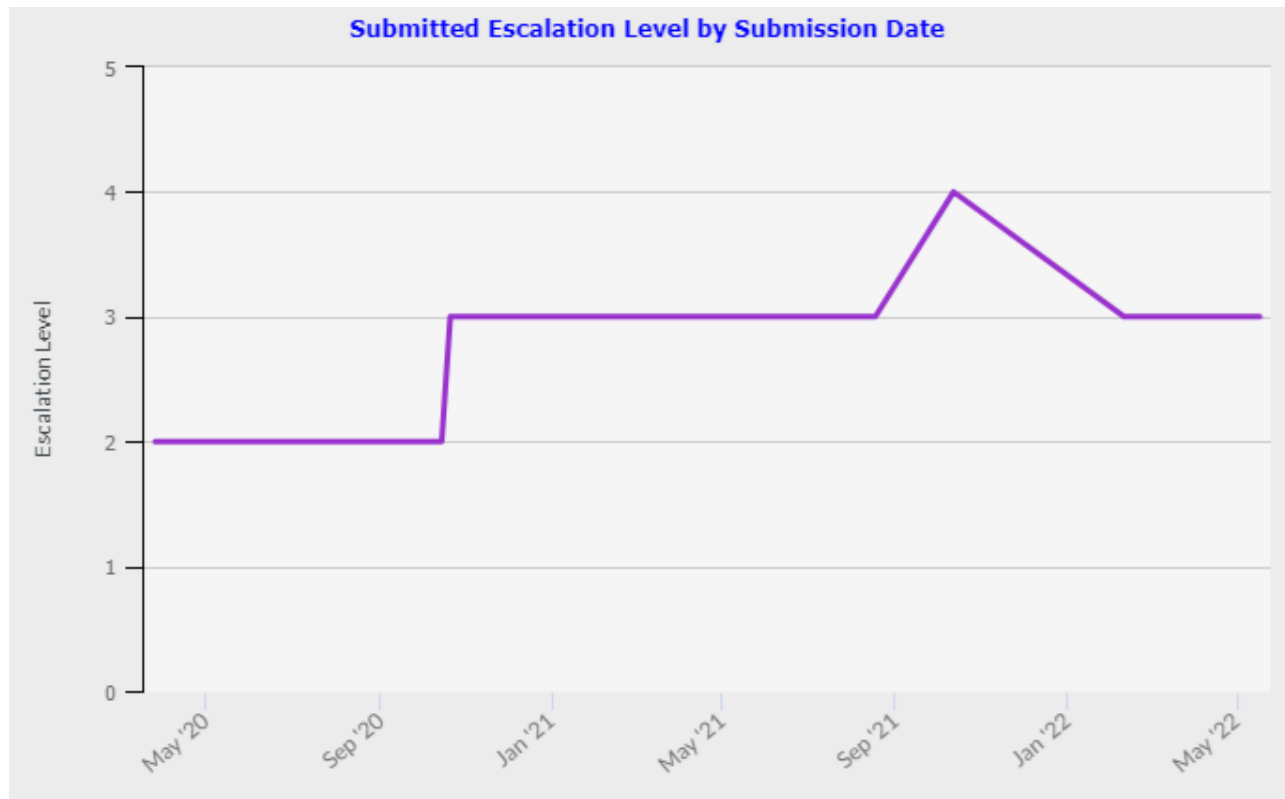
At the onset of the pandemic, it was agreed for General Medical Practices to populate the National Escalation Framework which demonstrates the level of patient demand and practice capacity able to meet that demand. Reporting of the Escalation Level is via the Primary Care Information Portal (PCIP). For ease of reference a summary of the each of the escalation levels is below with a more detailed explanation of level 3.

Level	Description
1	Contacts within expected levels and sufficient staff to meet demand
2	Contacts higher than expected but sufficient staff to meet demand.
3	Contacts higher than expected and impact on service delivery or patient safety Unable to see all urgent patients requesting same day appointments before 6.30pm (or end of extended hours period) >20% reduction in staffing numbers which compromises service provision or patient safety Business continuity issues affecting practice processes
4	contacts higher than expected and significant impact on service delivery and patient safety

5

All premises within the practice are closed for a period of 24 hours or more.

Practice reporting levels since May 2020 are demonstrated in the following chart.



3. BRANCH PRACTICE CLOSURE PROCESS

3.1 Branch Practice Closure Process Stage 1: Evidence required from the practice when submitting a request to close a branch surgery

The practice submitted an application in November 2022 detailing the reason for the closure request providing information in accordance with the requirements set out in the Branch Surgery Closure Process.

The following information was submitted for consideration by the Branch Practice Review Panel, in accordance with the requirements set out in the Branch Surgery Closure Process:

- Reasons for the proposed closure request
- Opening time and surgery times of the branch and main surgeries
- Current access rates

- The list size of the practice
- Services that are currently being provide from the branch surgery
- Number of patients accessing the surgery services in the last 36 months, broken down by month
- Number of patients that have accessed services at the branch site alone in the last 36 months, broken down by month.
- Impact the closure will have on patients and services at the main site
- Proposals for how the information will be communicated to patients if the closure application is approved
- Details of the timing of the closure if approved
- Details of the methods used to engage with stakeholders
- Consideration to vulnerable groups.

The Crickhowell Group Practice proposes the closure of the branch surgery in Gilwern to enhance future sustainability to attract either new partners or salaried GPs and to secure financial viability:

- During 2022 and 2024 four senior partners are retiring from Crickhowell Group Practice.
- The retiring partners own the Belmont Surgery in Gilwern and want to recover their investment in the asset.
- The Practice is actively looking to recruit new GP partners and salaried GP's, however the loss of the four longstanding partners will have a serious impact on the sustainability of the practice if replacements cannot be found.

Across the UK there is a clear trend that the younger generation of GPs are not interested in buying into premises assets associated with partnerships and the requirement to purchase a premises as part of a 'buy in' detracts GP interest. This is not unique to the practice or Powys and is a national issue affecting the independent contractor model.

The Practice is faced with increasing struggles to provide a consistently safe service including a safe level of clinical cover on two sites. Since the pandemic maintaining both sites have been challenging and during the past 2 years the opening hours and services from the branch site at Belmont has reduced.

The Practice have indicated that their ongoing staff shortages along with the challenges of running two sites are placing significant pressures on the current practice staff.

The Practice considers the current position to be unsustainable, and if it is not addressed this could jeopardise the overall general medical services provision for their catchment.

The Practice application proposes to close Belmont and consolidate services into the premises at War Memorial Health Centre, Crickhowell. The Practice have confirmed the War Memorial site can accommodate all staff and can cater for the current practice population.

The practice proposes the closure of the branch site in Gilwern on grounds of clinical unsustainability and to maintain financial viability. The retiring partners wanting to realise their asset from the partnership is a significant factor, however the consolidation of services from one site will better utilise the GPs' available time to provide a safe and sustainable service. The practice application is future proofing to enable sustained general medical services for circa 9,000 population.

The current opening time and surgery times of the branch and main surgeries is as follows:

- Telephone Access: Mon-Fri, 8am-6:30pm
- War Memorial: Open Mon-Fri, 8:30am-6:30pm
- Belmont: Tues-Fri, 9am-12noon, availability dependent on workforce

Current access model and access rates:

Access/contacts	Year 1 2020	Year 2 2021	Year 3 2022
War Memorial Health Centre	34,897	42,038	48,454
Belmont Surgery	2,480	2,080	2,696

During this three-year period it is important to note the practice has introduced a first contact triage system and also the COVID pandemic impact during this period. The number of appointments utilised at Belmont is affected by the reduction of the number of sessions offered at the site since the pandemic, therefore reducing the number of appointments available/used.

The Practice provide a wide range of 'enhanced services' to compliment core General Medical Service provision. This maximises patient access to local services which if not provided would result in patients being referred to alternative services in Brecon and maybe further afield due to cluster-based service developments. The majority of enhanced services and additional services for example cervical screening, baby vaccinations are provided from the War Memorial site.

All community-based services (District Nurses, Health Visitors, Midwives, Mental Health Practitioners and Specialist Nurses) are accommodated in the War Memorial site. There are no community services running from Belmont.

The practice progressing the implementation of the national Primary Care Model for Wales (as are all practices across Powys and majority of Wales) is fully supported by the Health Board. Over recent years steps have been

taken to redesign services and various support models implemented through cluster initiatives. The multi-disciplinary team approach including triage access supports the needs of the patients, to make sure that the patient sees the right clinician at the right time is a more efficient model than the previous traditional GP model. The practice has embraced the model to support its sustainability. All patients registered with the practice, irrespective of where they reside access the triage system via one telephone system at War Memorial.

Over the past 3 years the practice list size across the area has remained fairly static. The application to close Belmont does not include a change in the practice area; therefore, all existing patients who are registered with the practice will remain registered (unless a patient chooses to register with an alternative practice that covers their address).

Currently, there are approximately 9,300 people registered with the practice, split between Powys and Monmouthshire with 6,200 patients living in Powys and 3,100 patients living in Gwent.

Age Range	% (Number)
<25	20.3% (1867)
25-64	46.1% (4242)
65+	33.6% (3093)

It is not possible to provide the age split against the two practice sites as the patients are registered with the practice and not by site.

The Practice offers a limited service from Belmont compared to Crickhowell however currently aims to offer:

- GP face to face appointments (one morning per week)
- practice nurse led chronic disease management (three to four mornings per week)
- phlebotomy service (access varies)

The service availability is very much dependent on workforce capacity. Both annual leave and sick leave impacts on the service that can be offered. The practice is rarely able to meet the current opening commitment.

The Belmont property is a purpose-built premises with adequate but somewhat dated facilities. It comprises of a single storey, detached building with access off the main road via a narrow lane. There is car parking provision for 5 spaces. The building has no premises infrastructure concerns and a recent rent review has been undertaken by NHSWSSP Specialist Estate Services with a rent agreed comparable to similar health centres in Monmouthshire. The Belmont premises are used for GMS purposes only.

Impact the closure will have on patients and services at the main site

Patient Registration:

- The Practice do not want to de-register their existing Monmouthshire patients. The Practice are reliant on the existing patient registration numbers to support financial viability.
- The Practice will continue to have an 'open' list and will have an ongoing obligation to register patients within their practice area.
- The Practice has no intention to reducing the existing practice boundary (previously revised in 2021)
- If the closure of Belmont is supported by PTHB, there will be no enforced GP registration change. However, the majority of patients residing in Gilwern already have and will continue to have the option to register with three practices in Abergavenny (Tudor Gate, Hereford Road and Old Station) and also the Brynmawr practice in Ebbw Vale
- ABUHB have confirmed that the above 4 practices have 'open lists' and have an obligation to register patients residing in the Gilwern area if they fall within their practice area.
- It is recognised that patients residing in the Clydach area are the furthest location from Crickhowell and currently have two choices for GP registration, at either Crickhowell or Brynmawr.

Pharmaceutical/Dispensing Services:

- The Crickhowell Practice has one dispensary, located at War Memorial. Currently all repeat prescriptions for Belmont patients are generated in the dispensary in the War Memorial. Patients have the option to request a repeat prescription via the Practice website, My Health Online or to drop off it at the Gilwern Pharmacy. Once scripts are signed, they are collected by the Gilwern Community Pharmacist for dispensing and patient collection is from the Gilwern Pharmacy. There are no planned changes to this existing service. Monmouthshire patients who are eligible to use the practice dispensing service will be able to continue to do this at their appointment at War Memorial.
- There is one Community Pharmacy located in Gilwern, however there are numerous pharmacies located in neighbouring communities.
- Should existing Crickhowell Gilwern patients register on mass with an ABUHB practice the viability of the Gilwern Pharmacy could be compromised.

Transport links from Gilwern to Crickhowell:

- The distance between War Memorial Crickhowell and Gilwern is 3.9 miles.
- The approximate distance between Gilwern and the Abergavenny GP practices varies between 3.7 and 4.3 miles.

- The approximate distance between Gilwern and the Bryn Mawr practice is 4.8 miles.
- If the closure of Belmont is supported by PTHB, patients residing in Gilwern who chose to remain registered with Crickhowell will have first point of contact via triage. Many triage appointments will not require a face-to-face contact and if the patient requires a prescription, the current Community Pharmacy provision will accommodate the patient's prescription collection and dispensing requirements.
- If a face-to-face appointment at War Memorial is required, then the patient will be expected to travel unless clinical judgement by the GP confirms that a home visit is needed for the patient.
- Isochrone drive times have been considered for the practice registered patients residing in the Monmouthshire wards to each of the two current Practice sites.

Registered patients residing in Monmouthshire Wards Drive times to Belmont		Registered patients residing in Monmouthshire Wards Drive times to War Memorial	
Drive time	No. of Patients	Drive time	No. of Patients
0-10	3200	0-10	2371
10-20	31	10-20	864
20-30	9	20-30	4
30-40	0	30-40	1
	3240		3240

- 3200 (98.7%) of practice registered patients living in Monmouthshire wards currently have a 0-10 drive time to Belmont.
 - If the Belmont branch closes 2371 (73%) of patients living in Monmouthshire Wards will continue to have a 0-10 minute drive time to War Memorial.
 - Currently, 31 Belmont patients (0.95%) have to travel between 10 – 20 minutes to access the practice.
 - If Belmont closes 864 patients (27%) will have to travel between 10 -20 mins to access general medical services at Crickhowell.
- There are no direct public transport links from Gilwern to Crickhowell. The current bus route goes from Gilwern to Abergavenny and then a change for Crickhowell.
 - The Gilwern to Abergavenny service runs 4 times a day each way, and the journey takes approximately 29 minutes one way

- The Abergavenny to Crickhowell service runs 11 times per day each way and the journey takes approximately 16 minutes each way.
- There is on average a 20 minute wait for the bus connection from the Gilwern/Abergavenny service to the Abergavenny/Crickhowell service.
- There is a direct bus service from Gilwern to Brynmawr, which takes approximately 20 minutes one way.
- The Crickhowell Volunteer Bureau (CVB) offers a community car scheme and covers the town and the surrounding villages including Gilwern. The CVB is supported by PAVO and offers a good service for the area, however the current resources are maximised and the CVB is currently not in a position to expand the scheme.
- The Monmouthshire 'Bridges' scheme a community focussed charity offers a community car scheme, charging a fixed rate per mile. ABUHB have confirmed that the scheme provides a service from Gilwern to Crickhowell, Gilwern to Abergavenny and Gilwern to Brynmawr.

Main Site Accommodation:

- The Practice has a 20-year lease in place for the War Memorial Premises, expiring November 2041
- The Practice have confirmed that the War Memorial site has the capacity to accommodate all practice staff, existing community services and the current practice population
- The current car parking provision at War Memorial offers 37 spaces, some of which will be designated disabled.

3.2 Branch Surgery Closure Process Stage 2: Engagement with Key Stakeholders

A process of engagement was planned and implemented from 10 January 2023 to 6 March 2023

Led by the Assistant Director of Engagement and Communication, a comprehensive engagement plan was put in place offering a variety of channels and materials to raise awareness, enable people to find out more, and provide an opportunity for individuals and stakeholders to make their views known. The plan was developed to reflect the requirements of the health board's Branch Surgery Closure Process (July 2020) and NHS Wales guidance on engagement and consultation on changes to health services.

Formulation of the plan included engagement with members of the health board Branch Practice Review Panel, PTHB Executive Team and Primary Care

Team, ABUHB Engagement Team and Primary Care Team, Powys Community Health Council, Aneurin Bevan Community Health Council, and Aneurin Bevan University Health Board.

The engagement plan included direct mail of a bilingual engagement letter to every household of a registered patient, establishment of a digital engagement hub, online and face-to-face meetings, wider distribution of printed materials, availability of other formats including easy-read version and BSL video, and other publications including a draft Equality Impact Assessment.

725 responses to the engagement were received: 715 questionnaire responses, 7 letters from principal stakeholders, three other letters from individuals, and one petition (containing 173 signatures as at 11 April 2023 – we have received an oral report that further signatures have been obtained but have not yet received an updated petition). In addition, one online engagement event was held on 30 January 2023, and over 50 people attended a face-to-face engagement event on 14 February 2023.

Responses were received from across the practice catchment, with the geographical spread of responses more heavily focused on the Gilwern postcode area.

Around one in six registered patients of Crickhowell Group Practice living in Monmouthshire responded to the engagement using the questionnaire. There were high levels of concern and/or opposition to the closure application particularly from residents in NP7 postcode areas. The response rate was lower from registered patients in Powys, with responses from those in NP8 and LD3 postcode areas strongly focused on concerns about the consequential impact on availability and timeliness of appointment at the War Memorial Health Centre in Crickhowell.

A number of key themes emerged from feedback received, including:

- Travel, transport and parking impact
- Alternatives to accepting the closure application (Workforce, Provider, Practices)
- Alternative ways to address local health need if the closure application is accepted
- Comments about alternative practices and re-registration
- Concerns about adverse impact on health outcomes
- Specific impact on carers; on people with long term conditions and disabilities; young people; older people; pregnancy & maternity and families with young children, people on low income
- Wider Potential Impact (economic, social, cultural, environmental)
Changing and future need

- History and Legacy
- Consequential impact on War Memorial Health Centre and wider practice sustainability
- Consequential impact on the pharmacy in Gilwern
- Current service experience and/or experience of services during COVID
- Wider NHS service changes and availability
- Comments showing a level of support for the application
- Comments about the engagement and/or decision-making process

The Engagement Report is provided in Appendix 2.

Engagement Report Recommendations:

The Engagement Report conclusion recommends a number of considerations based on the engagement feedback as follows:

- The health board in partnership with Aneurin Bevan University Health Board should ensure that it has undertaken due diligence to consider prudent alternatives to accepting the closure application and/or to maintain the provision of accessible GP primary care services for those registered patients for whom Belmont Surgery is currently their nearest branch.

If no prudent alternatives are identified:

- Engagement responses identified a range of potential impacts in relation to the equality protected characteristics, Welsh Language and carers as well as in relation to the Well-Being of Future Generations goals for Wales and the following mitigation against potential disadvantage if the application is approved to:
 - Explore options to improve the availability of transport between the Gilwern area and Crickhowell.
 - Strengthen the availability of telephone and online services for those who are able to use them – so that more face-to-face appointments are available for older people, people with disabilities, carers and others who may be less comfortable with these technologies and services and/or who do not have access to them due to socio-economic disadvantage.
 - Specifically, work with children and young people to develop telephone and online options that work for them and recognise the need for consent and confidentiality.
 - Review the approach to home visits, recognising that some people would now have further to travel for their appointment – including recognising any carer responsibilities.

- Ensure that physical access to the practice premises and parking remained a priority, including availability of parking.
- Review booking, appointments, prescriptions etc. including to reduce unnecessary trips (e.g., for ordering and collecting repeat prescriptions), continuing to recognise that some people do not necessarily have easy access to digital and/or telephone to access these services.
- Work in partnership with the community pharmacy in Gilwern to maintain and/or improve availability of services.
- Explore opportunities for working together across partners - are there ways of strengthening partnerships with ABUHB, public sector, third sector and business sector in Northwest Monmouthshire to consider alternative provision and to address the disadvantage that older people, people with disabilities, and carers may experience from any changes?
- Specifically for patients in the Clydach area, explore appetite for other practices to extend their catchment to provide further opportunities for reregistration for those patients who are furthest from Crickhowell.
- Consider options for monitoring health impact so that action to address this can be kept under review and agree a schedule for reporting to the Citizen Voice Body, the Local Authority and the local community on progress to deliver agreed mitigations and on monitoring of health impact.
- Identify options for working with partners to understand and mitigate wider Future Generations impact on the economic, cultural and social vibrancy of the community.

In making these recommendations it is recognised that options for addressing these issues are not necessarily directly within the powers and responsibilities of Powys Teaching Health Board and therefore joint working with Aneurin Bevan University Health Board has commenced as well as other key partners including Monmouthshire Council.

Proposed mitigations associated with these recommendations are considered in the Equality Impact Assessment at Appendix 4.

The Engagement Report has been shared with Powys Community Health Council & Aneurin Bevan Community Health Council and/or Llais, the Citizen Voice Body for Health and Care in Wales which replaced the Community Health Councils from 1 April 2023.

Appendix 2a details the Engagement Plan and the methods and resources used to engage with stakeholders including correspondence from various stakeholders and the post consultation analysis.

Powys Llais have formally written into PTHB regarding the number of patient concerns raised during the engagement and in particular future access concerns. Their letter is included at Appendix 4.

Aneurin Bevan Community Health Council have written to “express concern and strong opposition about the proposal, on the basis that an NHS primary care service in the community of Gilwern, is seemingly essential”. Their letter is included at Appendix 5.

Decision Point: The Board is asked to RECEIVE and NOTE the Engagement Report (Appendix 2), the Equality Impact Assessment (Appendix 3) and the response from Powys CHC/Llais and Gwent CHC/Llais (Appendix 4 and 5).

3.3 Branch Surgery Closure Process Stage 3: Branch Practice Review Panel

A branch practice review panel was convened on 26 April 2023.

Membership of the panel consisted of:

- Kirsty Williams, PTHB Vice Chair (voting member – Panel Chair)
- Kate Wright, Medical Director (voting member)
- Hayley Thomas Director of Strategy, Primary Care & Partnerships (voting member)
- Katie Blackburn, Chief Officer, Powys Llais (non-voting)
- Jemma Morgan, Chief Officer, Gwent Llais (non-voting)
- Janet Powell, Secretary on behalf of Dyfed Powys Local Medical Committee (non-voting)
- Jayne Lawrence, Assistant Director of Primary Care (non-voting)
- Adrian Osborne, Assistant Director (Engagement and Communication) (non-voting)

The following were in attendance:

- Christine Dean, Primary Care Development Officer

The purpose of the meeting was to ensure conscientious consideration of the application from the practice as well the findings from engagement with patients and other stakeholders and Equality Impact Assessment conducted as part of the process.

The agenda for the meeting included

- Purpose of the meeting
- Summary Report of practice application and supporting information for panel consideration

- Presentation from the practice and Q&A (practice representatives in attendance)
- Patient engagement – process and analysis
- Have we identified an alternative to accepting the closure? Yes / No
- Equality impact assessment report including ABUHB response
- Other relevant issues for consideration
- Panel discussion and agreement of recommendation to PTHB Board

In addition to the panel members and attendees listed above, Dr Apu Poddar from Crickhowell Group Practice was in attendance for a single item, the presentation from the practice and Q&A. The panel heard that alongside usual GP practice business pressures, a number of additional factors are having an adverse impact on the future sustainability of general practice – including GP workforce recruitment challenges, and clinical pressures associated with working across multiple sites.

3.3.1 Options Considered to Maintain GMS:

A key issue for consideration by the panel was to decide whether any prudent alternatives to accepting the application from Crickhowell Group Practice to close their Belmont branch surgery in Gilwern had been identified.

From the onset of PTHB receiving the closure application, options have been considered to maintain general medical service provision in Gilwern. It is important to note that due to the cross-border element of Gilwern being in Monmouthshire, the responsibility of access to general medical services for patients within the area is ultimately the responsibility of ABUHB. However, as the affected patients are registered with Powys, joint discussions with Aneurin Bevan University Health Board have taken place to consider options regarding the future provision of services.

The following options were considered by the panel:

Options considered to date	Outcome
PTHB purchasing the Belmont premises from the Crickhowell Practice to maintain GMS access to the community of Gilwern.	Not viable. The purchase of the premises is not a prudent priority within the health board's estates strategy. The Belmont premises are not located in Powys and PTHB has no responsibility to provide general medical services to patients outside of Powys.
ABUHB purchasing the Belmont premises from the Crickhowell Practice to	Not viable. The purchasing of premises to deliver GMS is not a prudent priority within the ABUHB estates strategy.

maintain GMS access to the community of Gilwern.	In addition to this the Crickhowell Group Practice are not 'off listing' the patients, therefore there is no business model to support the investment as the patients have ongoing access to GMS.
Belmont Branch Surgery in Gilwern is purchased by an ABUHB GP practice to deliver GMS to the area.	Not viable. There is no business model to support this as Crickhowell Group Practice are not deregistering the patients. Given this, ABUHB have confirmed that Abergavenny practices are not interested in pursuing this. Sustainability and GP recruitment is a national issue. Running multi-site practices creates additional challenges to deliver services.
An alternative organisation purchases the Belmont Branch Surgery in Gilwern for continued use by Crickhowell Group Practice	Not viable. No alternative organisation has been identified. Crickhowell Group Practice has identified within its application that it will be increasingly difficult to maintain services from two premises given current workforce challenges.
Outreach clinics for GMS	Not viable: The retiring Crickhowell GPs wish to sell the premises to release their equity investment in the partnership. Irrespective of where the outreach clinic could be located in Gilwern, the Crickhowell GPs due to workforce and recruitment challenges are not in a position to support an outreach clinic. There are no other interested providers in the area to deliver GMS on an outreach basis.
Belmont Branch Surgery is retained for alternative Health and Wellbeing service provision for the area	The Practice has confirmed they wish to sell the practice and are not in a position to consider either short term or long-term leasing options.

The panel gave conscientious consideration to the alternatives to accepting the application. Voting members of the panel confirmed that they were assured that:

The information heard and received from the practice is an accurate reflection of the practice's current situation.

- Adequate steps have been taken to provide opportunities for patients and other stakeholders to provide their views, via a robust engagement process which contributed to the conscientious consideration and deliberation by the Panel.
- Alternative options to maintain general medical services from Belmont Surgery Gilwern have been adequately explored within PTHB and with ABUHB, with no viable options available.
- PTHB in conjunction with ABUHB has taken adequate and prudent steps to consider alternative solutions that could be implemented.

They acknowledged that this recommendation would understandably be received with disappointment by patients, and that it would have downside impacts as outlined in the engagement report, equality impact assessment and CHC/Llais responses that would need to be addressed through a mitigation plan. They also acknowledged potential risks for Crickhowell Group Practice if significant numbers of patients choose to re-register elsewhere, but noted the counter risk if the application is not accepted due to the workforce and premises risks identified in the practice's application.

The Branch Practice Review Panel therefore recommends that the health board accepts the application to close Belmont Surgery in Gilwern. Based on the application from Crickhowell Group Practice, the closure would be six months following decision and a closure date of 30 November 2023 is therefore recommended to provide notice to patients, and enable the further development and delivery of mitigation actions.

The recommendation from the Branch Practice Review panel was reviewed and scrutinised at a meeting of the Executive Committee on 17 May 2023. Executive members noted the wider strategic context and challenges for primary care that reinforced that any solution would need to address the twin challenges of both staffing and of premises identified in the application from Crickhowell Group Practice. The discussion reaffirmed that alternative options for GMS had been adequately explored including in partnership with ABUHB and prudent alternatives had not been identified. Executive members noted the work already undertaken to identify mitigations and endorsed the establishment of a cross-border task-and-finish group to oversee this work, and that there should be six months' notice of closure to enable this work to be undertaken.

Decision Point: The Board is asked to APPROVE the recommendation from the Branch Practice Review Panel to accept the application from Crickhowell Medical Practice to close their premises in Gilwern, with a planned closure date of 30 November 2023.

3.3.2 Equality Impact Assessment and proposed mitigations if PTHB accepts the closure request:

An Equality Impact Assessment (EQIA) has been undertaken to consider the impact and effect of the potential closure of Belmont Surgery in Gilwern to groups of people, including

- patients / service users
- staff
- individuals with protected characteristic (as defined by the Equality Act 2010)
- other relevant stakeholders (particularly in relation to Welsh Language, Carers, People with Socio-Economic Disadvantage)

The EQIA identifies both positive and negative impact that the closure will have and proposes potential mitigations to minimise or eliminate negative impact / affects and also opportunities to maximise and promote the positive effects of the closure. The full EQIA Report is detailed in Appendix 3.

The Branch Surgery Review Panel received the draft mitigating actions set out in the EQIA in response to the common themes identified in the patient engagement process. The Branch Surgery Review panel considered these mitigations and agreed that these should continue to be developed further in partnership with ABUHB over the next six months prior to closure of the branch surgery.

Further work on the mitigation plan has taken place since the Branch Practice Review Panel, and the key themes and actions are summarised below.

Mitigation Theme	Mitigation Action
1. Explore options to improve the availability of transport between the Gilwern area and Crickhowell.	1.1: Explore options with PTHB Facilities Improvement Manager and PAVO regarding potential improvements to interim transport services between Gilwern area and Crickhowell.
	1.2: ABUHB colleagues to explore option with GAVO and the Welsh Community Transport Association regarding potential improvements to interim transport services between Gilwern area and Crickhowell.
	1.3 Work with public transport providers to identify feasible options for improving journey connections between Gilwern and Crickhowell Group Practice
2. Strengthen the availability of telephone and online services for those who are able to use them – so that more face-to-face appointments are available for older people, people with disabilities, carers and others who may be less comfortable with these technologies and services	2.1: Review with the practice current use of online and telephone services, to understand potential development opportunity.
	2.2: Promote use of My Health Online and practice website for appointment booking and repeat medication ordering.

3. Specifically, work with children and young people to develop telephone and online options that work for them and recognise the need for consent and confidentiality.	3.1: Liaise with the practice to understand current use with a view to promote/enhance current options to contact the practice
	3.2: ABUHB colleagues to confirm health promotion activities and understanding in the surrounding schools to Gilwern, particularly around the SPACE-Wellbeing project etc
	3.3: Scope possibility to promote healthcare and wellbeing options available to children and young people in surrounding education facilities, leisure facilities, social media options and direct correspondence to home addresses
4. Review the approach to home visits, recognising that some people would now have further to travel for their appointment – including recognising any carer responsibilities.	4.1: Obtain assurances from the practice regarding Home Visiting SOP (links with action 1.1)
5. Ensure that physical access to the practice premises and parking remained a priority, including availability of parking.	5.1: Review with NHSWSSP-Specialist Estate Services current parking provision.
	5.2: NHSWSSP-SES to scope improvements to current parking arrangements.
6. Review booking, appointments, prescriptions etc. including to reduce unnecessary trips (e.g., for ordering and collecting repeat prescriptions).	6.1: Review with the practice current arrangements and maximise opportunities for telephone and online options to book appointments.
	6.2: Explore options with community pharmacist for sample drop-offs and sample bottle collection, as Pharmacist already providing a daily prescription collection service from Crickhowell Practice.
	6.3 Explore options for appointment availability for patients reliant on public transport
7. Work in partnership with the community pharmacy in Gilwern to maintain and/or improve availability of services	7.1. ABUHB to confirm existing Community Pharmacy services offered, identify whether scope for any expansion (within the parameters of the Regulations).
	7.2 Support & enable promotional activity to raise awareness of the services to the local community.
	7.3: ABUHB to explore options if viability of pharmacy is affected
8. Explore opportunities for working together across partners - are there ways of strengthening partnerships with ABUHB, public sector, third sector and business sector in Northwest Monmouthshire to consider alternative provision and to address the disadvantage that older people, people with disabilities, and carers may experience from any changes?	8.1: ABUHB to confirm opportunities to strengthen the health and social care provision in the area.
9. Specifically for patients in the Clydach area, explore appetite for other practices to extend their catchment to provide further	9.1: ABUHB to link in with relevant practices in the Abergavenny area to expand their practice area to include Clydach

opportunities for re-registration for those patients who are furthest from Crickhowell.	
10. Consider options for monitoring health impact so that action to address this can be kept under review and agree a schedule for reporting to the Citizen Voice Body, the Local Authority and the local community on progress to deliver agreed mitigations and on monitoring of health impact.	10.1: ABUHB to consider the population needs assessments and any impact post closure
	10.2: ABUHB to confirm health impact reporting arrangements to the Monmouthshire Citizen Voice Body, Local Authority and the local community
11. Identify options for working with partners to understand and mitigate wider Future Generations impact on the economic, cultural and social vibrancy of the community	11.1 ABUHB to identify and work with relevant partners
12. Maintain ongoing viability of Crickhowell Group Practice to continue to provide GMS services for patients from South East Powys and North West Monmouthshire	12.1 PTHB to work with practice on ongoing sustainability

As part of the development of this plan, ABUHB has signalled their commitment to development of local solutions in the Gilwern area: "ABUHB are working with Monmouthshire County Council and GAVO to explore the potential for developing community wellbeing activities for older people, people with disabilities and carers in Gilwern and surrounding areas through the Monmouthshire Community Wellbeing Network. Oversight will be provided by the Monmouthshire Integrated Service Partnership Board. The approach we would like to take with this initiative would be to work with local community to utilise participatory budgeting opportunities to provide services in line with an asset-based approach."

A more detailed commentary on the current status of the mitigation plan is included at Appendix 6.

It is further proposed that a cross-border task-and-finish group is established with ABUHB to oversee delivery of this mitigation plan.

Decision Point: Subject to the decisions above, the Board is asked to RECEIVE, REVIEW and APPROVE the proposed mitigations (Appendix 6), recognising that the mitigation plan will be further developed in continued partnership with ABUHB should the recommendation be approved.

3.4 Branch Surgery Closure Process Stage 4: Board Decision Making

In accordance with the Branch Surgery Closure Process, the Board should consider the recommendation from Branch Practice Review Panel, including a summary of the request from the Practice, the outcome of the patient engagement, views of the Community Health Council, views of other interested parties, and an Equality Impact Assessment on the recommendation.

Recommendation from Branch Practice Review Panel

This has been summarised in Section 3.3.

Summary of the request from the Practice

This has been summarised in Section 3.1.

Outcome of the patient engagement

This has been summarised and noted in Section 3.2 with further information in Appendix 2 and accompanying annexes.

Views of the Community Health Council / Llais

The response from Powys CHC and Aneurin Bevan CHC has been noted in Section 3.2 and is included at Appendix 4 and Appendix 5.

Views of other interested parties

The views of other interested parties are summarised in the engagement report.

Equality Impact Assessment on the recommendation

The key impacts and mitigations identified through the Equality Impact Assessment process are summarised in Section 3.3.2 (above) and full details are available in the Equality Impact Assessment at Appendix 3 and the Mitigation Plan at Appendix 6.

The Board can therefore take assurance that the decision-making process outlined above fulfils the requirements of Stage 4 of the Branch Surgery Closure Process.

In accordance with the Branch Surgery Closure Process, where the closure application is not supported by the Board, the Assistant Director of Primary Care and Medical Director, will further discuss with the Practice the implications of this decision.

If the Board does not approve the recommendation from the Panel and the application from the Practice is not accepted, the Practice will be notified and will have the power to appeal in accordance with Stage 6 of the Branch Surgery Closure Process (see below).

3.5 Branch Surgery Closure Process Stage 5: Notification to Practice, Patients and Key Stakeholders

Stage 5 of the Branch Closure Review Process sets out the requirements for notification of the Board's decision to the practice, patients and key stakeholders.

Key activities will include:

- Ongoing Liaison with ABUHB: There will be ongoing liaison with ABUHB in the further development and delivery of the mitigation plan.
- Stakeholder Bulletin: A stakeholder bulletin will be prepared for issue from the Chief Executive to the Practice, Llais, Local Medical Committee and other key stakeholders to notify them of the decision and the next steps.
- Patient Letter: The Health Board will work with the practice who will write to all registered patients to inform them of the closure and how they will continue to access services.
- Syndication and Social Media: The decision will also be shared widely through social media channels and with local organisations and networks including third sector organisations, town and community councils, primary care contractors including neighbouring GP practices and the local pharmacy.
- Public Notices: Notices will be posted in the practice premises and provided to other local organisations for display.
- Regular updates: Regular updates will be published in the lead up to the proposed changes, and following the changes, including on action being taken to develop and implement agreed mitigations.
- Formal updates: Formal updates on implementation and mitigation will be provided to the PTHB Executive Committee and to Llais Powys Region and Gwent Region at least every four months during 2023/24.

Whilst Stage 5 of the policy anticipates that a period of three months' notice will be given following the decision of the Board, a period of six months to 30 November 2023 is recommended to support communication, awareness, transition and mitigation.

3.6 Branch Surgery Closure Process Stage 6: Practice Appeals Process and Branch Surgery Closure Process Stage 7: Objections

Stages 6 and 7 set out the process for consideration of appeals by practices against the decision of the Health Board (which are managed in accordance with the National Health Service (General Medical Services Contracts) (Wales) Regulations 2004), and for potential objections by the Community Health Council (which are managed in accordance with the NHS Wales Guidance for Engagement and Consultation on changes to Health Services).

4. OVERALL ASSURANCE AGAINST THE BRANCH SURGERY CLOSURE PROCESS

Executive review against the requirements of the Branch Surgery Closure Process indicates that the Board can take adequate assurance that the requirements of the policy have been met, as follows:

Overall	G	The Health Board has a Branch Surgery Closure Process in place, which was endorsed by the Executive Committee on 14 December 2022 recognising that the period of engagement and decision making would include a transition period from Community Health Councils to Llais the new Citizen Voice Body with associated review of the NHS Wales Guidance for Engagement and Consultation on Changes to Health Services.
Stage 1: Application from Practice	G	November 2022: An application was received from the practice in accordance with requirements of Stage 1 of the Branch Surgery Closure Process. The Health Board undertook relevant notifications in accordance with the Policy.
Stage 2: Engagement with Stakeholders	G	December 2022 to January 2023: During December and January, work was undertaken to develop an engagement plan and engagement materials including liaison with Powys CHC, Aneurin Bevan CHC, Aneurin Bevan UHB and Crickhowell Group Practice. These were approved by the Executive Committee. January to March 2023: A period of formal engagement was undertaken from 10 January 2023 to 6 March 2023, exceeding the requirements of the policy including the provision of a letter to all registered households. This included Equality Impact Assessment.
Stage 3: Branch Practice Review Panel	G	March to April 2023: Analysis and conscientious consideration of the engagement feedback was undertaken during March and April 2023. A Branch Practice Review Panel was convened on 26 April 2023 to consider the application from the practice, the feedback received during consultation and the equality impact assessment. Given the cross-border nature of the proposal, Llais was represented by both Powys and Gwent Llais regions. The recommendation from the Branch Practice Review panel was reviewed and scrutinised at a meeting of

		the Executive Committee on 17 May 2023. Executive members noted the wider strategic context and challenges for primary care that reinforced that any solution would need to address the twin challenges of both staffing and of premises identified in the application from Crickhowell Group Practice. The discussion reaffirmed that alternative options for GMS had been adequately explored including in partnership with ABUHB and prudent alternatives had not been identified. Executive members noted the work already undertaken to identify mitigations and endorsed the establishment of a cross-border task-and-finish group to oversee this work, and that there should be six months' notice of closure to enable this work to be undertaken.
Stage 4: Board Decision Making	G	May 2023: This paper sets out the recommendation to the Board from the Branch Practice Review Panel with supporting information as per the requirements of the Branch Surgery Closure Process.
Stage 5: Notification	Not yet due	May to October 2023: Subject to the views of the board, a notification plan is set out in Section 5
Stage 6: Appeals	Not yet due	Not yet due
Stage 7: Objections	Not yet due	Not yet due

The health board’s Branch Surgery Closure Process is shortly due for review. Learning from this closure application offers timely reflections to inform that review.

Decision Point: The Board is asked to RECEIVE and NOTE the assurance provided against the Branch Surgery Closure Process.

5. RISK MANAGEMENT:

This situation presents the Health Board with a number of risks as detailed below along with the proposed mitigation:

- Risk: Lack of action by the Health Board leads to catastrophic failure of primary care in the area and worse outcomes, safety and access for local residents, including increased workforce fragility and risks associated with lone working at branch practice.

Mitigation: Sustainability Framework in place. Branch Surgery Closure Process provides a process by which the Health Board can conscientiously consider requests from practices.

- Risk: Insufficient mitigation action leads to levels of re-registration from Crickhowell Group Practice that affect viability of services
Mitigation: Development and delivery of mitigation plan. Ongoing liaison with Practice through sustainability framework
- Risk: Insufficient identification of potential impacts leads to worse outcomes for patients
Mitigation: Equality Impact Assessment process undertaken and work is under way to develop detailed mitigation plan to respond to key impacts.
- Risk: Insufficient compliance with PTHB policy requirements and/or national requirements for engagement and consultation increases the likelihood that the decision-making process is insufficient
Mitigation: Assurances against the Branch Surgery Closure Process are set out above.
- Risk: Given the cross-border nature of this catchment, solutions and mitigations are not sufficiently explored due to insufficient collaboration between ABUHB and PTHB
Mitigation: There has been ongoing engagement between PTHB and ABUHB through this process, and this will continue to be the case through the further development and delivery of the mitigation plan. A cross-border task-and-finish group will be established to oversee implementation of the mitigation plan.

6. NEXT STEPS:

The decision of the Board will be notified to the Practice, Llais, Local Medical Committee, key stakeholders identified and neighbouring practices via the Chief Executive Officer.

Where the closure application is approved, the practice will be required to write to all registered patients to inform them of the closure and how they will continue to access services from the Practice.

Other steps to communicate and engage with patients and stakeholders will be taken as outlined in Stage 5, subject to the views of the Board.

The mitigation plan will continue to be developed and delivered, subject to the view of the Board. Updates will be provided to the Executive Committee at least every four months during 2023/24.

Learning from application will be applied to the review of the Branch Surgery Closure Process which is scheduled to take place later this year in line with the planned review of the Process between May and July 2023.

The following Impact Assessment must be completed for all reports requesting Approval, Ratification or Decision, in line with the Health Board's Equality Impact Assessment Policy (HR075):

IMPACT ASSESSMENT				
Equality Act 2010, Protected Characteristics:				
	No impact	Adverse	Differential	Positive
Age			x	
Disability			x	
Gender reassignment	x			
Pregnancy and maternity			x	
Race	x			
Religion/ Belief	x			
Sex	x			
Sexual Orientation	x			
Marriage and civil partnership	x			
Welsh Language	x			
<p align="center">Statement</p> <p>An Equality Impact Assessment has been undertaken and is included at Appendix 4. Summary impacts are set out above along with proposed mitigation actions.</p>				
Risk Assessment:				
	Level of risk identified			
	None	Low	Moderate	High
Clinical				x
Financial			x	
Corporate			x	
Operational			x	
Reputational			x	
<p align="center">Statement</p> <p>The Practice considers the current position to be unsustainable, and if it is not addressed this could jeopardise the overall general medical services provision for their catchment. If action is not taken to sustain Crickhowell Group Practice through the Branch Surgery Closure Process then there is a risk of more significant impact on safety, outcomes and access for residents of the area through potential failure of local GP Primary Care Services. See also Section 5 of this report.</p>				

Appendices:

- Appendix 1: Branch Surgery Closure Process
- Appendix 2: Engagement Report
- Appendix 2a: Engagement Plan and Annexes
- Appendix 3: Equality Impact Assessment
- Appendix 4: Powys Community Health Council letter
- Appendix 5: Aneurin Bevan Community Health Council letter
- Appendix 6: Draft Mitigation Plan

Branch Surgery Closure Process

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Do not print this document. The latest version will be accessible via the intranet.
If the review date has passed please contact the Author for advice.

Disclaimer

Powys Teaching Health Board is the operational name of Powys Teaching Local Health Board
Bwrdd Iechyd Addysgu Powys yw enw gweithredol Bwrdd Iechyd Lleol Addysgu Powys

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23/05/2023 11:25:01

Version Control:

Version	Summary of Changes/Amendments	Issue Date
1	Initial Issue	June 2015
2	Additional information within appendix state 3 pages 8 last bullet point	
3	Review of content. Amendments to each stage	July 2020

Engagement & Consultation

Key Individuals/Groups Involved in Developing this Document

Role / Designation
Primary Care Department
Powys Community Health Council
PTHB Engagement & Communications Team

Circulated to the following for Consultation

Date	Role / Designation
December 2019	PTHB Engagement & Communications Team
December 2019	Community Health Council
January 2020	Cluster leads

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1. Introduction

The Health Board currently has several branch surgeries providing General Medical Services across Powys. Some of these branch surgeries provide a limited range of services for patients and are usually open for variable limited times during the week, whereas others provide a full compliment of General Medical Services and are open five days per week.

A branch surgery can be closed subject to agreement between the Health Board and the providing practice. Whilst there is limited guidance in this regard, the Primary Care Contract Quality Standards relating to "branch / split – site surgeries" (paragraphs 4.52, 4.53 – 4.59) outlines a process under paragraph 4.56;

"A branch surgery can be closed subject to agreement between the PCO and providing practice. In the event there is no agreement the practice can give notice that it wishes to close branch surgery. There will be a given period in which the PCO can issue a counter- notice, to allow for any required consultation, requiring the surgery to remain open until the issue is resolved. Normal appeal procedures will apply, or where both the practice and PCO agree that the surgery should remain open, then the PCO is required to continue supporting it with the necessary funding."

The PCO in the Welsh context is the Health Board.

Health Boards have a statutory duty to ensure the sustained delivery of primary medical services to their resident population. When a practice becomes vacant for whatever reasons the Health Board must ensure that primary medical services continue to be provided to those patients by the most effective and efficient means possible having regard to local needs and circumstances.

2. Objective

The rationale for developing this process is to ensure that all interested parties work collaboratively, to ensure that the delivery of patient care is paramount, in all considerations.

All arrangements for considering branch surgery closure applications will be managed by the Primary Care Department.

- **Branch Surgery Closure Process**

The following 7 stages explain the proposed process for the consideration and approval by the Health Board of branch surgery closure applications

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Stage 1 - Evidence required from a practice when submitting a request to close a branch surgery:

The practice should inform the Assistant Director of Primary Care, in writing of their request to close a branch surgery by completing

Appendix 1, detailing:

- Reasons for the proposed closure request.
- Opening times and surgery times of the branch and main surgeries.
- Current access rates
- The list size of the practice.
- Services that are currently being provided from the branch surgery.
- Number of patients accessing the surgery services in the last 36 months, broken down by month.
- Number of patients that have accessed services at the branch site alone in the last 36 months, broken down by month. (Where the Practice is unable to identify patients who use the Branch Surgery, then all patients registered with the practice will need to be consulted with).
- Impact the closure will have on patients and services at the main site.
- Details of the timing of the closure if approved, i.e. a phased closure.
- Consideration to vulnerable groups.
- Risks (e.g. to quality, safety, sustainability) if the closure is not approved
- Action that has been taken to seek to prevent the need for closure
- Alternative options that have been considered and rejected
- Consideration of the impact on vulnerable groups (including equality protected characteristics, carers, deprivation and Welsh Language).

The Health Board will acknowledge the request for closure in writing within 5 working days of receipt and inform the relevant Community Health Council(s) and the Local Medical Committee that this has been received following the process.

The Primary Care Department, in conjunction with the Practice will identify the Following:

- Premises infrastructure concerns, i.e. costs to meet DDA compliance, statutory regulations compliance.
- Sustainability Assessment Framework applications received in the last 3 years
- Any other purpose for which the branch surgery is used.
- Details of the nearest GP practices and pharmacies (presented visually on a map).

- Any proposed changes to services at the main practice.
- Details of public transport links from the branch site to the main practice site.

The data received will be reviewed and scrutinised by PTHBs Planning & Performance Team to ensure accurate.

A preliminary meeting will be arranged with members of the Branch Practice Review Panel (as detailed in stage 3) to consider the application and identify whether further information is needed, to outline the key questions that would be asked during engagement, and to recommend whether this should be subject to engagement.

Stage 2 – Primary Care Department – Engagement & Consultation with Key Stakeholders:

The Primary Care Department will co-ordinate the engagement process with Powys Community Health Council and PTHBs Engagement & Communications Team. The Primary Care Department will identify key stakeholders which will include:

- Local Medical Committee
- Powys Community Health Council
- Other relevant Community Health Councils (outside Powys)
- Community Pharmacists in the area
- Other practices in the area which may be impacted upon from the closure
- Neighbouring Health Boards and Community Health Councils and/or CCGs and HOSCs/HealthWatch (where there is potential cross-border impact)
- Primary Care Cluster / Cluster Lead and neighbouring GP practices
- Local Community Groups, e.g. Health Focus Groups, Town and Community Councils, Community and Voluntary Organisations
- Local politicians (County Councillors, MSs, MPs)
- The Health Board's Advisory Forums – Local Partnership Forum, Health Professions Forum, Stakeholder Reference Group
- Regional Partnership Board and Public Service Board

A bilingual patient engagement process will take place by the Engagement & Communications Team. If agreed in stage 2, a formal consultation process will take place in line with the NHS communications guidance. All patients accessing the Branch Surgery will be communicated with. If the practice is unable to identify specifically those patients who have accessed the branch surgery, then the total practice

population will be subject to the patient engagement.

- Consultation should last a minimum of six weeks (extended if this coincides with holiday periods). This will be agreed with the Community Health Council.
- The Primary Care Department will progress an Equality Impact Assessment on the process undertaken to conduct the patient engagement.

Stage 3 – Branch Practice Review Panel:

A Branch Practice Review Panel will be convened to consider the request from the Practice, the information detailed in Stages 1 and 2, the outcome of the patient engagement, views of the Community Health Council(s) and Local Medical Committee, and the outcome of the Equality Impact Assessment as per Terms of Reference.

The proposed membership of the Branch Practice Review Panel is:

Voting Members	Non-Voting Members
Non Officer Member (Chair)	Head of Primary Care
Medical Director or Clinical Director	PTHB Engagement & Communications Team
Director of Primary & Community Care Services	Powys Community Health Council Representative
	Powys LMC representative

The Branch Practice Review Panel will receive the information pack seven days before the meeting. The information pack will consist of the following presented as 4 packs:

Practice Pack:

- Reason for the proposed closure request.
- Opening times and surgery times of the branch and the main surgeries.
- Current access rates.
- The list size of the practice.
- Services that are currently being provided from the branch surgery.
- Number of patients accessing the surgery services in the last 36 months, broken down by month.
- Number of patients that have accessed services at the branch site alone in the last 36 months, broken down by month.

- Impact the closures will have on patients and services at the main site.
- Any proposed changes to services at the main practice.

Primary Care Department Pack:

- Premises infrastructure concerns, i.e. costs to meet DDA compliance, statutory regulations compliance.
- Any other purpose for which the branch surgery is used.
- Details of the nearest GP practices and pharmacies. This should be presented visually on a map.
- Details of public transport links from the branch site to the main practice site.

Communications Pack:

- Details of the methods used to engage with stakeholders.
- Proposals for how the information will be communicated to patients if the closure application is approved.
- Details of the timing of the closure if approved, i.e. a phased closure.
- Consideration to vulnerable groups. EIA pack Patient survey results based on the engagement and or formal consultation distributed to all patients accessing the Branch Surgeries, which will include a full assessment on the impact on the local population.

Equality Impact Assessment Pack

- Outcome of Equality Impact Assessment EIA pack

The Branch Practice Review Panel will be deemed to be quorate if there are a minimum of 2 voting members present, one of whom must be the Non Officer Member. Wherever possible the Panel will be convened to enable attendance by Powys Local Medical Committee and Community Health Council representation.

The Practice will be offered the opportunity to present their case in the form of a 30 minute presentation at the beginning of the meeting. The Panel will have the opportunity to question the Practice staff.

The Panel will consider the information provided and agree a recommendation to be presented to the Board for agreement.

The Panel will also consider the Equality Impact Assessment conducted on the process followed.

Representatives from the Community Health Council and Powys Local Medical Committee will be invited to make observations of the process,

but will not have voting rights.

Stage 4 – Board Decision Making

- The Health Board recognises the Community Health Council(s), as a statutory organisation, that may consider a Branch Surgery Closure to be a change of service to the patients accessing services in this venue. The view of the Community Health Council(s) will be presented to the Board independently and may form part of the recommendation for the Branch Practice Review Group to consider in its decision making process.
- The Board will therefore, consider the recommendation from the Branch Practice Review Panel, including an Equality Impact Assessment on the recommendation, a summary of the request from the Practice, the outcome of the patient engagement, views of the Community Health Council(s) and views of other interested parties.
- Where the closure application is not supported by the Board, the Assistant Director of Primary Care and Medical Director, will further discuss with the Practice the implications of this decision.

Stage 5 – Notification to Practice, Patients and Key Stakeholders

- Notifications will include any actions / mitigations as agreed by the board.
- The decision of the Board will be notified to the Practice, the Community Health Council(s), Local Medical Committee, key stakeholders identified and neighbouring practices via the Chief Executive Officer.
- Where the closure application is approved, the practice will be required to write to all registered patients to inform them of the closure and how they will continue to access services from the Practice.
- Practices should ensure a minimum of 3 months' notice following the Board decision to close, unless agreed otherwise with the Health Board and the Community Health Council(s).
- Where the closure application is approved it is the responsibility of the practice to meet all associated costs with closing the surgery including any redundancy and practice information costs.
- Agree next steps and a mitigation plan developed and delivered by the practice, Health Board and other relevant parties.

Stage 6 – Practice Appeals Process

- Any appeal against the decision of the Board in relation to Branch Surgery Closure applications will be resolved through the contractual appeals process "Contract Dispute Resolution – Part 7 of Schedule 6 to the National Health Service (General Medical Services Contracts) (Wales) Regulations 2004("The Regulations").

Stage 7 – Management of Potential Objections from Community Health Council

- The Community Health Council has a right to undertake an independent patient engagement process, should the Community Health Council consider the Health Board's not to be a robust process.
- If the Community Health Council objects to the Health Board's decision they have a right of appeal to the Welsh Minister for Health and Social Services (as per regulation 27 (9) of the CHC regulations 2015)

4. Definitions *(Mandatory section header)*

The above process ensures that the Health Board applies a robust and equitable, step by step process, to consider all Branch Surgery Closure applications received.

5. Role / Responsibilities

5.1	Primary care department to ensure all stages of the process are fully adhered to.
5.2	Practice responsibility to meet stage 1 of the process.
5.3	PTHB Communications & Engagement team to undertake a review of the patient engagement process
5.4	Review panel responsible to consider the branch closure request and all information detailed within stage 1 and 2

6. Terms of Reference attached as Appendix B

7. Monitoring Compliance / Audit

This document will be monitored/audited for compliance every time a branch surgery closure application is received. The time scale will depend on applications received.

8. Review and Change Control *(Mandatory section header)*

This document will be reviewed every three years or earlier should audit results or changes to legislation / practice within PTHB indicate otherwise.

9. References / Bibliography

This process takes into account the National Sustainability Framework Application process.

This guidance has been developed with reference to:
WHC(2006) 063 GENERAL MEDICAL SERVICES PRACTICE VACANCIES- A GUIDE TO GOOD PRACTICE and
Guidance on the Implications of the new GMS Contract on Provision of Buildings to Suit Different Service Models (ref: Para 4.53 – 4.58) produced By NHS Wales

10. This Policy takes account of the Health and Care Standards in Wales 2015 and underpins the following standards:

- 1.1 Health Promotion, Protection and Improvement
- 3.2 Communicating Effectively
- 4.2 Patient Information
- 5.1 Timely Access
- 6.2 Peoples Rights

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PROCESS FOR CONSIDERATION OF BRANCH SURGERY CLOSURE APPLICATION

Stage 1

Timescale

The practice formally writes to the Health Board with their request to close a branch surgery.



The Health Board acknowledge the application, progresses further information in conjunction with the practice, and inform the Local Medical Committee, Powys Community Health Council and neighbouring Local Health Boards and Local Community Health Council of the request where the branch surgery falls within their area.

(Acknowledgement letter to be sent with 5 working days)

1 – 2 weeks

Stage 2



The Health Board will co-ordinate the engagement process through the Primary Care Department. Key stakeholders to include; Patients, Local Medical Committee, Powys Community Health Council, Local Community Groups, Local politicians and Patient Participation Group representation.



Engagement process to include Patient Questionnaire and other forms of engagement

Minimum 6 weeks

Stage 3



The Branch Practice Review Panel, will decide whether or not support the closure application and make a recommendation for consideration by the Board.

1 week

Stage 4



Recommendation from the Branch Surgery Review Panel, with the views of the LMC and Community Health Council(s) will be presented to the Board, who will make the final decision.

**Minimum 3 weeks
Maximum 10 weeks**

Stage 5



1 week

Appendix B

POWYS TEACHING HEALTH BOARD PANEL TO DECIDE ON BRANCH SURGERY CLOSURE REQUEST

TERMS OF REFERENCE

Purpose:

A Branch Practice Review Panel will be convened to consider the request from the Practice based on the evidence as detailed in Stages 1, 2 and 3 of the Branch Surgery Closure Process, to make an informed decision to approve or decline a request to close a branch surgery.

Membership:

- Non Officer Member (Chair)
- Medical Director or Clinical Director
- Director of Primary & Community Care Services
- Head of Primary Care (non-voting)
- PTHB Engagement & Communications Team (non-voting)
- Community Health Council Representative (non-voting)
- Powys LMC representative (non-voting)

The Branch Practice Review Panel will be deemed to be quorate if there are 3 voting members present. Wherever possible the Panel will be convened to enable attendance by Powys Local Medical Committee and Community Health Council representation.

Format of meeting:

The Branch Practice Review Panel will review the evidence and information provided, as detailed within Stage 3 of the process (this will be circulated seven days before the panel meeting date).

Receive a presentation from the practice to present their case in the form of a 30 minute presentation.

The Panel will have the opportunity to question the Practice staff.

The Panel will consider the information provided and agree a recommendation to be presented to the Board for final decision, in accordance with Stage 5 of the process.

Frequency of meetings:

As and when required.

Reporting arrangements:

Recommendations presented to Board for consideration.

Group administration:

The panel will be supported from within the Primary Care Department

Seeking your views on an application from
Crickhowell Group Practice to close Belmont
Branch Surgery in Gilwern

10 January 2023 to 6 March 2023

Appendix 2: Engagement Report

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PTHB Engagement and Communication Team
10 May 2023

Document Control

Version	Date Issued	Revisions
Version 0.1	20 March 2023	First draft for review by PTHB Executive Committee
Version 1.0	24 March 2023	Updated following Executive review for presentation to Branch Practice Review Panel and CHCs
Version 1.1	11 April 2023	Updated to include response from Powys CHC
Version 1.2	10 May 2023	Updated to confirm that a further petition update has not been received

About This Report

This report has been prepared by Adrian Osborne, Assistant Director (Engagement and Communication) Powys Teaching Health Board to summarise the process and findings of engagement on "Seeking your views on an application from Crickhowell Group Practice to close Belmont Branch Surgery in Gilwern" from 10 January 2023 to 6 March 2023.

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1. Executive Summary

Following receipt by Powys Teaching Health Board of an application from Crickhowell Group Practice to close their Belmont Branch Surgery premises in Gilwern, Monmouthshire, a process of engagement was planned and implemented from 10 January 2023 to 6 March 2023 (see Section 2).

A comprehensive engagement plan was put in place offering a variety of channels and materials to raise awareness, enable people to find out more, and provide an opportunity for individuals and stakeholders to make their views known. The plan was developed to reflect the requirements of the health board's Branch Surgery Closure Process (July 2020) and NHS Wales guidance on engagement and consultation on changes to health services¹. Formulation of the plan included engagement with members of the health board Branch Practice Review Panel, PTHB Executive Team and Primary Care Team, ABUHB Engagement Team and Primary Care Team, Powys Community Health Council, and Aneurin Bevan University Health Board.

The engagement plan included direct mail of a bilingual engagement letter to every household of a registered patient, establishment of a digital engagement hub, online and face-to-face meetings, wider distribution of printed materials, availability of other formats including easy-read version and BSL video, and other publications including a draft Equality Impact Assessment (see Section 3).

725 responses to the engagement were received: 715 questionnaire responses, 7 letters from principal stakeholders, three other letters from individuals, and one petition (containing 173 signatures as at 11 April 2023 – we have received an oral update that further signatures have been received; an updated copy of the petition has not yet been received). In addition, one online engagement event was held on 30 January 2023, and over 50 people attended a face-to-face engagement event on 14 February 2023. Responses were received from across the practice catchment, with the geographical spread of responses more heavily focused on the Gilwern postcode area (see Section 4).

Around one in six registered patients of Crickhowell Group Practice living in Monmouthshire responded to the engagement using the questionnaire. There were high levels of concern and/or opposition to the closure application particularly from residents in NP7 postcode areas. The response rate was lower from registered patients in Powys, with responses from those in NP8 and LD3 postcode areas strongly focused on concerns about the consequential impact on availability and timeliness of appointment at the War Memorial Health Centre in Crickhowell.

A number of key themes emerged from feedback we received, including:

- Travel, transport and parking impact
- Alternatives to accepting the closure application (Workforce, Provider, Practices)
- Alternative ways to address local health need if the closure application is accepted
- Comments about alternative practices and re-registration
- Concerns about adverse impact on health outcomes

• Specific impact on: carers; on people with long term conditions and disabilities; young people; older people; pregnancy & maternity and families with young children, people on low income

¹ The development of the plan reflected the guidance in place during 2022/23. After the end of engagement, Community Health Councils in Wales will be replaced by Llais, the new Citizen Voice Body for Health and Social Care in Wales, from 1 April 2023. New national guidance on NHS service change is expected for 2023/24.

- Wider Potential Impact (economic, social, cultural, environmental)
- Changing and future need
- History and Legacy
- Consequential impact on War Memorial Health Centre and wider practice sustainability
- Consequential impact on the pharmacy in Gilwern
- Current service experience and/or experience of services during COVID
- Wider NHS service changes and availability
- Comments showing a level of support for the application
- Comments about the engagement and/or decision-making process

These themes are summarised in Section 5.

Recommendation: In consideration of this feedback, the health board, in partnership with Aneurin Bevan University Health Board, should ensure that it has undertaken due diligence to consider prudent alternatives to accepting the closure application and/or to maintain the provision of accessible GP primary care services for those registered patients for whom Belmont Surgery is currently their nearest branch.

Engagement responses identified a range of potential impacts in relation to the equality protected characteristics, Welsh Language and carers (see Section 10) as well as in relation to the Well-Being of Future Generations goals for Wales (see Section 11).

Recommendation: Arising from this feedback, a number of themes have been identified for consideration by the health board when making a decision on the application, and particularly in mitigating potential disadvantage if the application is accepted:

- **Explore options to improve the availability of transport between the Gilwern area and Crickhowell.**
- **Strengthen the availability of telephone and online services for those who are able to use them – so that more face to face appointments are available for older people, people with disabilities, carers and others who may be less comfortable with these technologies and services and/or who do not have access to them due to socio-economic disadvantage.**
- **Specifically, work with children and young people to develop telephone and online options that work for them and recognise the need for consent and confidentiality.**
- **Review the approach to home visits, recognising that some people would now have further to travel for their appointment – including recognising any carer responsibilities.**
- **Ensure that physical access to the practice premises and parking remained a priority, including availability of parking.**
- **Review booking, appointments, prescriptions etc. including to reduce unnecessary trips (e.g. for ordering and collecting repeat prescriptions), and**

continuing to recognise that some people do not necessarily have easy access to digital and/or telephone to access these service.

- Work in partnership with the community pharmacy in Gilwern to maintain and/or improve availability of services.**
- Explore opportunities for working together across partners - are there ways of strengthening partnerships with ABUHB, public sector, third sector and business sector in North West Monmouthshire to consider alternative provision and to address the disadvantage that older people, people with disabilities, and carers may experience from any changes?**
- Specifically for patients in the Clydach area, explore appetite for other practices to extend their catchment to provide further opportunities for re-registration for those patients who are furthest from Crickhowell.**
- Consider options for monitoring health impact so that action to address this can be kept under review, and agree a schedule for reporting to the Citizen Voice Body, the Local Authority and the local community on progress to deliver agreed mitigations and on monitoring of health impact.**
- Identify options for working with partners to understand and mitigate wider Future Generations impact on the economic, cultural and social vibrancy of the community.**

In making these recommendations it is recognised that options for addressing these issues are not necessarily directly within the powers and responsibilities of Powys Teaching Health Board and therefore will require joint working with Aneurin Bevan University Health Board as well as other key partners including Monmouthshire Council.

This Engagement Report and its Annexes will be shared with the Branch Practice Review Panel (Stage 3 of the Powys Teaching Health Board Branch Surgery Closure policy and process) and with Powys Community Health Council & Aneurin Bevan Community Health Council and/or Llais, the Citizen Voice Body for Health and Care in Wales which replaces the Community Health Councils from 1 April 2023.

An updated Engagement Report and Annexes will be presented to the Board at a meeting in public (Stage 4 of the Powys Teaching Health Board Branch Surgery Closure policy and process).

A review and learning session will be held to reflect on the experience of this engagement and help inform the next review of the PTHB Branch Surgery Closure Process as well as the wider development of the Health Board's approach to continuous engagement and consultation.

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2. Background

During Q3 2022/23, Powys Teaching Health Board (PTHB) received an application from Crickhowell Group Practice to close their Belmont Branch Surgery premises in Gilwern, Monmouthshire and consolidate their services at their premises in Crickhowell.

The main reasons for the application relates to the recruitment and retention challenge of GPs, along with the forthcoming retirement of four GP partners who are the owners of the Belmont branch surgery premises, with lack of viable alternatives for transfer of ownership.

The Crickhowell practice has a list size of approximately 9300 patients. Of these around 3100 live in the Aneurin Bevan University Health Board area, where Belmont Branch Surgery is located.

The practice confirmed as part of their application they have no intention to 'off-list' Monmouthshire patients as part of the closure of the branch surgery. Patients who currently use War Memorial Health Centre would see minimal effect to the service they receive at the War Memorial Health Centre. Patients who currently use Belmont Branch Surgery would see the in-practice services they currently receive at Belmont Branch Surgery transfer to War Memorial Health Centre in Crickhowell in future.

Powys Teaching Health Board considers such requests in accordance with its "Branch Surgery Closure Process" which sets out a range of requirements in response to such an application.

In line with this process, notification was issued to Powys Community Health Council, Dyfed Powys Local Medical Committee, Aneurin Bevan University Health Board and Aneurin Bevan Community Health Council.

The application was considered at meeting of the Health Board's Executive Committee on 14 December 2022 where it was agreed that engagement with patients and other key stakeholders would commence in January 2023 based on a plan developed to meet the Stage 2 requirements of the "Branch Surgery Closure Process" and to reflect NHS Wales guidance on engagement and consultation on changes to health services.

More details about the engagement process can be found in the next section.

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3. Engagement Process

A detailed engagement plan was developed, setting out the engagement objectives, timeline, stakeholders, tactics & activity and response process (see Annex 1).

The following objectives for the engagement plan were identified:

- To explain the reasons for the application by Crickhowell Group Practice to close their premises in Gilwern and how this application has been considered by Powys Teaching Health Board in accordance with relevant policies.
- To share information with registered patients, local communities and wider stakeholders to enable them to find out more and make their views known.
- To inform registered patients that if the proposal is accepted this would lead to the Belmont Branch Surgery in Gilwern closing later in 2023 at a date to be confirmed.
- To address the requirements of the NHS Wales Guidance on Engagement and Consultation, the Community Health Council Regulations in relation to engagement in Powys, and ensure a Welsh Language Active Offer .
- To identify positive and negative impacts of options for the future of services provided by Crickhowell Group Practice – with particular reference to equality protected characteristics, carer responsibilities, Welsh Language, socio-economic impact – and to use these insights to refine the options appraisal and consider potential mitigation actions that can be delivered by the health board, practice or other partners to reduce negative impact.
- To develop and agree a report on engagement in Powys that can be submitted to the Board for consideration.
- To engage with Powys Community Health Council and with Aneurin Bevan Community Health Council.
- To continue to strengthen systems and processes for continuous engagement in Powys in the way in which we undertake this engagement, identifying areas of best practice and opportunities for improvement.

The key impacts and interdependencies were identified as follows:

- 9300 patients are registered with Crickhowell Group Practice.
- Of these around 3100 live in the Aneurin Bevan Health Board area, which is where Belmont Branch Surgery is located.
- Under the proposed option, patients who currently use War Memorial Health Centre would see their services unaffected although they may be anxious about the potential impact on services at this location if Belmont Branch Surgery is no longer available. Patients who currently use Belmont Branch Surgery would see their services transfer to War Memorial Health Centre in Crickhowell.
- This would lead to increased travel and/or reduced accessibility for patients.
- The Frequently Asked Questions document sets out a number of steps that are being taken or may be considered in mitigation.
- Key equalities considerations include:

- Older people and people with disabilities are more likely to need to access GP primary care services and are less likely to have access to transport.
- There are currently no public transport options direct from Gilwern to Crickhowell (routes are via Abergavenny).
- If steps are not taken to stabilise local GP Primary Care Services then there is a risk of more significant problems in the sustainability of services.

The engagement timetable was as follows:

- 9 January: Pre-launch activities to promote awareness of the forthcoming engagement to stakeholders.
- 10 January: Launch of engagement – including: postal delivery of engagement letter to local households, web publication of engagement materials, social media promotion, digital distribution to local stakeholders, press releases.
- 17 January: Oral update to Services Planning Committee of Powys Community Health Council
- 26 January: Oral update to Radnorshire and Brecknock Local Committee of Powys Community Health Council
- Through January and February: Continued promotion via social media, publicity for engagement events including poster distribution, delivery of engagement events:
 - 30 January: Online Event via Microsoft Teams
 - 14 February: Drop In Event in Gilwern
- 31 January: Mid Term review with Powys Community Health Council and Aneurin Bevan University Health Council
- 1 February: Meeting with Llanelly Hill County Councillors from Monmouthshire County Council
- 6 March: End of Engagement.
- 13 March: Meeting with County Councillors from Llanelly Hill and neighbouring wards from Monmouthshire County Council

The main engagement materials included:

- Bilingual engagement letter sent to 4534 households of registered patients
- Digital engagement hub at www.dweudeichdweudpowys.cymru/gilwern (EN) www.haveyoursaypowys.wales/gilwern (EN)
- Signposting to the digital engagement hub from <https://biap.gig.cymru/gilwern> (CY) and <https://pthb.nhs.wales/gilwern> (EN)
- Further engagement materials available from the digital engagement hub and on request from the primary care team (telephone, email, post):
 - Engagement Questionnaire (CY version and EN version, printed or online)
 - Frequently Asked Questions (CY version and EN version).

- Easy Read version of the engagement letter (CY version and EN version).
- BSL video of the engagement letter
- Audio version of the engagement letter (CY version and EN version)
- Posters advertising online and drop-in meetings (bilingual).
- Draft Equality Impact Assessment (EN)
- Presentation slides for online engagement events (bilingual)
- Digital versions of engagement materials were distributed to local stakeholders, and via social media.
- Internal “Powys Announcements” to raise awareness amongst PTHB staff.
- Digital and social media materials for use via the health board website, Facebook, Twitter and Nextdoor channels and available to partner organisations to syndicate through their channels (CY version and EN version).
- Following the online engagement event on 30 January 2023, a recording of the online engagement event was also added to the digital engagement hub.

Copies of the main engagement materials are included at Annex 2.

Materials were provided bilingually and/or in the Welsh Language as above. In addition at the drop-in event a Welsh Language speaker was available to enable people to participate in their language of choice.

The main mechanisms for receiving engagement responses were:

- Online responses using the engagement questionnaire on the engagement hub.
- Written responses by requesting a printed copy of the engagement questionnaire.
- Supported entry via telephone or at the face-to-face event.
- Records of public meetings and events.
- Direct letters and emails.
- Comments submitted to the Community Health Councils.

Processing of responses was undertaken as follows such that a consolidated analysis could be undertaken by PTHB Engagement and Communication Team in a single language (English):

- 683 valid responses were submitted direct to the digital engagement hub through the medium of English. Two further digital responses were received that provided no response information and were excluded from the analysis.
- 30 written responses using the questionnaire were received, all through the medium of English, and these were manually entered onto the digital engagement hub by the PTHB primary care team.
- 1 supported response was entered onto the digital engagement hub through the medium of English at the drop-in event on 14 February 2023.

- 1 response was received to the digital engagement hub through the medium of Welsh. This was translated into English and all questionnaire responses brought together into a single database for the purposes of analysis.
- A record of the public meeting on 14 February 2023 was made by the PTHB Engagement and Communication Team, and a recording was made of the online meeting on 30 January 2023.
- Other submissions including letters and a petition were received through the medium of English.
- Comments submitted to the Powys Community Health Council or to the Aneurin Bevan Community Health Council are processed by the relevant CHC and will form part of their response to the engagement.

Analysis of the responses has included:

- Thematic analysis of all responses entered onto the digital engagement hub.
- Thematic analysis of issues recorded from public meetings.
- Thematic analysis of issues raised in direct letters and emails received from key stakeholders and organisations.
- Thematic analysis of issues raised in direct letters and emails received from other individuals.

An overview of the main themes for the thematic analysis is set out in Section 5, with more detail of the analysis for each cluster of responses (surveys, letters and emails from key stakeholders & organisations, direct letters and emails from other individuals, events) presented in Sections 6 to 9.

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4. Who responded to the engagement?

We received 725 responses to the engagement including one petition:

- 715 questionnaire responses
- 7 letters from principal stakeholders and organisations (see Section 7)
- 3 other letters and individual emails (see Section 8)
- 1 petition of 173 signatures (signatures as at 11 April 2023 – oral update received from petition organisers to indicate that further signatures have been added, but an updated petition has not yet been received)

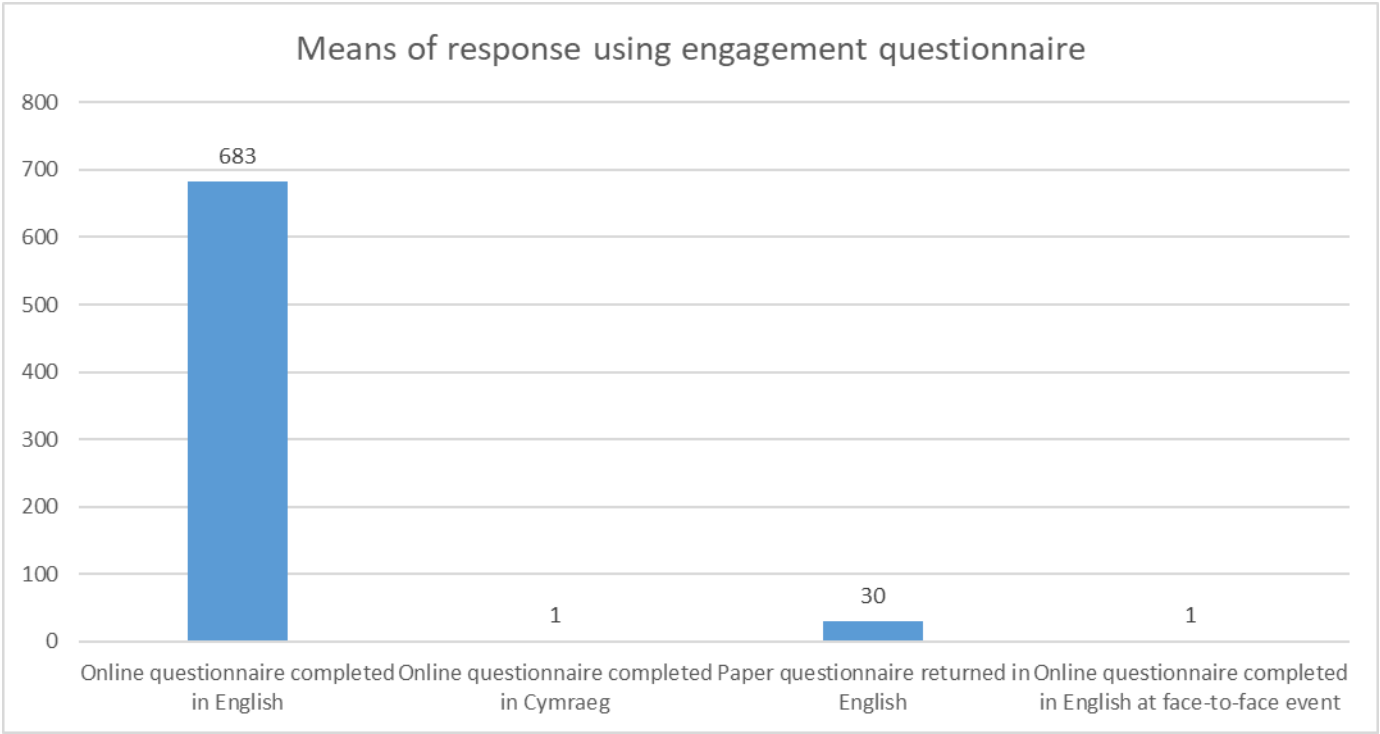


Figure 1: Breakdown of responses received via questionnaire

Other sources of insight include the event report from the drop-in meeting attended by around 50-60 people, and the recording of the online meeting. Event reports are available in Annex 3.

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4.1 Where were respondents from?

The chart and table below indicates the spread of responses (where individuals provided a postcode).

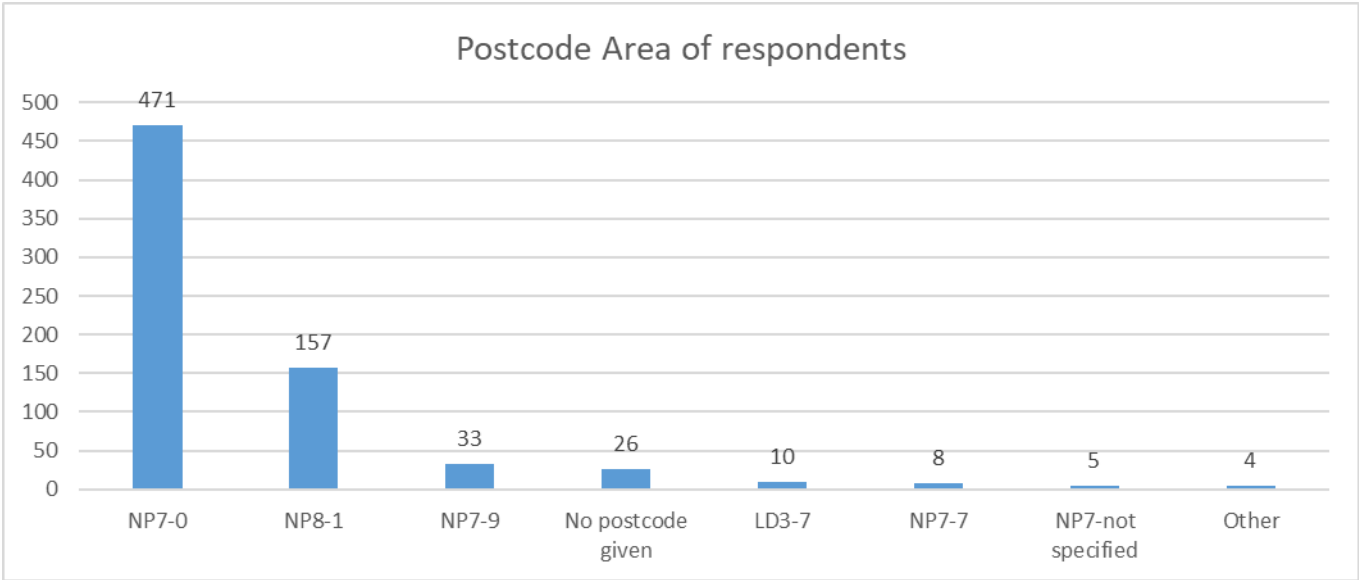


Figure 2: Distribution of responses by postcode area

The majority of responses (66%) were received from the NP7-0 postcode sector (Gilwern, Llanelly, Clydach area).

A further 21% were received from the NP8-0 postcode sector (Crickhowell, Llangattock, Llangynidr, Cwmdru area), 5% from NP7-9 (Govilon, Llanfoist, Llanellen area) with smaller numbers from LD3-7 (Bwlch, Talybont-on-Usk area) and NP7-7 (Cantref, Llanthony area).

5 respondents indicated they were from the NP7 postcode district (broadly covering North Monmouthshire) without indicating their postcode sector. The remaining responses either did not provide a postcode or were from LD3-0 (Talgarth area, 2 responses), Cardiff (stakeholder response) and Leeds (former patient).

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4.2 Gender of respondents

Respondents were given the opportunity to let us know their gender identity.

675 respondents provided information about their gender.

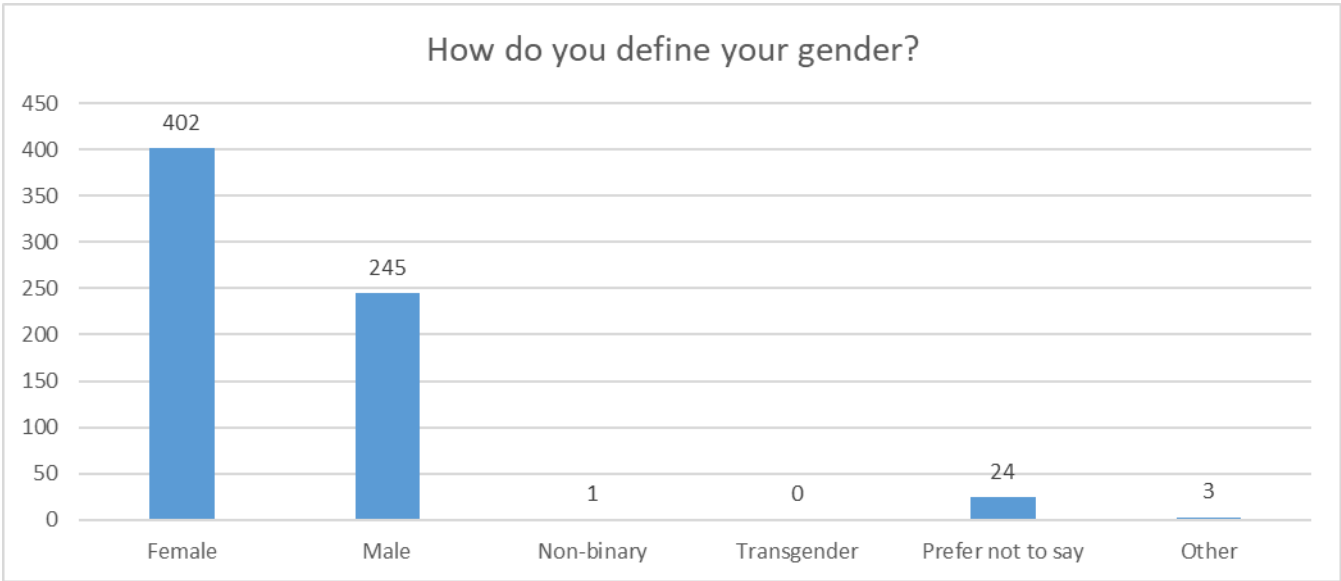


Figure 3: Information about the gender of respondents (where stated)

4.3 Age

Respondents were offered the opportunity to let us know their age.

679 respondents provided information about their age.

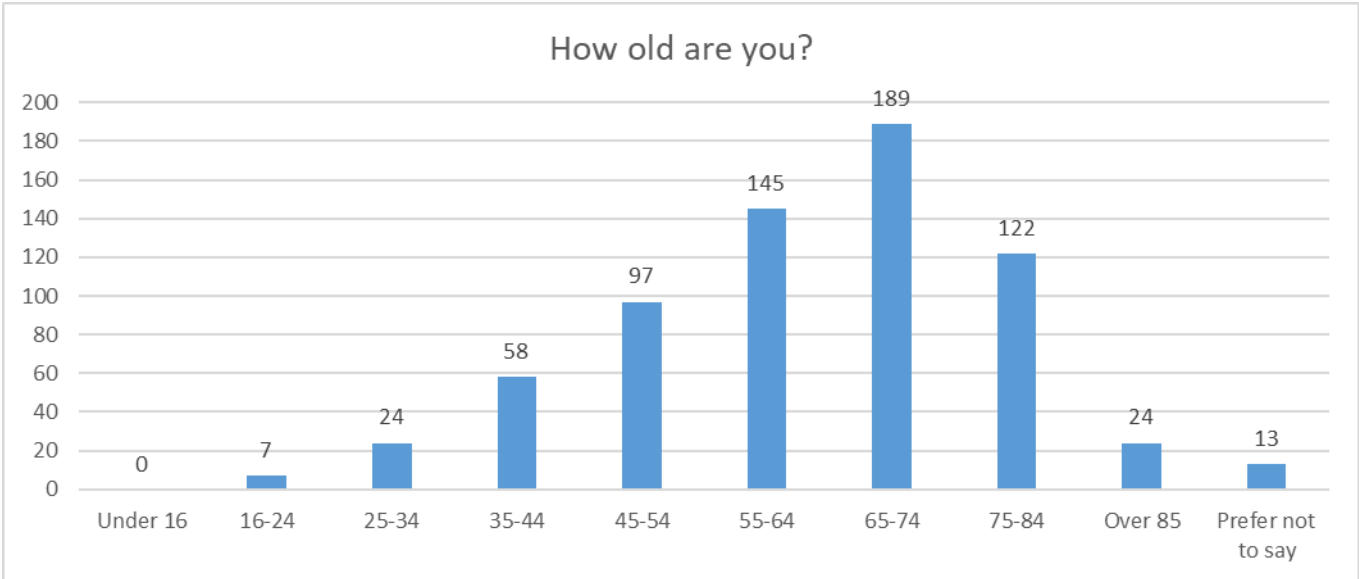


Figure 4: Information about age of respondents (where stated)

4.4 Ethnicity

Respondents were offered the opportunity to let us know how they described their ethnicity.

672 respondents provided information about their ethnicity.

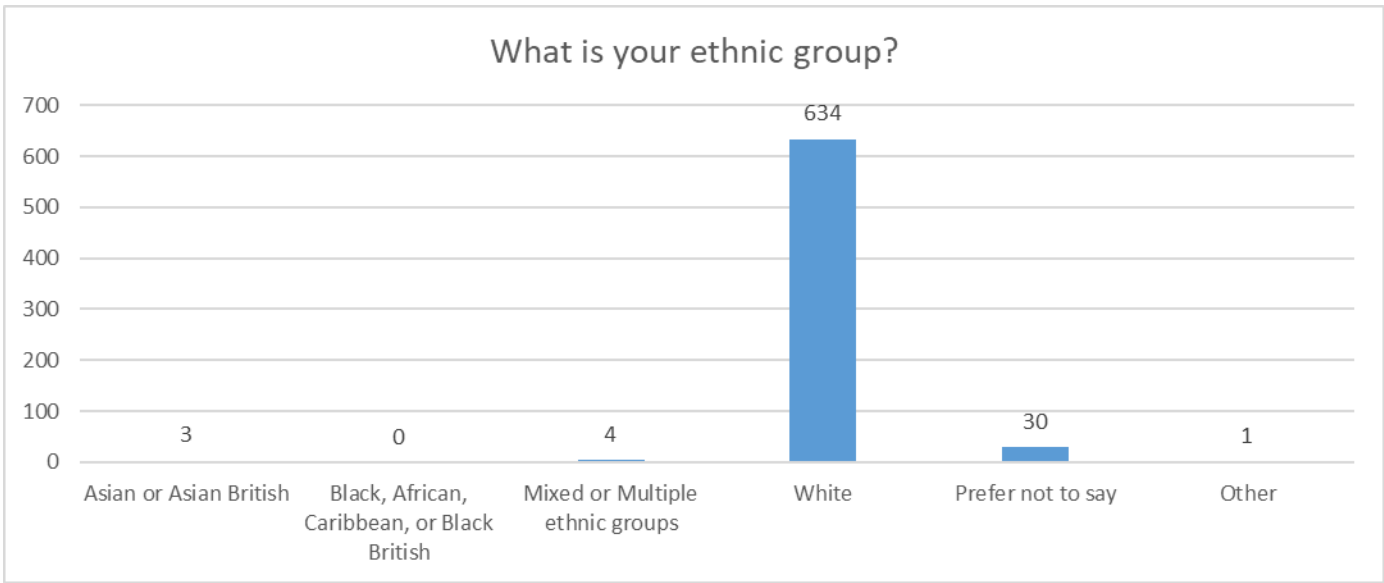


Figure 5: Information about ethnicity of respondents (where stated)

4.5 Employment Status

Respondents were offered the opportunity to let us know about their employment status. 677 respondents provided information about their employment status.

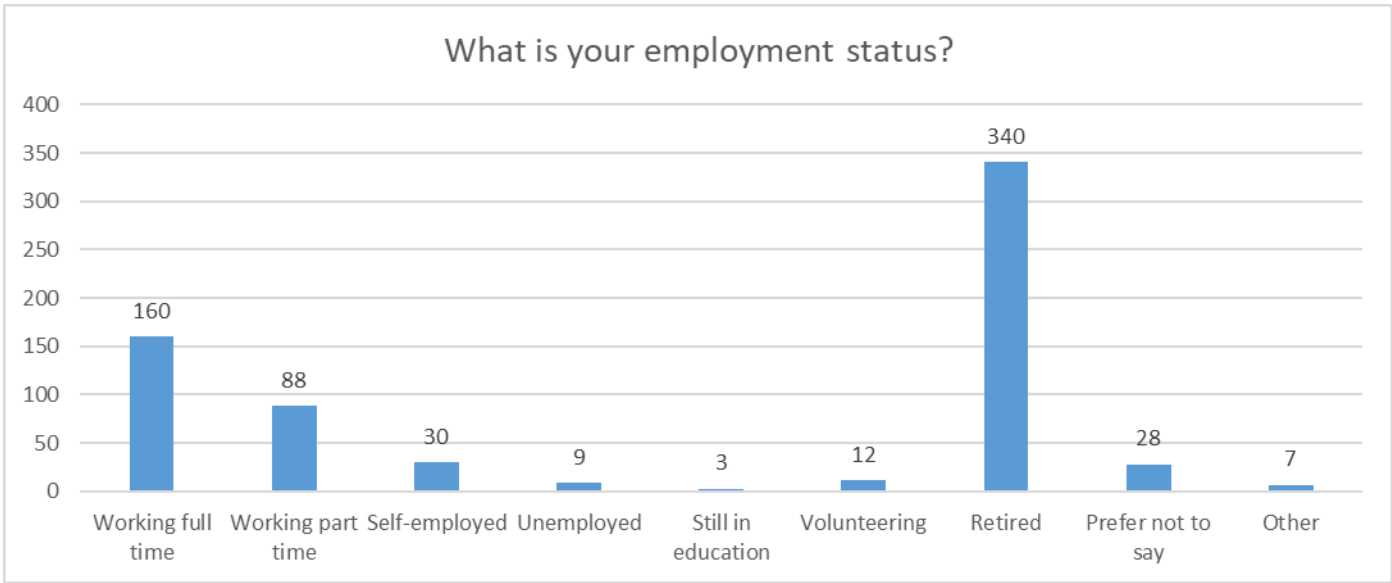


Figure 6: Information about employment status of respondents (where stated)

4.6 Sexual Orientation

Respondents were offered the opportunity to let us know about their sexual orientation. 659 respondents provided information about their sexual orientation.

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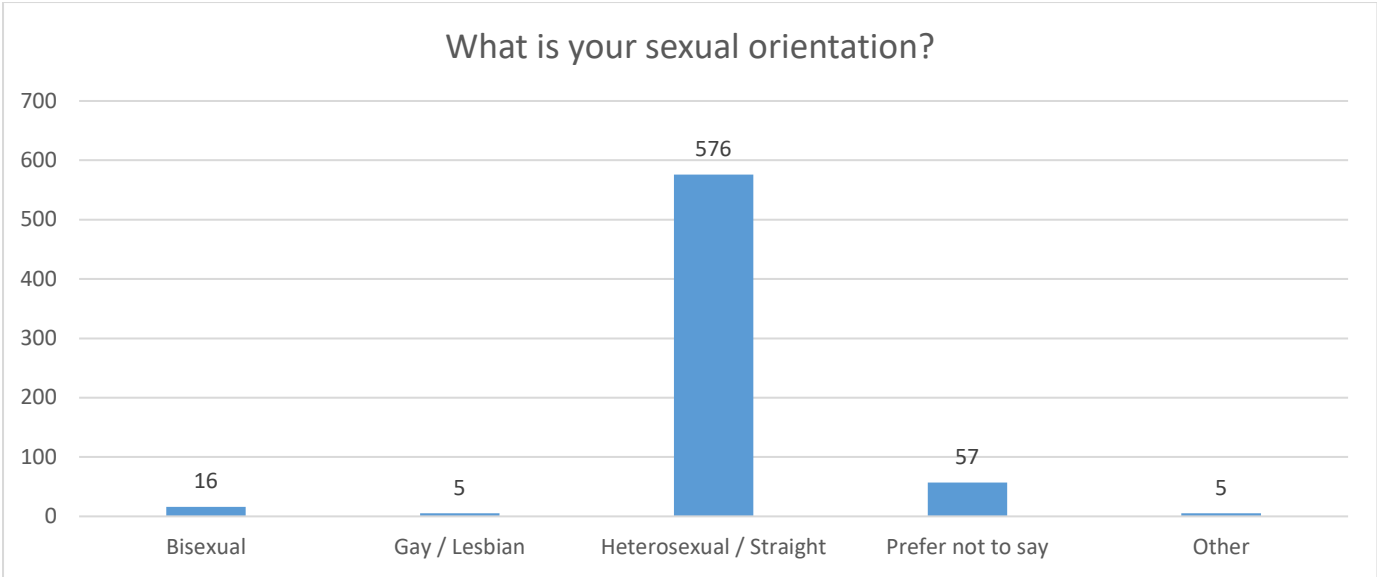


Figure 7: Information about the sexual orientation of respondents (where stated)

4.7 Size of Household

Respondents were offered the opportunity to let us know about the size of their household. 676 respondents provided information in response to this question.

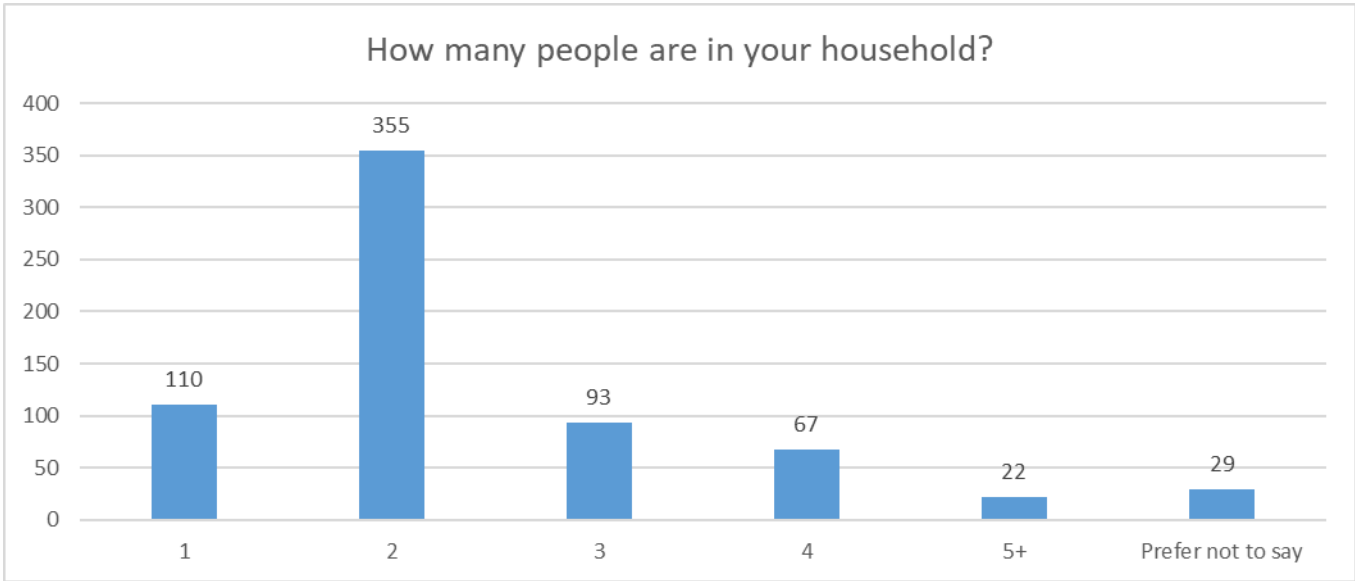


Figure 8: Information about size of household (where stated)

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4.8 Disability or Long Term Conditions

Respondents were offered the opportunity to let us know whether they considered themselves to have physical or mental health conditions or illnesses that limited their day to day life.

673 respondents provided information in response to this question, of whom 300 indicated that they had a physical or mental health condition or illness.

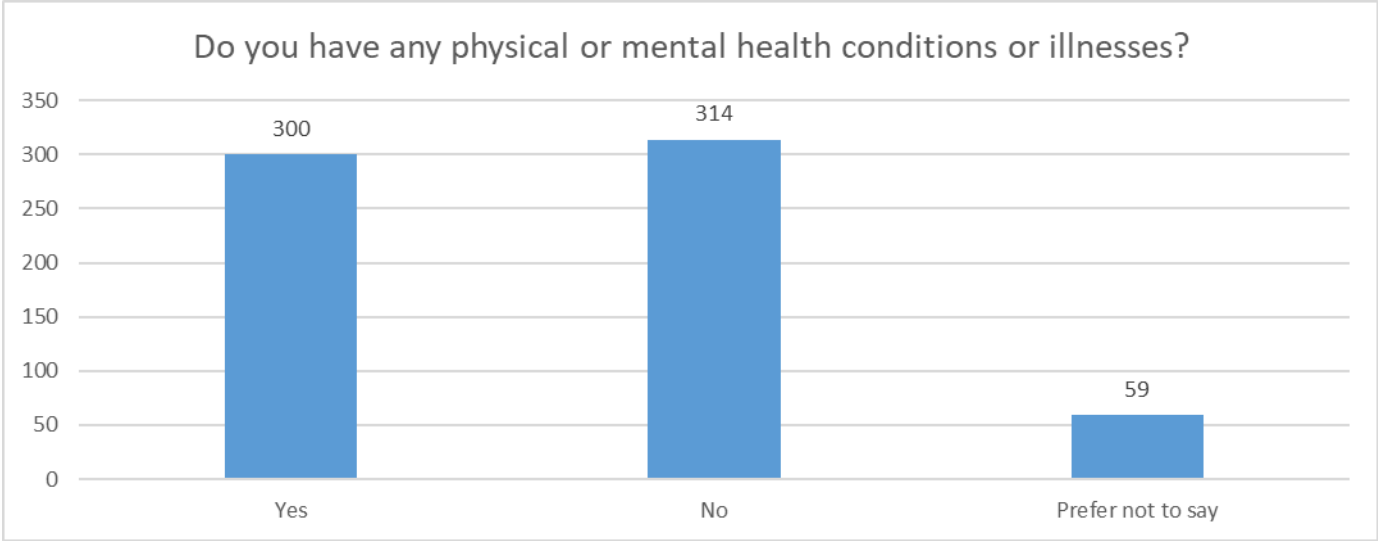


Figure 9: Information about physical or mental conditions or illnesses (where stated)

Of the 300 respondents who indicated that they had a physical or mental health condition or illness, 299 let us know whether it has lasted or is expected to last for 12 months or more. Of these, 294 indicated that this was the case

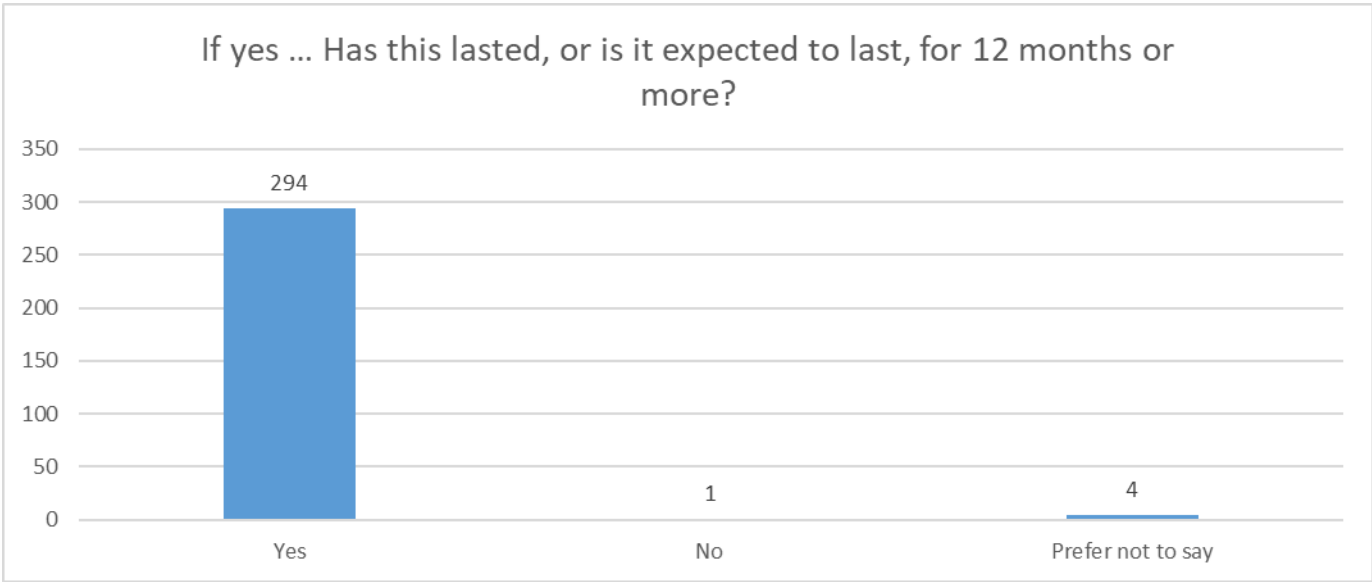


Figure 10: Information about length of physical or mental conditions or illnesses (where stated)

Of the 294 respondents who indicated that they had a physical or mental health condition or illness lasting or expected to last more than a year, 294 provided information about its impact on their day-to-day activities.

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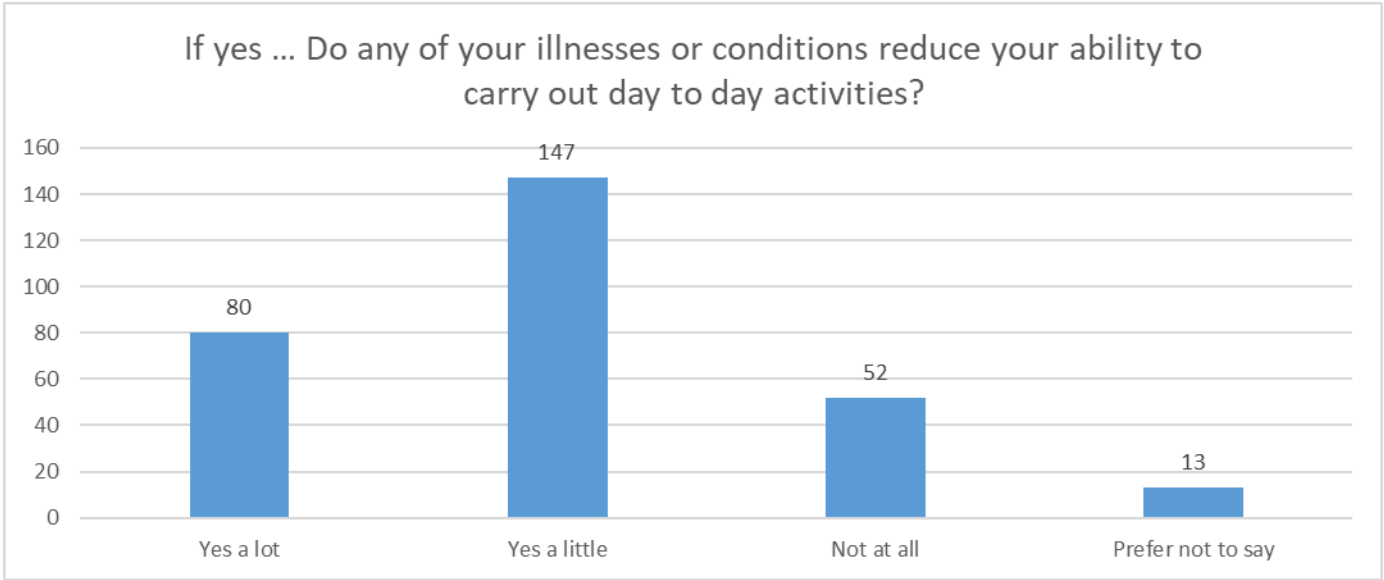


Figure 11: Information about impact of physical or mental conditions or illnesses (where stated)

4.9 Accommodation

Respondents were offered the opportunity to let us know about their accommodation status. 677 respondents provided information in response to this question.

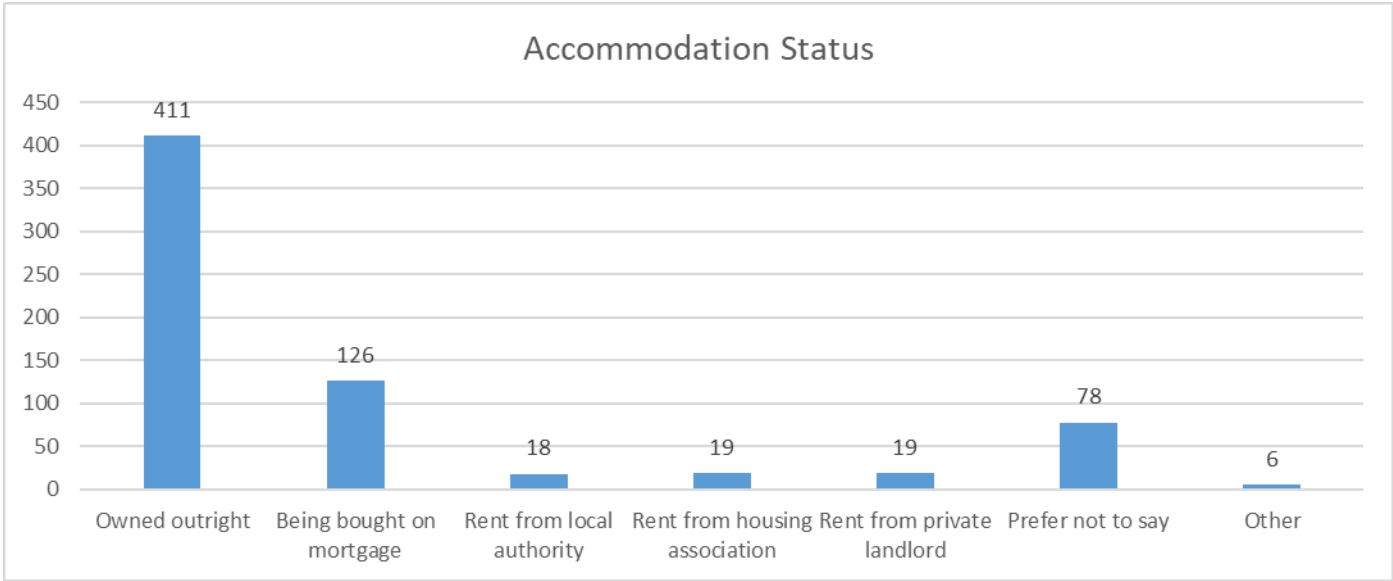


Figure 12: Information about accommodation status of respondents (where stated)

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5. Key themes in the engagement responses

The engagement questionnaire included two free text questions inviting general comments from respondents:

- "Would you have any specific difficulty in accessing the War Memorial Health Centre in Crickhowell?"
- "Please use the space below for any additional comments you would like to make (For example, this could include your thoughts about whether this proposal will have a particular impact on different sections of the community. This could include impact due to equality protected characteristics, Welsh Language, socio-economic impact etc. We also welcome your views on how any negative impacts could be addressed."

In addition, narrative responses were received through letters and emails from stakeholders and other individuals, and through the questions and comments raised at engagement events.

The key themes are summarised below with illustrative examples.

5.1 Travel, Transport and Parking Impact

A dominant theme in engagement responses related travel and transport impact if the application is accepted and Gilwern residents are no longer able to walk to access GP primary care services.

We heard that the options would lead to additional travel and transport for patients, carers etc. and this would be exacerbated by minimal availability of public transport (both generally across the area, but particularly without direct public transport routes from the Gilwern area to Crickhowell).

- Respondents said that it would be difficult to access War Memorial Health Centre without a car in the household, or in a single car household if the car was in use (e.g. being used for work) and/or there would be dependence on support from others:
 - "I do not drive. I have to rely on family members to take me to Crickhowell if I need see a dr/nurse. I am able to walk to Belmont surgery in Gilwern."
 - "I would need someone to take me by car."
 - "I would have difficulty getting there if my car broke down."
 - "I have to rely on lifts."
 - "My family does not have access to a car."
 - "My mother in law would have to get someone to take a day off and take her over as she cannot walk to a bus now after a fall."
 - "I have no transportation and my son has to travel a 60 mile round trip to take me or my wife."
 - "104 years old, limited mobility, nearest family 100 miles away, no bus service."
 - "Many villagers are elderly and don't have a car."

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- "I use my bike when able to attend the surgery as I do not drive, so having to go to Crickhowell would be too far to cycle."
- Respondents said that whilst they were currently able to drive, this may not be the case in future:
 - "When I am no longer able to drive it would mean a bus to Abergavenny then a Brecon one, or a taxi."
 - "At 78 I don't know how long I will be able to drive, and there is no direct public transport between Gilwern and Crickhowell"
- Respondents said that there was not a direct bus route between Gilwern/Clydach and Crickhowell, and bus transport could be a long journey changing in Abergavenny which may prompt patients to re-register with a GP practice in Abergavenny.
 - "The buses are not linked up."
 - "A return trip requires 4 buses.....IF they turn up."
 - "Two mile walk to Gilwern and then bus to Crickhowell."
 - "There is an hourly bus service to Abergavenny but there is no direct bus service between Gilwern & Crickhowell."
 - "I am not aware of any bus service from Clydach north."
- Respondents said that taxi availability was not always predictable and that a taxi journey would be expensive:
 - "My options are: taxi (expensive and unreliable); bus to Abergavenny and then bus to Crickhowell (infrequent, and depends on convenient connections); walk (around an hour and a half each way)."
 - "A taxi is expensive."
 - "I am in a wheelchair, a taxi is a lot of money."
 - "I no longer drive and taxis are expensive (£15 - £17 each way) and there is no bus service from Gilwern."
 - "Taxis are unavailable during 'school run' hours. I have recent experience of this when my car was off the road and there were no taxis available for an early morning appointment in Crickhowell, so a friend kindly took me there and back. If I had to rely on taxis for appointments in Crickhowell over the last 12 months it would have cost me more than £240."
 - "If I was unable to obtain a lift - taxi fare £40 return."
- Respondents said that alternative forms of transport were not always available:
 - "There is no direct bus service from Gilwern to Crickhowell and I have been refused the option of using ambulance transport."
- Respondents said that changes would have a financial impact and create a barrier to access particularly for people on lower income and/or making it more difficult for people with disabilities and health conditions to access face-to-face GP primary care:

- "Disability, low income."
- "It is the cost of transport mainly. A taxi is expensive."
- "Fuel costs"
- "I'm deaf. For appointment, I have to pick my mother up from gilwern to Crickhowell to help me to communicate with doctor/nurse."
- "Taxi to much money."
- "Had two appointment in Crickhowell walked 12 miles took from 12.05-5.15. Taxi £15 each way so had no choice but to walk."
- "The time needed to attend Crickhowell and transport my family members implies additional lost earnings, fuel use and pollution."
- Respondents said that this could be a high cost for a relatively routine requirement such as dropping off a sample:
 - "As getting older may not be driving much longer and would rely on buses to Abergavenny and back out to Crickhowell. Not frequent and do not always connect so long journey time, possibly two hours each way. Ridiculous if only want to hand in a sample."
- Respondents said they had health issues that reduced their ability to drive:
 - "I don't drive currently as I am on a waiting list for cataract surgery."
 - "I am visually impaired and not able to drive."
 - "Arthritis problems"
 - "There are times when I have had to stop driving due to a change of medication – I have drug-controlled epilepsy."
- Respondents said they had concerns about parking at War Memorial Health Centre:
 - "Parking is a major issue. I find it difficult to park and then safely get my children (toddler and baby) out of the car."
 - "The car park is too small and virtually always full."
 - "The car park is full now and would be unable to cater for increase traffic."
 - "There are limited Car parking bays, Very Few Disabled bays- Means someone has to travel with me to park the car in the lay by."
- Respondents said that the direct road route can be affected by weather impact:
 - "Flooding on the road."
 - "Winter will be problematic due to floods. Frequent trees across roads."
- Respondents said that reduced ability to access GP services on foot would have an environmental impact:

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- "There is also the issue of costs and the environmental issues associated with the increased travel."
- Respondents shared feedback about wider changes to services including recent changes to Nevill Hall Hospital:
 - "We have been massively impacted by the reduction in NHS local services, for instance the closure of A & E at Abergavenny and Newport imposes massive additional travel costs and make life impossible for non drivers."
 - "It is also important to note that the opportunity for domiciliary visits by general practitioners, consultants and community nurses is less than in the past."
 - "Very often only given telephone appointments with no definite time which is hard to schedule around work. Also very inflexible regarding calling at 8:30 when I start work before then - almost impossible for my sister to arrange a smear test as they would only make an appointment on the day."

5.2 Alternatives to accepting the closure application (Workforce, Provider, Practices)

We heard suggestions of alternative steps that could be considered instead of accepting the closure application:

- [NP7] "The village doctor's surgery was a not insignificant selling point when we moved here and has been much missed in the last 3 years. It used to be very well used. Surely someone, maybe a Monmouthshire or Gwent Practice, would consider taking it on?"
- [Stakeholders] In discussion with stakeholders, questions were raised whether the premises could be purchased by either health board for the continued provision of GP primary care services and for other local health and care services. Stakeholders also asked whether an alternative GP practice could take over the premises to offer GP services in Gilwern.
- [NP7] "Gilwern could be Nurse led as it was during Covid."
- [NP7] "Perhaps one of the Abergavenny practices would take over but would need adequate funding to use branch to its full potential."
- [NP7] "Might not a solution lie in the two Area Healths paying for the cost of the running of the Belmont Building or even taking over ownership of it?"
- [NP7] "Has sharing facilities in other community buildings been considered such as Gilwern Community Centre or Village Hall."
- [NP7] "If the surgery were to close, could a weekly surgery not take place at an alternate location in Gilwern by renting space in an existing facility such as the community centre in lower common which already houses a library and offers space. This would substantially reduce overheads for the medical practice whilst maintaining a local presence once or twice a week to meet local needs."
- [NP7] "Why not transform the room where the drop-in event took place into a reception, nurse's room and doctor's room? The hours could match the library hours to keep costs down. I'm sure the community would welcome the sort of solution."

5.3 Alternative ways to address local health need if the closure application is accepted

We heard comments about alternative ways to address local health need if the closure application is accepted.

- [NP7] "Many people in Gilwern ... are not happy about telephone conversations"
- [Stakeholders] In discussion with stakeholders, suggestions were raised for public and third sector services to work together on options for providing other community services more locally either through use of the Belmont Surgery premises if prudent options for securing the premises could be identified, or using other locations such as the Gilwern Community Hub
- [NP7] "The doctor/nurse would have to do a home visit."
- [NP7] "To their credit, I find all their clinicians excellent and their appointment system via phone does work really well. I have no problem with telephone consultations I think it was the push they needed to make."
- [NP7] "Co-ordinated appointments, such as vaccinations, blood tests, dressings etc. could be administered with NHS vehicles "Parked", in the village, or use of community halls, public spaces, schools etc..Online access expanded with support. A more proactive approach to screening older patients, eg regular blood tests, scans or "Health checks", so a more co-ordinated future care policy identified."
- [NP7] "Telephone and video-conferencing appointments are useful and have their place, but are often inappropriate to a patient's clinical needs, or not accessible to the those without access to appropriate technology eg. the technically naive, especially, but not exclusively, the elderly."
- [NP7] "If the closure does go ahead hopefully the patients will be given the opportunity to hand in samples somewhere locally, the chemist maybe instead of a long and difficult bus journey which can be challenging when not feeling well, especially if a urine infection is the problem"
- [NP8/LD3] "I do not use any technology, so any increase in the use of technology by the practice will not be of any help to me or other people in my position."
- [Other/None] "I believe it would be better for the Aneurin Bevan health board address the concerns of the Gwent residents rather than hoiking themselves on to our health authority."

5.4 Comments about alternative practices and re-registration

We heard comments about options for registering with alternative practices and barriers to re-registration.

- [NP7] Please get me a transfer to a surgery in Abergavenny."
- [NP7] "I would like to transfer to a doctor in the Aneurin Bevan area. When I first registered at the Belmont surgery I did not realise it was part of Powys practice. I had to travel hundreds of miles for the various COVID shots, despite there being a mass vaccination center in Abergavenny."
- [Stakeholders] During meetings with local stakeholders, specific issues for registered patients in the Clydach area were discussed including whether other neighbouring

practices would consider extending their practice catchments so that Clydach residents had other re-registration options.

- [NP7] "Whatever decision is made I think many Patients will seek to move to another Surgery, I will be one of those people."
- [NP7] "As long as I remain a patient at crickhowell health centre."
- [NP7] "Although the FAQs say that people currently registered will remain it does not confirm anything about new local residents or guarantee that change won't occur in the future"
- [NP7] "Some patients have used this surgery for a significant period of time, changing a GP and developing a level of trust and familiarity takes time and can be stressful."
- [NP7] "Will I be able to register with doctors in Abergavenny?"
- [NP7] "My specific disability is deafness which I have had since childhood and which now steadily worsening. while I can copy in a village with one busy road to cross. travelling and changing buses in a town will be difficult and risky."
- My safest option would be for me to register with Old Station surgery in Abergavenny which is adjacent to a bus stop with a direct service. I do not know if that change of practice is possible now and worryingly if it will be possible when I need it."
- [Stakeholders] During meetings with stakeholders concerns were raised whether neighbouring practice lists were open to new registrations, and also whether they could accommodate a significant number of new registrations if patients chose to move from Crickhowell Group Practice.
- [Other/None] "If patients who attend Belmont want to entertain any remote chance of actually seeing a GP face-to-face then they would be better served transitioning to Monmouthshire."

5.5 Concerns about adverse impact on health outcomes

Responses raised concerns that the closure of the branch would have an adverse impact on health outcomes:

- [NP7] "I feel visiting nurses would be needed for them or the patient will ignore symptoms that lead to more medical problems."
- [NP7] "So, are we going to have to do what many people seem to be doing and be forced to call 111 and then 999? We don't want to be those people."
- [NP7] "I imagine patients will be less likely to try and travel to Crickhowell and live with the ailment until it is critical and then have to access emergency services, call ambulances and visit Accident and Emergency departments."
- [NP7] "I used the local practices recently for a minor illness when I was working from home. I almost did not go to the appointment as I had to travel to Crickhowell have tests and then travel back again for the results later in the day and then travel back again to see the doctor and pharmacy. It was a significant amount of my day when I was supposed to be in work dealing with some important issues and meetings. It turns out I have an infection and needed antibiotics immediately. If I had waiting longer the condition would have gotten worse."

- [NP7] "There could be long term cost implications on the NHS if people cannot get to Crickhowell. They become seriously ill because they have not been seen by a GP this could result in hospital admissions, and maybe respite care which would place a greater burden on the NHS. Similarly if a young mum is not able to get to Crickhowell to see a GP then she gets worse, this could possibly result in a hospital stay where Social Care may be needed for the children."
- [Other/None] "The future health needs and well being of a large number of people are currently served in some form by access to the Gilwern site and its total loss would deprive them of any type of equitable health potential."
- [Other/None] "A GP surgery within the community is essential in order to not prohibit access to those who rely on public transport either through geographical location, lack of transport facilities or lack of income to access the transport."
- [Other/None] "Removing this medical space for the residents who have historically been permitted to register with Crickhowell GP practice but live on the Gilwern side of the catchment would be an incredibly negative event for the immediate and long term health needs of the population of all ages."

5.6 Specific impact on: carers; on people with long term conditions and disabilities; young people; older people; pregnancy & maternity and families with young children, people on low income

Expanding on the above, respondents felt that an adverse impact was more likely to be felt by certain sectors of the community including carers, older people, people with long term conditions and disabilities, young people, pregnancy & maternity and families with young children, and people on low income:

- [NP7] "I feel that this proposal to shut the Gilwern Surgery will adversely affect the older population of Gilwern who may not drive or have access to transport to Crickhowell."
- [NP7] "Gilwern has an older population and being able to access the doctors easily is essential"
- [NP7] "It may not only be the elderly who are concerned about the possible loss of a GP but young families may also be concerned"
- [NP7] "The closure would have a significant negative impact on older patients and families with young children. It would also have a negative impact on patients with mobility and disability problems."
- [NP7] "The older demographic in Gilwern and young mothers would be greatly affected by this surgery closing down especially as our community continues to grow."
- [NP7] "Gilwern residents who are financially marginalised would not be able to access Crickhowell."
- [NP7] "There are many elderly residents living in sheltered accommodation at Coed Uchel in Gilwern that use the Belmont Surgery."
- [NP7] "I've four children two with disabilities and an elderly mother in Gilwern all who I'm carer for and having to travel to Crickhowell surgery and find parking is very inconvenient and expensive on fuel."

- [NP7] "I am sure I am not the only retired person with a physical disability without transport in Gilwern."
- [NP7] "I suspect that those most adversely affected by the proposed closure, because of mobility problems, lack of transport, difficulty with cost of transport etc will be under-represented in this questionnaire and other impact assessments."
- [NP8/LD3] "Please consider the older people in Gilwern who don't have transport or anyone to bring them Crickhowell."
- [NP8/LD3] "Although not a patient that uses the Gilwern branch, I worked part time there for 10 years and I know how valuable this service is to older people and people without cars."
- [Other/None] "It will have a huge impact on the local community especially the elderly and people on low incomes who don't have transport."
- [Other/None] "This proposed closure will have a disastrous effect on the elderly community in Gilwern many of whom do not drive."

5.7 Wider Potential Impact (economic, social, cultural, environmental)

As well as health impacts, respondents highlighted issues that they felt might lead to a wider impact on the community, e.g.

- [NP7] "Our decision to move to Gilwern, on retirement, was partly weighted by the fact that it had a very well thought of GP surgery which would be easily accessible as we got older."
- [NP7] "One of the reasons we decided to buy our retirement home in Gilwern 7 years ago was that it had a surgery in the village and that we were close to Neville Hall. The latter hasn't turned out as we'd planned ... Can we please not make the same mistake(s) with the removal of access to local GP and nursing services in Gilwern?"
- [NP7] "The local area is already badly supported for public services, suffering from being caught between 3 local authorities who each pretend we don't exist."
- [Events] During engagement events, concerns were raised regarding potential consequential impact if the branch surgery closes on the wider economy of the village including whether it may lead to the closure of the pharmacy and then potentially of other local facilities, and also whether it will affect house prices.
- [Other/None] "The socio economic aspect needs to be addressed."
- [Other/None] "Gilwern is an isolated community in terms of bus access to Crickhowell as well as pockets of social deprivation and low income"

5.8 Changing and future need

Respondents also felt that there were key factors likely to affect future need, e.g.

- [NP7] "We are a growing community not the small village we once were."
- [NP7] "The local area that uses Belmont Surgery is way too big to close Belmont Surgery down ... Gilwern is known to be the largest village within Monmouthshire."

- [NP7] "Gilwern is growing faster than Crickhowell and already has a larger population than Crickhowell so it's ludicrous that Crickhowell should keep its surgery while Gilwern doesn't."
- [NP7] "With the increase in housing in Gilwern over the last 5 years we need our own practice."
- [NP7] "We had two doctors surgeries here in Gilwern at one time. Now despite Gilwern having new housing estates added. It is said Gilwern surgery is not sustainable this is a question."
- [NP7] "Gilwern is a large village of near equal size to Crickhowell so what is the logic of closure? Surely, the population density demands a localised service."
- [NP7] "A new estate of over 100 dwellings has been built behind my property and has created additional need for a local doctors surgery in Gilwern."
- [NP8/LD3] "The new build in Cwrt y Gollen will again have an adverse impact on the surgery and medical staff availability"
- [NP8/LD3] "Wales has an aging population, taking things like this away from them will put more stress on the NHS as a whole."

5.9 History and Legacy

Respondents commented on how services had changed compared with the past, e.g.

- [NP7] "This practice took over the surgery and all people living in Gilwern we made to go there despite having Doctors in Brynmawr. I feel that before long we will have no surgery at all at this rate."
- [NP7] "we have always had a surgery in Gilwern since the 1960's I think we and most people would miss it greatly."
- [NP7] "Going back some years there were two Dr Surgeries in Gilwern alone."
- [NP7] "There were two Doctor's practices in Gilwern 30 years ago, 1 bank, 1 building society, a dentists, and even a solicitor."

5.10 Consequential impact on War Memorial Health Centre and wider practice sustainability

We heard comments about the consequential impact on services at War Memorial Health Centre and wider practice sustainability. The impact for War Memorial Health Centre was a key theme in responses from Powys residents.

- [NP7] "The bigger concern here is the 4 retiring GP partners. Are they being replaced? Is this going to make it more difficult to get appointments at War Memorial practice?"
- [NP7] "Centralising everything into a larger combined service may seem like a cost-effective way forward, but it just leads to a poorer service in the long run and we all lose out."
- [NP7] "My concern is more to understand the viability of what will remain as this GPP."

- [NP7] "It could be argued (I do not have statistics) that trying to fit the patients of 2 practices into 1 building will only increase waiting times for appointments and, in the long term, damage the health of patients."
- [NP7] "will there be an increase of staff ie nurses doctors and HCAs to help with the extra demand in crickhowell surgery"
- [NP7] "If sufficient patients choose to move to another surgery this could impact on the viability of Crickhowell surgery who currently have approximately one third of the whole practice in the Gilwern catchment area. This could affect the remaining patients"
- [NP7] "I accept lack of transport is no reason for a home visit but I think the doctors will find more home visit requests."
- [NP8/LD3] "Hope the closure of gilwern won't impact Crickhowell getting busier"
- [NP8/LD3] "It's hard to get an appointment sometimes and do closing 1 surgery would make that worse unless there are plans to extend the surgery in crickhowell."
- [NP8/LD3] "I would be concerned about the availability of appointments at Crickhowell if Gilwern were too close."
- [NP8/LD3] "Difficulty in obtaining an appointment would increase, due to greater patient numbers"
- [NP8/LD3] "I am concerned that with the retirement of several doctors, the burden on the remaining medics of keeping Gilwern surgery open will be too great in both financial and workload terms and that this will lead to an overall deterioration in the good service that they currently provide"
- [NP8/LD3] "Closing down another surgery will impact upon both the people that use it and add that load to the main surgery which is already struggling to provide a responsive and adequate service. The latter will inevitably make matters worse for those of us that use 4the main surgery."
- [NP8/LD3] "Having to wait on average about 2 weeks for an appointment now will turn to 4-8 weeks wait due to the volume of people moving from Gilwin to Crickhowell"
- [NP8/LD3] "If this proposal were to go ahead I would hope that there would be more nurse/doctor availability to support it."
- [NP8/LD3] "there is a grotesque lack of strategic/workforce planning in health and social care that is leading to these provision and recruitment crises"
- [NP8/LD3] "One observation is that I think there would be a staffing manpower advantage in closing due to my experience of a similar circumstance. I was a GP partner at a surgery in LOCATION REDACTED. We closed a small branch surgery and found that the released medical time for the main surgery (because of more facilities & support staff) and reduced staff travel created capacity the equivalent of an extra 1/3 of a doctor plus a receptionist. In these times of too few doctors and nurses and severe difficulties recruiting staff this could be very valuable for the partnership if they are facing such difficulties."
- [Other/None] "I am quite poor and getting to see a doctor with my complicated health needs is already being affected by the lack of doctors and nurses that are in Crickhowell. My waiting times seem to be continually increased due to lack of medical professionals available. Introducing patients from Gilbert to Crickhowell would in my opinion only add to these long waiting times."

- [Other/None] "are there plans to employ 4 more GPs to do increased home visits should there be no surgery in Gilwern."

5.11 Consequential impact on the pharmacy in Gilwern

We heard concerns about the consequential impact on the viability of the pharmacy in Gilwern, e.g.

- [NP7] "As long as I can still collect my prescriptions in Gilwern pharmacy the closure of the surgery would have little impact other than increased time and travel costs."
- [NP7] "?chemistsurvivingilwern"
- [NP7] "My repeat prescriptions are dispensed at the pharmacy in Gilwern. If the surgery closed in the village will it have an impact on this arrangement?"
- [NP7] "the Gilwern Pharmacy might be destabilised by the reduction in prescriptions- it is crucial for the health of the village that they continue."
- [Event] At the drop in event, concerns were raised about the viability of the pharmacy if Gilwern branch surgery closed, including if patients re-registered elsewhere and therefore collected their prescriptions from dispensing GP practices or from pharmacies near their new GP practice

5.12 Current service experience and/or experience of services during COVID

We heard comments about current service experience, and particularly that services at Gilwern had reduced during COVID, e.g.

- [NP7] "The questions in this survey about frequency of visits to both Crickhowell and Gilwern surgery over the past 12 months are irrelevant as I was not given the option to attend Gilwern when phoning to book appointments"
- [NP7] "Pre COVID we used the Gilwern surgery which is closer and didn't require the use of a car. It's disappointing we never got to return to the surgery post pandemic and I have certainly noticed a decline in the levels of service"
- [NP7] "the surgery has become less assessable in the last few years even for percriptions, people who work can not pick up percriptions without taking time off work as the surgery pharmacy now closes at 5pm and the surgery is not open at lunch time either"
- [NP7] "I've always been seen at the Gilwern surgery prior to covid, on the odd occasion I may have been seen at Crickhowell if appointment times were more suitable. Since covid any appointments for myself or my children have been via telephone or at Crickhowell."
- [NP7] "There has been a problem since the health board stopped being Gwent, as we are directed to Brecon hospital rather than the nearer ones. I have tried to transfer but was told they wouldn't do home visits."
- [NP7] "My husband recently rang Crickhowell surgery for an appointment and the closest appointment that was available was two weeks away. Hence, he didn't bother!"
- [NP7] "It has been evident in the way the service has been provided over the last year that it has long been the intention to close the Gilwern Surgery"

- [NP7] "Would use Gilwern surgery but when I have booked appointments it has not been open."
- [NP7] "I thought that Belmont was still shut since the pandemic."
- [NP8/LD3] "We can no longer pick up our prescriptions from local shop in the village [Llangynidr] so have to travel to Crickhowell to get them service getting worse not better"
- [NP8/LD3] "Even now sometimes we have to wait weeks for an appointment"
- [NP8/LD3] "I've used the practice "triage" with telephone doctors' advice more often. I like this approach as it saves myself and the surgery time on matters than don't actually need a visit. I have subsequently picked up prescriptions from Crickhowell after such phone advice."
- [NP8/LD3] "To get through the door is challenging, the appointment system is shocking. As someone who has rarely needed the surgery in the past. I have found now I do need it you are inaccessible."
- [NP8/LD3] "There isn't any Welsh provision, as far as I'm aware. I would speak in Welsh with staff as a preference if the option we're available."
- [Other/None] "Answered 0 to question 6, because can never get an appointment [at Gilwern]. So my visits to Crickhowell is the only option"
- [Other/None] "the branch hasn't been open for appointments since COVID"
- [Other/None] "Most of my visits have been to Crickhowell because Gilwern surgery was closed."
- [Other/None] "Living in Monmouthshire but classified as a Powys patient has an impact on accessing other health services. Eg the requirement to travel to Brecon hospital for covid vaccinations instead of more accessible Nevil Hall hospital."

5.13 Wider NHS service changes and availability

We heard comments about wider service changes and availability including recent changes at Nevill Hall Hospital, e.g.

- [NP7] "Nevill Hall service have been removed with locals now having to travel miles further to access treatment. Out of hours appointments are being held in Brecon hospital which is impossible for some people to get to. Especially when it's for an unwell child at 3am in very bad weather."
- [NP7] "We have lost our local A and E at Neville Hall Hospital and now we may lose our local GP surgery."
- [NP7] "Having been pregnant in 2022, it has been difficult having no midwife appointments and health visitor session in the village. I had to attend Neville hall for any midwife appointments which was often quite inconvenient."
- [NP7] "This will put more pressure on the Grange, NHH and ambulance service as patients find it easier to access these services."
- [NP8/LD3] "It is frustrating living in a rural area that local health services such as these are disappearing, such as departments at Neville Hall being moved to The Grange and the prescription collection service being cancelled at Walnut Tree Stores."

- [NP8/LD3] "Channeling all patients through one surgery will have a detrimental impact on appointment wait times. The approach of closing hospitals in favour of channeling patients through one hospital highlights this point. I.e. The Grange hospital in Cwmbran, as it simply can not cope with the volume of patients and this is having a massive detrimental effect to the patients using this service"
- [NP8/LD3] "Many services at Crickhowell & Gilwern have been stopped with patients having to travel to Bronllys to obtain the treatment they require (with some treatments only available as and when, with long waiting lists."

5.14 Comments showing a level of support for the application

Some comments showed a level of support and/or acceptance of the application, e.g.

- [NP7] "Completely agree with the closure, the surgery in Gilwern is very outdated. There is clearly not enough staff to run it. I think patients will have a much better service if you are running from one place. "
- [NP7] "Good idea to concentrate resources."
- [NP7] "I have looked at the FAQs & I work in healthcare research (I know how difficult the current landscape is) & I would agree that you don't seem to have any options."
- [NP8/LD3] "I, as do many others in surrounding villages/areas have to travel to access Surgery so feel strongly that the population of Gilbert/Govilon and surrounding areas would have approx the same distance to travel"
- [NP8/LD3] "This plan will not have any impact on me as I would prefer to go to Crickhowell, since it's not so far from Cwmdru, where I live. If there aren't so many doctors it makes sense to close down the surgery in Gilwern, Although the people there will have to travel to Crickhowell, they will be no worse off than people in Cwmdru or anyone else in the surrounding villages. It's more important to keep one good health centre working well."
- [NP8/LD3] "I think it would be good to have all the specialised practitioners- Drs and Nurses working in one place. This will provide quicker access to individuals' expertise as needed on a daily basis. By having one surgery less admin time will be spent organising clinics etc, enabling an ongoing efficient service."

5.15 Comments about the engagement and/or decision-making process

Some comments specifically related to the engagement and/or decision-making process, e.g.

- [NP7] "This survey is inaccurate as one of the questions asks how often I've been to the Belmont Surgery in the last year. It has not reopened since closing at the start of the pandemic so your survey results will not accurately reflect the situation"
- [NP7] "We feel making these comments is almost certainly a complete waste of time and effort"
- [NP7] "The lack of paper questionnaire for non IT households is disgraceful. I have relied on my neighbour to complete this. It will give an unbalanced response to your questionnaire."
- [NP7 – response submitted through the medium of Welsh] "Question number 3 is in English."

- [NP8/LD3] "This survey, for example is designed to provide the preferred answer; "it's fine if you close it" rather than seeking a genuine set of reflections on the likely impact."
- [NP8/LD3] "Would welcome the opportunity to see all data etc used in the decision making process to counter these problems."
- [NP8/LD3] "Does the Future Generations Act apply to this proposal?"
- [NP8/LD3] "This appears to be purely a cost saving exercise without any consideration of patient welfare"

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6. Engagement Questionnaire Analysis

6.1 Are you a registered patient of Crickhowell Group Practice?

Of the 715 people completing the engagement questionnaire, all provided information about their registration status and 98% (n=702) indicated that they were registered patients of Crickhowell Group Practice.

Some responses indicated that a single questionnaire response was on behalf of multiple household members.

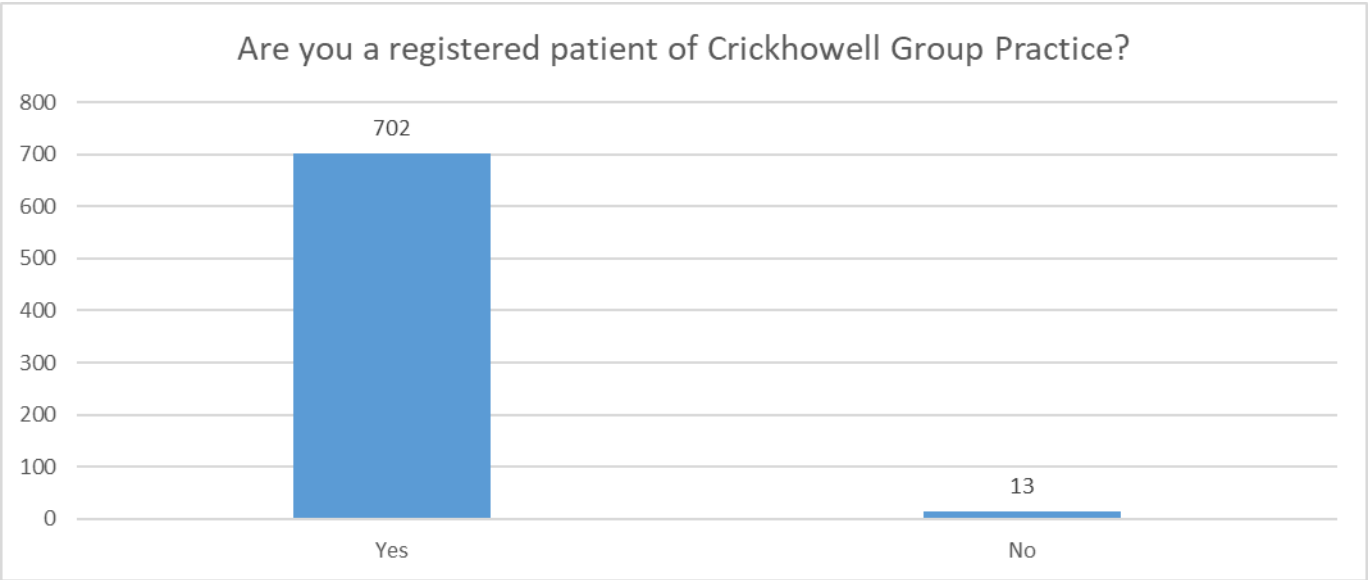


Figure 13: Information about registration status of respondents (where stated)

6.2 Do you attend the Belmont Surgery in Gilwern for appointments with a doctor, nurse or other health professional?

Over 70% of respondents indicated that they attended Belmont Surgery in Gilwern for appointments with either a doctor, a nurse or other health professional.

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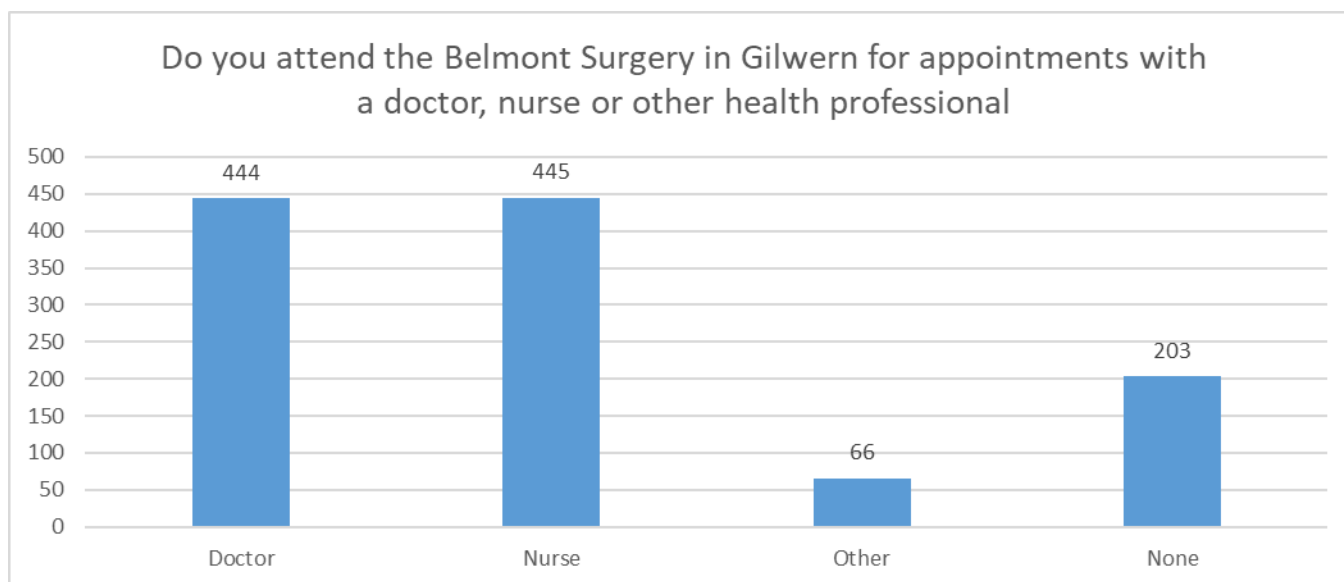


Figure 14: Appointments with doctors, nurses and other health professionals at Belmont Surgery

6.3 How many times have you been seen at Belmont Surgery in the last 12 months?

We asked respondents how many appointments they have attended at Belmont Surgery in the last 12 months. We recognise that the responses will be affected by COVID-19 and therefore in the subsequent question we asked people to indicate how this compared with pre-COVID.

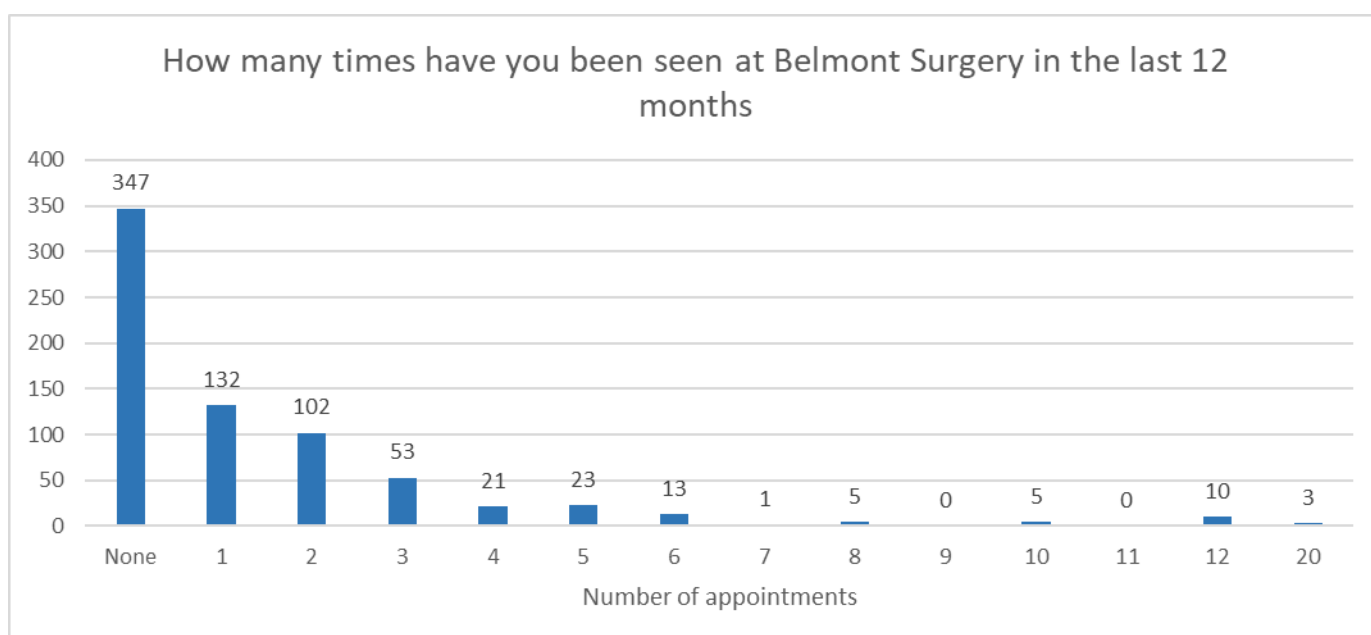


Figure 15: Number of appointments experienced at Belmont Surgery

The charts below demonstrate the difference in number of appointments between respondents living in NP7 postcodes (broadly, those registered patients living in Monmouthshire) and respondents living in NP8 and LD postcodes (broadly, those registered patients living in Powys).

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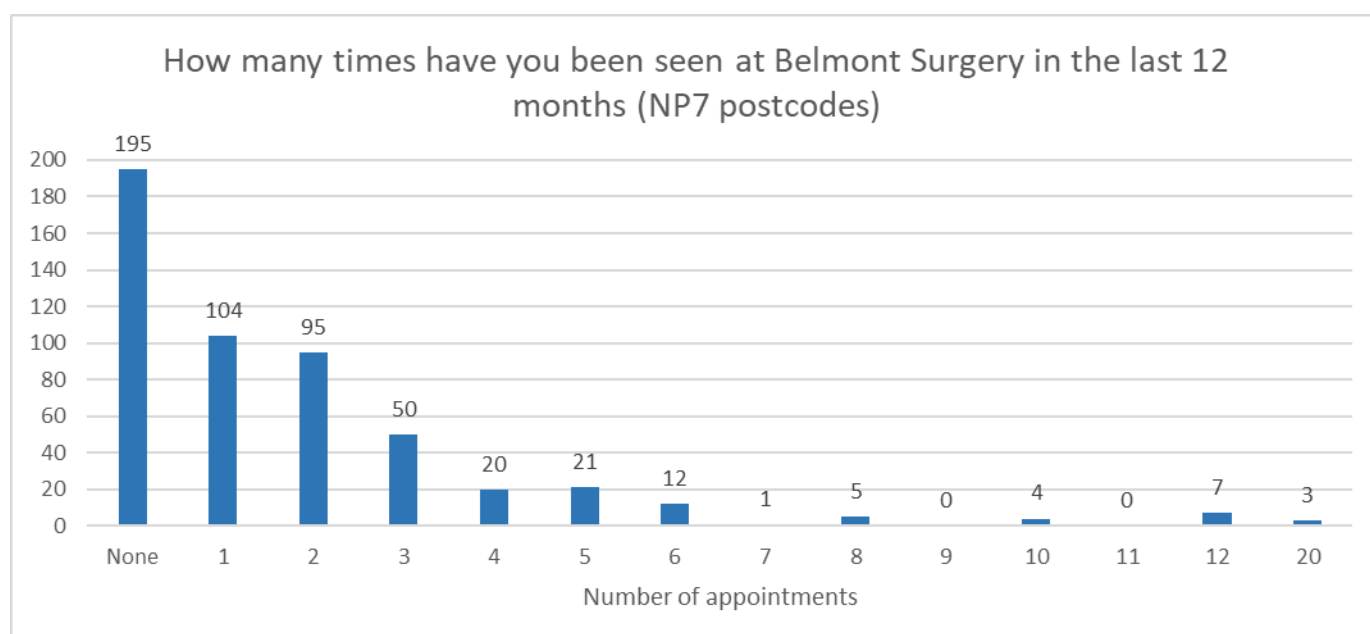


Figure 16: Number of appointments experienced at Belmont Surgery by patients living in NP7 postcode area

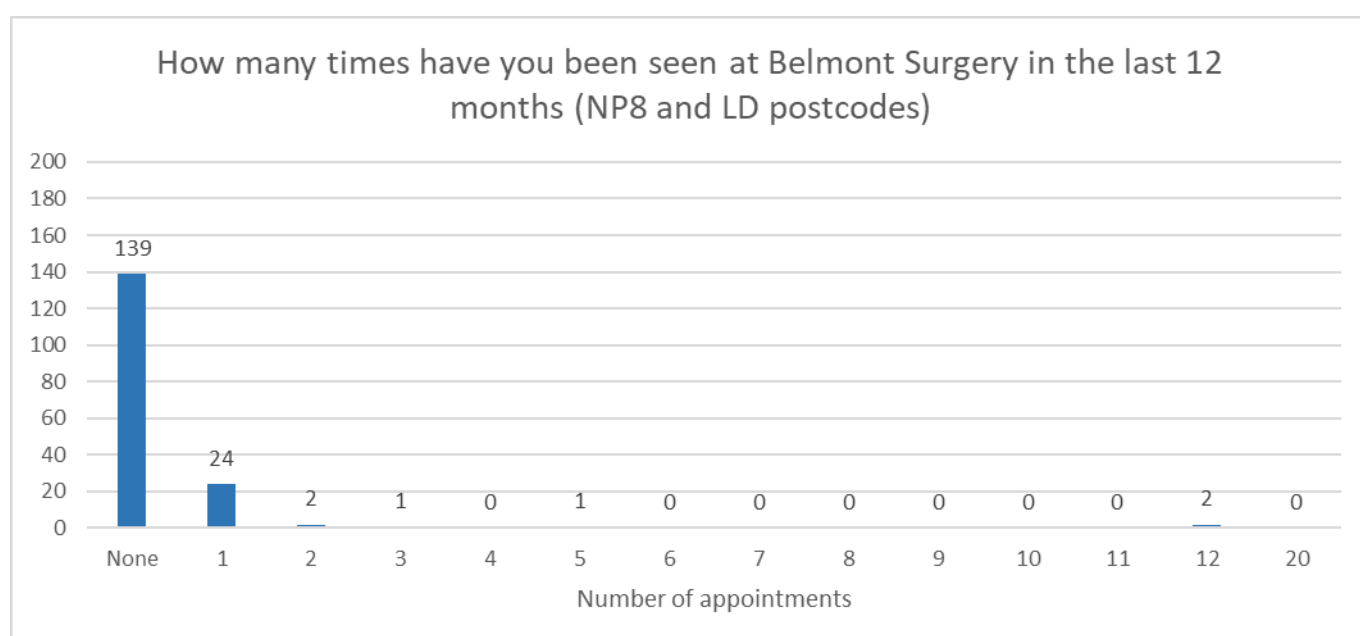


Figure 17: Number of appointments experienced at Belmont Surgery by patients living in NP8 and LD postcode areas

6.4 How does this compare with pre-COVID (2019/20)?

We asked respondents how this compared with pre-COVID. This question was asked as we recognise that the COVID period has affected the way in which NHS services have been delivered and later in the questionnaire a free text question provided an opportunity to expand on any issues the respondents wished to raise.

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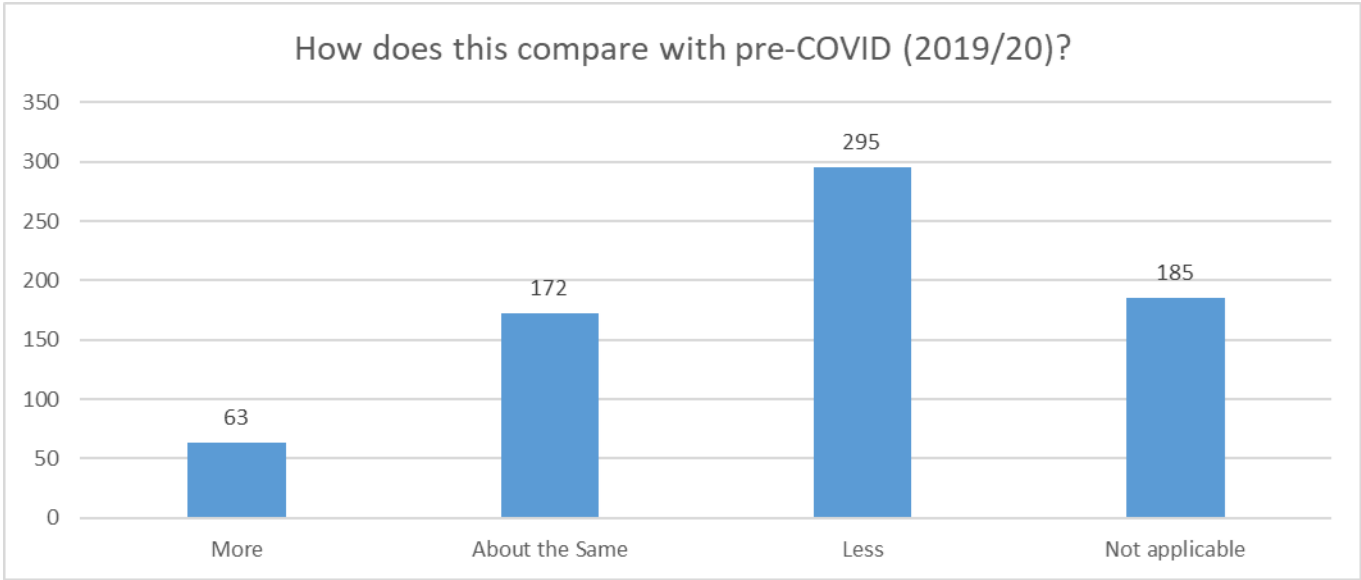


Figure 18: Comparison between appointments at Belmont Surgery in the last 12 months and pre-COVID

The charts below demonstrate the difference between respondents living in NP7 postcodes (broadly, those registered patients living in Monmouthshire) and respondents living in NP8 and LD postcodes (broadly, those registered patients living in Powys).

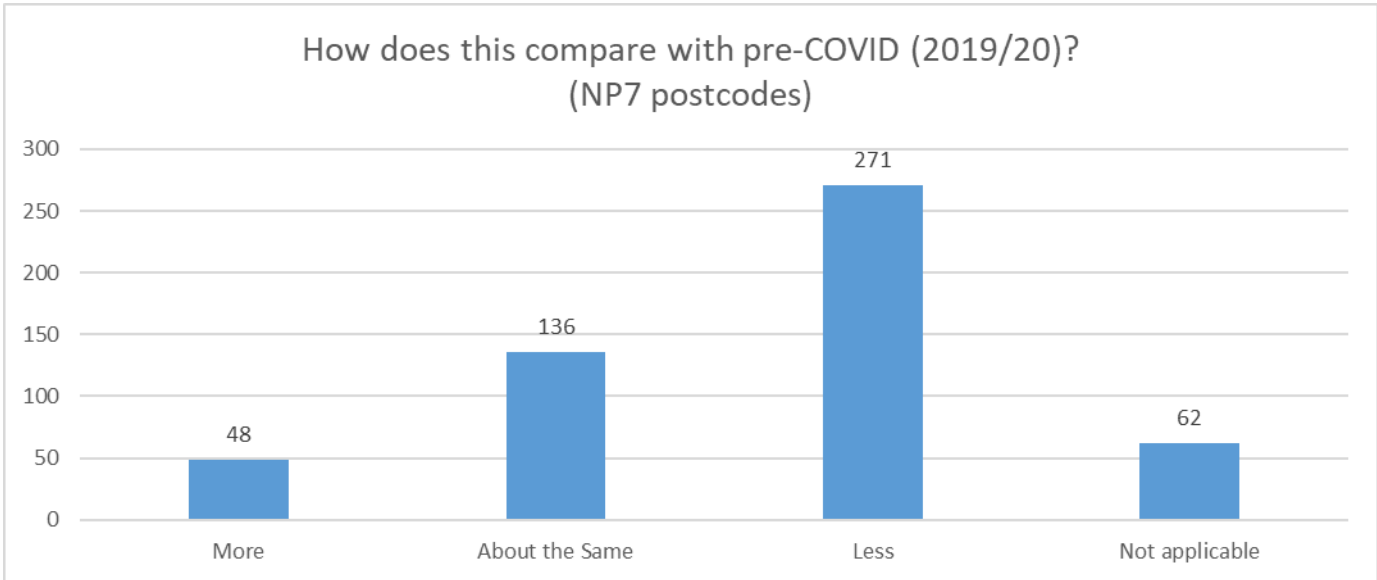


Figure 19: Comparison between appointments at Belmont Surgery in the last 12 months and pre-COVID for NP7 postcodes

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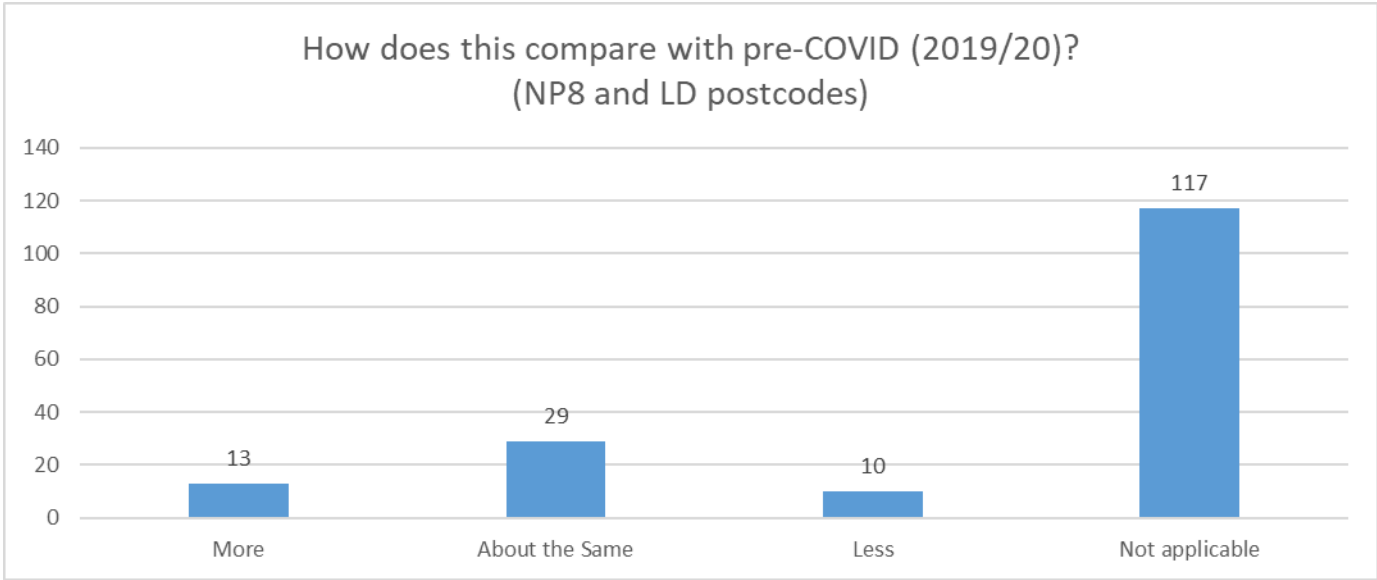
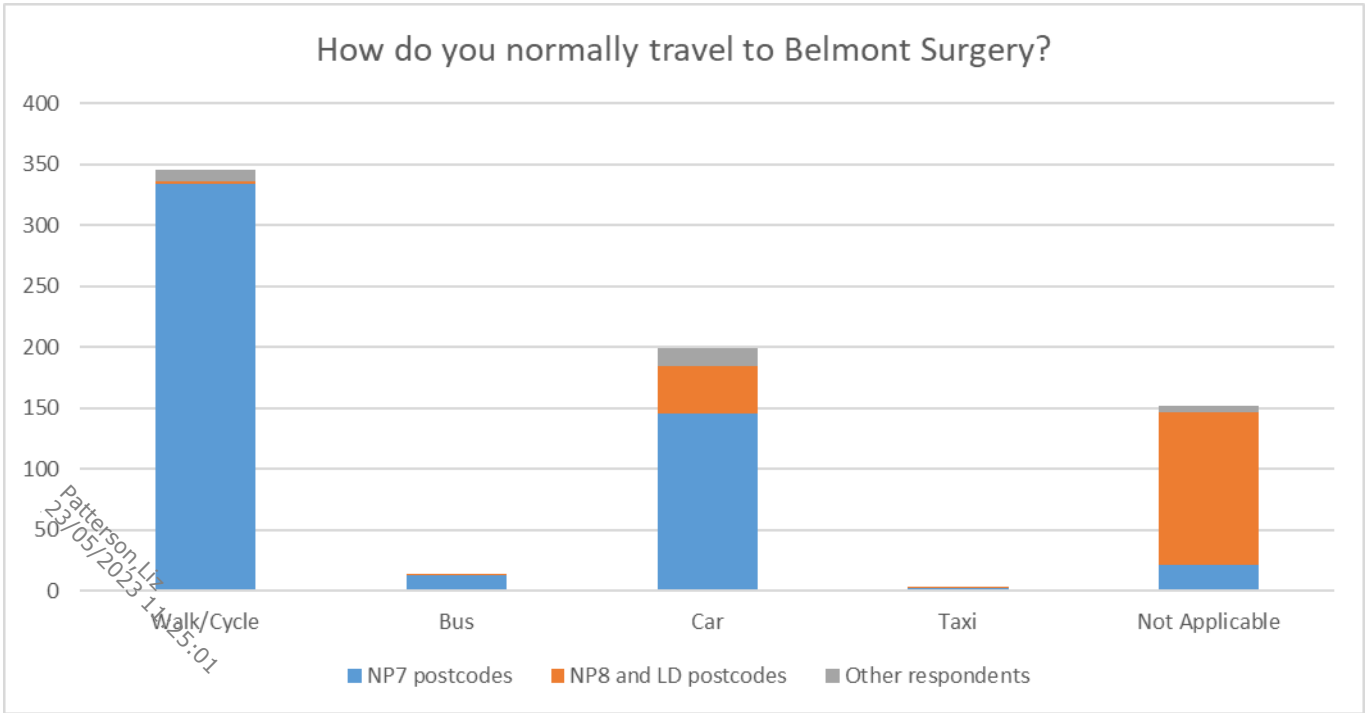


Figure 20: Comparison between appointments at Belmont Surgery in the last 12 months and pre-COVID for NP8 and LD postcodes

6.5 How do you normally travel to Belmont Surgery?

We asked respondents how they normally travel to Belmont Surgery.

How do you normally travel to Belmont Surgery?				
	NP7 postcodes	NP8 and LD postcodes	Other respondents	All
Walk/Cycle	334	2	10	346
Bus	13	1	0	14
Car	146	39	14	199
Taxi	3	1	0	4
Not Applicable	21	126	5	152



6.6 Do you attend appointments at the War Memorial Health Centre in Crickhowell with a doctor, nurse or other health professional?

Around 95% of respondents indicated that they attended War Memorial Health Centre in Crickhowell for appointments with either a doctor, a nurse or other health professional.

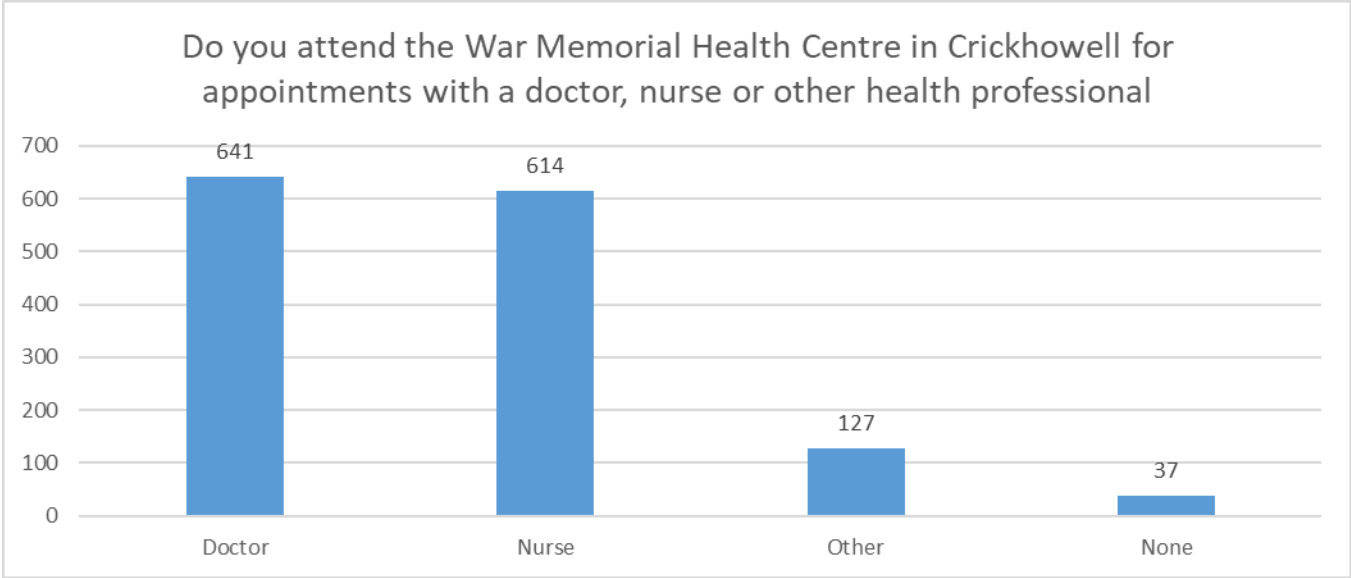


Figure 22: Respondents attending an appointment at War Memorial Health Centre in Crickhowell

6.7 How many times have you been seen at the War Memorial Health Centre in the last 12 months?

We asked respondents how many appointments they have attended at War Memorial Health Centre in the last 12 months. We recognise that the responses will be affected by COVID-19 and therefore in the subsequent question we asked people to indicate how this compared with pre-COVID.

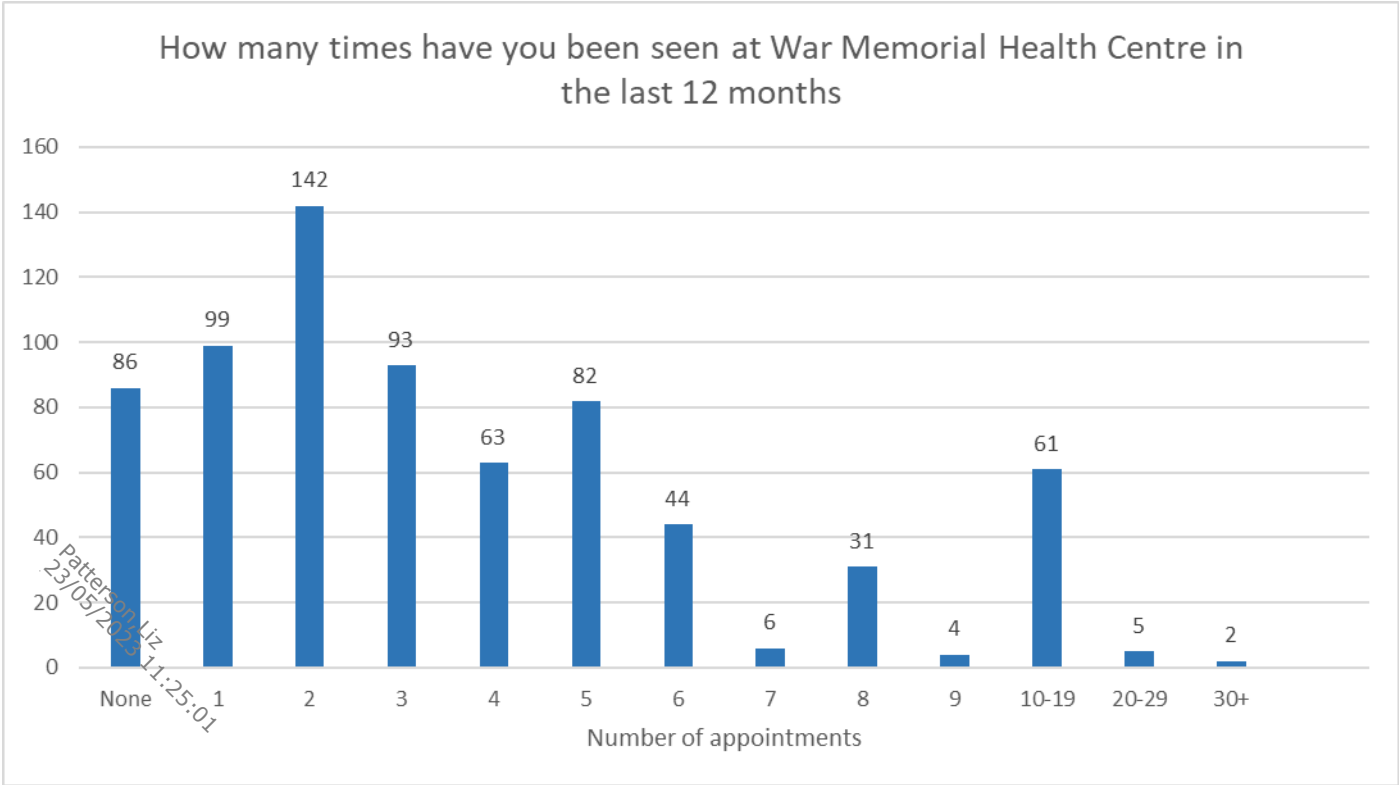


Figure 23: Number of appointments experienced at War Memorial Health Centre

The charts below demonstrate the difference in number of appointments between respondents living in NP7 postcodes (broadly, those registered patients living in Monmouthshire) and respondents living in NP8 and LD postcodes (broadly, those registered patients living in Powys).

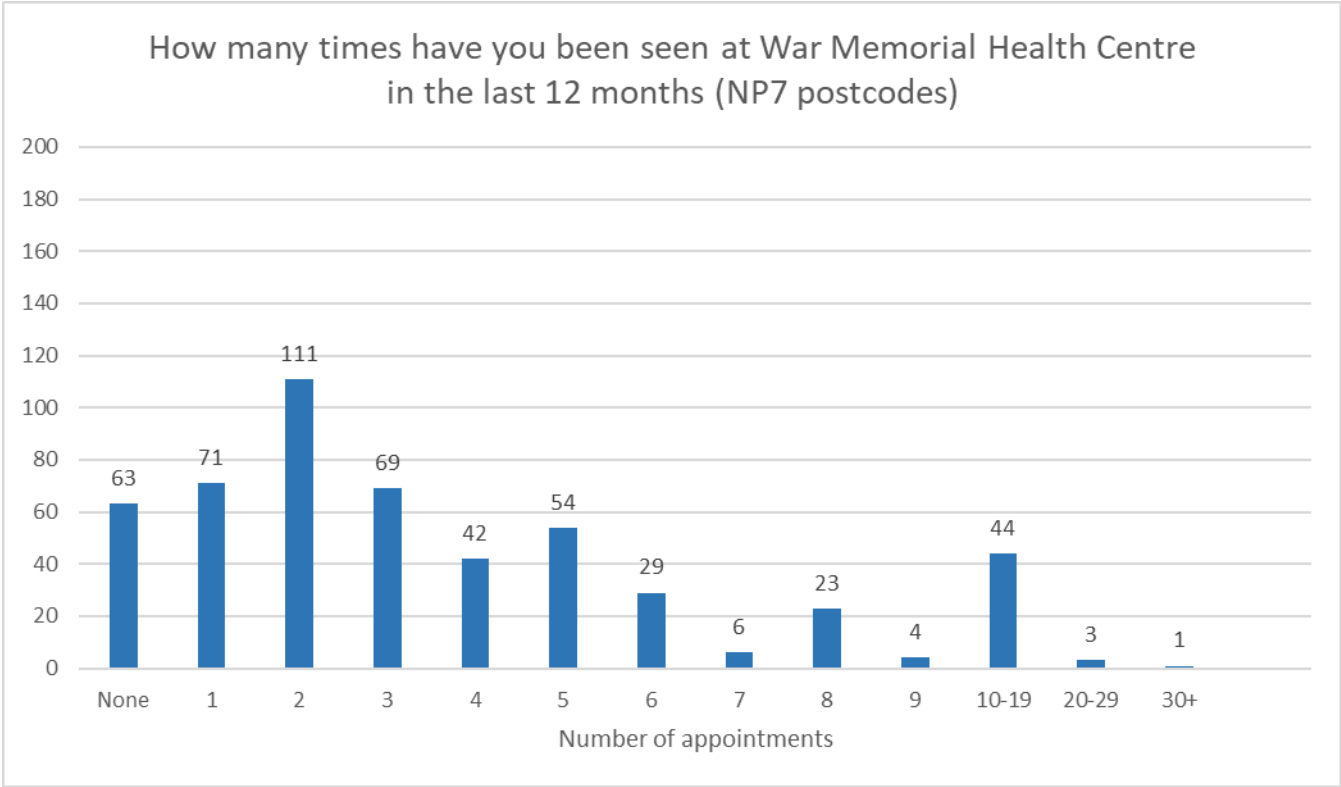


Figure 24: Number of appointments experienced at War Memorial Health Centre by patients living in NP7 postcode area

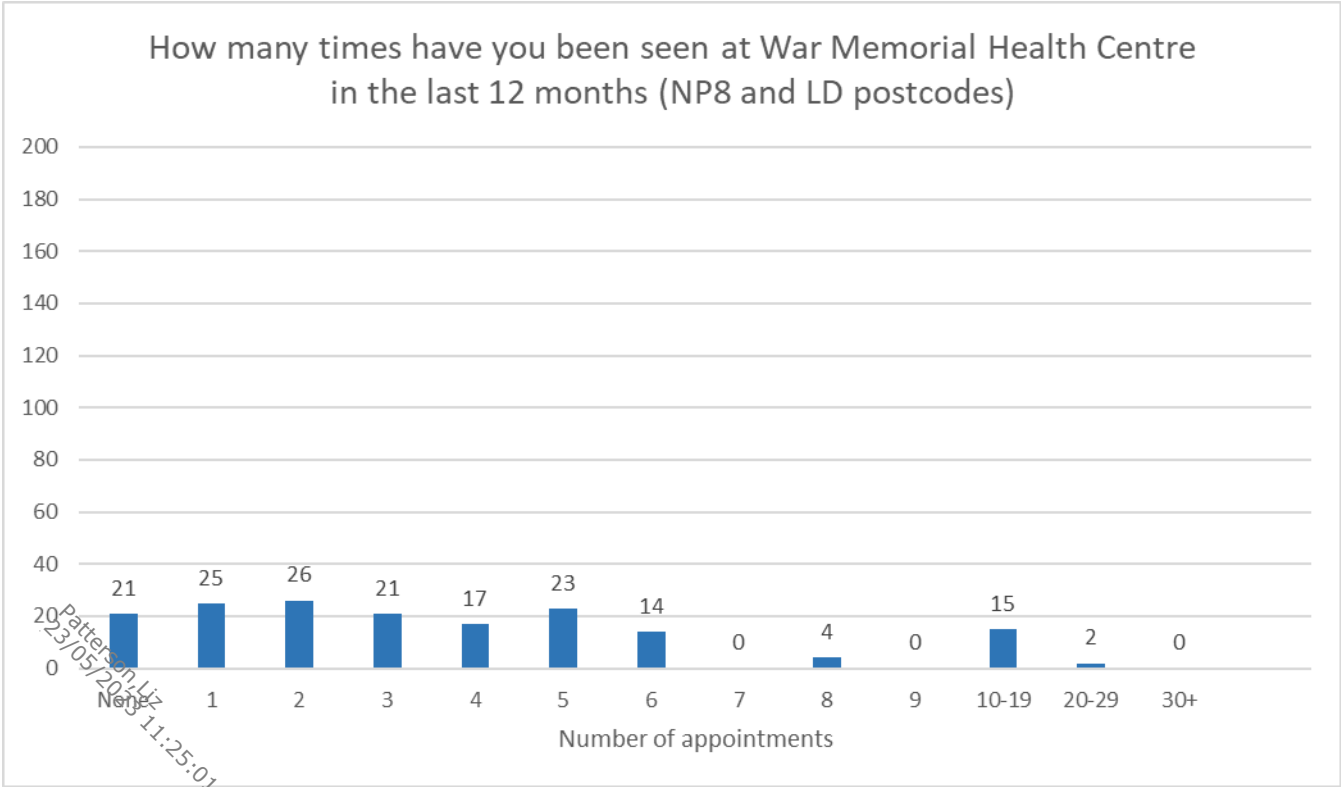


Figure 25: Number of appointments experienced at War Memorial Health Centre by patients living in NP8 and LD postcode areas

6.8 How does this compare with pre-COVID (2019/20)?

We asked respondents how this compared with pre-COVID. This question was asked as we recognise that the COVID period has affected the way in which NHS services have been delivered and later in the questionnaire a free text question provided an opportunity to expand on any issues the respondents wished to raise.

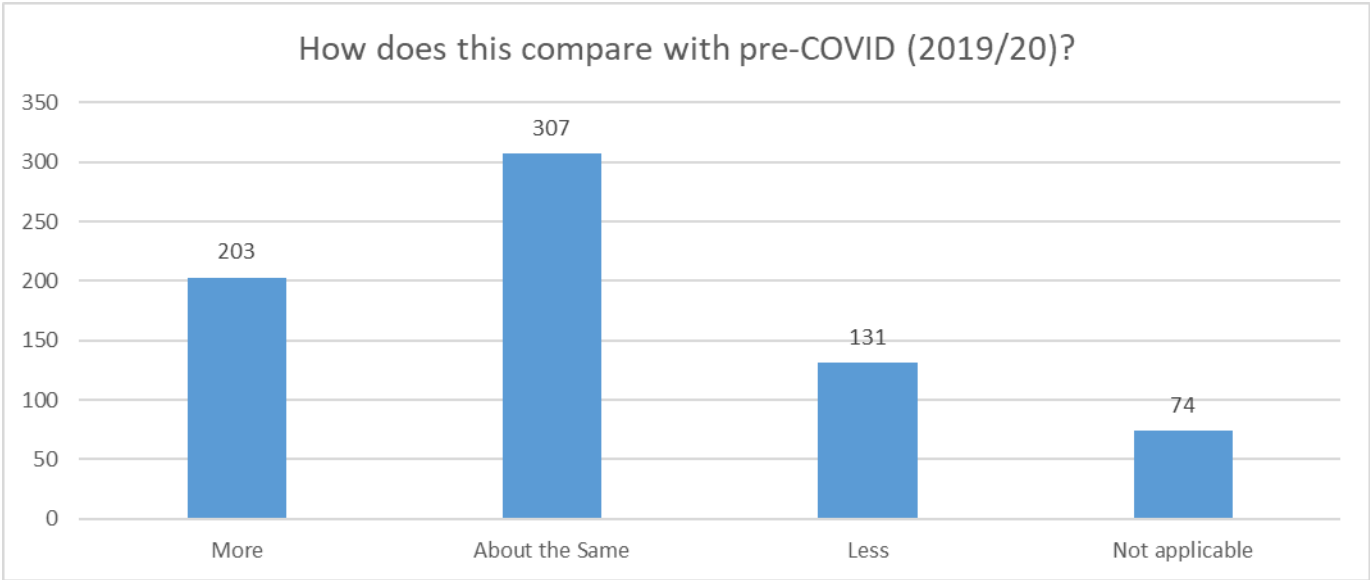


Figure 26: Comparison between appointments at War Memorial Heath Centre in the last 12 months and pre-COVID

The charts below demonstrate the difference between respondents living in NP7 postcodes (broadly, those registered patients living in Monmouthshire) and respondents living in NP8 and LD postcodes (broadly, those registered patients living in Powys).

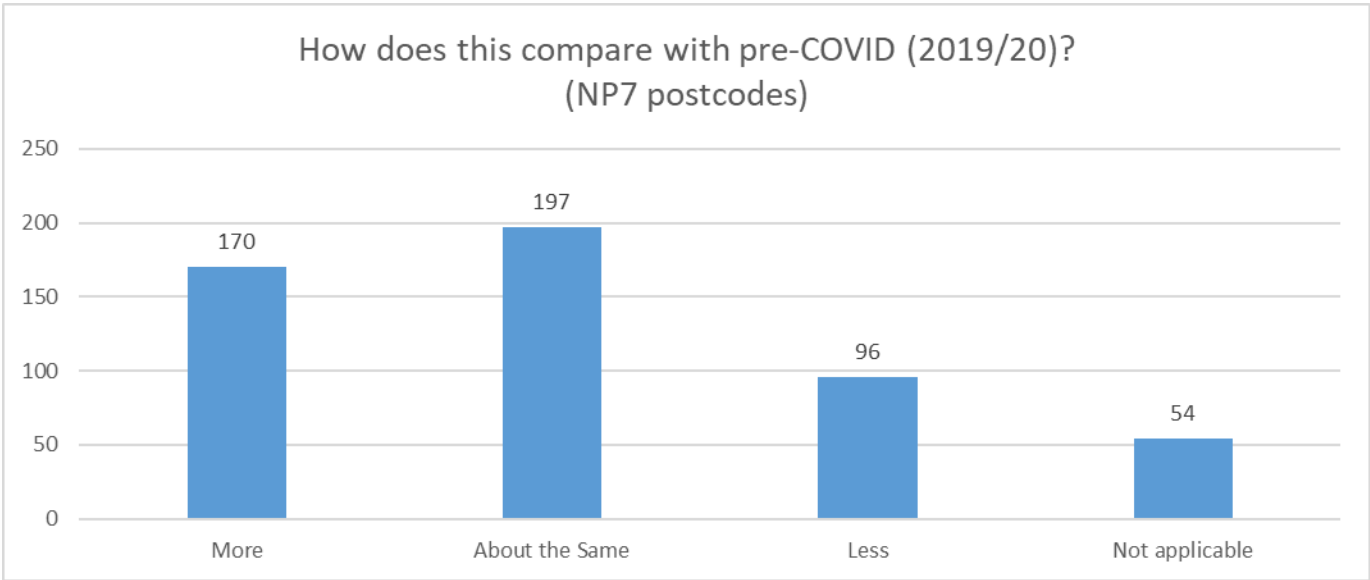


Figure 27: Comparison between appointments at War Memorial Heath Centre in the last 12 months and pre-COVID for NP7 postcodes

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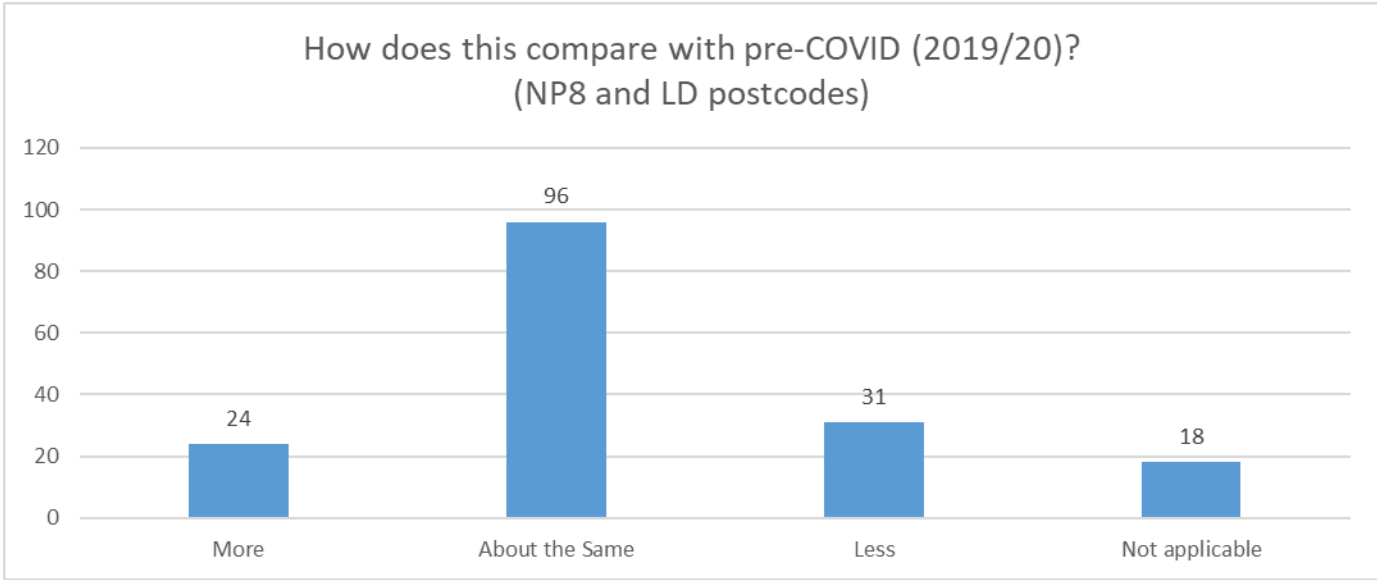


Figure 28: Comparison between appointments at War Memorial Heath Centre in the last 12 months and pre-COVID for NP8 and LD postcodes

6.9 How do you normally travel to the War Memorial Health Centre?

We asked respondents how they normally travel to War Memorial Health Centre.

How do you normally travel to War Memorial Health Centre?				
	NP7 postcodes	NP8 and LD postcodes	Other respondents	All
Walk/Cycle	5	49	2	56
Bus	6	1	0	7
Car	463	118	25	606
Taxi	28	0	1	29
Not Applicable	15	1	1	17

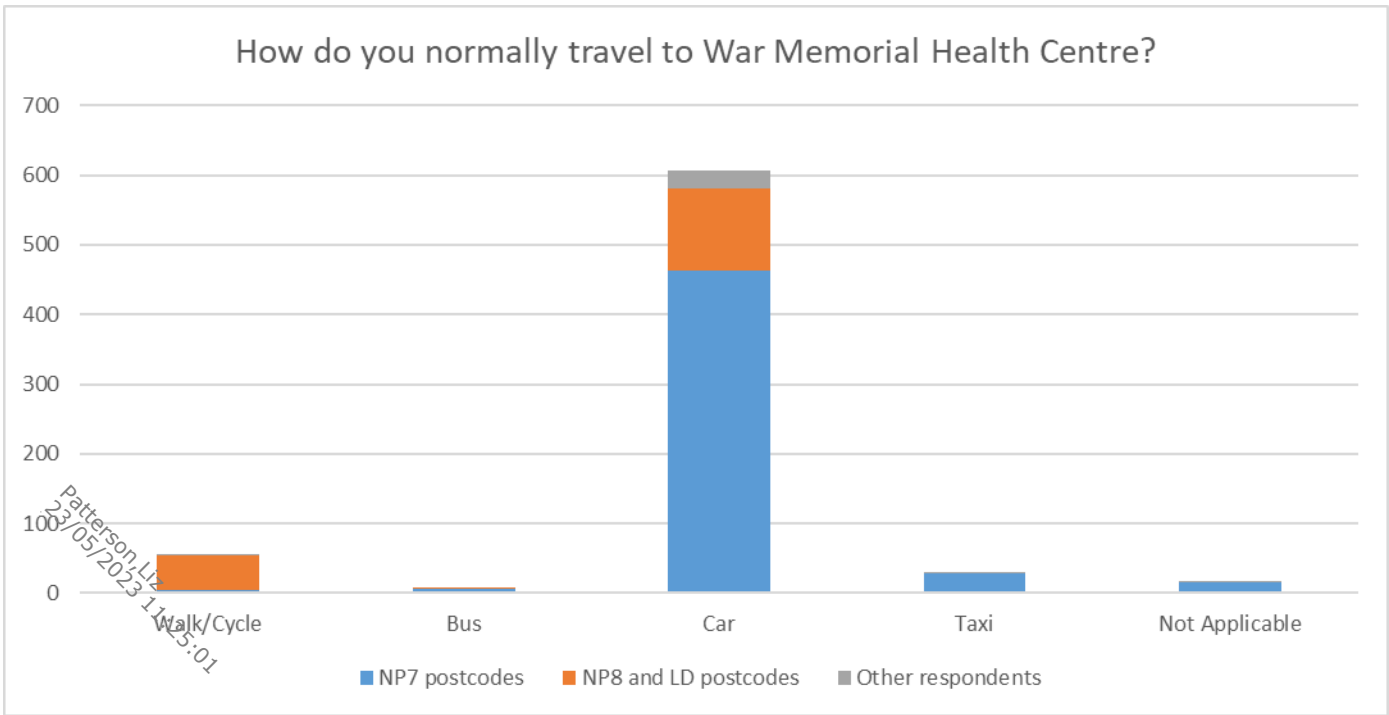


Figure 29: Method of travel to War Memorial Health Centre

6.10 Would you have any specific difficulty in accessing the War Memorial Health Centre in Crickhowell?

We asked people whether they would have any specific difficulty in accessing the War Memorial Health Centre in Crickhowell.

Would you have any particular difficulty in accessing War Memorial Health Centre?				
	NP7 postcodes	NP8 and LD postcodes	Other respondents	All
Yes	263	19	13	295
No	215	142	12	369
Don't Know	45	8	4	57

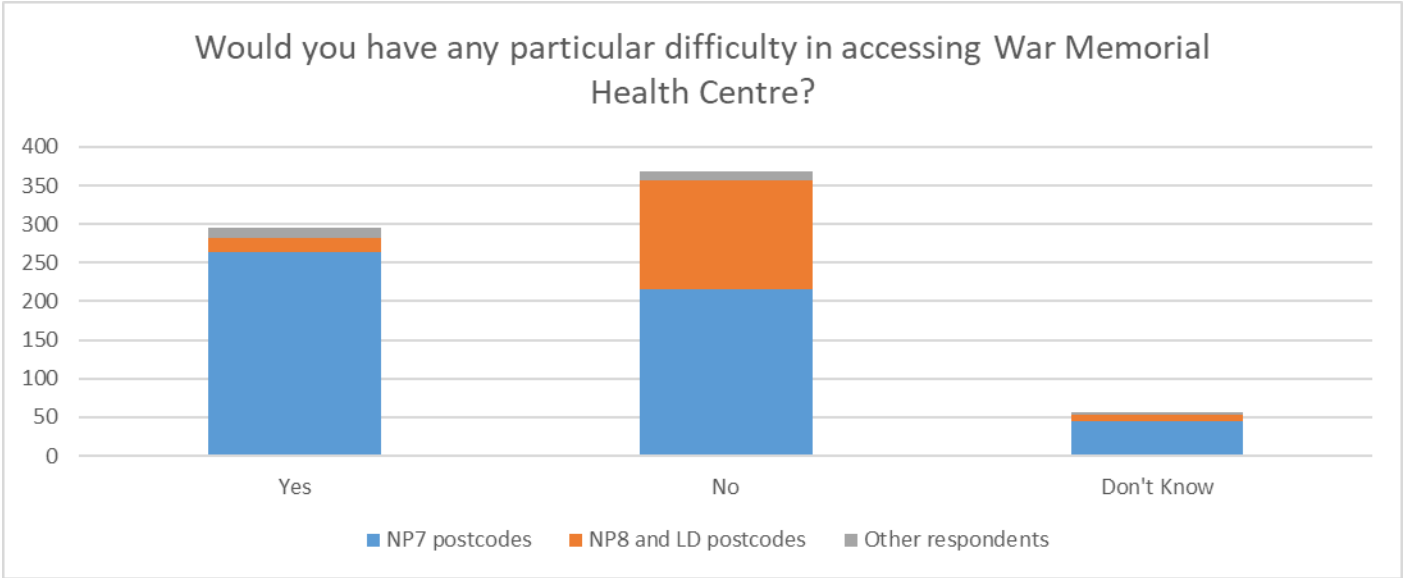


Figure 30: Difficulty in accessing War Memorial Health Centre

Where respondents answered “yes” to the previous question they were invited to provide more details in a free text box.

As indicated above, 50% of respondents from NP7 postcodes indicated in the previous question that they would have difficulties in accessing services at War Memorial Hospital.

Belmont Surgery can be accessed by many patients in Gilwern on foot (65% of respondents from NP7 indicated that they walked or cycled to Belmont Surgery, compared with 1% walking or cycling to War Memorial Health Centre).

Key themes in response to this question are summarised in Section 5.1 of this report.

6.11 Other comments

We provided space for other comments: “Please use the space below for any additional comments you would like to make (For example, this could include your thoughts about whether this proposal will have a particular impact on different sections of the community. This could include impact due to equality protected characteristics, Welsh Language, socio-economic impact etc. We also welcome your views on how any negative impacts could be addressed.”

The responses received demonstrated a clear level of concern regarding the potential impact of the closure application, particularly from registered patients in Monmouthshire with around one sixth of the patients from these postcode areas responding to the engagement compared with around 3% of patients from Powys.

Responses from NP7 postcodes were strongly focused on concern about the impact of the application, including in relation to travel & transport and differential impact for different parts of the community. Respondents expressed concern about the growing needs of the community, and potential wider impact including for the pharmacy and other services.

Within the responses from patients in NP8 and LD3 postcodes (broadly within Powys) there was a strong focus on the potential knock-on impact for services at Crickhowell if the Belmont Surgery in Gilwern closed including access and waiting times to see a health professional and parking impact. Some respondents highlighted that patients in the north of the practice catchment travel similar distances as Gilwern to Crickhowell.

Key themes in response to this question are summarised in Section 5 of this report.

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7. Responses from Key Stakeholders and Organisations

During the period of engagement the health board's engagement team and primary care team was in correspondence with the two local Councillors for Llanelly Hill (Cllr Brocklesby [Leader of the Council] and Cllr Howarth). The teams along with the ABUHB primary care team held one meeting with Cllr Brocklesby and Cllr Howarth during the engagement period, and one further meeting shortly after the engagement period with the addition of other neighbouring councillors and/or councillors resident in the area including Cllr Bromfield, Cllr Burch [Cabinet Member], Cllr Callard, and Cllr Neill.

Written correspondence was also received from:

- Aneurin Bevan Community Health Council (letter)
- Aneurin Bevan University Health Board (letter)
- Peter Fox MS (letter)
- Powys Community Health Council (letter)
- Natasha Asghar MS (via the online questionnaire)
- David Davies MP (letter)
- Crickhowell Volunteer Bureau (via the online questionnaire)

Copies of the responses from key stakeholders can be found in Annex 4a.

Key themes identified in stakeholder letters including:

- Concerns about availability of public transport from the Gilwern area to Crickhowell, and the potential impact for people who do not drive and/or do not have access to a car.
- Potential for re-registrations to other general practices.
- Requests for alternatives to closure to be considered jointly by PTHB and ABUHB.
- Confirmation from ABUHB that as Crickhowell Group Practice would not be de-registering patients then ABUHB general practices would not be in a position to take over the general practice primary care provision, and also that neighbouring practices have "open lists" and therefore patients can choose to re-register if they live within other practice catchments.
- Concerns about the capacity of the Crickhowell community transport service to respond to a potential increase in demand if the Gilwern branch closes.
- Seeking assurance that citizen concerns will be taken into account as part of the decision-making process, including through an options appraisal of alternatives and through Equality Impact Assessment and mitigation planning.

In addition, a local petition was received via Cllr Bromfield which contained 173 signatures as at 10 March 2023. It is understood that further signatures have been added. An update has been requested from the petition co-ordinators but has not been received.

8. Responses from Other Individuals

In addition to the questionnaire responses, three letters/emails were received from other individuals.

Copies of the responses can be found in Annex 5e.

Key themes in the letters reflected those raised in the online questionnaire, including:

- Concern about the potential closure and consideration of alternative options
- Impact of population growth and ageing population on future demand
- Travel and transport availability and cost both on Gilwern and outlying areas
- Knock on effect on services at the War Memorial Health Centre
- Wider changes to availability of NHS and other services

Patterson Liz
23/05/2023 11:25:01

9. Reports from Meetings and Events

Meetings and events during the engagement period included:

- 30 January 2023: online event
- 14 February 2023: drop-in event

Information about meetings and events, including event reports, can be found in Annex 3.

Specific issues highlighted at the drop-in event included:

Protected characteristics:

- Concerns on the impact of the closure on the elderly population of the village (with the observation that the village overall is ageing with a significant retired population)
- Effect on those with disabilities facing considerable challenges in accessing services in Crickhowell (we had at least two parents with children with disabilities that attended on the day)
- Impact on families with young children, and concerns about access to medical support with their children

Transport:

- Concern over the potential impact that the surgery closure would have on the Abergavenny/Monmouthshire-based volunteer driver service, which they feared would not be able to cope with the volume of new clients from Gilwern.
- Concerns over the lack of public transport from Gilwern to Crickhowell. A number of people pointed out that getting the bus to Crickhowell and return takes at least half a day, and depending upon appointment times and the timetable, will take many people a full day.

Impact on services:

- Concerns about the impact of the change on the local pharmacy service, and potential consequential impact on neighbouring businesses.
- Attendees cited that when they moved to the village there were two GP surgeries, and now are being faced with the possibility of having none.

Solutions/ideas:

- Interest from local people in exploring alternative service models using alternative premises, or technological solutions, or whether health boards could directly employ primary care staff and/or purchase the premises.
- Interest in the challenges faced in attracting and recruiting GPs, providing an opportunity to discuss the wider primary care recruitment environment in which we are seeing reduced interest in partnership positions and increased interest in salaried positions.

Other:

- Concern that closure of the GP surgery may impact on attractiveness of Gilwern as a place to live including for retirees and that this may impact on house prices.

10. Equality Impacts

Crickhowell Group Practice has submitted an application to consolidate services onto a single site as no feasible alternatives have been identified for retaining the premises in Gilwern which are owned by retiring partners, and in order to stabilise local primary care delivery and reduce the risk of the loss of further services in the area in the face of workforce challenges. The draft equality impact assessment document acknowledged that that any change will have an impact, but it is important to assess these impacts against the potential outcome if no changes are made and services are not stabilised.

Our engagement process has included the gathering and identification of key impacts across a range of equality characteristics including age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, sexual orientation, carer responsibilities and Welsh Language.

The previous sections have highlighted a range of factors that will impact people regardless of age disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, sexual orientation, carer responsibilities, Welsh Language and socio-economic deprivation.

Specific impacts are discussed below.

10.1 Age

Examples of potential impacts on older people:

- Older people are more likely to be regular users of health services. Changes to primary care services may have an increased impact for older people e.g. due to ability to drive, carer responsibilities, illness and infirmity, ability to travel etc.
- Older people may be less comfortable or familiar with newer technologies and may have difficulties in using them (e.g. lack of access to a computer, more likely to experience hearing difficulties of other sensory loss impacting on their ability to use the phone).
- People commented that Gilwern has an ageing population and for many local residents the branch surgery is within walking distance, and that Crickhowell is not easy to access by public transport.

Potential action that could be taken to mitigate the impact on older people:

- Explore options to improve the availability of transport between the Gilwern area and Crickhowell.
- Strengthen the availability of telephone and online services for those who are able to use them – so that more face to face appointments are available for older people who may be less comfortable with these technologies and services.
- Review the approach to home visits, recognising that some people would now have further to travel for their appointment – including recognising any carer responsibilities.
- Ensure that physical access to the practice premises and parking remained a priority, including availability of parking.
- Review booking, appointments, prescriptions etc. including to reduce unnecessary trips (e.g. for ordering and collecting repeat prescriptions).

- Work in partnership with the community pharmacy in Gilwern to maintain and/or improve availability of services.
- Explore opportunities for working together across partners - are there ways of strengthening partnerships with ABUHB, public sector, third sector and business sector in North West Monmouthshire to consider alternative provision and to address the disadvantage that older people may experience from any changes?

Examples of potential impacts on younger people highlighted in the engagement feedback includes:

- Younger people in the Gilwern area may be less likely to have independent access to transport in order to attend GP appointments and therefore would find it more difficult to attend appointments at Crickhowell, particularly if they wanted to attend confidentially. Gilwern branch surgery is within walking distance for Gilwern residents, and Crickhowell is not easy to access by public transport.
- Additional travel and transport difficulties for families with young children as there is not a direct public transport route.

Potential action that could be taken to mitigate the impact on younger people:

- Explore options to improve the availability of transport between the Gilwern area and Crickhowell.
- Strengthen the availability of telephone and online services, working with children and young people to develop options that work for them.
- Ensure that physical access to the practice premises and parking remained a priority, including availability of parking for families with young children.

10.2 Disability

Examples of potential impacts relating to disability highlighted in the engagement feedback includes:

- People commented that people with disabilities or long term conditions are more likely to be regular users of health services. They said that changes to primary care services may have an increased impact e.g. due to ability to drive, carer responsibilities, infirmity, ability to travel etc.
- They commented that people with certain disabilities may be less comfortable, familiar or able to adopt newer technologies (e.g. My Health Online) and telephone service (e.g. triage) and may have difficulties in using them (e.g. lack of access to a computer, more likely to experience hearing difficulties of other sensory loss impacting on their ability to use the phone).
- People commented that Gilwern branch surgery is within walking distance for local residents, and Crickhowell is not easy to access by public transport.

Potential action that could be taken to mitigate the impact on people with disabilities:

- Explore options to improve the availability of transport between the Gilwern area and Crickhowell.
- Strengthen the availability of telephone and online services for those who are able to use them – so that more face to face appointments are available for people with disabilities who may be less comfortable with these technologies and services.

- Review the approach to home visits, recognising that some people would now have further to travel for their appointment – including recognising any carer responsibilities.
- Ensure that physical access to the practice premises and parking remained a priority.
- Work in partnership with the community pharmacy in Gilwern to maintain and/or improve availability of services.
- Explore opportunities for working together across partners – are there ways of strengthening partnerships with ABUHB, public sector, third sector and business sector in North West Monmouthshire to address the disadvantage that people with disabilities may experience from any changes?

10.3 Gender Reassignment

Data about gender reassignment is not available at ward level.

Examples of potential impacts relating to gender reassignment highlighted in the engagement feedback includes:

- There are specific medical and support needs for people on a gender identity pathway, and therefore any changes to primary care services will impact on the ability to access primary medical care relating to their transition and wider health needs.

Suggestions elsewhere in this section for mitigating increased travel (e.g. improving the availability of transport, access to prescriptions) may help to mitigate these impacts.

10.4 Marriage and Civil Partnership

No significant issues have been identified that may affect people relating to gender reassignment differently from the issues affecting the general population.

10.5 Pregnancy and Maternity

Examples of potential impacts relating to pregnancy and maternity highlighted in the engagement feedback includes:

- During and after pregnancy people are more likely to need more regular access to health services so will be more significantly disadvantaged by any changes in those health services – and as pregnancy progresses this can impact on mobility, access to transport etc. so can increase the access challenges that may be experienced by the general population.
- People commented that Gilwern branch surgery is within walking distance for local residents, and Crickhowell is not easy to access by public transport.

Suggestions elsewhere in this section for mitigating increased travel (e.g. improving the availability of transport, access to prescriptions) may help to mitigate these impacts.

10.6 Race

Some people may have reduced access to independent travel and transport associated with their race or ethnicity, for example if they are a migrant worker or refugee.

Suggestions elsewhere in this section for mitigating increased travel (e.g. improving the availability of transport, access to prescriptions) may help to mitigate these impacts.

10.7 Religion or Belief

No significant issues have been identified that may affect people relating to religion or belief differently from the issues affecting the general population.

10.8 Sex

No significant issues have been identified that may affect people relating to sex differently from the issues affecting the general population.

10.9 Sexual Orientation

No significant issues have been identified that may affect people relating to sexual orientation differently from the issues affecting the general population.

10.10 Carer Responsibilities

Examples of potential impacts on carers highlighted in the engagement feedback includes:

- People commented that carers are more likely to be supporting someone who is a regular user of health services. They said that changes to primary care services may have an increased impact e.g. due to ability to drive, carer responsibilities, infirmity, ability to travel, ability to leave the person they are caring for, access to respite/befriending etc.
- People commented that Gilwern branch surgery is within walking distance for local residents, and Crickhowell is not easy to access by public transport.

Some respondents suggested action that could be taken to mitigate the impact on carers, including:

- Explore options to improve the availability of transport between the Gilwern area and Crickhowell.
- Strengthen the availability of telephone and online services for those who are able to use them – so that more face to face appointments are available for carers.
- Review the approach to home visits, recognising that some people would now have further to travel for their appointment – including recognising any carer responsibilities.
- Ensure that physical access to the practice premises and parking remained a priority.
- Consider improvement in booking, appointments, prescriptions etc. including to reduce unnecessary trips (e.g. for ordering and collecting repeat prescriptions).
- Work in partnership with the community pharmacy in Gilwern to maintain and/or improve availability of services.
- Explore opportunities for working together across partners – are there ways of strengthening partnerships with ABUHB, public sector, third sector and business sector in North West Monmouthshire to address the disadvantage that carers may experience from any changes?

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23/05/2023 11:25:01

10.11 Welsh Language.

No significant issues have been identified that may affect people relating to Welsh Language differently from the issues affecting the general population.

10.12 Socio Economic Disadvantage

Examples of potential impacts on people facing socio-economic disadvantage:

- People on lower incomes are more likely to be regular users of health services, for example due to health conditions where higher prevalence is associated with higher levels of deprivation. Changes to primary care services may have an increased impact for people on low income e.g. due to ability to drive and access to a vehicle, ability to pay for public transport and/or taxi fares etc.
- People on lower incomes may be less likely to have access to digital and telephone services due to cost of equipment, contracts, calls etc.
- People commented that Gilwern has an ageing population and for many local residents the branch surgery is within walking distance, and that Crickhowell is not easy to access by public transport.
- Particular concerns were expressed in relation to the Clydach area which is furthest south from Crickhowell.

Potential action that could be taken to mitigate the impact in relation to socio-economic disadvantage:

- Explore options to improve the availability of transport between the Gilwern area and Crickhowell.
- Strengthen the availability of telephone and online services for those who are able to use them – so that more face to face appointments are available for people on lower incomes who do not have access to these technologies and services.
- Review the approach to home visits, recognising that some people would now have further to travel for their appointment – including recognising any carer responsibilities.
- Review booking, appointments, prescriptions etc. including to reduce unnecessary trips (e.g. for ordering and collecting repeat prescriptions) and identifying alternatives to accessing these services digitally.
- Work in partnership with the community pharmacy in Gilwern to maintain and/or improve availability of services.
- Explore opportunities for working together across partners - are there ways of strengthening partnerships with ABUHB, public sector, third sector and business sector in North West Monmouthshire to consider alternative provision and to address the disadvantage that people on low income may experience from any changes?
- Specifically for patients in the Clydach area, explore appetite for other practices to extend their catchment to provide further opportunities for re-registration for those patients who are furthest from Crickhowell.

10.13 Overall

If the branch surgery closes there is potential for adverse impact on key sectors of the population, which may lead to a reduction on health-seeking behaviour and therefore may reduce health outcomes. The health board and the practice should consider options for monitoring health impact so that action to address this can be kept under review. A schedule for reporting to the Citizen Voice Body, the Local Authority and the local community on progress to deliver agreed mitigations and on monitoring health impact should be agreed.

Patterson Liz
23/05/2023 11:25:01

11. Impact on Well-Being of Future Generations

This section summarises some of the impacts on wellbeing that we have heard during the engagement:

Wellbeing Goal	Considerations	Examples of Feedback
A globally responsive Wales	People in terms of macro-economic, environmental and sustainability factors: Consider the impact of government policies; gross domestic product; economic development; biological diversity; climate	More and longer car or bus journeys for people living in the south of the practice catchment. This has a potential adverse environmental and climate impact.
A resilient Wales	People in terms of their use of the physical environment: Consider the impact on the availability and accessibility of transport, healthy food, leisure activities, green spaces; of the design of the built environment on the physical and mental health of patients, staff and visitors; on air quality, exposure to pollutants; safety of neighbourhoods, exposure to crime; road safety and preventing injuries/accidents; quality and safety of play areas and open spaces	Reduced opportunity to walk to GP appointments and take advantage of local outdoor spaces. Lack of public transport availability from Gilwern area to Crickhowell.
A healthier Wales	People being able to improve /maintain healthy lifestyles: Consider the impact on healthy lifestyles, including healthy eating, being active, no smoking /smoking cessation, reducing the harm caused by alcohol and /or non-prescribed drugs plus access to services that support disease prevention (e.g. immunisation and vaccination, falls prevention). Also consider impact on access to supportive services including smoking cessation services, weight management services etc.	Additional distance and travel for patients which will reduce their access to health services and may adversely impact on health-seeking behaviour and overall health outcomes particularly for individuals who already face some level of disadvantage e.g. due to age, socio-economic status, disability or ill health, carer responsibility.
A more equal Wales	People being able to access the service offered: Consider access for those living in areas of deprivation and/or those experiencing health inequalities	A range of potential equality impacts have been identified in the previous section that will need to be considered – with mitigation actions agreed as appropriate – as part of any decision-making process.
A Wales of cohesive communities.	People in terms of social and community influences on their health: Consider the impact on family organisation and roles; social support and social networks; neighbourliness and sense of belonging; social isolation; peer pressure; community identity; cultural and spiritual ethos	Respondents have identified concerns about overall community viability and cohesiveness if primary care premises are no longer available. They have identified concerns that this will affect people's choices around moving to or staying in the area, and this might affect overall community sustainability. They are also concerned about the wider impact on the high street

A Wales of vibrant culture and thriving Welsh Language	People in terms of their use of the Welsh Language and maintaining and strengthening Welsh cultural life	There are opportunities to continue to strengthen the availability of primary care services through the medium of Welsh.
A prosperous Wales.	People in terms of their income and employment status: Consider the impact on the availability and accessibility of work, paid/ unpaid employment, wage levels, job security, working conditions	Respondents expressed concerns that the loss of GP practice premises would affect the number of jobs in the community and also affect the overall attractiveness of the community for businesses, residents etc. including an impact on house prices.

Given these concerns there are opportunities to work with partners to understand and mitigate wider Future Generations impact on the economic, cultural and social vibrancy of the community.

Patterson, Liz
23/05/2023 11:25:01

12. Engagement Costs

The main direct costs associated with the engagement were as follows:

Printing and Postage of Patient Letter	£4,500
Postage of requests for additional material (outgoing)	£100
Freepost returns (estimated)	£100
Venues	£100
Accessibility formats (Easy Read, BSL etc.)	£1,000
Establishment of digital engagement hub	£0 ²

In addition to this, there is a range of other indirect costs associated with a engagement of this nature, including:

- Time and travel for PTHB staff involved in the planning and delivery of the engagement process
- Time and travel for staff and members of the Powys Community Health Council and Aneurin Bevan Community Health Council to participate in the development, implementation and review of the engagement process
- Time and travel for Aneurin Bevan University Health Board and other partner organisations to participate in the development, implementation and review of the engagement process

Reflecting on feedback following a previous branch practice review, the Executive Team recommended that a summary letter be sent to all households of registered patients with recipients directed to an online engagement hub, telephone line, email address and postal address for further information (including survey questionnaire, detailed FAQs, Equality Impact Assessment, BSL materials, easy read materials, audio version).

This was considered the most prudent and environmental approach compared with alternatives such as full FAQs and/or engagement survey to every household or to every registered patient.

A review and learning session will be held to reflect on the experience of this engagement – including the associated costs - and help inform the review of the PTHB Branch Surgery Closure Process as well as the wider development of the Health Board’s approach to continuous engagement and consultation.

Patterson, Liz
23/05/2023 11:25:01

² There is no direct cost to establishment of the digital engagement hub as costs are covered through the multi-agency “Have Your Say Powys” Engagement HQ project.

13. Next Steps

This Engagement Report and its Annexes will be shared with the Branch Practice Review Panel (Stage 3 of the Powys Teaching Health Board Branch Surgery Closure policy and process) and with Powys Community Health Council.

An updated Engagement Report and Annexes will be presented to the Board alongside the view of the Powys Community Health Council and Aneurin Bevan Community Health Council at a meeting in public (Stage 4 of the Powys Teaching Health Board Branch Surgery Closure policy and process).

A review and learning session will be held to reflect on the experience of this engagement and help inform the review of the PTHB Branch Surgery Closure Policy and Process as well as the wider development of the Health Board's approach to continuous engagement and consultation.

Patterson Liz
23/05/2023 11:25:01

14. Annexes

- Annex 1: Engagement Plan Report
- Annex 2: Engagement Materials
- Annex 3: Engagement Event Reports
- Annex 4: Petitions, Stakeholder and organisational responses
- Annex 5: Individual responses
- Annex 6: Local Area Profiles

Patterson Liz
23/05/2023 11:25:01

Seeking your views on an application from
Crickhowell Group Practice to close Belmont
Branch Surgery in Gilwern

10 January 2023 to 6 March 2023

Annex 1 Engagement Plan Report

Patterson, Liz
23/05/2023 11:25:01

PTHB Engagement and Communication Team
Last updated 10 May 2023

Following receipt of the application from Crickhowell Group Practice the health board's engagement team developed an engagement plan setting out the proposed approach to engagement with patients, communities and wider stakeholders.

The draft plan was shared through a variety of forums for comment, including:

- PTHB Executive Team
- PTHB Branch Practice Review Panel members
- Powys Community Health Council Chief Officer
- Aneurin Bevan Community Health Council Chief Officer
- Aneurin Bevan University Health Board Primary Care Team and Engagement Team

The plan was reviewed and agreed at Executive Committee on 14 December 2022.

The attached version has been updated to reflect the outturn position including progress to deliver agreed actions.

Patterson, Liz
23/05/2023 11:25:01

Seeking your views on an application from Crickhowell Group Practice to close Belmont Branch Surgery in Gilwern Engagement Plan: Outturn Version

Version 2.1, 10 May 2023

This document reports on the local engagement plan following the application by Crickhowell Group Practice to close Belmont Branch Surgery in Gilwern.

Patterson, Liz
23/05/2023 11:25:01

About this Document

- This document reports on the local engagement plan following the application by Crickhowell Group Practice to close Belmont Branch Surgery in Gilwern in Monmouthshire.
- This document is intended for colleagues in PTHB, and colleagues in local partner organisations who are supporting the planning and delivery of engagement. It enables you to share the engagement materials with your teams, organisations and networks. It enables you to present the engagement proposals at meetings and events and seek feedback.
- Further information about engagement is available from the PTHB Engagement and Communication Team via powys.engagement@wales.nhs.uk.

Belmont, Liz
03/05/2023 11:25:01

Contents

- Section 1: Overview
 - Section 2: Local Stakeholder Analysis
 - Section 3: Local Activity Plan
 - Section 4: Engagement Materials
 - Section 5: Contact Details
-
- *The Lead Director for this engagement is: Hayley Thomas*
 - *The Lead Manager for this engagement is: Jayne Lawrence*
 - *The Lead Clinician for this engagement is: Dr Kate Wright*
 - *The Engagement and Communication Lead for this engagement is: Adrian Osborne*

Patricia Liz
27/03/2023 11:25:01

High Level Assessment against “Branch Surgery Closure Process”

	Requests for practices to close premises are considered in accordance with the Powys Teaching Health “Branch Surgery Closure Process” which sets out a number of stages for the consideration of such applications.
Stage 1	Crickhowell Group Practice has submitted an application to close Belmont Branch Surgery in Gilwern, and the content of the application is being reviewed against the requirements of Stage 1 of the Branch Surgery Closure Process. Receipt has been acknowledged and the Powys Community Health Council, Dyfed Powys Local Medical Committee, Aneurin Bevan University Health Board and Aneurin Bevan Community Health Council have been notified.
Stage 2	Engagement with patients and stakeholders has taken place in line with the requirements of the health board’s Branch Surgery Closure Process. This document reports on the engagement plan.
Stage 3	This report will be submitted to the Branch Practice Review Panel as part of Stage 3 of the health board’s Branch Surgery Closure Process
Stage 4	Not yet due
Stage 5	Not yet due
Stage 6	Not yet due
Stage 7	Not yet due

Patterson, Liz
23/05/2023 11:25:01



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd
Addysgu Powys
Powys Teaching
Health Board

Section 1 Overview

Patterson, Liz
23/05/2023 11:25:01

Overview of this document

- Crickhowell Group Practice has submitted an application to close their premises at Belmont Branch Surgery in Gilwern and consolidate their services at their premises in Crickhowell.
- Powys Teaching Health Board considers such requests in accordance with its "Branch Surgery Closure Process".
- In accordance with this policy, a period of engagement took place from 10 January 2023 to 6 March 2023 to inform a decision by health board in response to the application.
- This document reports on the engagement plan.
- Engagement materials were distributed in line with this plan including via the PTHB website at www.pthb.nhs.wales/gilwern and www.biap.gig.cymru/gilwern and on the Have Your Say Powys website at www.haveyoursaypowys.wales/gilwern and www.dweudeichdweudpowys.cymru/gilwern
- Engagement materials were also available from the PTHB Engagement and Communication Team via powys.engagement@wales.nhs.uk

L. Patterson
23/05/2023 11:25:01

Impact and Interdependencies

- The proposal directly impacts patients registered with Crickhowell Group Practice, particularly those communities in Monmouthshire and South Powys for whom the Belmont Branch Surgery in Gilwern is their most local GP premises.
- Impact and interdependencies with other services, particularly neighbouring GP services in the ABUHB area, will need to be considered.
- Other engagement and consultation processes taking place which may have interdependencies including:
 - Formal engagement on future operational model for NHS EMRTS and Wales Air Ambulance was originally anticipated in early 2023 but is now expected from mid March.
 - Engagement on future shape of cochlear implant and bone conduction hearing implant services in South Wales took place in early 2023 closing in February 2023, but interdependencies are not significant.

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Impact of Proposal

- 9300 patients are registered with Crickhowell Group Practice.
- Of these around 3100 live in the Aneurin Bevan Health Board area, which is where Belmont Branch Surgery is located.
- Under the proposed option, patients who currently use War Memorial Health Centre would see their services unaffected although they may be anxious about the potential impact on services at this location if Belmont Branch Surgery is no longer available. Patients who currently use Belmont Branch Surgery would see their services transfer to War Memorial Health Centre in Crickhowell.
- This would lead to increased travel and/or reduced accessibility for patients.
- The engagement document sets out a number of steps that are being taken or may be considered in mitigation.
- Key equalities considerations include:
 - Older people and people with disabilities are more likely to need to access GP primary care services and are less likely to have access to transport.
 - There are currently no public transport options direct from Gilwern to Crickhowell (routes are via Abergavenny).
 - If steps are not taken to stabilise local GP Primary Care Services then there is a risk of more significant problems in the sustainability of services.

Patient Distribution

NB this map shows electoral ward boundaries pre-May 2022.

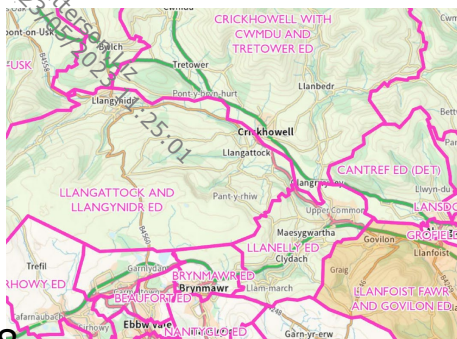
The main electoral wards based on current boundaries are:

Monmouthshire:

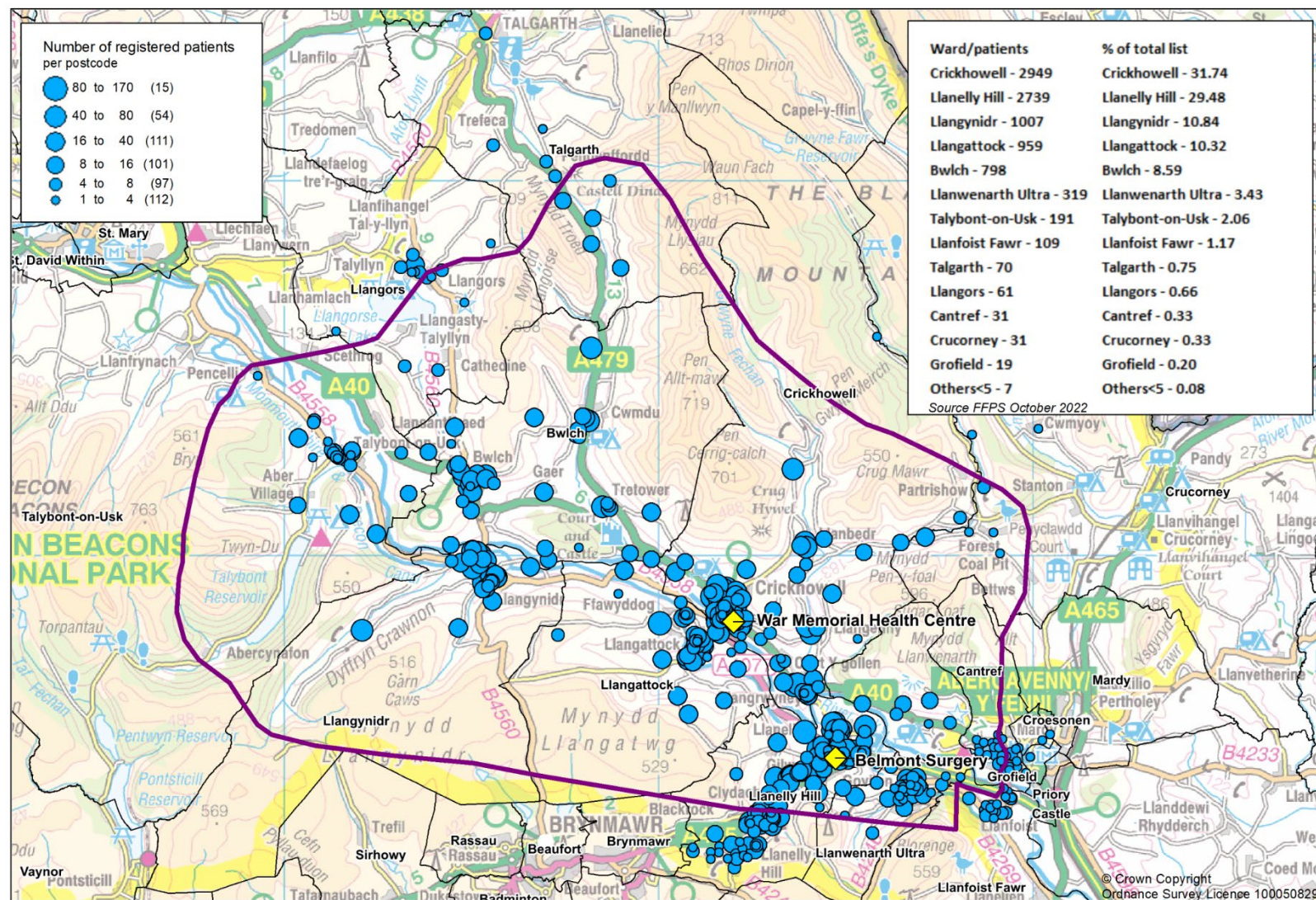
- Llanelly
- Llanfoist Fawr and Govilon
- Cantref

Powys:

- Llangattock and Llangynidr
- Crickhowell with Cwmdu and Tretower
- Llangors with Bwlch



Powys tHB Practice distribution - W96016 War Memorial Health Centre



Local Engagement Plan Objectives

- The objectives of our engagement plan are:
 - To explain the reasons for the application by Crickhowell Group Practice to close their premises in Gilwern and how this application has been considered by Powys Teaching Health Board in accordance with relevant policies.
 - To share information with registered patients, local communities and wider stakeholders to enable them to find out more and make their views known.
 - To inform registered patients that if the proposal is accepted this would lead to the Belmont Branch Surgery in Gilwern closing later in 2023 at a date to be confirmed.
 - To address the requirements of the NHS Wales Guidance on Engagement and Consultation, the Community Health Council Regulations in relation to consultation in Powys, and ensure a Welsh Language Active Offer .
 - To identify positive and negative impacts of options for the future of services provided by Crickhowell Group Practice – with particular reference to equality protected characteristics, carer responsibilities, Welsh Language, socio-economic impact – and to use these insights to refine the options appraisal and consider potential mitigation actions that can be delivered by the health board, practice or other partners to reduce negative impact.
 - To develop and agree a report on engagement in Powys that can be submitted to the Board for consideration.
 - To engage with Powys Community Health Council and with Aneurin Bevan Community Health Council.
 - To continue to strengthen systems and processes for continuous engagement in Powys in the way in which we undertake this engagement, identifying areas of best practice and opportunities for improvement

Timeline

The indicative timeline is as follows:

- 22 November 2022: Oral Update to Powys Community Health Council Services Planning Committee (Part B)
- 28 November 2022: Preliminary Meeting of members of the PTHB Branch Practice Review Panel
- 4 January 2023: Letter submitted to Shared Services for printing and postage
- 9 January 2023: Pre-briefing for key stakeholders
- 10 January 2023: Digital launch of engagement period
- 13 January 2023: Letters posted to households by Shared Services
- 17 January 2023: Powys CHC Services Planning Committee
- 31 January 2023: Mid Point review
- 6 March 2023: End of Engagement
- TBC: Branch Practice Review Panel
- TBC: PTHB Board meeting to make decision following engagement
- TBC: Communicate outcome to patients and key stakeholders

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Section 2

Local Stakeholder Analysis

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Sector	Audiences
A: Patients, Service Users and Carers	Patients registered with Crickhowell Group Practice, particularly those for whom Belmont Branch Surgery in Gilwern is their closest premises
	Seek target equalities and impact assessment insights:
	• Age
	• Sex
	• Gender Reassignment
	• Pregnancy & Maternity
	• Disability
	• Sexual Orientation
	• Marriage and Civil Partnership
	• Religion or Belief
	• Race
	• Carers
	• Welsh Language
	• Socio-economic impact

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Sector	Audiences
B: Public and Communities	Public and communities across the Gilwern and Crickhowell area
	PAVO Community Connector for Crickhowell Area GAVO Health and Wellbeing Facilitator for Monmouthshire (post currently vacant)
	Libraries: <ul style="list-style-type: none"> Gilwern Community Hub CrIC
	Town and Community Council areas:
	<ul style="list-style-type: none"> Powys: <ul style="list-style-type: none"> Crickhowell Town Council Llangattock Community Council Vale of Grwyney Community Council
	<ul style="list-style-type: none"> Monmouthshire: <ul style="list-style-type: none"> Abergavenny Town Council Crucorney Community Council Llanelly Community Council Llanfoist Fawr
	<ul style="list-style-type: none"> Blaenau Gwent: <ul style="list-style-type: none"> Brynmawr Town Council
	<ul style="list-style-type: none"> Torfaen: <ul style="list-style-type: none"> Blaenavon Town Council
	Local community networks and organisations
	Social media channels (PTHB, hyperlocal)

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Sector	Audiences
B: Public and Communities – GILWERN LOCAL AREA	In addition to the groups on the previous page, the following stakeholder groups in the Gilwern area have been identified:
	Gilwern Library community hub is open four days per week: 01873 833055 https://www.monmouthshire.gov.uk/community-hubs-and-libraries/community-hubs-opening-hours/
	Llanfoist Fawr Primary School
	Gilwern Primary School
	Cantref Primary School
	Gilwern WI (Village Hall, NP7 0AS)
	Gilwern U3A
	Glaslyn Court Nursing Home

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Sector	Audiences
C: Health Board Staff and Contractors	Crickhowell Group Practice staff
	PTHB Board, IMs and Executive Team
	PTHB Staff
	<ul style="list-style-type: none"> All staff
	<ul style="list-style-type: none"> Crickhowell area teams
	<ul style="list-style-type: none"> Primary Care Team
	ABUHB Staff
	<ul style="list-style-type: none"> Primary Care Team to share at their discretion
	Primary Care
	<ul style="list-style-type: none"> Powys: <ul style="list-style-type: none"> South Cluster
	<ul style="list-style-type: none"> Monmouthshire: <ul style="list-style-type: none"> Monmouthshire North Cluster GP: Old Station Surgery, Abergavenny; Tudor Gate Surgery, Abergavenny; Hereford Road Surgery, Abergavenny Pharmacy: John Williams Pharmacy, Gilwern; Lloyds Pharmacy, Llanfoist; H Shackleton, Abergavenny; Boots, Abergavenny
	PTHB Local Partnership Forum, Health Professions Forum, Stakeholder Reference Group
	ABUHB Local Partnership Forum, Health Professions Forum, Stakeholder Reference Group

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Sector	Audiences
<p>D: Partner Organisations</p> <p>Patterson, Liz 23/05/2023 11:25:01</p>	<p>PTHB</p> <p>Powys County Council</p> <ul style="list-style-type: none"> • Leader and Cabinet • Management Team • Communications and Engagement Team • Transport <p>Crickhowell Volunteer Bureau</p> <p>Powys Association of Voluntary Organisations (and via PAVO to local third sector) www.pavo.org.uk</p> <p>Credu</p> <p>Welsh Ambulance Service NHS Trust</p> <p>Powys Public Service Board</p> <p>Powys Regional Partnership Board</p> <p>Mid Wales Joint Committee</p> <p>ABUHB</p> <p>Local Authorities: Monmouthshire County Council – CEO, Leader, Communications</p> <p>CVS: Gwent Association of Voluntary Organisations and Torfaen Voluntary Alliance</p> <p>RPB: Gwent RPB</p> <p>PSB: Gwent PSB</p>

Sector	Audiences
E: National Organisations	
	Welsh Government Primary Care Team
	Welsh Government Communications Team

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Sector	Audiences
F: Professional Bodies	PTHB Partnership Forum
	Dyfed Powys Local Medical Committee
	Dyfed Powys Local Dental Committee
	Wales Pharmaceutical Committee
	South and West Wales local optical committee
	Gwent Local Medical Committee
	Gwent Local Dental Committee

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Sector	Audiences
G: Political	<p>Powys:</p> <ul style="list-style-type: none"> MS: James Evans MS (Con) – Brecon & Radnorshire James.evans@senedd.wales MS Mid and West Wales Regional: Cefin Campbell (PC) Cefin.campbell@senedd.wales; Jane Dodds (LD) Jane.dodds@senedd.wales; Joyce Watson (Lab) Joyce.watson@senedd.wales; Eluned Morgan (Lab) Eluned.morgan@senedd.wales MP: Fay Jones MP (Con) – Brecon & Radnorshire fay.jones.mp@parliament.uk
	<p>Monmouthshire:</p> <ul style="list-style-type: none"> MS: Peter Fox (Con) – Monmouth Peter.fox@senedd.wales MP: David Davies MP (Con) – Monmouth david.davies.mp@parliament.uk
	<p>South Wales East Region:</p> <ul style="list-style-type: none"> Natasha Asghar (Con) – natasha.asghar@senedd.wales, Delyth Jewell (PC) – delyth.jewell@senedd.wales, Laura Anne Jones (Con) – laura.jones@senedd.wales and Peredur Owen Griffiths (PC) – peredur.owengriffiths@senedd.wales
	<p>Powys County Councillors:</p> <ul style="list-style-type: none"> Crickhowell with Cwmdy & Tretower: Matt Beecham cllr.matt.beecham@powys.gov.uk and Sarah-Jane Beecham cllr.sarah-jane.beecham@powys.gov.uk Llangattock & Llangynidr: Jackie Charlton cllr.jackie.charlton@powys.gov.uk
	<p>Monmouthshire:</p> <ul style="list-style-type: none"> Cantref: Sara Burch SaraBurch@monmouthshire.gov.uk Crucorney: davidhughesjones@monmouthshire.gov.uk Grofield: laurawright@monmouthshire.gov.uk Llanelly Hill: Mary Ann Brocklesby maryannbrocklesby@monmouthshire.gov.uk and Simon Howarth simonhowarth@monmouthshire.gov.uk Llanfoist & Govilon: Ben Callard bencallard@monmouthshire.gov.uk and Tomos Dafydd Davies tomosdavies@monmouthshire.gov.uk

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Sector	Audiences
H: Scrutiny and Regulation	Powys Community Health Council
	Aneurin Bevan Community Health Council

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Sector	Audiences
I: Media	Brecon and Radnor Express
	Abergavenny Chronicle
	Crickhowell Community Times
	Available to all media via PTHB digital channels

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Sector	Audiences
J: Business and Supply Chain	Not directly affected

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Overview

This section provides a high level overview of planned engagement with stakeholders in. Our approach included:

- Letter by direct mail to every household of registered patients of Crickhowell Group Practice
- Online publication and digital / social media distribution
- Print materials available from key outlets
- Raising awareness across all stakeholders and encouraging syndication through their channels
- Offering public access opportunities to find out more (online event + drop-in at Gilwern library)
- Targeted engagement that reaches out to a cross-section of protected characteristics (direct email to identified stakeholder groups)
- Focused engagement with key stakeholders with a specialist interest (direct email to Town and Community Councils and other identified stakeholder groups)
- Reactive engagement by responding to requests for information

A mid-point review was undertaken on 31 January 2023 with Powys CHC and AB CHC colleagues to review progress to date, identify gaps, and agreed further action before the conclusion of engagement.

Audience	Proposed Activity	Activity Log
A: Patients, Service Users and Carers	Send letter to households of registered patients [PTHB Primary Care Team]	COMPLETE – letter issued to Shared Services on 5 January for receipt by 16 January
	Printed copy of letter available online and from agreed local outlets including GP practice premises and Gilwern Community Hub [PTHB Primary Care Team / E&C Team / CGP]	COMPLETE – communication pack to GP practice issued on 5 January, conversation with library and email communication on 9 January
	Letter and FAQs issued to local stakeholders [PTHB E&C Team]	COMPLETE – notification to stakeholders on 9 January
	Identify opportunities for equalities-based engagement to review in detail the impact for different equalities protected characteristics, carers, Welsh Language, socio-economic) [PTHB E&C Team with PAVO / GAVO / TVA]	COMPLETE – information shared with all stakeholders and online questionnaire asked people to identify potential impacts

Patterson,Liz
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Audience	Proposed Activity	Record of Activity
B: Public and Communities	Publish letter, FAQs, survey and EIA on PTHB website and signpost from ABUHB website [PTHB E&C Team]	COMPLETE – information live on PTHB website evening of 9 January and information shared with ABUHB team on 5 January for syndication at their discretion
	Share information via PTHB and ABUHB social media, directing people to where information is available on our website [PTHB E&C Team]	COMPLETE – social media posts shared on PTHB channels, and information shared with ABUHB for syndication at their discretion
	Drop-in event at Gilwern Community Hub [PTHB Primary Care Team] plus online event [PTHB E&C Team]	COMPLETE – online event on 30 January and face to face event on 14 February
	Information for display in public libraries [PTHB E&C Team]	COMPLETE - Poster and information sent to Gilwern Community Hub on 9 January. Also shared details of online and face-to-face events when confirmed including local “walkabout” by PTHB engagement team to distribute publicity posters
	Targeted activity via hyperlocal news and social media sites [PTHB E&C Team]	COMPLETE
	Publish engagement materials on CGP website [CGP]	COMPLETE
	Ask PAVO / GAVO / TVA to use community networks / community connector to raise awareness [PAVO/GAVO/TVS]	COMPLETE
	CHC to use their programme of continuous engagement to inform their response [Powys CHC / ABCHC]	COMPLETE

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Audience	Proposed Activity	Activity Log
C: PTHB Staff and Contractors	Powys Announcement to all PTHB staff at launch of engagement and reminders through engagement period [PTHB E&C Team] Ask ABUHB to share via their internal channels	COMPLETE – posted to PTHB intranet on 9 January and included in next available Powys Announcement
	Information on PTHB and ABUHB intranet [PTHB E&C Team / ABUHB]	COMPLETE – posted to PTHB intranet on 9 January and included in next available Powys Announcement Information shared with ABUHB for syndication at their discretion
	Announcement to all CGP staff [CGP]	COMPLETE – information pack shared with CGP on 5 January
	Information to be shared with primary care contractors (GPs, dentists, pharmacists, opticians) in the area [PTHB / ABUHB Primary Care Team]	COMPLETE – information sent to cluster, GPs, pharmacists. No dentists or opticians in Gilwern
	Cluster to discuss at Cluster meetings and cascade through networks [Clusters]	COMPLETE – Information sent to clusters
	Share launch information with Board members [PTHB lead Exec / ABUHB]	COMPLETE – information shared via PTHB internal newsletter and with key personnel via SITREP
	Partnership Forum [PTHB lead Exec / ABUHB]	No impact for Partnership Forum in PTHB or ABUHB as directly employed staff not directly affected
	Capitalise on existing networks and events [All]	COMPLETE

Patterson,Liz
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Audience	Proposed Activity	Activity Log
D: Partner Organisations <div> Patterson, Liz 23/05/2023 11:25:01 </div>	Discuss at Stakeholder Reference Groups (where in place)	COMPLETE – no SRG currently in place in PTHB, information shared with ABUHB for syndication at their discretion
	Share information with PAVO/GAVO/TVA and for cascade to third sector organisations. Attend network events as identified [PTHB E&C Team]	COMPLETE – Pre-launch information sent on 9 Jan. Communication pack sent on 10 January with request to work together to reach out to local community organisations
	Share information with PSBs for information/response by members [PTHB Lead Exec]	COMPLETE – pre-launch information sent to Gwent PSB email
	Share information with Credu and for cascade to carers organisations [PTHB E&C Team]	COMPLETE – information shared with CREDU including request for help in identifying local carers groups
	Share information with LAs Leader, Cabinet, Management Team, Engagement & Communication Team, Transport Team and for cascade to Councillors and via PSBs [PTHB E&C Team]	COMPLETE – pre-launch information sent on 9 January
	Share information with Town and Community Councils [PTHB E&C Team]	COMPLETE – pre-launch information sent on 9 January
	Mailing and cascade to sectors identified in stakeholder analysis [via relevant lead]	COMPLETE as per this document

Audience	Proposed Activity	Activity Log
E: National Organisations	Share with Welsh Government Primary Care Team and update regularly [PTHB Primary Care Team]	COMPLETE
	Share with Welsh Government Communications Team and update regularly including any Senedd Briefing requirements [PTHB E&C Team]	COMPLETE
	Please advice PTHB Engagement and Communications Team of other priority opportunities for engagement with national organisations.	

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Audience	Proposed Activity	Activity Log
F: Professional Bodies	Share with Partnership Forums [PTHB Lead Exec]	No impact for Partnership Forum in PTHB or ABUHB as directly employed staff not directly affected
	Share with Local Medical Committee, Local Dental Committee, local optical committee, Pharmaceutical Committee [PTHB Primary Care]	COMPLETE
	Unions and professional bodies for CGP staff [CGP]	CGP asked to share with relevant stakeholders

Patterson, Liz
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Audience	Proposed Activity	Activity Log
G: Political	Email to local MSs and MPs – offer 1:1 as needed	COMPLETE – pre-launch information sent on 9 January
	Email to county councillors – direct to online event	COMPLETE – pre-launch information sent on 9 January

Patterson, Liz
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Audience	Proposed Activity	Activity Log
H: Scrutiny & Regulation	Engagement with Powys CHC and ABCHC in the development, delivery and review of Engagement [PTHB Lead Exec]	COMPLETE
	Presentation to CHC Executive Committee Meeting / Services Planning Committee Meetings [Lead Exec]	A presentation was not requested but CHC Chief Officers took part in mid term review on 31 January
	Presentation to CHC Local Committees [Lead Exec]	COMPLETE – presentation to Radnorshire and Brecknock Local Committee in January 2023
	Powys CHC invited as non-voting member of Branch Practice Review Panel and at PTHB Board [PTHB Lead Exec]	COMPLETE

Patterson, Liz
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Audience	Proposed Activity	Activity Log
I: Media	Proactive and reactive media engagement [PTHB E&C Team]	COMPLETE

Patterson, Liz
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Audience	Proposed Activity	Activity Log
J: Market & Supply Chain	No specific action identified	No action required

Patterson, Liz
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Section 3

Local Activity Plan

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Overview

The following pages summarise the planned activity in support of this engagement, and record other activity as it takes place

Please inform the Engagement Team via powys.engagement@wales.nhs.uk of other opportunities to engage with stakeholders as part of this engagement.

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PTHB Activity Schedule: November 2022

Date	Event / Activity	Notes	Responsibility / Status
28/11	Preliminary meeting of Branch Practice Review Panel members	Preliminary meeting to consider Stage One Application	COMPLETE
30/11	Informal update with PTHB E&C Team, ABUHB E&C Team, ABCHC and Powys CHC	Discussion of the application and engagement requirements	COMPLETE

Patterson, Liz
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PTHB Activity Schedule: December 2022

Date	Event / Activity	Notes	Responsibility / Status
06/12	Informal update with PTHB E&C Team, ABUHB E&C Team, PTHB Primary Care Team, ABUHB Primary Care Team	Discussion of the application and engagement requirements	COMPLETE
13/12	Informal update with PTHB E&C Team, ABUHB E&C Team, Powys CHC Chief Officer, AB CHC Chief Officer	Discussion of the engagement requirements	COMPLETE
14/12	Discussion at PTHB Executive Committee	Seeking approval to proceed to Stage 2 (engagement)	COMPLETE

Patterson, Liz
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PTHB Activity Schedule: January 2023

Date	Event / Activity	Notes	Responsibility / Status
04/01	Submit letter to Shared Services for printing and posting		COMPLETE
06/01	Letter, online questionnaire and FAQs pre-loaded onto website and Engagement HQ ready for launch (not live)		COMPLETE
09/01	Notification to stakeholders of period of engagement		COMPLETE
10/01	GO LIVE on website and digital/social channels		COMPLETE
16/01	Letters received by registered households		COMPLETE
17/01	Internal PTHB weekly touchpoint		COMPLETE
17/01	Oral update to Powys CHC Services Planning Committee		COMPLETE
24/01	Internal PTHB weekly touchpoint		COMPLETE
26/01	Oral update to Powys CHC Radnorshire and Brecknock Committee		COMPLETE
30/01	MS Teams Live Event for stakeholders and public		COMPLETE
31/01	Mid Term review with CHCs		COMPLETE
31/01	Internal PTHB weekly touchpoint		COMPLETE

Patterson, Liz
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PTHB Activity Schedule: February 2023

Date	Event / Activity	Notes	Responsibility / Status
07/02	Internal PTHB weekly touchpoint		COMPLETE
14/02	Internal PTHB weekly touchpoint		COMPLETE
14/02	Drop-in event at Gilwern Community Hub		COMPLETE
21/02	Internal PTHB weekly touchpoint		COMPLETE
28/02	Internal PTHB weekly touchpoint		COMPLETE

Patterson, Liz
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PTHB Activity Schedule: March-May 2023

Date	Event / Activity	Notes	Responsibility / Status
06/03	End of Engagement		COMPLETE
07/03	Internal PTHB weekly touchpoint		COMPLETE
March	Analysis and Review		COMPLETE
March	Review by CHCs		COMPLETE
26 April	Review by Branch Review Panel		COMPLETE
24 May	Recommendation to Board		Not yet due
	Communication of outcome to patients		Not yet due

Patterson, Liz
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Section 4

Engagement Materials

Patterson, Liz
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- ❖ The primary engagement activity was to send a bilingual letter to households of all registered patients of Crickhowell Group Practice
- ❖ This will guarantee that, wherever possible, affected individuals will receive information promptly at the start of engagement and have the opportunity to consider this and respond within a six week engagement period.
- ❖ This will include the opportunity to respond online or to request a printed questionnaire
- ❖ Estimated cost of £4200 to print and send a letter to each registered household including postage.
- ❖ There will be additional costs to process and print requests for printed questionnaires.

**Copies of
Engagement
Materials are
included in Annexe 2**

Person, Liz
13/05/2023 11:25:01

❖ A web page was developed on the PTHB website with information about the engagement and how to respond

Web address has been established:

www.pthb.nhs.wales/gilwern
www.biap.gig.cymru/gilwern

Also a dedicated engagement hub on the Have Your Say Powys website:

www.haveyoursaypowys.wales/gilwern
www.dweudeichdweudpowys.cymru/gilwern

Patterson, Liz
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- ❖ A short article was produced to launch the engagement.
- ❖ This was published on the PTHB website, shared with local media, and syndicated to local stakeholders for them to share through their channels

[Seeking your views on an application from Crickhowell Group Practice to close Belmont Branch Surgery in Gilwern - Powys Teaching Health Board \(nhs.wales\)](#)

[Gofyn am eich barn ar gais gan Bractis Grŵp Crucywel i gau Meddygfa Cangen Belmont yng Ngilwern - Bwrdd Iechyd Addysgu Powys \(gig.cymru\)](#)

Patterson, Liz
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🌀 FAQs were produced in English and Cymraeg

Copies of Engagement Materials are included in Annexe 2

Patterson, Liz
23/05/2023 11:25:01

- Supporting documents included a draft Equality Impact Assessment and were available from the engagement website.

**Copies of
Engagement
Materials are
included in Annexe 2**

Patterson, Liz
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- ✦ An online version of the survey questionnaire was available so that people and organisations could respond online.
- ✦ People were encouraged to respond online wherever possible to help reduce administration costs to the NHS, and paper copies of the questionnaire were be available for those who are not able to respond online (contact details were included in the patient letter).

**Copies of
Engagement
Materials are
included in Annexe 2**

- ✦ A set of presentation slides was be produced for presentation to the online MS Teams Event.

**Copies of
Engagement
Materials are
included in Annexe 2**

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Poster promoting engagement

Poster advertising engagement events

- ❖ A poster was produced to promote the engagement and advertise the online event and drop-in.
- ❖ The events were also promoted via social media channels and through direct communication to stakeholders.

**Copies of
Engagement
Materials are
included in Annexe 2**

Patterson, Liz
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PTHB Materials: Powys Announcement

- ✦ A Powys Announcement was issued to PTHB staff to raise awareness and invite engagement.

**Copies of
Engagement
Materials are
included in Annexe 2**

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Section 5 Response Process

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Response Process – written / individual responses

- ❖ The patient letter directed people to the online survey portal to respond by 6 March 2023.
- ❖ The patient letter advised people how to request a printed copy if they are unable to respond online. A script was in place in the primary care team so that callers could be given the option of recording their responses by telephone. Postal or telephone responses were added to the online questionnaire portal by the primary care team
- ❖ The patient letter also advised people how to share their views with their local CHC.
- ❖ All reports of engagement events should be submitted to the PTHB Engagement and Communication Team by 10 March 2023.
- ❖ All written responses may be shared with the Community Health Council so that they are able to make their own observations on the responses in fulfilment of their statutory public watchdog role.

P. Wilson, Liz
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Section 6

PTHB Contact Details

Patterson, Liz
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PTHB Contact Details

✦ If you have questions about this engagement, please contact:

✦ Engagement and Communication Team, Powys Teaching Health Board, Bronllys Hospital, Bronllys, Brecon, Powys LD3 0LS

✦ Powys.engagement@wales.nhs.uk

Patterson, Liz
23/05/2023 11:25:01

Seeking your views on an application from
Crickhowell Group Practice to close Belmont
Branch Surgery in Gilwern

10 January 2023 to 6 March 2023

Annex 2 – Engagement Materials

Patterson Liz
23/05/2023 11:25:01

PTHB Engagement and Communication Team
March 2023

Annex 2 – Engagement Materials

2A	Engagement Letter – Cymraeg Version	Included
2B	Engagement Letter – English Version	Included
2C	Engagement FAQs (as updated at 1 February 2023) - Cymraeg Version	Included
2D	Engagement FAQs (as updated at 1 February 2023) - English Version	Included
2E	Engagement Letter Easy Read– Cymraeg Version	Included
2F	Engagement Letter Easy Read – English Version	Included
2G	Engagement Questionnaire - Cymraeg Version	Included
2H	Engagement Questionnaire - English Version	Included
2I	Presentation slides for online engagement event on 30 January 2023	
2J	Promotional Poster for online event and drop-in event (for use prior to 30 January) - Bilingual	Included
2K	Promotional Poster for drop-in event (for use after 30 January) - Bilingual	Included
2L	Examples of digital and social assets	Included
	PTHB website www.biap.gig.cymru/gilwern (CY)	
	PTHB website www.pthb.nhs.wales/gilwern (EN)	
	Engagement Hub www.dweudeichdweudpowys.cymru/gilwern (CY)	
	Engagement Hub www.haveyoursaypowys.wales/gilwern (EN)	
	Sample Facebook posts (CY)	
	Sample Facebook posts (EN)	
	Sample Twitter posts (CY)	
	Sample Twitter posts (EN)	
	Sample Nextdoor posts	

In addition to the materials listed above, other materials included:

- Audio Version of the Patient Letter CY – available from www.dweudeichdweudpowys.cymru/gilwern
- Audio Version of the Patient Letter EN – available from www.haveyoursaypowys.wales/gilwern
- BSL Version of the Patient Letter – available from www.dweudeichdweudpowys.cymru/gilwern and www.haveyoursaypowys.wales/gilwern
- Recording of online engagement event - available from www.dweudeichdweudpowys.cymru/gilwern and www.haveyoursaypowys.wales/gilwern

Patterson, Liz
23/05/2023 11:25:01

This letter is also available in English

Ionawr 2023

I: Holl gleifion Practis Grŵp Crucywel sy'n byw yn y cyfeiriad hwn.

Annwyl Glaf,

Cais gan Bractis Grŵp Crucywel i gau ei safle ym Meddygfa Belmont yng Ngilwern

Mae Bwrdd Iechyd Addysgu Powys wedi cael cais gan Bractis Grŵp Crucywel i gau ei safle ym Meddygfa Belmont, Prif Ffordd, Gilwern. Pe bai'r cais yn cael ei gymeradwyo, byddai hyn yn golygu y bydd cleifion wedyn yn defnyddio gwasanaethau ar safle Canolfan Iechyd Coffa Rhyfel yng Nghrucywel.

Rhaid i'r Bwrdd Iechyd ystyried y cais hwn. Rydym yn gwneud y penderfyniad hwn ar y cyd â Chyngor Iechyd Cymuned Powys a Phwyllgor Meddygol Lleol Dyfed Powys. Gan fod y feddygfa hon wedi ei lleoli yn Sir Fynwy, rydym hefyd yn gweithio gyda Chyngor Iechyd Cymunedol Aneurin Bevan.

Fel rhan o'r broses hon, rydym yn awyddus bod cleifion sy'n defnyddio'r Feddygfa yn cael cyfle i leisio'u barn. Rydym felly'n cynnal cyfnod o ymgysylltu â chleifion sy'n 16 oed a hŷn.

Pwrrpas y gwaith ymgysylltu hwn yw deall mwy am eich defnydd o Feddygfa Belmont yng Ngilwern i weld meddyg teulu, nyrs neu i gyrchu gwasanaethau eraill o'r feddygfa, a sut y byddai'r cynnig hwn yn effeithio arnoch gan gynnwys unrhyw faterion y byddai gennych wrth fynychu'r brif feddygfa yn Heol Beaufort yng Nghrucywel.

Lle bynnag y bo'n bosibl, byddem yn eich annog i ymateb ar-lein er mwyn lleihau ein hŵl troed carbon yn ogystal â lleihau costau postio a phrosesu. Os nad yw hyn yn opsiwn i chi, gallwch gysylltu â ni i ofyn am gopi caled.

Byddwn yn ddiolchgar iawn pe gallech chi lenwi'r holiadur hwn erbyn 6 Mawrth 2023 .

Bwrdd Iechyd Addysgu Powys
Tŷ Glasbury
Ysbyty Bronllys
Bronllys
Aberhonddu
Powys LD3 0LY

Powys Teaching Health Board
Glasbury House
Bronllys Hospital
Bronllys
Brecon
Powys LD3 0LY



Bwrdd Iechyd Addysgu Powys yw enw gweithredol Bwrdd Iechyd Lleol Powys
Powys Teaching Health Board is the operational name of Powys Local Health Board

Gallwch gyrchu'r holiadur ar-lein yn **www.biap.gig.cymru/gilwern** neu trwy ddefnyddio'r cod QR hwn:

- Agorwch y camera ar eich ffôn symudol
- Anelwch eich camera at y cod QR
- Efallai y bydd angen i chi ddewis "agor mewn porwr" i agor y wefan

Os nad yw eich camera yn sganio'r cod QR yna mae sganwyr QR ar gael i'w lawrlwytho o'r 'App Store' neu 'Play Store'. Fel arall, gallwch deipio'r cyfeiriad uchod yn y porwr rhyngrwyd ar eich ffôn, llechen neu gyfrifiadur.



Os oes gennych unrhyw broblemau wrth ddefnyddio'r holiadur ar-lein, gofynnwch i ffrind neu berthynas i'ch helpu agor y wefan.

Os nad ydych yn gallu cael gafael ar yr holiadur ar-lein gallwch ofyn i ni ddanfon copi caled i'ch cartref. Cysylltwch â'n Tîm Gofal Sylfaenol ar 01597 828805 neu primarycaregeneral.powys@wales.nhs.uk

Mae'r llythyr hwn hefyd ar gael mewn gwahanol fformatau ar ein gwefan. Mae ein gwefan hefyd yn rhoi rhagor o wybodaeth am y cais hwn gan gynnwys cwestiynau cyffredin.

Nid oes angen i chi roi eich enw na'ch cyfeiriad ar yr holiadur, er y byddem yn gwerthfawrogi pe gallech nodi eich cod post. Bydd hyn yn ein helpu deall sut mae'r cais hwn yn effeithio ar wahanol rannau o'r gymuned.

Fel arall, gallwch gysylltu â Chyngor Iechyd Cymunedol Powys (**enquiries.powyschc@waleschc.org.uk, 01874 624206**) neu Gyngor Iechyd Cymunedol Aneurin Bevan (**enquiries.aneurinbevanchc@waleschc.org.uk, 01633 838516**), a fyddwn yn gweithio gyda nhw drwy gydol y broses hon.

Os oes gennych unrhyw gwestiynau yn ymwneud â hyn, mae croeso i chi gysylltu ag aelod o'r tîm Gofal Sylfaenol ar 01597 828805 neu primarycaregeneral.powys@wales.nhs.uk

Yr eiddoch yn gywir,

Hayley Thomas

Cyfarwyddwr Gofal Sylfaenol a Chymunedol a Gwasanaethau Iechyd Meddwl

Mae'r llythyr hwn hefyd ar gael yn Gymraeg

January 2023

TO: All patients of Crickhowell Group Practice residing at this address

Dear Patient

Application from Crickhowell Group Practice to close their branch surgery premises at Belmont Surgery in Gilwern

Powys Teaching Health Board has received an application from Crickhowell Group Practice to close their branch surgery premises at Belmont Surgery, Main Road, Gilwern. If agreed, this would mean that patients will then access services at the War Memorial Health Centre site in Crickhowell.

The Health Board must consider this application. We do this in conjunction with Powys Community Health Council and Dyfed Powys Local Medical Committee. As this branch surgery is located in Monmouthshire, we are also working with Aneurin Bevan Community Health Council and Aneurin Bevan University Health Board.

As part of this process, we are keen that patients using the Branch Surgery have the opportunity to inform us of their views. We are therefore undertaking a period of engagement with patients aged 16 years old and over.

The purpose of the engagement is to understand more about your use of the Belmont Branch Surgery in Gilwern to see a GP, Nurse or health care assistant, and how this proposal would affect you including any issues you would have in attending the main surgery at Beaufort Road in Crickhowell.

Wherever possible we would encourage you to respond online as this will reduce our carbon footprint as well as reducing postage and processing costs. If this is not an option for you then you can contact us to request a printed copy.

I would be very grateful if you could complete this questionnaire by 6 March 2023.

Bwrdd Iechyd Addysgu Powys
Tŷ Glasbury
Ysbyty Bronllys
Bronllys
Aberhonddu
Powys LD3 0LY

Powys Teaching Health Board
Glasbury House
Bronllys Hospital
Bronllys
Brecon
Powys LD3 0LY



Bwrdd Iechyd Addysgu Powys yw enw gweithredol Bwrdd Iechyd Lleol Powys
Powys Teaching Health Board is the operational name of Powys Local Health Board

You can access the questionnaire online at **www.pthb.nhs.wales/gilwern** or by using this QR code:

- Open your mobile phones camera
- Aim your camera at the QR code.
- You may need to select "open in browser" to access the website

If your camera does not scan the QR code then QR scanners are available to download in the App or Play Stores. Or, you can type the address above into the internet browser on your phone, tablet or computer.



If you have any issues accessing the online questionnaire, please ask a friend or relative to help you to access the website.

If you are not able to access the online questionnaire you can request a paper version to be sent to your home. Please contact our Primary Care Team on 01597 828805 or primarycaregeneral.powys@wales.nhs.uk

This letter is also available in different formats on our website. Our website also provides further information about this application including frequently asked questions.

You do not need to give your name or address for the questionnaire, although we would appreciate if you could state your postcode. This will help us to understand how this proposal affects different parts of the community.

Alternatively, you can contact Powys Community Health Council (**enquiries.powyschc@waleschc.org.uk**, 01874 624206) or Aneurin Bevan Community Health Council (**enquiries.aneurinbevanchc@waleschc.org.uk**, 01633 838516), who we will be working with throughout this process.

Should you have any questions in relation to this please do not hesitate to contact a member of the Primary Care team on 01597 828805 or primarycaregeneral.powys@wales.nhs.uk

Yours sincerely,

Hayley Thomas
Director of Primary and Community Care and Mental Health Services

Patterson
23/05/2024 11:25:01

Seeking your views on an application from Crickhowell Group Practice to close Belmont Branch Surgery in Gilwern

**10 January 2023 to 6 March
2023**

Frequently Asked Questions

**Last Updated 01 February
2023 (Version 1.2)**

Patterson, Liz
23/05/2023 11:25:01

Seeking your views on an application from Crickhowell Group Practice to close Belmont Branch Surgery in Gilwern

Summary

Powys Teaching Health Board has received an application from Crickhowell Group Practice to close their Belmont Branch Surgery in Gilwern.

The main reasons for the application are:

- The forthcoming retirement of four GP partners who are the owners of the branch surgery premises, with lack of viable alternatives for transfer of ownership.
- Challenges across the UK to recruit and retain general medical practitioners (GPs).

The Health Board has therefore implemented its Branch Practice Review Process, which includes:

- Receiving and reviewing the application from the practice.
- Sharing information with patients and wider stakeholders to seek your views.
- Engaging with the Community Health Council, which is the statutory body to represent the interest of patients and the public.
- Conscientious consideration of the feedback we receive, and taking this into account when making a decision on the application at a meeting in public of Powys Teaching Health Board.

This period of engagement is taking place from 10 January 2023 to 6 March 2023.

You can find out more and complete the online questionnaire at **www.haveyoursaypowys.wales/gilwern** or you can request a printed copy by contacting us at 01597 828805 or primarycaregeneral.powys@wales.nhs.uk.

If you were unable to attend our online event on 30 January you can watch the video on our engagement website at **www.haveyoursaypowys.wales/gilwern** or on our YouTube channel at <https://youtu.be/mwWwIR0T5fU>

Patterson, Liz
23/05/2023 11:25:01

Seeking your views on an application from Crickhowell Group Practice to close Belmont Branch Surgery in Gilwern

Why has Crickhowell Group Practice asked to close Gilwern Branch Surgery?

The team at Crickhowell Group Practice face a twin challenge:

- The GP practice partners who own the Belmont Surgery premises will retire soon, and no feasible or affordable options have been identified for the remaining practice team to take over the building.
- The wider pressures facing general practice would make it very difficult to maintain services at the branch surgery without reductions in the overall range of services that the practice is able to offer.

Crickhowell Group Practice considers the current position to be unsustainable, and if it is not addressed this could lead to the loss of further services in the area.

As a result, they have submitted an application to the health board to close the premises in Gilwern (Belmont Branch Surgery) and consolidate their services at their premises in Crickhowell (War Memorial Health Centre).

What alternatives to closure have been considered?

A number of other options have been considered and have not been successful:

- An alternative organisation purchases the Belmont Branch Surgery in Gilwern for continued use by Crickhowell Group Practice: No alternative organisation has been identified, and Crickhowell Group Practice has identified within its application that it will be increasingly difficult to maintain services from two premises given current workforce challenges.
- Belmont Branch Surgery in Gilwern is purchased by a different GP practice who take over responsibility for the patients with continued delivery of primary care services: No alternative primary care organisation has been identified to take over responsibility for the premises.
- Belmont Branch Surgery in Gilwern is purchased by an alternative organisation (not a GP practice) for the continued delivery of health or other services: this remains an option if the premises become available to purchase on the open market, but

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Seeking your views on an application from Crickhowell Group Practice to close Belmont Branch Surgery in Gilwern

is outside of the control of local health boards. Neither PTHB nor ABUHB has identified the purchase of Belmont Branch Surgery as a feasible or affordable option for the health board that is aligned with their overall estates strategy.

We will continue to explore these and other alternative options as part of this engagement. We welcome suggestions for options that could be considered.

What is the role of Powys Teaching Health Board?

Powys Teaching Health Board (PTHB) is the lead body for considering this application. This is because Crickhowell Group Practice holds its contract with Powys Teaching Health Board.

As the Belmont Branch Surgery is located in Gilwern in Monmouthshire, within the area served by Aneurin Bevan University Health Board (ABUHB), PTHB is also working with ABUHB as part of this review.

When an application to close a practice premises is submitted to the health board our role includes:

- Reviewing the reasons for the request.
- Identifying whether alternative options are available.
- Seeking views from patients and communities about the request, how it will impact on them, and what steps could be taken to reduce negative impact.
- Consulting with the Community Health Council which is the statutory independent watchdog to represent the interests of patients and the public.
- Making a decision following this engagement on the best way forward for sustaining local primary care services.

Crickhowell Group Practice believe that the consolidation of services at the Crickhowell premises and closure of the Belmont Branch Surgery in Gilwern is the best option available. The practice feels that:

- The remaining partners are not in a position to purchase the premises from the partners who are retiring from the practice.
- The current recruitment situation across the UK makes it increasingly difficult to recruit and retain General Practitioners

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Seeking your views on an application from Crickhowell Group Practice to close Belmont Branch Surgery in Gilwern

and so it is vital to consolidate their services in order to sustain them for the future.

- Patient safety will be protected through a single well-staffed site where all clinical and practice staff are well supported to provide the best clinical care for local communities.
- It will be easier to maintain services during times of planned or unplanned leave.
- It will reduce reliance on locum and temporary staff, offering better continuity of care for patients by staff who are more familiar with patients and communities and with the way the practice works.
- The current range of enhanced services (such as anticoagulation, diabetes) can be maintained.

What criteria will we use to make a decision?

We have identified the following criteria to guide the way we make decisions on this application:

- **Safety and Quality:** Will it help to ensure that GP primary care services are safe and clinically effective?
- **Sustainability:** Will it help to ensure that GP primary care services are sustainable for the medium to long term?
- **Workforce and Deliverability:** Will it help us with recruitment and retention? Is the option feasible and can it be delivered?
- **Access:** What impact does it have on access and experience for the communities we serve within the Crickhowell Group Practice and beyond?

Has a decision already been made?

No. The purpose of the engagement is to hear people's views, including about alternative options that can be considered.

Will patients who live in the Gilwern area be able to remain registered with Crickhowell Group Practice?

Seeking your views on an application from Crickhowell Group Practice to close Belmont Branch Surgery in Gilwern

Yes. All patients registered with Crickhowell Group Practice can remain with the practice.

Will the practice continue to provide home visits in the Gilwern area?

Yes. The practice will continue to offer home visits when appropriate for patients across all of their catchment.

What other steps is the practice taking to maintain and improve access to their services?

The practice will continue to develop new ways of working such as GP telephone triage and online appointments that reduce the need for you to visit the practice, and help you access the right care more quickly.

Together, PTHB and ABUHB with the practice will continue to promote the local alternative services available. More information about alternative services is available from www.pthb.nhs.wales/helpushelpyou and from www.abuhb.nhs.wales (click on Keeping Gwent Well)

The practice will continue to expand the services available via My Health Online so that more people will find it easier to contact the practice online and order repeat prescriptions. Online services will also be strengthened further when the NHS Wales App is launched in 2023.

Together, the practice and PTHB will continue to improve the range of online services available for more people in their own home – such as online Cognitive Behavioural Therapy.

Will it be more difficult to get an appointment? Will this put more pressure on the surgery in Crickhowell with all patients having to attend the one site?

The practice is not reducing the number of appointments available to patients or reduce their staffing levels. All staff and appointments from Belmont Surgery would be transferred to the War Memorial Health Centre to increase the number of appointments available. The practice anticipates that having the same resources, but all on one site, would allow them to manage patient demand more efficiently and safely. The main site has adequate consulting rooms to manage the increase of appointments being delivered.

Seeking your views on an application from Crickhowell Group Practice to close Belmont Branch Surgery in Gilwern

The practice has highlighted challenges in recruiting and retaining GPs including the forthcoming retirement of four GP partners. However, by providing their services from one site they will be better able to use the skills of the entire primary care team to provide you with the best possible services.

Will I still be able to collect my repeat prescriptions from the pharmacy in Gilwern?

Yes. Currently all repeat prescriptions for Gilwern patients are generated in the Dispensary at the War Memorial Health Centre, Crickhowell and collected by the Gilwern Pharmacist for dispensing and collection at the Gilwern Pharmacy. There will be no change to this service.

Can I choose to register with a different GP practice?

Yes, providing your address is located within another GP practice area. You can contact the practice of your choice directly and request to register with them, and they will be able to support you through the new registration process.

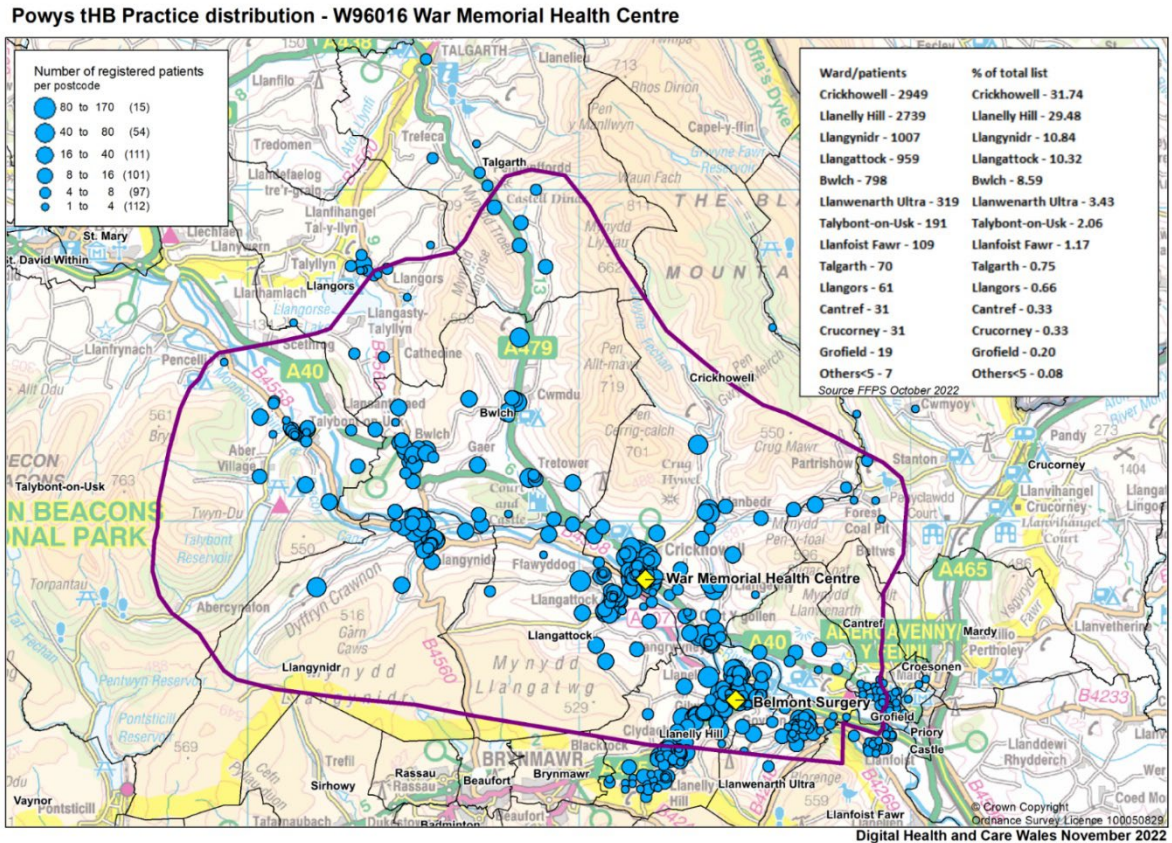
How many patients are registered with Crickhowell Group Practice and how many live in Powys / Monmouthshire?

9300 patients are registered with Crickhowell Group Practice.

Of these around 3100 live in the Aneurin Bevan Health Board area, which is where Belmont Branch Surgery is located.

Patterson, Liz
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Seeking your views on an application from Crickhowell Group Practice to close Belmont Branch Surgery in Gilwern



Information about the number of registered patients and where they live is also included in the Equality Impact Assessment which is available from our engagement website at www.haveyoursaypowys.wales/gilwern

How many appointments take place at Belmont Surgery and at War Memorial Heath Centre?

The current opening times for the War Memorial Health Centre in Crickhowell and the Belmont Branch Surgery in Gilwern are as follows:

	BELMONT		CRICKHOWELL	
	GP	Nurse	GP	Nurse
Monday	Closed	Closed	08:30 - 13:00 14:00 - 18:00	08:30 - 12:30 13:30 - 17:30
Tuesday	09:00 - 12:00	09:00 - 12:00	08:30 - 13:00 14:00 - 18:00	08:30 - 12:30 13:30 - 17:30
Wednesday	09:00 - 12:00	09:00 - 12:00	08:30 - 13:00 14:00 - 18:00	08:30 - 12:30 13:30 - 17:30
Thursday	09:00 - 12:00	09:00 - 12:00	08:30 - 13:00 14:00 - 18:00	08:30 - 12:30 13:30 - 17:30
Friday	09:00 - 12:00	09:00 - 12:00	08:30 - 12:30 14:30 - 18:00	08:30 - 12:30 13:30 - 16:30

Patterson, Liz
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Seeking your views on an application from Crickhowell Group Practice to close Belmont Branch Surgery in Gilwern

The number of patients accessing the War Memorial Health Centre in Crickhowell over the last three years is as follows:

Services	2020	2021	2022
January	4257	2435	3819
February	3663	2723	3715
March	3134	3386	4252
April	1431	3190	3120
May	1897	3026	3898
June	2370	3304	3334
July	2510	3137	3534
August	2556	3155	3812
September	2893	4295	3164
October	4017	4591	
November	3385	4778	
December	2784	4018	

The number of patients accessing the Belmont Branch Surgery in Gilwern over the last three years is as follows:

Services	2020	2021	2022
January	593	32	174
February	641	53	308
March	375	194	251
April	11	158	233
May	84	214	270
June	96	240	246
July	145	198	126
August	156	137	268
September	125	114	174
October	108	274	
November	94	297	
December	52	169	

Services currently provided at the Branch Surgery include:

- GP Face to Face appointments (typically one morning per week offering a clinic with 13 appointments)
- Nurse appointments for chronic illnesses, diabetes review, asthma reviews (typically 3-4 mornings per week)
- HCA appointments, phlebotomy

Patterson, Liz
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Seeking your views on an application from Crickhowell Group Practice to close Belmont Branch Surgery in Gilwern

We recognise that the services provided by the practice have been affected by the COVID pandemic, by changes to the primary care model in Wales, and by recruitment challenges.

Information about the number of appointments and opening times is also included in the Equality Impact Assessment which is available from our engagement website at www.haveyoursaypowys.wales/gilwern

If Belmont Surgery closes, how will patients travel to War Memorial Health Centre?

During this engagement we welcome your suggestions about travel and transport to War Memorial Health Centre in Crickhowell.

How can I get involved?

A period of engagement is under way from 10 January 2023 to 6 March 2023.

You can find out more and have your say at www.pthb.nhs.wales/gilwern

We would like to hear your views on how Crickhowell Group Practice's application would affect you, what impact it would have on different equality groups, and what steps we could take to reduce any negative impact.

Our website includes an online questionnaire to help you share your views. We encourage you to use our online questionnaire if possible. This helps us to reduce our carbon footprint, as well as postage and processing costs.

However, we recognise that you may not have access to the online questionnaire. If so, you can request a printed copy:

- By email: primarycaregeneral.powys@wales.nhs.uk
- By phone: 01597 828805
- By post: Powys Teaching Health Board Primary Care Team, Bronllys Hospital, Bronllys, Brecon, Powys LD3 0LY

You can also share your views in other ways:

- Attend our online engagement event from 6pm to 7pm on Monday 30 January 2023: www.pthb.nhs.wales/gilwern

Patterson, Liz
23/05/2023 11:25:01

Seeking your views on an application from Crickhowell Group Practice to close Belmont Branch Surgery in Gilwern

- Attend our drop-in event from 2pm to 5.45pm on Tuesday 14 February at Gilwern Community Hub:
www.pthb.nhs.wales/gilwern
- Read more on our engagement website at
www.haveyoursaypowys.wales/gilwern
- If you would prefer to provide more detailed feedback (for example, sharing alternative options that can be considered or further background information) then there is space on the questionnaire for you to share this, or if you would prefer you can write to us at: **Primary Care Team (Gilwern Engagement), Powys Teaching Health Board, Glasbury House, Bronllys Hospital, Bronllys, Brecon LD3 0LY**

What Happens Next?

Following the engagement, the health board will analyse the feedback received and produce a report. The report will be shared with the Powys Teaching Health Board, Crickhowell Group Practice, Powys Community Health Council, Aneurin Bevan University Health Board, Aneurin Bevan Community Health Council and Dyfed Powys Local Medical Committee.

The report will inform a recommendation on the way forward, which will be debated in public at a meeting of the Powys Teaching Health Board later this spring.

Indicative dates:

- 10 January: Start of Engagement
- 6 March: End of Engagement
- During March: Analysis and review of the feedback from patients, working with Powys Community Health Council, Aneurin Bevan Community Health Council, and Aneurin Bevan University Health Board
- By end April: Meeting in public of the Board of Powys Teaching Health Board to make a decision on the application from Crickhowell Group Practice
- During May: Letter to patients confirming the decision and next steps

This information is subject to change.

Patterson, Liz
23/05/2023 11:28 AM

Seeking your views on an application from Crickhowell Group Practice to close Belmont Branch Surgery in Gilwern

What is the role of the Community Health Councils?

Community Health Councils (CHCs) are independent bodies, set up by law, who listen to what individuals and the community have to say about the health services with regard to quality, quantity, access to and appropriateness of the services provided for them. They then act as the public voice in letting managers of health services know what people want and how things can be improved. In turn, CHCs also consult the public directly on some issues to make sure that they are properly reflecting public views to the Local Health Board. All responses received as part of this consultation will be shared with Powys Community Health Council, and you may also share your views with them direct by contacting:

Powys Community Health Council

Newtown Office Room 204, Ladywell House, Newtown, SY16 1JB

Phone: 01686 627632

Email: enquiries.powyschc@waleschc.org.uk

Website: www.powyschc.nhs.wales

Aneurin Bevan Community Health Council

Raglan House, 6-8 William Brown Close, Llantarnam Business Park, Cwmbran NP44 3AB

Phone: 01633 838516

Email: enquiries.aneurinbevanchc@waleschc.org.uk

Website: www.aneurinbevanchc.nhs.wales

Patterson, Liz
23/05/2023 11:25:01

**This engagement period is taking place
from 10 January 2023 to 6 March 2023.**

**Find out more and have your say at
www.pthb.nhs.wales/gilwern**

Patterson Liz
23/05/2023 11:25:01

Ionawr 2023



At: Holl gleifion Meddygfeydd Crucywel

Annwyl Glaf,



Mae **Meddygfeydd Crucywel** wedi
gwneud cais i **gau** ym **Meddygfa Belmont**
yng Ngilwern.



Os bydd hyn yn cael ei gytuno, byddai ar
gleifion angen mynd i **Ganolfan Iechyd**
Coffa Rhyfel yng Nghrucywel.



Hoffen ni wybod beth y mae cleifion yn ei
feddwl am hyn.



Mae arnon ni angen gwybod sut y buasai hyn yn effeithio arnoch chi. Ac a oes unrhyw faterion yn codi ynghylch mynd i'r feddygfa yng Nghrucywel.



Mae holiadur ar gael i gleifion ei lenwi.



Os yw'n bosibl, a wnewch chi ei lenwi ar-lein.



Os nad yw'n bosibl, cysylltwch â ni i gael copi wedi'i argraffu ar: **01597 828805**.



Neu e-bostiwch ni yn:

primarycaregeneral.powys@wales.nhs.uk



A wnewch chi lenwi'r holiadur erbyn **6 Mawrth 2023.**



I fynd at yr holiadur ar-lein ewch i:

www.pthb.nhs.wales/gilwern



Does arnoch chi ddim angen rhoi eich enw na'ch cyfeiriad ar yr holiadur.



Ond bydd yn ddefnyddiol i ni wybod eich côd post.

Yr eiddoch yn gywir,

Hayley Thomas

**Cyfarwyddwr Gofal Sylfaenol a
Chymunedol a Gwasanaethau Iechyd
Meddwl**

Bwrdd Iechyd Addysgu Powys

January 2023



To: All patients of Crickhowell Group Practice

Dear Patient,



Crickhowell Group Practice have applied to **close** at **Belmont Surgery** in Gilwern.



If this is agreed, patients would need to go to **War Memorial Health Centre** in Crickhowell.



We would like to know what patients think about this.

Peterson, Liz
22/05/2023 11:25:01



We need to know how this would affect you. And if you have any issues going to the surgery in Crickhowell.



There is a questionnaire for patients to complete.



If you can, please complete it online.



If not, please contact us for a printed copy on: **01597 828805**.



Or email us at:
primarycaregeneral.powys@wales.nhs.uk



Please complete the questionnaire by **6 March 2023**.



To access the questionnaire online please go to: www.pthb.nhs.wales/gilwern



You don't need to give your name or address on the questionnaire.



But it will be helpful if we know your postcode.

Yours sincerely,

Hayley Thomas

**Director of Primary and Community Care
and Mental Health Services**

Powys Teaching Health Board



Patterson, Liz
23/05/2023 11:25:01

Cais i Gau Meddygfa Belmont

Holiadur Ymgysylltu â Chleifion

Eich Enw (dewisol)

Eich Cyfeiriad (dewisol)

.....

.....

****Rhowch gylch o amgylch eich ateb isod neu rhowch ateb llawn lle bo'n berthnasol.**

	Cwestiwn	Ateb			
1	Eich Cod Post				
2	Ydych chi'n mynychu Meddygfa Belmont yng Ngilwern ar gyfer apwyntiadau gyda Meddyg, Nyrs neu weithiwr iechyd proffesiynol arall?	Meddyg	Nyrs	Arall	Dim
3	Sawl gwaith ydych chi wedi ymweld â Meddygfa Belmont yn ystod y 12 mis diwethaf? apwyntiad			
4	Sut mae hyn yn cymharu â nifer eich ymweliadau cyn COVID (2019/20)?	Llai	Tua'r un peth		Mwy
5	Pa un o'r canlynol sy'n disgrifio orau sut rydych chi fel arfer yn teithio i Feddygfa Belmont yng Ngilwern?	Cerdded / Beicio	Bws	Mewn car	Tacsi
6	Ydych chi'n mynychu'r Ganolfan Iechyd Coffa Rhyfel ar gyfer apwyntiadau gyda Meddyg, Nyrs neu weithiwr iechyd proffesiynol arall?	Meddyg	Nyrs	Arall	Dim
7	Sawl gwaith ydych chi wedi ymweld â'r Ganolfan Iechyd Coffa Rhyfel yn ystod y 12 mis diwethaf? apwyntiad			
8	Sut mae hyn yn cymharu â nifer eich ymweliadau cyn COVID (2019/20)?	Llai	Tua'r un peth		Mwy
9	Pa un o'r canlynol sy'n disgrifio orau sut rydych chi fel arfer yn teithio i Ganolfan Iechyd Coffa Rhyfel yng Nghrucywel?	Cerdded / Beicio	Bws	Mewn car	Tacsi

Mae'r holiadur hwn yn parhau ar y dudalen nesaf

10	<p>A fydddech chi'n cael unrhyw anhawster penodol wrth gael mynediad at Ganolfan Iechyd Coffa'r Rhyfel yng Nghrucywel?</p> <p>Os bydddech chi, rhowch fanylion yr anawsterau y gallech eu hwynebu.</p>
11	<p>Defnyddiwch y gofod isod i nodi unrhyw sylwadau ychwanegol yr hoffech eu gwneud (Er enghraifft, gallai hyn gynnwys eich meddyliau am sut fydd y cynnig hwn yn cael effaith benodol ar wahanol adrannau o'r gymuned. Gallai hyn hefyd gynnwys effaith ar nodweddion gwarchodedig cydraddoldeb, yr iaith Gymraeg, effaith sosio-economaidd ac ati. Rydym hefyd yn croesawu eich barn ar sut y gellid mynd i'r afael ag unrhyw effeithiau negyddol.)</p> <p>(Parhewch ar ddalen ar wahân os oes angen)</p>

Dychwelwch eich holiadur cyflawn yn yr amlen wedi'i stampio a'r cyfeiriad arni erbyn 6 Mawrth 2023. Bydd yr wybodaeth y byddwch yn ei darparu yn cael ei ddefnyddio gan Fwrdd Iechyd Addysgu Powys i lunio adroddiad sy'n nodi barn y cleifion a'r cyhoedd. Mae'n bosib y bydd eich ymateb yn cael ei rannu hefyd gyda Chyngor Iechyd Cymuned Powys a Chyngor Iechyd Cymunedol Aneurin Bevan er mwyn eu helpu i gynrychioli buddiannau cleifion a'r cyhoedd.

Belmont Surgery Closure Application

Patient Engagement Questionnaire

Your Name (optional)

Your Address (optional)

.....

.....

.....

****Please circle your answer below or give full answer as applicable**

	Question	Answer			
1	Your Postcode				
2	Do you attend the Belmont Surgery in Gilwern for appointments with a Doctor, Nurse or other health professional?	Doctor	Nurse	Other	None
3	How many times have you been seen at Belmont Surgery in the last 12 months? appointments			
4	How does this compare with pre-COVID (2019/20)?	Less	About The Same	More	
5	Which of the following best describes how you normally travel to Belmont Surgery in Gilwern?	Walk/ Cycle	Bus	Car	Taxi
6	Do you attend the War Memorial Health Centre for appointments with a Doctor, Nurse or other health professional?	Doctor	Nurse	Other	None
7	How many times have you been seen at the War Memorial Health Centre in the last 12 months? appointments			
8	How does this compare with pre-COVID (2019/20)?	Less	About The Same	More	
9	Which of the following best describes how you normally travel to War Memorial Health Centre in Crickhowell?	Walk/ Cycle	Bus	Car	Taxi

This questionnaire continues over the page

<p>10</p>	<p>Would you have any specific difficulty in accessing War Memorial Health Centre in Crickhowell?</p> <p>If so, please give details of the difficulties you may face.</p>
<p>11</p>	<p>Please use the space below for any additional comments you would like to make (For example, this could include your thoughts about whether this proposal will have a particular impact on different sections of the community. This could include impact due to equality protected characteristics, Welsh Language, socio-economic impact etc. We also welcome your views on how any negative impacts could be addressed.)</p> <p>(Please continue on a separate sheet if required)</p>

Please return your completed questionnaire in the stamped addressed envelope by 6 March 2023. The information you provide will be used by Powys Teaching Health Board to produce a report setting out the views of patients and the public. Your response may also be shared with Powys Community Health Council and Aneurin Bevan Community Health Council to help them represent the interests of patients and the public.



Seeking your views on an application
from
Crickhowell Group Practice to close
Belmont Branch Surgery in Gilwern

10 January 2023 to
6 March 2023

**Online Engagement Event
30 January 2023**

Welcome

Gofyn am eich barn
ar gais gan
Bractis Grŵp Crucywel i gau
Meddygfa Belmont yng Ngilwern

10 Ionawr 2023 i
6 Mawrth 2023

**Digwyddiad Ymgysylltu Ar-lein
30 Ionawr 2023**

Croeso

Patterson, Liz
23/05/2023 11:25:01



Powys Teaching Health Board has received an application from Crickhowell Group Practice to close their branch surgery premises at Belmont Surgery, Main Road, Gilwern. If agreed this would mean that patients will then access services at the War Memorial Health Centre site in Crickhowell.

The Health Board must consider this application. We do this in conjunction with Powys Community Health Council and Dyfed Powys Local Medical Committee. As this branch surgery is located in Monmouthshire, we are also working with Aneurin Bevan Community Health Council and Aneurin Bevan University Health Board.

Mae Bwrdd Iechyd Addysgu Powys wedi cael cais gan Bractis Grŵp Crucywel i gau ei safle ym Meddygfa Belmont, Prif Ffordd, Gilwern. Pe bai'r cais yn cael ei gymeradwyo, byddai hyn yn golygu y bydd cleifion wedyn yn defnyddio gwasanaethau ar safle Canolfan Iechyd Coffa Rhyfel yng Nghrucywel.

Rhaid i'r Bwrdd Iechyd ystyried y cais hwn. Rydym yn gwneud y penderfyniad hwn ar y cyd â Chyngor Iechyd Cymuned Powys a Phwyllgor Meddygol Lleol Dyfed Powys. Gan fod y feddygfa hon wedi ei lleoli yn Sir Fynwy, rydym hefyd yn gweithio gyda Chyngor Iechyd Cymunedol Aneurin Bevan.





As part of this process, we are keen that patients using the Branch Surgery have the opportunity to inform us of their views. We are therefore undertaking a period of engagement.

The purpose of the engagement is to understand more about your use of the Belmont Branch Surgery in Gilwern to see a GP, Nurse or health care assistant, and how this proposal would affect you including any issues you would have in attending the main surgery at Beaufort Road in Crickhowell.

Wherever possible we would encourage you to respond online as this will reduce our carbon footprint as well as reducing postage and processing costs. If this is not an option for you then you can contact us to request a printed copy.

I would be very grateful if you could complete this questionnaire by 6 March 2023.

Fel rhan o'r broses hon, rydym yn awyddus bod cleifion sy'n defnyddio'r Feddygfa yn cael cyfle i leisio'u barn. Rydym felly'n cynnal cyfnod o ymgysylltu.

Pwrrpas y gwaith ymgysylltu hwn yw deall mwy am eich defnydd o Feddygfa Belmont yng Ngilwern i weld meddyg teulu, nyrs neu i gyrchu gwasanaethau eraill o'r feddygfa, a sut y byddai'r cynnig hwn yn effeithio arnoch gan gynnwys unrhyw faterion y byddai gennych wrth fynychu'r brif feddygfa yn Heol Beaufort yng Nghrucywel.

Lle bynnag y bo'n bosibl, byddem yn eich annog i ymateb ar-lein er mwyn lleihau ein hól troed carbon yn ogystal â lleihau costau postio a phrosesu. Os nad yw hyn yn opsiwn i chi, gallwch gysylltu â ni i ofyn am gopi caled.

Byddwn yn ddiolchgar iawn pe gallech chi lenwi'r holiadur hwn erbyn 6 Mawrth 2023.





You can access the questionnaire online at **www.pthb.nhs.wales/gilwern** or by using this QR code:

- Open your mobile phones camera
- Aim your camera at the QR code.
- You may need to select "open in browser" to access the website

If your camera does not scan the QR code then QR scanners are available to download in the App or Play Stores. Or, you can type the address above into the internet browser on your phone, tablet or computer.



Gallwch gyrchu'r holiadur ar-lein yn **www.biap.gig.cymru/gilwern** neu trwy ddefnyddio'r cod QR hwn:

- Agorwch y camera ar eich ffôn symudol
- Anelwch eich camera at y cod QR
- Efallai y bydd angen i chi ddewis "agor mewn porwr" i agor y wefan

Os nad yw eich camera yn sganio'r cod QR yna mae sganwyr QR ar gael i'w lawrlwytho o'r 'App Store' neu 'Play Store'. Fel arall, gallwch deipio'r cyfeiriad uchod yn y porwr rhyngrwyd ar eich ffôn, llechen neu gyfrifiadur.





If you have any issues accessing the online questionnaire, please ask a friend or relative to help you to access the website.

If you are not able to access the online questionnaire you can request a paper version to be sent to your home. Please contact our Primary Care Team on 01597 828805 or primarycaregeneral.powys@wales.nhs.uk

This letter is also available in different formats on our website. Our website also provides further information about this application including frequently asked questions.

You do not need to give your name or address for the questionnaire, although we would appreciate if you could state your postcode. This will help us to understand how this proposal affects different parts of the community.

Os oes gennych unrhyw broblemau wrth ddefnyddio'r holiadur ar-lein, gofynnwch i ffrind neu berthynas i'ch helpu agor y wefan.

Os nad ydych yn gallu cael gafael ar yr holiadur ar-lein gallwch ofyn i ni ddanfon copi caled i'ch cartref. Cysylltwch â'n Tîm Gofal Sylfaenol ar 01597 828805 neu primarycaregeneral.powys@wales.nhs.uk

Mae'r llythyr hwn hefyd ar gael mewn gwahanol fformatau ar ein gwefan. Mae ein gwefan hefyd yn rhoi rhagor o wybodaeth am y cais hwn gan gynnwys cwestiynau cyffredin.

Nid oes angen i chi roi eich enw na'ch cyfeiriad ar yr holiadur, er y byddem yn gwerthfawrogi pe gallech nodi eich cod post. Bydd hyn yn ein helpu deall sut mae'r cais hwn yn effeithio ar wahanol rannau o'r gymuned.





Alternatively, you can contact

- Powys Community Health Council
(enquiries.powyschc@waleschc.org.uk, 01874 624206) or
- Aneurin Bevan Community Health Council
(enquiries.aneurinbevanchc@waleschc.org.uk, 01633 838516)

who we will be working with throughout this process.

More information including frequently asked questions is available from our website at www.pthb.nhs.wales/gilwern

Fel arall, gallwch gysylltu â

- Chyngor Iechyd Cymunedol Powys
(enquiries.powyschc@waleschc.org.uk, 01874 624206) neu
- Gyngor Iechyd Cymunedol Aneurin Bevan
(enquiries.aneurinbevanchc@waleschc.org.uk, 01633 838516)

a fyddwn yn gweithio gyda nhw drwy gydol y broses hon.

Mae mwy o wybodaeth gan gynnwys cwestiynau cyffredin ar gael o'n gwefan yn www.biap.gig.cymru/gilwern





Important Dates

- 10 January: Start of Engagement
- 6 March: End of Engagement
- During March: Analysis and review of the feedback from patients, working with Powys Community Health Council, Aneurin Bevan Community Health Council, and Aneurin Bevan University Health Board
- By end April: Meeting in public of the Board of Powys Teaching Health Board to make a decision on the application from Crickhowell Group Practice
- During May: Letter to patients confirming the decision and next steps

This information is subject to change.

Dyddiadau Pwysig

- 10 Ionawr: Dechrau Cyfnod Ymgysylltu
- 6 Mawrth: Diwedd Cyfnod Ymgysylltu
- Yn ystod mis Mawrth: Dadansoddiad ac adolygiad o'r adborth gan gleifion, gweithio gyda Chyngor Iechyd Cymuned Powys, Cyngor Iechyd Cymuned Aneurin Bevan, a Bwrdd Iechyd Prifysgol Aneurin Bevan.
- Erbyn diwedd mis Ebrill: Cyfarfod cyhoeddus Bwrdd Iechyd Addysgu Powys i wneud penderfyniad ar y cais gan bractis Grŵp Crucywel.
- Yn ystod mis Mai: Llythyr i gleifion yn cadarnhau'r penderfyniad a'r camau nesaf.

Sylwer, mae'n bosibl y gall y wybodaeth hon newid.





Have Your Say

You can also find lots of useful information on our engagement website.

This includes a Frequently Asked Questions document as well as a draft Equality Impact Assessment.

The Frequently Asked Questions helps to answer the main questions that are being raised during the engagement period.

The Equality Impact Assessment includes useful information including maps of the practice catchment.

Dweud Eich Dweud

Gallwch hefyd ddod o hyd i lawer o wybodaeth ddefnyddiol ar ein gwefan ymgysylltu.

Mae hyn yn cynnwys dogfen Cwestiynau Cyffredin ac Asesiad Effaith Gydraddoldeb drafft.

Mae'r Cwestiynau Cyffredin yn helpu i ateb y prif gwestiynau sy'n cael eu codi yn ystod y cyfnod ymgysylltu.

Mae'r Asesiad Effaith Gydraddoldeb yn cynnwys gwybodaeth ddefnyddiol yn cynnwys mapiau o'r dalgylchoedd ymarfer.





Why has Crickhowell Group Practice asked to close Gilwern Branch Surgery?

The team at Crickhowell Group Practice face a twin challenge:

- The GP practice partners who own the Belmont Surgery premises will retire soon, and no feasible or affordable options have been identified for the remaining practice team to take over the building.
- The wider pressures facing general practice would make it very difficult to maintain services at the branch surgery without reductions in the overall range of services that the practice is able to offer.

Crickhowell Group Practice considers the current position to be unsustainable, and if it is not addressed this could lead to the loss of further services in the area.

As a result, they have submitted an application to the health board to close the premises in Gilwern (Belmont Branch Surgery) and consolidate their services at their premises in Crickhowell (War Memorial Health Centre).

Pam bod Practis Grŵp Crucywel wedi gofyn i gau Meddygfa Gilwern?

Mae'r tîm ym Mhractis Grŵp Crucywel yn wynebu dwy her:

- Bydd partneriaid y practis sy'n berchen ar safle Meddygfa Belmont yn ymddeol yn fuan, ac nid oes unrhyw opsiynau ymarferol na fforddiadwy wedi'u nodi i weddill tîm y practis i gymryd dros yr adeilad.
- Byddai'r pwysau ehangach sy'n wynebu ymarfer meddygol yn ei gwneud yn anodd iawn cynnal gwasanaethau yn y feddygfa heb ostyngiadau yn yr ystod gyffredinol o wasanaethau y mae'r practis yn gallu cynnig.

Mae Practis Grŵp Crucywel o'r farn nad yw'r sefyllfa bresennol yn gynaliadwy, ac os na eir i'r afael â hynny, gall arwain at golli rhagor o wasanaethau yn yr ardal.

O ganlyniad, maent wedi cyflwyno cais i'r bwrdd iechyd i gau'r safle yng Ngilwern (Meddygfa Belmont) ac atgyfnerthu eu gwasanaethau yn eu safle yng Nghrucywel (Canolfan Iechyd Cofeb Rhyfel).



What alternatives to closure have been considered?

A number of other options have been considered and have not been successful:

- Alternative organisation purchase the Belmont Branch Surgery in Gilwern for continued use by Crickhowell Group Practice: No alternative organisation has been identified, and Crickhowell Group Practice has identified within its application that it will be increasingly difficult to maintain services from two premises given current workforce challenges.
- Belmont Branch Surgery in Gilwern is purchased by a different GP practice who take over responsibility for the patients with continued delivery of primary care services: No alternative primary care organisation has been identified to take over responsibility for the premises.
- Belmont Branch Surgery in Gilwern is purchased by an alternative organisation (not a GP practice) for the continued delivery of health or other services: this remains an option if the premises become available to purchase on the open market, but is outside of the control of local health boards. Neither PTHB nor ABUHB has identified the purchase of Belmont Branch Surgery as a feasible or affordable option for the health board that is aligned with their overall estates strategy.

Pa ddewisiadau eraill sydd wedi eu hystyried oni bai am gau'r safle?

Mae nifer o opsiynau eraill wedi eu hystyried ond nid oedden nhw'n llwyddiannus:

- Sefydliad arall i brynu Meddygfa Belmont yng Ngilwern a'i defnyddio o hyd gan Bractis Grŵp Crucywel: Nid oes unrhyw sefydliad arall wedi'i nodi, ac mae Practis Grŵp Crucywel wedi nodi o fewn ei gais y bydd yn gynyddol anodd cynnal gwasanaethau o ddau safle o ystyried heriau'r gweithlu presennol.
- Meddygfa Belmont yng Ngilwern yn cael ei brynu gan feddygfa wahanol sy'n dwyn cyfrifoldeb dros y cleifion ac yn parhau i ddarparu gwasanaethau gofal sylfaenol: Nid oes unrhyw sefydliad gofal sylfaenol arall wedi'i nodi i ddwyn cyfrifoldeb am y safle.
- Meddygfa Belmont yng Ngilwern yn cael ei brynu gan sefydliad arall (nid meddygfa) i ddarparu iechyd neu wasanaethau eraill o hyd: Mae hyn yn parhau i fod yn opsiwn os yw'r safle ar gael i'w brynu ar y farchnad agored, ond y tu allan i reolaeth byrddau iechyd lleol. Nid yw BIAP nac BIPAB wedi nodi bod prynu Meddygfa Belmont fel opsiwn ymarferol neu fforddiadwy i'r bwrdd iechyd sy'n cyd-fynd â'u strategaeth ystadau cyffredinol.



What criteria will we use to make a decision?

We have identified the following criteria to guide the way we make decisions on this application:

- **Safety and Quality:** Will it help to ensure that GP primary care services are safe and clinically effective?
- **Sustainability:** Will it help to ensure that GP primary care services are sustainable for the medium to long term?
- **Workforce and Deliverability:** Will it help us with recruitment and retention? Is the option feasible and can it be delivered?
- **Access:** What impact does it have on access and experience for the communities we serve within the Crickhowell Group Practice and beyond?

Patterson, Liz
23/05/2023 11:25:01

Pa feini prawf y byddwn ni'n eu defnyddio i wneud penderfyniad?

Rydym wedi adnabod y meini prawf canlynol i lywio'r ffordd yr ydym yn gwneud penderfyniadau ar y cais hwn:

- **Diogelwch ac Ansawdd:** A fydd yn helpu sicrhau bod gwasanaethau gofal sylfaenol meddygon teulu yn ddiogel ac yn glinigol effeithiol?
- **Cynaliadwyedd:** A fydd yn helpu sicrhau bod gwasanaethau gofal sylfaenol meddygon teulu yn gynaliadwy ar gyfer y tymor canolig a'r tymor hir?
- **Y Gweithlu a'r Gallu i Gyflawni:** A fydd yn ein helpu gyda recriwtio a chadw gweithwyr? A yw'r opsiwn yn ymarferol ac a oes modd ei gyflawni?
- **Mynediad:** Pa effaith mae'n ei gael ar fynediad a phrofiad i'r cymunedau rydym yn eu gwasanaethu o fewn Practis Grŵp Crucywel a'r cyffiniau?





Will patients who live in the Gilwern area be able to remain registered with Crickhowell Group Practice?

Yes. All patients registered with Crickhowell Group Practice can remain with the practice.

Will the practice continue to provide home visits in the Gilwern area?

Yes. The practice will continue to offer home visits when appropriate for patients across all of their catchment.

Can I choose to register with a different GP practice?

Yes, providing your address is located within another GP practice area. You can contact the practice of your choice directly and request to register with them, and they will be able to support you through the new registration process.

A fydd cleifion sy'n byw yn ardal Gilwern dal wedi'u cofrestru gyda Phractis Grŵp Crucywel?

Byddwn. Gall pob claf sydd wedi'u cofrestru gyda Phractis Grŵp Crucywel aros gyda'r practis.

A fydd y practis yn parhau i wneud ymweliadau â'r cartref yn ardal Gilwern?

Byddwn. Bydd y practis yn parhau i gynnig ymweliadau â'r cartref pan fo'n briodol i gleifion ar draws ei holl ddalgylch.

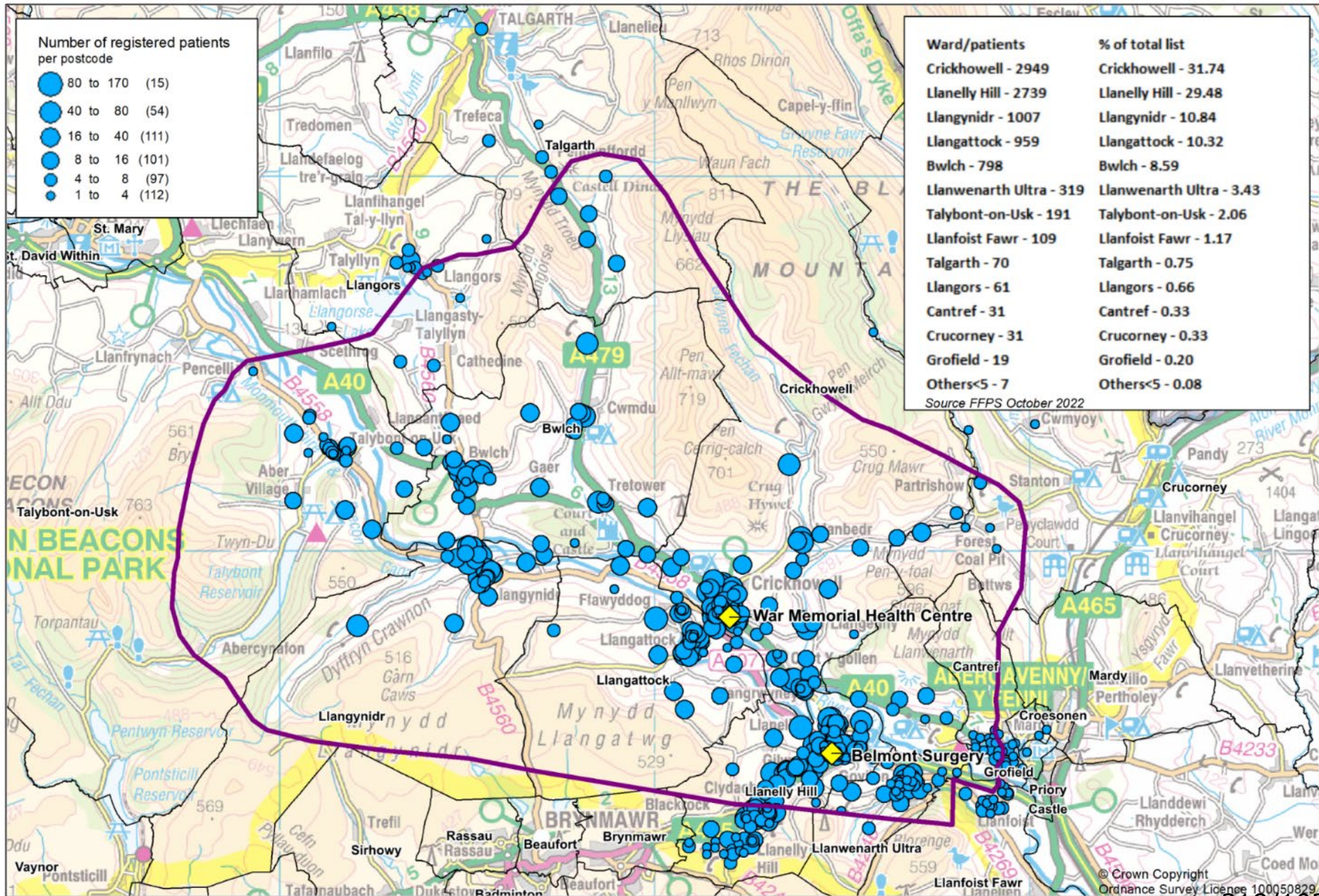
Ydw i'n gallu dewis cofrestru gyda meddygfa wahanol?

Ydych, cyn belled â bod eich cyfeiriad wedi'i leoli o fewn ardal practis meddyg teulu arall. Gallwch gysylltu â'r practis o'ch dewis yn uniongyrchol a gofyn i gofrestru gyda nhw, a byddant yn gallu eich cefnogi drwy'r broses gofrestru newydd.



How many patients are registered with Crickhowell Group Practice?

Around two thirds of registered patients live in Powys and one third live in Monmouthshire



Patterson,Liz
23/05/2023 11:25:01



What have we heard so far?

Patterson, Liz
23/05/2023 11:25:01





People have shared their views on the impact on the Practice and registration

- "I am concerned that with the retirement of several doctors, the burden on the remaining medics of keeping Gilwern surgery open will be too great in both financial and workload terms and that this will lead to an overall deterioration in the good service that they currently provide."
- "They need to recruit more doctors and nurses."
- "Better to have all specialised practitioners working in one place. By having one surgery there is less admin time enabling an ongoing efficient service."
- "There have been less appointments available at Gilwern recently, including affected by COVID. I have needed to go to Crickhowell more often and there are fewer appointments available like health visitors, district nurses and midwifery at the branch."
- "The practice boundary has already changed so that people from Clydach cannot register – will it change again to exclude Gilwern?"
- "Will this cause more pressure at Crickhowell and make it more difficult to get an appointment?"
- "It may be that a newly qualified doctor would be interested, especially with Nevill Hall Hospital nearby."
- "If the plan is to close the Gilwern Surgery, my wife and I will probably join the many others that have, or are planning to, switch to a practice in Abergavenny."





People have shared their views on the potential impact on the Local Population and Services

- "The population is increasing and getting older but the services in the area are decreasing."
- "This will have the greatest impact on people who already have access difficulties such as people with disabilities or the elderly."
- "It is frustrating that we have lost services from Nevill Hall and now there is a plan to close the surgery."
- "Will this affect the pharmacy in the village?"
- "This used to be a branch surgery for Brynmawr. They closed and Crickhowell moved from their previous premises, so I transferred to them. Now they plan to close too."
- "We have lost a lot of services from Gilwern in the last 30 years."
- "The surgery was one of the reasons I moved to Gilwern. Closing the surgery will mean that fewer people will want to move here which will have a bigger impact."
- "It is frustrating living in a rural area that local health services such as these are disappearing, such as departments at Neville Hall being moved to The Grange."
- "The ABUHB community midwife clinic is now held at Nevill Hall as the surgery is closed. Having to catch a bus to the hospital for fortnightly appointments with my midwife is a huge inconvenience."





People have suggested alternatives to closing the branch. As mentioned earlier many of these options have been under active consideration and continue to be explored as part of this review:

- “Could another GP practice take over the premises, such as one in Abergavenny?”
- “Crickhowell should close and keep Gilwern.”
- “Could the health board buy the premises and offer the space to all local GP practices and community services, a bit like a bank hub?”
- “Could the community buy the premises so that the GP and nurses can keep coming?”

Patterson, Liz
23/05/2023 11:25:01





The top issue raised in the feedback is around Travel and Transport

- "Some people do not have a car. They will need a lift to Crickhowell. There is not a direct bus route or community transport and it can be difficult and expensive to get a taxi."
- "It can be difficult to park at the War Memorial Health Centre, particularly with a child's buggy."
- "I can walk to Belmont Surgery, which reduces my carbon footprint. I won't be able to walk to Crickhowell"
- "Transport will be more difficult in a cost of living crisis."
- "The road to Crickhowell can be closed to flooding."
- "Other practices would now be closer for me, and with better public transport links."
- "Gilwern is a shorter journey when I am feeling unwell."
- "Crickhowell serves a very large rural area to the north who already have a long way to travel. If one site has to close then Crickhowell should stay open as it is the better option to cover the whole catchment."
- "Living in Talybont it is nine miles to Crickhowell practice or nine miles to Brecon."





Reflections

Patterson, Liz
23/05/2023 11:25:01





Thank You

Diolch Yn Fawr

www.pthb.nhs.wales/gilwern

www.biap.gig.cymru/gilwern

www.haveyoursaypowys.wales/gilwern

www.dweudeichdweudpowys.cymru/gilwern



**Seeking your views on an
application from Crickhowell Group
Practice to close Belmont Branch
Surgery in Gilwern**

**Online Q&A Session
Monday 30 January, 6pm-7pm**

An online Q&A session will take place on
Monday 30 January 2023 from 6pm to 7pm.

To find out more visit
pthb.nhs.wales/gilwern

**Drop-In Session
Tuesday 14 February
2pm-5.45pm**

A drop-in event is taking place at Gilwern
Community Hub on Tuesday 14 February
2023 from 2pm to 5.45pm

This period of engagement is taking place
from 10 January 2023 to 6 March 2023.

**Gofyn am eich barn ar gais gan
Bractis Grŵp Crucywel i gau
Meddygfa Belmont yng Ngilwern**

**Sesiwn Haca
Dydd Llun 30 Ionawr, 6yh-7yh**

Cynhelir Sesiwn Holi ac Ateb ar-lein ddydd
Llun 30 Ionawr 2023 rhwng 6yh a 7yh.

I ddysgu mwy ewch i
biap.gig.cymru/gilwern

**Sesiwn Galw Heibio
Dydd Mawrth 14 Chwefror
2yp-5.45yp**

Cynhelir digwyddiad galw heibio yn Hyb
Cymunedol Gilwern ar Dydd Mawrth 14
Chwefror 2023 rhwng 2yp a 5.45yp

Cynhelir y cyfnod hwn o ymgysylltu rhwng
10 Ionawr 2023 a 6 Mawrth 2023.

Find out more



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Rhagor o wybodaeth



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Patterson, Liz
23/05/2023 11:25:01



Seeking your views on an application from Crickhowell Group Practice to close Belmont Branch Surgery in Gilwern

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Gofyn am eich barn ar gais gan Bractis Grŵp Crucywel i gau Meddygfa Belmont yng Ngilwern

**Sesiwn Galw Heibio
Dydd Mawrth 14 Chwefror
2yp-5.45yp**

Cynhelir digwyddiad galw heibio yn Hyb Cymunedol Gilwern ar Dydd Mawrth 14 Chwefror 2023 rhwng 2yp a 5.45yp

Cynhelir y cyfnod hwn o ymgysylltu rhwng 10 Ionawr 2023 a 6 Mawrth 2023.

Find out more



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Patterson, Liz
23/05/2023 11:25:01

PTHB website (EN)

<https://pthb.nhs.wales/gilwern>

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Current NHS Engagement and Consultation

Gilwern Branch Surgery

Welsh Air Ambulance Charity and NHS Emergency Medical Retrieval and Transfer Service (EMRTS)

Seeking your views on changes to Stroke Services in Herefordshire and Worcestershire

WHSSC 10-year Specialised Service Strategy

 [Listen](#)

Gilwern Branch Surgery

Have Your Say






[Click here to find out more and have your say on our engagement hub - including our patient engagement questionnaire.](#)



Forthcoming Events

[Click here for information about the online engagement event on 30 January 2023.](#)

[Click here for information about the drop-in event on 14 February 2023.](#)

[Download event poster](#)

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Patterson, Liz
23/05/2023 11:25:01

110/258

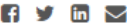
329/1024

Have Your Say website (CY)

www.dweudeichdweudpowys.cymru/gilwern

Patterson, Liz
23/05/2023 11:25:01

Gofyn am eich barn ar gais gan Bractis Grŵp Crucywel i gau Meddygfa Belmont yng Ngilwern



Mae Bwrdd Iechyd Addysgu Powys wedi cael cais gan Bractis Grŵp Crucywel i gau Meddygfa Belmont yng Ngilwern.

Y prif resymau dros y cais yw'r canlynol:

- Heriau ledled y DU i recriwtio a chadw ymarferwyr meddygol cyffredinol (meddygon teulu).
- Ymddeoliad pedwar partner meddyg teulu sy'n berchnogion safle'r feddygfa, gyda diffyg dewisiadau amgen hyfwr ar gyfer trosglwyddo perchnogaeth.

Felly, mae'r Bwrdd Iechyd wedi gweithredu ei Broses Adolygu Practis, sy'n cynnwys:

- Adolygu'r cais gan y practis.
- Rhannu gwybodaeth â chleifion a rhanddeiliaid ehangach i geisio eich barn.
- Ymgysylltu â'r Cyngor Iechyd Cymunedol, sef y corff statudol i gynrychioli diddordeb cleifion a'r cyhoedd.
- Ystyried yr adborth a gawn, ac ystyried hwn wrth wneud penderfyniad ynghylch y cais mewn cyfarfod cyhoeddus gan Fwrdd Iechyd Addysgu Powys.

Cynhelir y cyfnod hwn o ymgysylltu rhwng 10 Ionawr 2023 a 6 Mawrth 2023.

- Darllenwch y [llythyr i gleifion](#)
- Rhagor o wybodaeth yn y [cwestiynau cyffredin](#) ac [Asesiad Effaith Cydraddoldeb](#)
- Ymunwch â ni [mewn digwyddiad ar-lein neu ddigwyddiad galw heibio](#)
- Gallech chi lenwi'r [holiadur hwn](#) erbyn 6 Mawrth 2023
- Rhagor o wybodaeth am "[sut i rhannu eich barn](#)"

Gwybodaeth mewn fformatau eraill:

- [Hawdd ei Ddeall](#)
- BSL (isod)
- Audio (isod)



Seeking your views on an application from Crickhowell Group Practice to close Belmont Branch Surgery in Gilwern

Gofyn am eich barn ar gais gan Bractis Grŵp Crucywel i gau Meddygfa Belmont yng Ngilwern

10 January 2023 to 6 March 2023
Watch on YouTube

10 Ionawr 2023 i 6 Mawrth 2023



English

This survey is available in English here

Dyddiadau Allweddol

Ymgysylltu Yn Dechrau
10 Ionawr 2023

Sesiwn Ar-lein, 6yh-7yh
30 Ionawr 2023

Sesiwn Galw Heibio, 2yp-5.45yp
14 Chwefror 2023

Ymgysylltu yn dod i ben
06 Mawrth 2023

Dogfennau

- ☐ Llythyr i Gleifion (161 KB) (pdf)
- ☐ Cwestiynau Cyffredin (549 KB) (pdf)
- ☐ Llythyr Hawdd ei Ddeall (565 KB) (pdf)
- ☐ Asesiad Effaith Cydraddoldeb - drafft (Saesneg yn unig) (734 KB) (pdf)
- ☐ Poster Digwyddiadau Gilwern (636 KB) (pdf)
- ☐ Sut i rannu eich barn (21.6 KB) (docx)
- ☐ Slediadau Cyflwyniad ar gyfer Digwyddiad Ar-lein ar 30 Ionawr 2023 (869 KB) (pdf)

Holiadur Ar-lein

Byddwn yn ddiolchgar iawn pe gallech chi lenwi'r holiadur hwn erbyn 6 Mawrth 2023

Fideos

- ☒ Digwyddiad Ar-lein - 30 Ionawr 2023
- ☒ Fersiwn Sain
- ☒ Fersiwn BSL

www.haveyoursaypowys.wales/gilwern

[Home](#) / [Povys Teaching Health Board](#) / [Seeking your views on an application from Crickhowell Group Practice to close Belmont Branch Surgery in Gilwern](#)

Seeking your views on an application from Crickhowell Group Practice to close Belmont Branch Surgery in Gilwern

[f](#)
[t](#)
[v](#)
[o](#)

Povys Teaching Health Board has received an application from Crickhowell Group Practice to close their Belmont Branch Surgery in Gilwern.

The main reasons for the application are:

- The forthcoming retirement of four GP partners who are the owners of the branch surgery premises, with lack of viable alternatives for transfer of ownership.
- Challenges across the UK to recruit and retain general medical practitioners (GPs).

The Health Board has therefore implemented its Branch Practice Review Process, which includes:

- Receiving and reviewing the application from the practice.
- Sharing information with patients and wider stakeholders to seek your views.
- Engaging with the Community Health Council, which is the statutory body to represent the interest of patients and the public.
- Conscientious consideration of the feedback we receive, and taking this into account when making a decision on the application at a meeting in public of Povys Teaching Health Board.

This period of engagement is taking place from 10 January 2023 to 6 March 2023.

- Read the [letter to patients](#)
- Find out more in our [frequently asked questions](#) and [equality impact assessment](#)
- Join us [at an online event or drop-in event](#)
- Use our [online questionnaire](#) to let us know your views by 6 March 2023
- More information about [how to share your views](#).

Information in other formats:

- [Easy Read](#)
- [BSL \(below\)](#)
- [Audio \(below\)](#)

Audio Version and BSL Version:

Gilwern Branch Surgery - Audio Version

Seeking your views on an application from Crickhowell Group Practice to close Belmont Branch Surgery in Gilwern

10 January 2023 to 6 March 2023

Watch on **YouTube**

Gilwern Branch Surgery in Gilwern - BSL

Seeking your views on an application from Crickhowell Group Practice to close Belmont Branch Surgery in Gilwern

10 January 2023 to 6 March 2023

Watch on **YouTube**

Cymraeg

☒ Mae'r arrolwg hwn hysgrifedig yn Gymraeg yma

Key Dates

Start of engagement
10 January 2023

Online Engagement Event - 6pm to 7pm
30 January 2023

Drop-in Event, 2pm-5.45pm
14 February 2023

End of Engagement
06 March 2023

Documents

Letter to Patients (150 KB) (pdf)

Frequently Asked Questions (513 KB) (pdf)

Easy Read Letter to Patients (521 KB) (pdf)

Equality Impact Assessment - Draft (734 KB) (pdf)

Gilwern Events Poster (556 KB) (pdf)

How to share your views (21.5 KB) (docx)

Presentation slides for Online Event on 31 January 2023 (869 KB) (pdf)

Online Questionnaire

☒ Please complete our patient engagement questionnaire by 6 March 2023

Videos

☒ Recording of Online Engagement Event on 30 January 2023

☒ BSL version of the patient letter

☒ Audio Version

Online Engagement Event on 30 January 2023

If you weren't able to join our Online Engagement Event on 30 January 2023 it is available to watch here:

Online Event Belmont Branch Surgery in Gilwern

patterson, Liz 23/05/2023 11:25:01

Facebook (CY)

www.facebook.com/BIAPiechyd



Bwrdd Iechyd Addysgu Powys

10 January · 🌐

Rydym yn gofyn am eich barn ar gais gan Bractis Grŵp Crucywel i gau Meddygfa Belmont yng Ngilwern

Dweud eich dweud erbyn 6 Mawrth 2023 ar ein wefan ymgysylltu: <https://www.dweudeichdweudpowys.cymru/gilwern>



Bwrdd Iechyd Addysgu Powys

Powys Teaching Health Board

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Have Your Say

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Seeking your views on an application from Crickhowell Group Practice to close Belmont Branch Surgery in Gilwern

10 January 2023

to

6 March 2023

Find out more or visit our website: pthb.nhs.wales/gilwern

Gofyn am eich barn ar gais gan Bractis Grŵp Crucywel i gau Meddygfa Belmont yng Ngilwern

10 Ionawr 2023

i

6 Mawrth 2023

Rhagor o wybodaeth neu ewch i wefan: biap.gig.cymru/gilwern

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Write a comment...









Bwrdd Iechyd Addysgu Powys

19 January · 🌐

Mae cyfnod ymgysylltu yn digwydd rhwng 10 Ionawr 2023 a 6 Mawrth 2023 yn dilyn cais gan Bractis Grŵp Crucywel i gau eu Meddygfa Cangen Belmont yng Ngilwern.

Fel rhan o'r broses ymgysylltu hon:

- cynhelir sesiwn Holi ac Ateb ar-lein ar 30 Ionawr 2023 rhwng 6yh a 7yh. Cynhelir y sesiwn trwy Microsoft Teams a gallwch wyllo trwy ap Microsoft Teams neu ddefnyddio'ch porwr. Darganfyddwch fwy yma: <https://biap.gig.cymru/.../digwyddiad-ar-lein-ceisio.../>
- cynhelir digwyddiad galw heibio yn Hyb Cymunedol Gilwern ar 14 Chwefror 2023 rhwng 2yp a 5.45yp. Galwch heibio unrhyw bryd amser rhwng 2yp a 5.45yp i rannu eich barn yn Hyb Cymunedol Gilwern, Heol Comin, Gilwern, NP7 0DS

Dweud eich dweud erbyn 6 Mawrth 2023 ar ein hyb ymgysylltu: <https://www.dweudeichdweud.cymru/gilwern>

Lawrlwythwch y poster digwyddiadau: <https://biap.gig.cymru/.../poster-digwyddiadau-gilwern/>

Have Your Say

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Have Your Say

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Have Your Say

Dweud Eich Dweud

Seeking your views on an application from Crickhowell Group Practice to close Belmont Branch Surgery in Gilwern

Online Q&A Session
Monday 30 January, 6pm-7pm

An online Q&A session will take place on Monday 30 January 2023 from 6pm to 7pm.

To find out more visit pthb.nhs.wales/gilwern

Drop-In Session
Tuesday 14 February
2pm-5.45pm

A drop-in event is taking place at Gilwern Community Hub on Tuesday 14 February 2023 from 2pm to 5.45pm

This period of engagement is taking place from 10 January 2023 to 6 March 2023.

Gofyn am eich barn ar gais gan Bractis Grŵp Crucywel i gau Meddygfa Belmont yng Ngilwern

Sesiwn Holi ac Ateb
Dydd Llun 30 Ionawr, 6yh-7yh

Cynhelir Sesiwn Holi ac Ateb ar-lein ddydd Llun 30 Ionawr 2023 rhwng 6yh a 7yh.

I ddysgu mwy ewch i biap.gig.cymru/gilwern

Sesiwn Galw Heibio
Dydd Mawrth 14 Chwefror
2yp-5.45yp

Cynhelir digwyddiad galw heibio yn Hyb Cymunedol Gilwern ar Dydd Mawrth 14 Chwefror 2023 rhwng 2yp a 5.45yp

Cynhelir y cyfnod hwn o ymgysylltu rhwng 10 Ionawr 2023 a 6 Mawrth 2023.

Find out more



or visit our website: pthb.nhs.wales/gilwern



Bwrdd Iechyd Addysgu Powys

Powys Teaching Health Board

Rhagor o wybodaeth



neu ewch i wefan: biap.gig.cymru/gilwern



Bwrdd Iechyd Addysgu Powys

27 February at 13:56 · 🌐

Mae wythnos ar ôl i ddweud eich dweud ar y cais gan Bractis Grŵp Crucywel i gau Meddygfa Belmont yng Ngilwern.

Rhannwch eich barn erbyn 6 Mawrth 2023: <https://www.dweudeichdweudpowys.cymru/gilwern>



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Powys Teaching Health Board

Have Your Say

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Have Your Say

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Seeking your views on an application from Crickhowell Group Practice to close Belmont Branch Surgery in Gilwern

10 January 2023

to

6 March 2023

Find out more or visit our website: pthb.nhs.wales/gilwern

Gofyn am eich barn ar gais gan Bractis Grŵp Crucywel i gau Meddygfa Belmont yng Ngilwern

10 Ionawr 2023

i

6 Mawrth 2023

Rhagor o wybodaeth neu ewch i wefan: biap.gig.cymru/gilwern

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Write a comment...







113/258

332/1024

Facebook (EN)

www.facebook.com/PTHBhealth



Bwrdd Iechyd Addysgu Powys / Powys Teaching Health Board

Published by Adrian Osborne · 10 January ·

We are seeking your views on an application from Crickhowell Group Practice to close Belmont Branch Surgery in Gilwern.

Have your say by 6 March 2023 at <https://www.haveyoursaypowys.wales/gilwern>



Bwrdd Iechyd Addysgu Powys / Powys Teaching Health Board

Have Your Say

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Have Your Say

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Have Your Say

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Have Your Say

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Seeking your views on an application from **Crickhowell Group Practice** to close Belmont Branch Surgery in Gilwern

10 January 2023

to

6 March 2023

Find out more or visit our website:
pthb.nhs.wales/gilwern

Gofyn am eich barn ar gais gan **Bractis Grŵp Crucywel i gau Meddygfa Belmont yng Ngilwern**

10 Ionawr 2023

i

6 Mawrth 2023

Rhagor o wybodaeth neu ewch i wefan:
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See Insights and Ads

Boost a Post

3

2 shares



Bwrdd Iechyd Addysgu Powys / Powys Teaching Health Board

Published by Rebecca Price · 28 January ·

A period of engagement is taking place from 10 January 2023 to 6 March 2023 following an application from Crickhowell Group Practice to close their Belmont Branch Surgery in Gilwern.

As part of this engagement process:

- an online Q&A session will take place on 30 January 2023 from 6pm to 7pm. The session will take place via Microsoft Teams and you can watch via the Microsoft Teams app or using your browser. Find out more here: <https://pthb.nhs.wales/.../online-event-seeking-your-.../>
- a drop-in event is taking place at Gilwern Community Hub on 14 February 2023 from 2pm to 5.45pm. Drop in any time between 2pm to 5.45pm to share your views at Gilwern Community Hub, Common Road, Gilwern, NP7 0DS

Have your say by 6 March 2023 on our engagement hub:
<https://www.haveyoursaypowys.wales/gilwern>



Have Your Say

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Have Your Say

Dweud Eich Dweud

Have Your Say

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Seeking your views on an application from **Crickhowell Group Practice** to close Belmont Branch Surgery in Gilwern

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Sesiwn Haca
Dydd Llun 30 Ionawr, 6yh-7yh

Cynhelir Sesiwn Holi ac Ateb ar-lein ddydd Llun 30 Ionawr 2023 rhwng 6yh a 7yh.

I ddysgu mwy ewch i biap.gig.cymru/gilwern

Sesiwn Galw Heibio
Dydd Mawrth 14 Chwefror
2yp-5.45yp

Cynhelir digwyddiad galw heibio yn Hyb Cymunedol Gilwern ar Dydd Mawrth 14 Chwefror 2023 rhwng 2yp a 5.45yp

Cynhelir y cyfnod hwn o ymgysylltu rhwng 10 Ionawr 2023 a 6 Mawrth 2023.



Find out more

or visit our website:
pthb.nhs.wales/gilwern



Bwrdd Iechyd Addysgu Powys / Powys Teaching Health Board



Rhagor o wybodaeth

neu ewch i wefan:
biap.gig.cymru/gilwern



Bwrdd Iechyd Addysgu Powys / Powys Teaching Health Board

Published by Rebecca Price · 27 February at 13:55 ·

There is one week remaining to have your say on the application from Crickhowell Group Practice to close Belmont Branch Surgery in Gilwern.

Share your views by 6 March 2023 at <https://www.haveyoursaypowys.wales/gilwern>



Bwrdd Iechyd Addysgu Powys / Powys Teaching Health Board

Have Your Say

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Have Your Say

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Seeking your views on an application from **Crickhowell Group Practice** to close Belmont Branch Surgery in Gilwern

10 January 2023

to

6 March 2023

Find out more or visit our website:
pthb.nhs.wales/gilwern

Gofyn am eich barn ar gais gan **Bractis Grŵp Crucywel i gau Meddygfa Belmont yng Ngilwern**

10 Ionawr 2023

i

6 Mawrth 2023

Rhagor o wybodaeth neu ewch i wefan:
biap.gig.cymru/gilwern

See Insights and Ads

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1

1 share

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Write a comment...



114/258

333/1024



Bwrdd Iechyd Addysgu Powys #DiogeluPo... @BIAPiech... · Mar 4 ···

Dweud eich dweud ar y cais gan Bractis Grŵp Crucywel i gau Meddygfa Belmont yng Ngilwern erbyn dydd Llun 6 Mawrth.

Rhagor o wybodaeth: dweudeichdweudpowys.cymru/gilwern



Bwrdd Iechyd Addysgu Powys
Powys Teaching Health Board

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Have Your Say

Dweud Eich Dweud

Have Your Say

Dweud Eich Dweud

Seeking your views on an application from Crickhowell Group Practice to close Belmont Branch Surgery in Gilwern

10 January 2023

to

6 March 2023

Find out more or visit our website:
pthb.nhs.wales/gilwern

Have Your Say

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Have Your Say

Dweud Eich Dweud

Have Your Say

Dweud Eich Dweud

Gofyn am eich barn ar gais gan Bractis Grŵp Crucywel i gau Meddygfa Belmont yng Ngilwern

10 Ionawr 2023

i

6 Mawrth 2023

Rhagor o wybodaeth neu ewch i wefan:
biap.gig.cymru/gilwern

14



Bwrdd Iechyd Addysgu Powys #DiogeluPowys @BIAPiechyd

Mae cyfnod ymgysylltu yn digwydd rhwng 10 Ionawr 2023 a 6 Mawrth 2023 yn dilyn cais gan Bractis Grŵp Crucywel i gau eu Meddygfa Cangen Belmont yng Ngilwern. (1/2)

[Translate Tweet](#)

Have Your Say

Dweud Eich Dweud

Have Your Say

Dweud Eich Dweud

Have Your Say

Dweud Eich Dweud

Seeking your views on an application from Crickhowell Group Practice to close Belmont Branch Surgery in Gilwern

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Find out more



or visit our website:
pthb.nhs.wales/gilwern

Have Your Say

Dweud Eich Dweud

Have Your Say

Dweud Eich Dweud

Have Your Say

Dweud Eich Dweud

Gofyn am eich barn ar gais gan Bractis Grŵp Crucywel i gau Meddygfa Belmont yng Ngilwern

Sesiwn Galw Heibio
Dydd Mawrth 14 Chwefror
2yp-5.45yp

Cynhelir digwyddiad galw heibio yn Hyb Cymunedol Gilwern ar Dydd Mawrth 14 Chwefror 2023 rhwng 2yp a 5.45yp

Cynhelir y cyfnod hwn o ymgysylltu rhwng 10 Ionawr 2023 a 6 Mawrth 2023.

Rhagor o wybodaeth



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Fel rhan o'r broses ymgysylltu hon cynhelir digwyddiad galw heibio yn Hyb Cymunedol Gilwern yfory (14 Chwefror), 2yp-5.45yp. Galwch heibio i rannu eich barn yn Hyb Cymunedol Gilwern, Heol Comin, Gilwern, NP7 ODS

Dweud eich dweud erbyn 6 Mawrth 2023:
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9

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Have your say on the application from Crickhowell Group Practice to close Belmont Branch Surgery in Gilwern by Monday 6 March.

Find out more: haveyoursaypowys.wales/gilwern



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Have Your Say

Dwedeu Eich Dweud

Have Your Say

Dwedeu Eich Dweud

Have Your Say

Dwedeu Eich Dweud

Seeking your views on an application from **Crickhowell Group Practice** to close Belmont Branch Surgery in Gilwern

10 January 2023

to

6 March 2023

Gofyn am eich barn ar gais gan **Bractis Grŵp Crucywel** i gau Meddygfa Belmont yng Ngilwern

10 Ionawr 2023

i

6 Mawrth 2023

Find out more or visit our website:
pthb.nhs.wales/gilwern

Rhagor o wybodaeth neu ewch i wefan:
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 0 1 1 394



Powys Teaching Health Board #KeepPowysSafe
@PTHBhealth

A period of engagement is taking place from 10 January 2023 to 6 March 2023 following an application from Crickhowell Group Practice to close their Belmont Branch Surgery in Gilwern. (1/2)












Seeking your views on an application from Crickhowell Group Practice to close Belmont Branch Surgery in Gilwern

Drop-In Session
Tuesday 14 February
2pm-5.45pm

A drop-in event is taking place at Gilwern Community Hub on Tuesday 14 February 2023 from 2pm to 5.45pm

This period of engagement is taking place from 10 January 2023 to 6 March 2023.

Gofyn am eich barn ar gais gan Bractis Grŵp Crucywel i gau Meddygfa Belmont yng Ngilwern

Sesiwn Galw Heibio
Dydd Mawrth 14 Chwefror
2yp-5.45yp

Cynhelir digwyddiad galw heibio yn Hyb Cymunedol Gilwern ar Dydd Mawrth 14 Chwefror 2023 rhwng 2yp a 5.45yp

Cynhelir y cyfnod hwn o ymgysylltu rhwng 10 Ionawr 2023 a 6 Mawrth 2023.

Find out more



or visit our website:
pthb.nhs.wales/gilwern



Swydd Iechyd
 Morgannwg - Pen-y-bont
 Pen-y-bont
 Health Board

Rhagor o wybodaeth



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Replying to @PTHBhealth

As part of this engagement process a drop-in event is taking place at Gilwern Community Hub tomorrow (14 February 2023), 2pm - 5.45pm. Drop in to share your views at Gilwern Community Hub, Common Road, Gilwern, NP7 0DS

Have your say by 6 March 2023: haveyoursaypowys.wales/gilwern (2/2)



haveyoursaypowys.wales

Seeking your views on an application from Crickh...
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https://nextdoor.co.uk/agency/powys-teaching-health-board




Bwrdd Iechyd Addysgu Powys / Powys Teaching Health Board

Communications Team • 10 Jan



Seeking your views on an application from Crickhowell Group Practice to close Belmont Branch Surgery in Gilwern. Powys Teaching Health Board has received an


See more...





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Patterson, L.
23/05/2023 15:01



Bwrdd Iechyd Addysgu Powys / Powys Teaching Health Board

Communications Team • 13 Feb

application from Crickhowell Group Practice to close Belmont Branch Surgery in Gilwern

Drop-In Session

Tuesday 14 February

2pm-5.45pm

A drop-in event is taking place at Gilwern Community Hub on Tuesday 14 February 2023 from 2pm to 5.45pm

This period of engagement is taking place from 10 January 2023 to 6 March 2023.

Bractis Grŵp Crucywel i gau Meddygfa Belmont yng Ngilwern

Sesiwn Galw Heibio

Dydd Mawrth 14 Chwefror


2yp-5.45yp

Cynhelir digwyddiad galw heibio yn Hyb Cymunedol Gilwern ar Dydd Mawrth 14 Chwefror 2023 rhwng 2yp a 5.45yp

Cynhelir y cyfnod hwn o ymgysylltu rhwng 10 Ionawr 2023 a 6 Mawrth 2023.

A period of engagement is taking place from 10 January 2023 to 6 March 2023 following an application from Crickhowell Group Practice to close their Belmont Branch

See more...





Seeking your views on an application from Crickhowell Group ...


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Seeking your views on an application from Crickhowell Group Practice Belmont Branch Surgery, Gilwern

Powys Teaching Health Board has received an application from Crickhowell Group Practice to close their Belmont Branch Surgery. Engagement with patients and stakeholders will take place from 10 January to 6 March 2023.

The main reasons for the application are:

- The forthcoming retirement of four GP partners who are the owners of the branch surgery premises, with lack of viable ownership.
- Challenges across the UK to recruit and retain general medical practitioners (GPs).

The Health Board has therefore implemented its Branch Practice Review Process, which includes:

- Receiving and reviewing the application from the practice.
- Sharing information with patients and wider stakeholders to seek your views.
- Engaging with the Community Health Council, which is the statutory body to represent the interest of patients and the public of Powys Teaching Health Board.
- Conscientious consideration of the feedback we receive, and taking this into account when making a decision on the application.

This period of engagement is taking place from 10 January 2023 to 6 March 2023.

This period of engagement will begin by 9am tomorrow (Tuesday 10 January 2023) when information will be published on our website <https://pthb.nhs.wales/gilwern>

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Gilwern Branch Surgery: Online and Drop-in Events

Adrian Osborne (Powys Teaching Health Board - Communications)
Assistant Director (Engagement and Communication)

New engagement events have been added as part of our engagement following an application from Crickhowell Group Practice to close their Belmont Branch Surgery in Gilwern. An online event will take place on 30 January and a drop-in on 14 February.

Thank you to everyone who has already taken the opportunity to find out more and share their views.

You can find lots of useful information on our website including frequently asked questions, a BSL and audio versions of the patient letter, and our draft equality impact assessment.

Find out more and have your say by 6 March 2023 at www.pthb.nhs.wales/gilwern and www.haveyoursaypowys.wales/gilwern

As part of this engagement process:

- an online Q&A session will take place on 30 January 2023 from 6pm to 7pm. The session will take place via Microsoft Teams and you can watch via the Microsoft Teams app or using your browser. [Click this link](#) at 6pm on 30 January 2023 to join our online Q&A session.
- a drop-in event is taking place at Gilwern Community Hub on 14 February 2023 from 2pm to 5.45pm. Drop in any time between 2pm to 5.45pm to share your views at Gilwern Community Hub, Common Road, Gilwern, NP7 0DS

A poster is attached (and is also available from www.haveyoursaypowys.wales/gilwern) and we are grateful for your help to advertise these sessions.

Seeking your views on an application from
Crickhowell Group Practice to close Belmont
Branch Surgery in Gilwern

10 January 2023 to 6 March 2023

Annex 3 Engagement Event Reports

Patterson Liz
23/05/2023 11:25:01

PTHB Engagement and Communication Team
March 2023

Annex 3 – Engagement Event Reports

3A	<p>An online engagement event took place on 30 January 2023.</p> <p>The presentation slide pack from that event is attached.</p>	Included
3B	<p>A drop-in event took place on 14 February 2023.</p> <p>A report of the drop-in is attached.</p>	Included

Patterson Liz
23/05/2023 11:25:01

Gilwern Branch Practice Closure Application: Report of an online event on 30 January 2023

Issue:

Powys Teaching Health Board (PTHB) has received an application from Crickhowell Group Practice to close their Belmont Branch Surgery in Gilwern. The main reasons for the application are:

- The forthcoming retirement of four GP partners who are the owners of the branch surgery premises, with lack of viable alternatives for transfer of ownership.
- Challenges across the UK to recruit and retain general medical practitioners (GPs).

PTHB has therefore implemented its Branch Practice Review Process, which includes:

- Receiving and reviewing the application from the practice.
- Sharing information with patients and wider stakeholders to seek your views.
- Engaging with the Community Health Council, which is the statutory body to represent the interest of patients and the public.
- Conscientious consideration of the feedback we receive, and taking this into account when making a decision on the application at a meeting in public of Powys Teaching Health Board.

This period of engagement is taking place from 10 January 2023 to 6 March 2023. Registered patients and other local stakeholders were invited to attend an online engagement event on 30 January.

More information about the engagement process is available from our website at <https://pthb.nhs.wales/gilwern> and www.haveyoursaypowys.wales/gilwern

Patterson, Liz
23/05/2023 11:25:01

What happened:

The event took place from 6pm to 7pm on 30 January 2023 via Microsoft Teams. The following representatives and organisations attended from Powys Teaching Health Board and Aneurin Bevan University Health Board:

Role	Name	Title
PTHB Independent Chair / Board representative	Kirsty Williams [KW]	Vice Chair
PTHB Executive Director	Hayley Thomas [HT]	Deputy Chief Executive
	Dr Kate Wright	Medical Director
PTHB Primary Care team	Amanda Walters [AW]	Head of Primary Care
	Michelle Williams (MW)	Primary Care Development Officer
PTHB Engagement and Communications team	Adrian Osborne [AO]	Assistant Director of Engagement and Communication
	James Field [JF]	Head of Engagement and Communications
	Tin Wheeler [TW]	Senior Communications Manager
Crickhowell Group Practice Representatives	Dr Apu Poddar [AP]	GP Partners
	Dr Paul Barnes [PB]	
	Dr Rachel Davies [RD]	
	Julie Chouhan [JC]	
ABUHB Representatives	Will Beer [WB]	Interim Divisional Director for Primary and Community Care
	Victoria Taylor [VT]	Head of Primary Care

The format included:

- Technical introduction [AO]
- Welcome and introductions [KW]
- Introduction to panel [All]
- Overview of branch closure application process [HT]
- Overview of feedback so far [AO]
- Questions and issues raised by participants via Q&A panel [All, facilitated by AO]
- Closing remarks [All]

A copy of the presentation slides is attached, and a video of the event has been shared through our channels including at

www.haveyoursaypowys.wales/gilwern



Seeking your views on an application
from
Crickhowell Group Practice to close
Belmont Branch Surgery in Gilwern

10 January 2023 to
6 March 2023

**Online Engagement Event
30 January 2023**

Welcome

Gofyn am eich barn
ar gais gan
Bractis Grŵp Crucywel i gau
Meddygfa Belmont yng Ngilwern

10 Ionawr 2023 i
6 Mawrth 2023

**Digwyddiad Ymgysylltu Ar-lein
30 Ionawr 2023**

Croeso

Patterson, Liz
23/05/2023 11:25:01



Powys Teaching Health Board has received an application from Crickhowell Group Practice to close their branch surgery premises at Belmont Surgery, Main Road, Gilwern. If agreed this would mean that patients will then access services at the War Memorial Health Centre site in Crickhowell.

The Health Board must consider this application. We do this in conjunction with Powys Community Health Council and Dyfed Powys Local Medical Committee. As this branch surgery is located in Monmouthshire, we are also working with Aneurin Bevan Community Health Council and Aneurin Bevan University Health Board.

Mae Bwrdd Iechyd Addysgu Powys wedi cael cais gan Bractis Grŵp Crucywel i gau ei safle ym Meddygfa Belmont, Prif Ffordd, Gilwern. Pe bai'r cais yn cael ei gymeradwyo, byddai hyn yn golygu y bydd cleifion wedyn yn defnyddio gwasanaethau ar safle Canolfan Iechyd Coffa Rhyfel yng Nghrucywel.

Rhaid i'r Bwrdd Iechyd ystyried y cais hwn. Rydym yn gwneud y penderfyniad hwn ar y cyd â Chyngor Iechyd Cymuned Powys a Phwyllgor Meddygol Lleol Dyfed Powys. Gan fod y feddygfa hon wedi ei lleoli yn Sir Fynwy, rydym hefyd yn gweithio gyda Chyngor Iechyd Cymunedol Aneurin Bevan.





As part of this process, we are keen that patients using the Branch Surgery have the opportunity to inform us of their views. We are therefore undertaking a period of engagement.

The purpose of the engagement is to understand more about your use of the Belmont Branch Surgery in Gilwern to see a GP, Nurse or health care assistant, and how this proposal would affect you including any issues you would have in attending the main surgery at Beaufort Road in Crickhowell.

Wherever possible we would encourage you to respond online as this will reduce our carbon footprint as well as reducing postage and processing costs. If this is not an option for you then you can contact us to request a printed copy.

I would be very grateful if you could complete this questionnaire by 6 March 2023.

Fel rhan o'r broses hon, rydym yn awyddus bod cleifion sy'n defnyddio'r Feddygfa yn cael cyfle i leisio'u barn. Rydym felly'n cynnal cyfnod o ymgysylltu.

Pwrrpas y gwaith ymgysylltu hwn yw deall mwy am eich defnydd o Feddygfa Belmont yng Ngilwern i weld meddyg teulu, nyrs neu i gyrchu gwasanaethau eraill o'r feddygfa, a sut y byddai'r cynnig hwn yn effeithio arnoch gan gynnwys unrhyw faterion y byddai gennych wrth fynychu'r brif feddygfa yn Heol Beaufort yng Nghrucywel.

Lle bynnag y bo'n bosibl, byddem yn eich annog i ymateb ar-lein er mwyn lleihau ein hól troed carbon yn ogystal â lleihau costau postio a phrosesu. Os nad yw hyn yn opsiwn i chi, gallwch gysylltu â ni i ofyn am gopi caled.

Byddwn yn ddiolchgar iawn pe gallech chi lenwi'r holiadur hwn erbyn 6 Mawrth 2023.





You can access the questionnaire online at **www.pthb.nhs.wales/gilwern** or by using this QR code:

- Open your mobile phones camera
- Aim your camera at the QR code.
- You may need to select "open in browser" to access the website

If your camera does not scan the QR code then QR scanners are available to download in the App or Play Stores. Or, you can type the address above into the internet browser on your phone, tablet or computer.



Gallwch gyrchu'r holiadur ar-lein yn **www.biap.gig.cymru/gilwern** neu trwy ddefnyddio'r cod QR hwn:

- Agorwch y camera ar eich ffôn symudol
- Anelwch eich camera at y cod QR
- Efallai y bydd angen i chi ddewis "agor mewn porwr" i agor y wefan

Os nad yw eich camera yn sganio'r cod QR yna mae sganwyr QR ar gael i'w lawrlwytho o'r 'App Store' neu 'Play Store'. Fel arall, gallwch deipio'r cyfeiriad uchod yn y porwr rhyngrwyd ar eich ffôn, llechen neu gyfrifiadur.



Patterson, Liz
23/05/2023 11:25:01



If you have any issues accessing the online questionnaire, please ask a friend or relative to help you to access the website.

If you are not able to access the online questionnaire you can request a paper version to be sent to your home. Please contact our Primary Care Team on 01597 828805 or primarycaregeneral.powys@wales.nhs.uk

This letter is also available in different formats on our website. Our website also provides further information about this application including frequently asked questions.

You do not need to give your name or address for the questionnaire, although we would appreciate if you could state your postcode. This will help us to understand how this proposal affects different parts of the community.

Os oes gennych unrhyw broblemau wrth ddefnyddio'r holiadur ar-lein, gofynnwch i ffrind neu berthynas i'ch helpu agor y wefan.

Os nad ydych yn gallu cael gafael ar yr holiadur ar-lein gallwch ofyn i ni ddanfon copi caled i'ch cartref. Cysylltwch â'n Tîm Gofal Sylfaenol ar 01597 828805 neu primarycaregeneral.powys@wales.nhs.uk

Mae'r llythyr hwn hefyd ar gael mewn gwahanol fformatau ar ein gwefan. Mae ein gwefan hefyd yn rhoi rhagor o wybodaeth am y cais hwn gan gynnwys cwestiynau cyffredin.

Nid oes angen i chi roi eich enw na'ch cyfeiriad ar yr holiadur, er y byddem yn gwerthfawrogi pe gallech nodi eich cod post. Bydd hyn yn ein helpu deall sut mae'r cais hwn yn effeithio ar wahanol rannau o'r gymuned.





Alternatively, you can contact

- Powys Community Health Council
(enquiries.powyschc@waleschc.org.uk, 01874 624206) or
- Aneurin Bevan Community Health Council
(enquiries.aneurinbevanchc@waleschc.org.uk, 01633 838516)

who we will be working with throughout this process.

More information including frequently asked questions is available from our website at www.pthb.nhs.wales/gilwern

Fel arall, gallwch gysylltu â

- Chyngor Iechyd Cymunedol Powys
(enquiries.powyschc@waleschc.org.uk, 01874 624206) neu
- Gyngor Iechyd Cymunedol Aneurin Bevan
(enquiries.aneurinbevanchc@waleschc.org.uk, 01633 838516)

a fyddwn yn gweithio gyda nhw drwy gydol y broses hon.

Mae mwy o wybodaeth gan gynnwys cwestiynau cyffredin ar gael o'n gwefan yn www.biap.gig.cymru/gilwern





Important Dates

- 10 January: Start of Engagement
- 6 March: End of Engagement
- During March: Analysis and review of the feedback from patients, working with Powys Community Health Council, Aneurin Bevan Community Health Council, and Aneurin Bevan University Health Board
- By end April: Meeting in public of the Board of Powys Teaching Health Board to make a decision on the application from Crickhowell Group Practice
- During May: Letter to patients confirming the decision and next steps

This information is subject to change.

Dyddiadau Pwysig

- 10 Ionawr: Dechrau Cyfnod Ymgysylltu
- 6 Mawrth: Diwedd Cyfnod Ymgysylltu
- Yn ystod mis Mawrth: Dadansoddiad ac adolygiad o'r adborth gan gleifion, gweithio gyda Chyngor Iechyd Cymuned Powys, Cyngor Iechyd Cymuned Aneurin Bevan, a Bwrdd Iechyd Prifysgol Aneurin Bevan.
- Erbyn diwedd mis Ebrill: Cyfarfod cyhoeddus Bwrdd Iechyd Addysgu Powys i wneud penderfyniad ar y cais gan bractis Grŵp Crucywel.
- Yn ystod mis Mai: Llythyr i gleifion yn cadarnhau'r penderfyniad a'r camau nesaf.

Sylwer, mae'n bosibl y gall y wybodaeth hon newid.





Have Your Say

You can also find lots of useful information on our engagement website.

This includes a Frequently Asked Questions document as well as a draft Equality Impact Assessment.

The Frequently Asked Questions helps to answer the main questions that are being raised during the engagement period.

The Equality Impact Assessment includes useful information including maps of the practice catchment.

Dweud Eich Dweud

Gallwch hefyd ddod o hyd i lawer o wybodaeth ddefnyddiol ar ein gwefan ymgysylltu.

Mae hyn yn cynnwys dogfen Cwestiynau Cyffredin ac Asesiad Effaith Gydraddoldeb drafft.

Mae'r Cwestiynau Cyffredin yn helpu i ateb y prif gwestiynau sy'n cael eu codi yn ystod y cyfnod ymgysylltu.

Mae'r Asesiad Effaith Gydraddoldeb yn cynnwys gwybodaeth ddefnyddiol yn cynnwys mapiau o'r dalgylchoedd ymarfer.





Why has Crickhowell Group Practice asked to close Gilwern Branch Surgery?

The team at Crickhowell Group Practice face a twin challenge:

- The GP practice partners who own the Belmont Surgery premises will retire soon, and no feasible or affordable options have been identified for the remaining practice team to take over the building.
- The wider pressures facing general practice would make it very difficult to maintain services at the branch surgery without reductions in the overall range of services that the practice is able to offer.

Crickhowell Group Practice considers the current position to be unsustainable, and if it is not addressed this could lead to the loss of further services in the area.

As a result, they have submitted an application to the health board to close the premises in Gilwern (Belmont Branch Surgery) and consolidate their services at their premises in Crickhowell (War Memorial Health Centre).

Pam bod Practis Grŵp Crucywel wedi gofyn i gau Meddygfa Gilwern?

Mae'r tîm ym Mhractis Grŵp Crucywel yn wynebu dwy her:

- Bydd partneriaid y practis sy'n berchen ar safle Meddygfa Belmont yn ymddeol yn fuan, ac nid oes unrhyw opsiynau ymarferol na fforddiadwy wedi'u nodi i weddill tîm y practis i gymryd dros yr adeilad.
- Byddai'r pwysau ehangach sy'n wynebu ymarfer meddygol yn ei gwneud yn anodd iawn cynnal gwasanaethau yn y feddygfa heb ostyngiadau yn yr ystod gyffredinol o wasanaethau y mae'r practis yn gallu cynnig.

Mae Practis Grŵp Crucywel o'r farn nad yw'r sefyllfa bresennol yn gynaliadwy, ac os na eir i'r afael â hynny, gall arwain at golli rhagor o wasanaethau yn yr ardal.

O ganlyniad, maent wedi cyflwyno cais i'r bwrdd iechyd i gau'r safle yng Ngilwern (Meddygfa Belmont) ac atgyfnerthu eu gwasanaethau yn eu safle yng Nghrucywel (Canolfan Iechyd Cofeb Rhyfel).



What alternatives to closure have been considered?

A number of other options have been considered and have not been successful:

- Alternative organisation purchase the Belmont Branch Surgery in Gilwern for continued use by Crickhowell Group Practice: No alternative organisation has been identified, and Crickhowell Group Practice has identified within its application that it will be increasingly difficult to maintain services from two premises given current workforce challenges.
- Belmont Branch Surgery in Gilwern is purchased by a different GP practice who take over responsibility for the patients with continued delivery of primary care services: No alternative primary care organisation has been identified to take over responsibility for the premises.
- Belmont Branch Surgery in Gilwern is purchased by an alternative organisation (not a GP practice) for the continued delivery of health or other services: this remains an option if the premises become available to purchase on the open market, but is outside of the control of local health boards. Neither PTHB nor ABUHB has identified the purchase of Belmont Branch Surgery as a feasible or affordable option for the health board that is aligned with their overall estates strategy.

Pa ddewisiadau eraill sydd wedi eu hystyried oni bai am gau'r safle?

Mae nifer o opsiynau eraill wedi eu hystyried ond nid oedden nhw'n llwyddiannus:

- Sefydliad arall i brynu Meddygfa Belmont yng Ngilwern a'i defnyddio o hyd gan Bractis Grŵp Crucywel: Nid oes unrhyw sefydliad arall wedi'i nodi, ac mae Practis Grŵp Crucywel wedi nodi o fewn ei gais y bydd yn gynyddol anodd cynnal gwasanaethau o ddau safle o ystyried heriau'r gweithlu presennol.
- Meddygfa Belmont yng Ngilwern yn cael ei brynu gan feddygfa wahanol sy'n dwyn cyfrifoldeb dros y cleifion ac yn parhau i ddarparu gwasanaethau gofal sylfaenol: Nid oes unrhyw sefydliad gofal sylfaenol arall wedi'i nodi i ddwyn cyfrifoldeb am y safle.
- Meddygfa Belmont yng Ngilwern yn cael ei brynu gan sefydliad arall (nid meddygfa) i ddarparu iechyd neu wasanaethau eraill o hyd: Mae hyn yn parhau i fod yn opsiwn os yw'r safle ar gael i'w brynu ar y farchnad agored, ond y tu allan i reolaeth byrddau iechyd lleol. Nid yw BIAP nac BIPAB wedi nodi bod prynu Meddygfa Belmont fel opsiwn ymarferol neu fforddiadwy i'r bwrdd iechyd sy'n cyd-fynd â'u strategaeth ystadau cyffredinol.



What criteria will we use to make a decision?

We have identified the following criteria to guide the way we make decisions on this application:

- **Safety and Quality:** Will it help to ensure that GP primary care services are safe and clinically effective?
- **Sustainability:** Will it help to ensure that GP primary care services are sustainable for the medium to long term?
- **Workforce and Deliverability:** Will it help us with recruitment and retention? Is the option feasible and can it be delivered?
- **Access:** What impact does it have on access and experience for the communities we serve within the Crickhowell Group Practice and beyond?

Patterson, Liz
23/05/2023 11:25:01

Pa feini prawf y byddwn ni'n eu defnyddio i wneud penderfyniad?

Rydym wedi adnabod y meini prawf canlynol i lywio'r ffordd yr ydym yn gwneud penderfyniadau ar y cais hwn:

- **Diogelwch ac Ansawdd:** A fydd yn helpu sicrhau bod gwasanaethau gofal sylfaenol meddygon teulu yn ddiogel ac yn glinigol effeithiol?
- **Cynaliadwyedd:** A fydd yn helpu sicrhau bod gwasanaethau gofal sylfaenol meddygon teulu yn gynaliadwy ar gyfer y tymor canolig a'r tymor hir?
- **Y Gweithlu a'r Gallu i Gyflawni:** A fydd yn ein helpu gyda recriwtio a chadw gweithwyr? A yw'r opsiwn yn ymarferol ac a oes modd ei gyflawni?
- **Mynediad:** Pa effaith mae'n ei gael ar fynediad a phrofiad i'r cymunedau rydym yn eu gwasanaethu o fewn Practis Grŵp Crucywel a'r cyffiniau?





Will patients who live in the Gilwern area be able to remain registered with Crickhowell Group Practice?

Yes. All patients registered with Crickhowell Group Practice can remain with the practice.

Will the practice continue to provide home visits in the Gilwern area?

Yes. The practice will continue to offer home visits when appropriate for patients across all of their catchment.

Can I choose to register with a different GP practice?

Yes, providing your address is located within another GP practice area. You can contact the practice of your choice directly and request to register with them, and they will be able to support you through the new registration process.

A fydd cleifion sy'n byw yn ardal Gilwern dal wedi'u cofrestru gyda Phractis Grŵp Crucywel?

Byddwn. Gall pob claf sydd wedi'u cofrestru gyda Phractis Grŵp Crucywel aros gyda'r practis.

A fydd y practis yn parhau i wneud ymweliadau â'r cartref yn ardal Gilwern?

Byddwn. Bydd y practis yn parhau i gynnig ymweliadau â'r cartref pan fo'n briodol i gleifion ar draws ei holl ddalgylch.

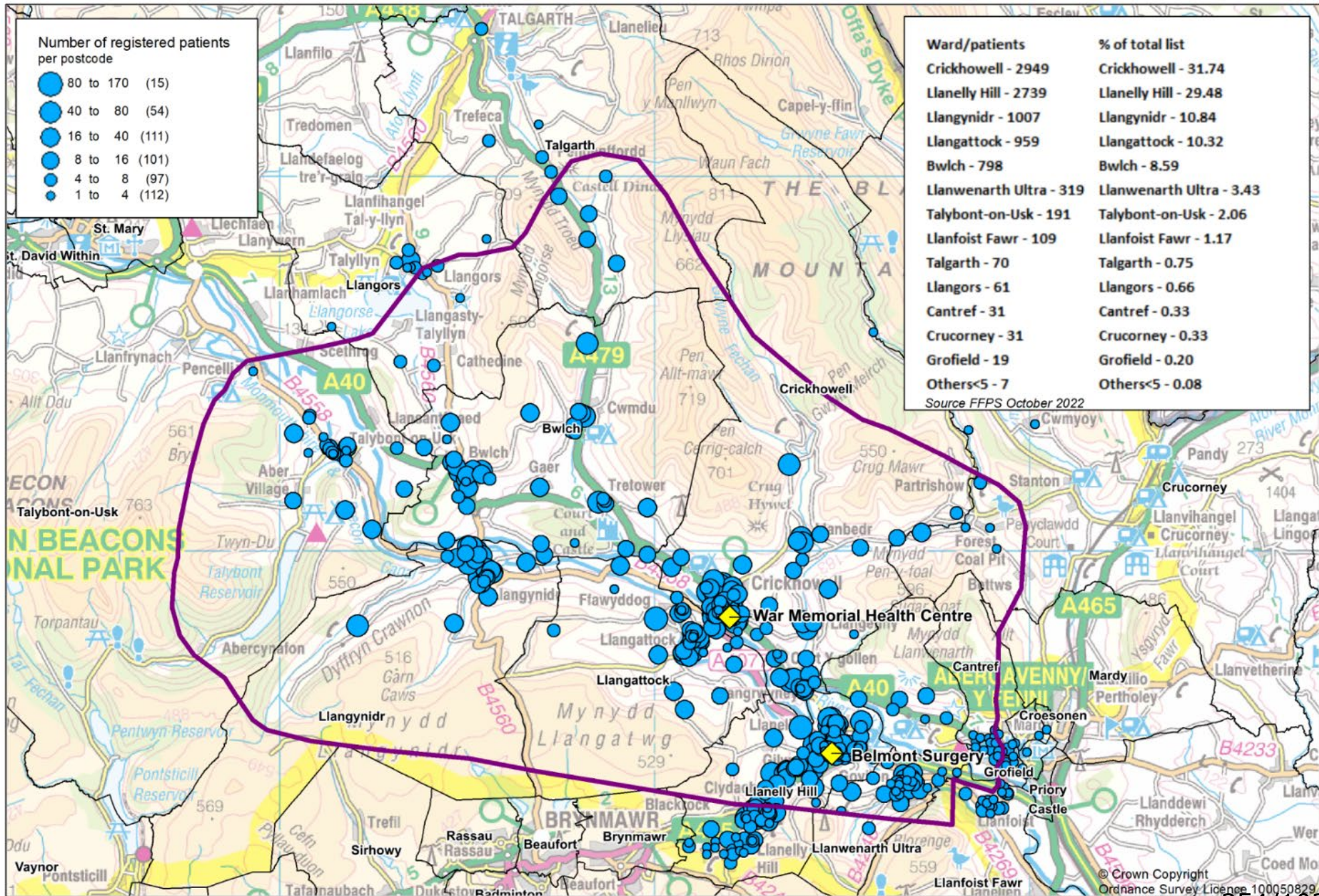
Ydw i'n gallu dewis cofrestru gyda meddygfa wahanol?

Ydych, cyn belled â bod eich cyfeiriad wedi'i leoli o fewn ardal practis meddyg teulu arall. Gallwch gysylltu â'r practis o'ch dewis yn uniongyrchol a gofyn i gofrestru gyda nhw, a byddant yn gallu eich cefnogi drwy'r broses gofrestru newydd.



How many patients are registered with Crickhowell Group Practice?

Around two thirds of registered patients live in Powys and one third live in Monmouthshire



Patterson,Liz
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What have we heard so far?

Patterson, Liz
23/05/2023 11:25:01





People have shared their views on the impact on the Practice and registration

- "I am concerned that with the retirement of several doctors, the burden on the remaining medics of keeping Gilwern surgery open will be too great in both financial and workload terms and that this will lead to an overall deterioration in the good service that they currently provide."
- "They need to recruit more doctors and nurses."
- "Better to have all specialised practitioners working in one place. By having one surgery there is less admin time enabling an ongoing efficient service."
- "There have been less appointments available at Gilwern recently, including affected by COVID. I have needed to go to Crickhowell more often and there are fewer appointments available like health visitors, district nurses and midwifery at the branch."
- "The practice boundary has already changed so that people from Clydach cannot register – will it change again to exclude Gilwern?"
- "Will this cause more pressure at Crickhowell and make it more difficult to get an appointment?"
- "It may be that a newly qualified doctor would be interested, especially with Nevill Hall Hospital nearby."
- "If the plan is to close the Gilwern Surgery, my wife and I will probably join the many others that have, or are planning to, switch to a practice in Abergavenny."





People have shared their views on the potential impact on the Local Population and Services

- "The population is increasing and getting older but the services in the area are decreasing."
- "This will have the greatest impact on people who already have access difficulties such as people with disabilities or the elderly."
- "It is frustrating that we have lost services from Nevill Hall and now there is a plan to close the surgery."
- "Will this affect the pharmacy in the village?"
- "This used to be a branch surgery for Brynmawr. They closed and Crickhowell moved from their previous premises, so I transferred to them. Now they plan to close too."
- "We have lost a lot of services from Gilwern in the last 30 years."
- "The surgery was one of the reasons I moved to Gilwern. Closing the surgery will mean that fewer people will want to move here which will have a bigger impact."
- "It is frustrating living in a rural area that local health services such as these are disappearing, such as departments at Neville Hall being moved to The Grange."
- "The ABUHB community midwife clinic is now held at Nevill Hall as the surgery is closed. Having to catch a bus to the hospital for fortnightly appointments with my midwife is a huge inconvenience."





People have suggested alternatives to closing the branch. As mentioned earlier many of these options have been under active consideration and continue to be explored as part of this review:

- “Could another GP practice take over the premises, such as one in Abergavenny?”
- “Crickhowell should close and keep Gilwern.”
- “Could the health board buy the premises and offer the space to all local GP practices and community services, a bit like a bank hub?”
- “Could the community buy the premises so that the GP and nurses can keep coming?”

Patterson, Liz
23/05/2023 11:25:01





The top issue raised in the feedback is around Travel and Transport

- "Some people do not have a car. They will need a lift to Crickhowell. There is not a direct bus route or community transport and it can be difficult and expensive to get a taxi."
- "It can be difficult to park at the War Memorial Health Centre, particularly with a child's buggy."
- "I can walk to Belmont Surgery, which reduces my carbon footprint. I won't be able to walk to Crickhowell"
- "Transport will be more difficult in a cost of living crisis."
- "The road to Crickhowell can be closed to flooding."
- "Other practices would now be closer for me, and with better public transport links."
- "Gilwern is a shorter journey when I am feeling unwell."
- "Crickhowell serves a very large rural area to the north who already have a long way to travel. If one site has to close then Crickhowell should stay open as it is the better option to cover the whole catchment."
- "Living in Talybont it is nine miles to Crickhowell practice or nine miles to Brecon."





Reflections

Patterson, Liz
23/05/2023 11:25:01





Thank You

Diolch Yn Fawr

www.pthb.nhs.wales/gilwern

www.biap.gig.cymru/gilwern

www.haveyoursaypowys.wales/gilwern

www.dweudeichdweudpowys.cymru/gilwern

Gilwern Branch Practice Closure Application: Report of a drop-in event on 14 February 2023

Issue:

Powys Teaching Health Board (PTHB) has received an application from Crickhowell Group Practice to close their Belmont Branch Surgery in Gilwern. The main reasons for the application are:

- The forthcoming retirement of four GP partners who are the owners of the branch surgery premises, with lack of viable alternatives for transfer of ownership.
- Challenges across the UK to recruit and retain general medical practitioners (GPs).

PTHB has therefore implemented its Branch Practice Review Process, which includes:

- Receiving and reviewing the application from the practice.
- Sharing information with patients and wider stakeholders to seek your views.
- Engaging with the Community Health Council, which is the statutory body to represent the interest of patients and the public.
- Conscientious consideration of the feedback we receive, and taking this into account when making a decision on the application at a meeting in public of Powys Teaching Health Board.

This period of engagement is taking place from 10 January 2023 to 6 March 2023. Registered patients and other local stakeholders were invited to attend a drop-in event on 14 February, which followed on from an online engagement event on 30 January, which is available to view online at www.haveyoursaypowys.wales/gilwern

More information about the engagement process is available from our website at <https://pthb.nhs.wales/gilwern> and www.haveyoursaypowys.wales/gilwern

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What happened:

The event took place from 2pm to 5.45pm on 14 February 2023 in Gilwern Community Centre, a community resource that incorporates the Gilwern Community Hub, Library and Community Council facilities.

The following representatives and organisations attended from Powys Teaching Health Board and Aneurin Bevan University Health Board:

Role	Name	Title
PTHB Independent Chair / Board representative	Kirsty Williams [KW]	Vice Chair PTHB
PTHB Chief Executive	Carol Shillabeer [CS]	Chief Executive, PTHB
PTHB Executive Director	Dr Kate Wright	Medical Director, PTHB
PTHB Primary Care team	Jayne Lawrence [JL]	Assistant Director of Primary Care Services
	Michelle Williams (MW)	Primary Care Development Officer
PTHB Engagement and Communications team	James Field [JF]	Head of Engagement and Communications
	Tin Wheeler [TW]	Senior Communications Manager
	Rebecca Price [RP]	Social Media Manager
ABUHB Representatives	Amy Brunnock [AB]	Head of Engagement, AB
	Leanne Watkins [LW]	Assistant Head of Service, Monmouthshire

The following representatives attended on behalf of Community Health Councils, which are the independent watchdog to represent the interests of patients in the NHS:

Role	Name	Title
Powys CHC representatives	Geoffrey Davies [GD]	Member, Vice Chair of Radnorshire and Brecknock Committee
	Katie Blackburn [KB]	Chief Officer
	Flora Buckle [FB]	Monitoring and Scrutiny Officer

The event was well attended by local people, with a mix of young families and older residents of the village, plus the local pharmacist, and County and Community Councillors. In all it is estimated that around 50-60 individuals attended and engaged with the event.

The drop-in session included a suite of materials, including print, easy read, BSL and audio described versions of the registered patient letter, the Equality Impact Assessment, paper copies of the questionnaire, a large format exhibition graphic with Post-It note comments, and facilities to allow those who

wished to record their views. The Library laptop was set up with the consultation survey ready to go, and a triage system was in place to ensure that members of the public spoke to the most relevant official(s) to answer their enquiries and/or listen to their concerns. Staff on-duty for the event included a Welsh speaker, who managed a range of enquiries including one in Welsh.

In addition to some good quality conversations, 76 written comments were recorded on the Post-It note issues boards, in addition to two paper copy questionnaires.

The event provided attendees with an opportunity to voice their concerns and to raise questions and find out more about the process.

What did we hear?

Much of the feedback echoed the key themes that had been highlighted during the online engagement event on 30 January 2023. The key slides from that event are included at Appendix 1 for convenience. Specific issues highlighted at the drop-in event included:

Protected characteristics:

- Concerns on the impact of the closure on the elderly population of the village (with the observation that the village overall is ageing with a significant retired population)
- Effect on those with disabilities facing considerable challenges in accessing services in Crickhowell (we had at least two parents with children with disabilities that attended on the day)
- Impact on families with young children, and concerns about access to medical support with their children

Transport:

- Concern over the potential impact that the surgery closure would have on the Abergavenny/Monmouthshire-based volunteer driver service, which they feared would not be able to cope with the volume of new clients from Gilwern.
- Concerns over the lack of public transport from Gilwern to Crickhowell. A number of people pointed out that getting the bus to Crickhowell and return takes at least half a day, and depending upon appointment times and the timetable, will take many people a full day.

Impact on services:

- Concerns about the impact of the change on the local pharmacy service, and potential consequential impact on neighbouring businesses.

- Attendees cited that when they moved to the village there were two GP surgeries, and now are being faced with the possibility of having none.

Solutions/ideas:

- Interest from local people in exploring alternative service models using alternative premises, or technological solutions, or whether health boards could directly employ primary care staff and/or purchase the premises.
- Interest in the challenges faced in attracting and recruiting GPs, providing an opportunity to discuss the wider primary care recruitment environment in which we are seeing reduced interest in partnership positions and increased interest in salaried positions.

Other:

- Concern that closure of the GP surgery may impact on attractiveness of Gilwern as a place to live including for retirees and that this may impact on house prices.

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Appendix 1: key themes highlighted in online presentation on 30 January



People have shared their views on the impact on the Practice and registration

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Patterson, Liz
23/05/2023 11:25:01



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- "We have lost a lot of services from Gilwern in the last 30 years."
- "The surgery was one of the reasons I moved to Gilwern. Closing the surgery will mean that fewer people will want to move here which will have a bigger impact."
- "It is frustrating living in a rural area that local health services such as these are disappearing, such as departments at Neville Hall being moved to The Grange."
- "The ABUHB community midwife clinic is now held at Nevill Hall as the surgery is closed. Having to catch a bus to the hospital for fortnightly appointments with my midwife is a huge inconvenience."



Patterson Liz
23/05/2023 11:25:01



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- “Crickhowell should close and keep Gilwern.”
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Patterson, Liz
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The top issue raised in the feedback is around Travel and Transport

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- "Living in Talybont it is nine miles to Crickhowell practice or nine miles to Brecon."



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Seeking your views on an application from
Crickhowell Group Practice to close Belmont
Branch Surgery in Gilwern

10 January 2023 to 6 March 2023

Annex 4 - Petitions, Stakeholder and Organisational Responses

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23/05/2023 11:25:01

PTHB Engagement and Communication Team
Last Updated 10 May 2023

Annex 4 – Petitions and Stakeholder Responses

4A	Overview of Stakeholder Responses	Included
4B	Petition	Included

Change log:

- Updated from Version 1.0 on 11 April 2023 to include written response from Powys Community Health Council

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Annex 4a: Stakeholder Responses

Correspondence from Powys CHC



CIC Powys
Neuadd Brycheiniog
Ffordd Cambrian
Aberhonddu LD3 7HR

Powys CHC
Neuadd Brycheiniog
Cambrian Way
Brecon LD3 7HR

30th March 2023

Our Ref: Powys CHC/ CS/ GBS

Letter sent by email

Dear Carol,

Re: Application from Crickhowell Group Practice to close their branch surgery premises at Belmont Surgery in Gilwern

The Executive Committee of Powys Community Health Council met on 14th March 2023 where it discussed the engagement that has been undertaken and the findings (to date).

Members wanted to recognise and thank PtHB for the regular updates and for the quality and standard of the engagement events that have been held.

It is clear from the feedback that the CHC has considered, both from the questionnaires and the engagement events, that individuals have a number of concerns, not least relating to accessibility.

The Executive Committee also noted the high return rate of questionnaires (c20%) and the similarity of issues/ concerns being raised.

Croesewir gohebiaeth yn y Gymraeg a'r Saesneg
We welcome correspondence in Welsh and English

Cadeirydd / Chair: Dr. David Collington
Prif Swyddog / Chief Officer: Katie Blackburn
E-bost / E-mail: Katie.blackburn@waleschc.org.uk

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CIC Powys
Neuadd Brycheiniog
Ffordd Cambrian
Aberhonddu LD3 7HR

Powys CHC
Neuadd Brycheiniog
Cambrian Way
Brecon LD3 7HR

The Executive Committee are keen that Llais has the opportunity to consider a comprehensive Equality Impact Assessment and Mitigation Plan with specific reference to accessibility, the demographics/ growing population of the community of Gilwern and the impact on the carbon footprint.

In addition, we would ask that the options appraisal (of alternatives) is also shared with Llais and that these options include consideration of "future-proofing" and the longer term sustainability of services for the patients of both the Crickhowell Practice and the Gilwern Branch.

The Executive Committee note that a full analysis of the feedback is currently being undertaken and that I have been invited to the Branch Closure Panel meeting on 26th April 2023.

Yours faithfully,

DC

David Collington
Chair, Powys CHC
Cadeirydd CIC Powys

Katie Blackburn
Chief Officer, Powys CHC
Prif Swyddog CIC Powys

cc. Nicola Prygodzicz – Chief Executive, Aneurin Bevan University
Hayley Thomas - Deputy Chief Executive & Interim Director of
Primary Care, Community & Mental Health Services
Jemma Morgan – Chief Officer, Aneurin Bevan CHC

Croesewir gohebiaeth yn y Gymraeg a'r Saesneg
We welcome correspondence in Welsh and English

Cadeirydd / Chair: Dr. David Collington
Prif Swyddog / Chief Officer: Katie Blackburn
E-bost / E-mail: Katie.blackburn@waleschc.org.uk

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Correspondence from Aneurin Bevan CHC



CIC Aneurin Bevan
Ty Raglan
Parc Busnes Llantarnam
Cwmbran NP44 3AB

Aneurin Bevan CHC
Raglan House
Llantarnam Business Park
Cwmbran NP44 3AB

Our Ref: LJ/JM

1 March 2023

Carol Shillabeer – Chief Executive, Powys Teaching Health Board

Nicola Prygodzicz – Chief Executive, Aneurin Bevan University Health Board

[Letter sent by email](#)

Dear Carol and Nicola

Application from Crickhowell Group Practice to close their branch surgery premises at Belmont Surgery in Gilwern

I write on behalf of the Aneurin Bevan Community Health Council's (CHC) Executive Committee to make formal representation on behalf of the communities being engaged with in respect of the above application.

Aneurin Bevan CHC has been working with both Health Board's and Powys CHC to seek the best possible outcome for registered patients affected by this application's proposal (approx. 2900 people) and other primary care services in the area that maybe adversely impacted upon due to any potential branch closure.

Gilwern is a rural village situated to the west of Abergavenny in Monmouthshire. While public transport is available, registered people face bus journeys and a walk from and to the bus from the surgeries. Journey times and access to public transport to the main site would increase significantly and become more

Cadeirydd / Chair: Lesley Perry

Prif Swyddog / Chief Officer: Jemma Morgan

E-bost / E-mail: enquiries.aneurinbevanchc@waleschc.org.uk

FFôn/Tel: 01633 838516

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problematic for many people if the proposed application for closure proceeds.

Currently, there is no direct bus service between Gilwern and Crickhowell – there is an hourly service that involves a change of bus with a minimum 20-minute wait for connections in Abergavenny. Total travel time is over an hour one-way.

There is an hourly direct bus service to Brynmawr that takes approximately 20 minutes.

As the formal 8-week public engagement period progresses, the CHC has welcomed a mid-point review update, we note that more than 500 responses were received at mid-point, which is significant, and further responses have been received following face to face public drop-in sessions.

Having reviewed the responses so far, there is considerable concern being expressed by patients about this proposed closure, with travel circumstances and concerns for service sustainability being the main points of contention.

We have observed that people are particularly concerned about the lack of suitable public transport to the main practice in Crickhowell or alternative practices in Brynmawr or Abergavenny.

If the application is supported by PtHB, following the conclusion of this engagement period, it will mean patients will experience longer travel journeys, poor ease of access due to public transport difficulties and potential re-registrations in large proportions to other primary care services in the Aneurin Bevan area. The latter here gives raise to sustainability concerns for practices in Abergavenny and Brynmawr, due to the large number of people this application may affect.

Compared to the current arrangements, none of the potential travel options are as easy or convenient for patients who currently live within walking distance of their local branch surgery.

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At this point, public feedback suggests this proposed closure will have a major adverse impact on the local population and other primary care providers.

The Aneurin Bevan CHC therefore wishes to express concern and strong opposition about the proposal, on the basis that an NHS primary care service in the community of Gilwern, is seemingly essential. Withdrawal of the branch surgery would give rise to significantly increased difficulties for both patients and other local practices.

The Aneurin Bevan CHC asks PTHB to consider the needs of the population and interdependent service impact when coming to a decision on this application, and we ask both Health Boards to consider any joint plans or outcomes that could be achieved to ensure an NHS primary service remains in Gilwern, if this is feasibly achievable.

Aneurin Bevan CHC extends a helping hand if we can be of assistance during this process and seeking the best possible solutions for the community.

I look forward to receiving your responses as soon as possible.

Yours sincerely



Jemma Morgan
Chief Officer

Cc: Katie Blackburn – Chief Officer, Powys CHC
Alun Davies – MS for Blaenau Gwent
Peter Fox -MS for Monmouth

Croesewir gohebiaeth yn y Gymraeg a'r Saesneg
We welcome correspondence in Welsh and English

Cadeirydd / Chair: Lesley Perry
Prif Swyddog / Chief Officer: Jemma Morgan
E-bost / E-mail: enquiries.aneurinbevanchc@waleschc.org.uk
FFôn/Tel: 01633 838516

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Correspondence from Aneurin Bevan University Health Board



Our ref: NP/kh

Direct Line: 01633 435958

7th March 2023

Carol Shillabeer
Chief Executive
Powys Teaching Health Board

Sent via email: Carol.shillabeer2@wales.nhs.uk

Dear Carol

Re: Application from Crickhowell Group Practice to close their branch surgery, Belmont Surgery, in Gilwern.

I am writing to provide comments on behalf of Aneurin Bevan University Health Board with regards to the application to close Belmont Branch Surgery in Gilwern and the impact this will have on the local community and neighbouring practices.

As you will be aware the Health Board is committed to continuing to work closely with colleagues in Powys Teaching Health Board in response to this proposal and the challenges it presents. To date we have actively supported the engagement process by participating in face-to-face and online engagement events as well as attending meetings with elected members in Monmouthshire.

Belmont Surgery is situated in Gilwern, an area covered by four neighbouring Aneurin Bevan GP practices, with approximately 3,000 residents currently registered with Crickhowell Group practice.

We understand that Crickhowell Group Practice are not seeking to reassign any patients through this process however, the Health Board has some concerns that the proposed Branch surgery closure may result in a natural shift of patients to neighbouring practices and this may affect the sustainability of these practices.

All GP practices within ABUHB have an "open list" and therefore patients can choose to register with the GP practice of their choice, subject to residing within the practice boundary/area.

Pencadlys
Ysbyty Sant Cadog
Ffordd Y Lloj
Caerllion
Casnewydd
De Cymru NP18 3XQ
Ffôn: 01633 436700

Headquarters
St Cadoc's Hospital
Lodge Road
Caerleon
Newport
South Wales NP18 3XQ
Tel No: 01633 436700

Bwrdd Iechyd Prifysgol Aneurin Bevan yw enw gweithredol Bwrdd Iechyd Lleol Prifysgol Aneurin Bevan
Aneurin Bevan University Health Board is the operational name of Aneurin Bevan University Local Health Board

Patterson Liz
23/05/2023 11:25:01

We recognise that one of the key concerns raised during this consultation is that Gilwern is a rural area and as such, public transport can be a challenge and currently there is no direct bus service between Gilwern and Crickhowell.

The elected members in Monmouthshire have expressed a number of concerns regarding the implications of the potential closure, including the health and wellbeing of the community as a whole and are seeking assurances from the Health Board that all options for future service delivery in the area are being considered.

However, the Health Board is not in a position to assume management and/or continue the provision of GMS services, if the branch surgery closure is supported, as the patients remain registered with Crickhowell Group Practice.

Notwithstanding this the Health Board has acknowledged these concerns and is committed to exploring options for alternative community and/or well-being-based services, should the application be supported.

The Aneurin Bevan University Health Board is keen that Powys Teaching Health Board continues to give consideration to the potential implications for neighbouring practices when assessing this application. I would also like to reaffirm our commitment to working with yourselves to achieve the best possible outcome for the community.

Yours sincerely



Nicola Prygodicz
Prif Weithredwr / Chief Executive

Correspondence from Peter Fox MS

Peter Fox OBE MS

Aelod o'r Senedd dros
Mynwy

Date:
Member of the Senedd for
Monmouth

Senedd Cymru

Bae Caerdydd, Caerdydd, CF99 1SN
Peter.fox@senedd.cymru

Welsh Parliament

Cardiff Bay, Cardiff, CF99 1SN
Peter.fox@senedd.wales

Chief Executive Carol Shillabeer
Powys Teaching Health Board
Headquarters
Glasbury House
Bronllys,
Powys,
LD3 0LY

0300 200 7298 

@Peterfox_ms 

@PeterFox61 

Peter Fox MS 

Our Ref: PF191

11 January 2023

Dear Carol Shillabeer,

Re: Proposed Closure of Belmont Surgery, Gilwern, Abergavenny.

I am writing on behalf of a Gilwern constituent who has contacted me regarding the current consultation on the possible closure of Belmont Surgery.

<https://pthb.nhs.wales/news/health-board-news/seeking-your-views-on-an-application-from-crickhowell-group-practice-to-close-belmont-branch-surgery-in-gilwern/>

The link above states that the Health Board has implemented a Branch Practice Review Process. The constituent, who has contacted me, would like to be clear what does this process entail and the time limits that are involved. They are most concerned as they believe there are 3,000 people registered at Belmont Surgery. The other doctors practices in Abergavenny are apparently full and not taking any further registrations, leaving the only alternative as Crickhowell.

I am sure that the Health Board has considered the distance involved and the lack of a direct bus service between Gilwern and Crickhowell. This will make appointments very difficult for those who do not drive and the more elderly. Would the practice be offering travel assistance to those people if the surgery was to close.

I would like to understand the consultation process further and how the more vulnerable and those who do not drive will be protected as far as being offered an accessible health care service.

Yours sincerely,



Peter Fox MS for Monmouth



Senedd Cymru
Welsh Parliament



Welsh
Conservatives

Ceidwadwyr
Cymreig

Patterson Liz
23/05/2023 11:25:01

Correspondence from David Davies MS



RT HON DAVID T C DAVIES MP
Member for Monmouth

Please reply to:
The Grange
16 Maryport Street
Usk
Monmouthshire
NP15 1AB

Date: 16 January 2023
Our Ref: DD7859
Your Ref:

Carol Shillabeer
Chief Executive
Powys Teaching Health Board
Glasbury House
Bronllys
Brecon
Powys
LD3 0LU

Dear Ms Shillabeer

Re: Belmont Surgery, Gilwern

I have been contacted by several constituents with regard to the application from Crickhowell Group Practice to close their Belmont Branch Surgery in Gilwern.

Constituents have raised several concerns with me about this proposed closure and feel this would be hugely detrimental to the community of Gilwern should it proceed. From the general concerns raised, I understand there is a lack of direct public transport between Gilwern and Crickhowell, with residents having to travel to Abergavenny first, with a total journey time of two hours. Residents have explained there are many elderly people living within the village without cars, and for them, public transport is inconvenient. I am told a taxi journey between the villages would cost around £15 each way, and those without relatives to take them would find travel "problematic".

Others have questioned the lack of health provision this closure would cause for people living in both Gilwern and Govilon. Local residents have commented that whilst appreciating the difficulties the practice faces with staffing, it is difficult to accept and face the prospect of losing the surgery in Gilwern, especially as it has a larger population than Crickhowell.

I understand that a period of engagement began on Tuesday 10th January, with a questionnaire also launched for patients of the surgery to provide their feedback. I will certainly be encouraging any constituent who contacts me about this proposed closure to complete this questionnaire.

Whilst I can understand the reasoning provided for an application to close the surgery, I can also fully appreciate the concerns raised by my constituents. I would be very grateful for an assurance that all concerns raised will be taken into account when considering the application. I also trust the Health Board is taking urgent action to ensure residents will continue to have good access to GP services in the area, should the surgery close.

Yours sincerely

Rt Hon David T C Davies MP

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RT HON DAVID T C DAVIES MP
Member for Monmouth

Please reply to:

The Grange
16 Maryport Street
Usk
Monmouthshire
NP15 1AB

Date: 13 February 2023

Our Ref: DD7859

Your Ref:

Carol Shillabeer
Chief Executive
Powys Teaching Health Board
Glasbury House
Bronllys
Brecon
Powys
LD3 0LU

Dear Ms Shillabeer

Thank you for your letter of 25th January 2023 with regard to the application to close the Belmont Surgery in Gilwern.

Whilst I am grateful for you taking the time to respond, I have to say I was disappointed with the information that was provided, as this was already sent to me as you advised. My reason in writing was to highlight my constituent's specific concerns about the proposal, and to seek assurances on their behalf that they will be taken into account during this process.

As you will no doubt be aware, a large number of elderly residents reside within Gilwern, with the transport links to Crickhowell being described as "poor", unless private transport is used. Whilst I understand the rationale provided behind the application to close the practice, I would like to place on record my strong opposition to the potential closure of the surgery.

I would be very grateful if could provide my constituents with the assurance that their concerns will be taken into account when this application is considered. I will of course continue to encourage anyone who contacts my office to take part in the period of engagement, but I would welcome this assurance.

Yours sincerely

Rt Hon David T C Davies MP

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Response from Natasha Asghar MS via the online questionnaire:

As the Senedd Member for South East Wales I am very concerned at the potential effect this decision will have on my constituents who use Gilwern Surgery. I understand the nearest surgery to Gilwern is Abergavenny which I am told is not accepting patients as it is full up. I am concerned about elderly, infirm and vulnerable people in Gilwern not being able to access the health care they need and to which they are entitled. What studies have been done into the availability of frequent and convenient public transport to enable patients to access Crickhowell as not everyone owns a car?

Response from Crickhowell Volunteer Bureau via the online questionnaire:

Crickhowell volunteer Bureau have recently received a higher than usual request to transport clients from gilwern to Crickhowell surgery due to limited appointments in Gilwern.

Elderly, sick, patients cannot travel 2hrs from Gilwern - Abergavenny - Crickhowell and return by bus.

Our drivers are all volunteers and if the surgery was to close we cannot accommodate the significant numbers of elderly needing help

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Annex 4b: Petition of 173 signatures

A petition of 173 signatures (as at 11 April 2023) was received via Cllr Fay Bromfield, Monmouthshire County Councillor. We have been advised that further petition responses have been received but this has not yet been received. The introduction to the questionnaire is provided below. Names of signatories are not included due to data protection considerations.

Belmont Surgery, Gilwern

In response to serious and increasingly growing concern from the residents of Gilwern, Clydach and Llanelly Hill, that we present this petition to you.

We recently learnt that Crickhowell Group Practice has submitted a proposal to Powys Teaching Health Board, to close Belmont Surgery in Gilwern, Monmouthshire, due to a number of Doctors who are set to retire.

Whilst we appreciate the difficulties with recruiting and retaining GP's, this potential closure is of huge concern to the local community and we would welcome intervention from Monmouthshire and Aneurin Bevan University Health Board, in respect to the duty of care to some 2,500 residents of this area.

As a community, we have suffered appallingly from the impact of the duelling of the A465. Like many areas, this has been compounded by the Coronavirus Pandemic and a cost of living crises. However, just as the area was returning to a semblance of normality, we are faced with the threat of a critical service being removed.

We have a greater population than that of Crickhowell, and many residents are elderly and do not drive. The application to close the surgery disproportionately affects the most vulnerable resident in our community. Normally, fit and well people do not tend to visit a practice, so we are potentially asking sick patients, patients with no or low mobility, patients in chronic pain, terminal patients, patients with mental health issues or parents with ill children who don't drive, to use public transport to access vitally needed healthcare.

We are all aware of the cost-of-living crises, with fuel prices soaring, should residents need to use taxis for appointments this could prove prohibitively expensive. If residents need to use the bus service, two buses will need to be taken to Abergavenny and then on to Crickhowell. Due to a depleted bus service, it could take hours for a patient, who is most likely not very well, to attend their appointment. This could increase the risk of viruses being spread to the wider public, arising in more appointments at GP surgeries, and putting additional stress on to the NHS.

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Another concern is the issue of parking at Crickhowell Group Practice, there are minimal parking spaces at the surgery, and should patients from Crickhowell and surrounding areas attend just one surgery, it will be nigh on impossible to park. For a younger and more able-bodied person this may not be a concern, but it is a concern to older residents.

We also have to consider infrastructure; during the winter months, its not uncommon for both roads leading to Crickhowell to close, due to ice, or flooding. This could make it impossible for a patient to access their GP and may mean a hospital visit, unnecessarily burdening hospitals.

Gilwern has had a great deal to contend with over the past few years. It was, until recently a thriving village with two doctor's surgery, a dentist, a café, a travel agent's, a solicitor's, a women's fashion shop, a post office and a butchers. Although we do still have a few businesses in Gilwern we have lost many, and when services go, they are highly unlikely to return. There will never be a surgery, or a suitable building here if Belmont Surgery is demolished or renovated for residential use. Closing the surgery will also have a knock on to footfall on the high street and could render the village pharmacy redundant.

Gilwern, Clydach and Llanelly Hill residents deserve to have an accessible GP surgery. Removing the service would be impractical and will have a detrimental impact on the most vulnerable people in our communities. This is felt strongly throughout the whole community, with residents mooted the idea of having to move out of the village if this final blow is dealt.

We hope this petition expresses the strong feeling felt by so many, and that you take our concerns into serious consideration.

This petition is submitted by concerned residents and businesses of Gilwern, Clydach and Llanelly Hill and presented to our County Councillors Mary Ann Brocklesby and Simon Howarth.

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Seeking your views on an application from
Crickhowell Group Practice to close Belmont
Branch Surgery in Gilwern

10 January 2023 to 6 March 2023

Annex 5 Individual responses
to the consultation by questionnaire, letter,
email etc.

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PTHB Engagement and Communication Team
March 2023

Annex 5 – Individual Responses

5A	Summary of Visits to CY Digital Engagement Hub	Included
5B	Summary of Visits to EN Digital Engagement Hub	Included
5C	Full text of questionnaire responses to Question 16	Included
5D	Full text of questionnaire responses to Question 17	Included
5E	Text of individual responses by letter and email	Included

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Summary Report

09 January 2023 - 10 March 2023

Dweud Eich Dweud Powys

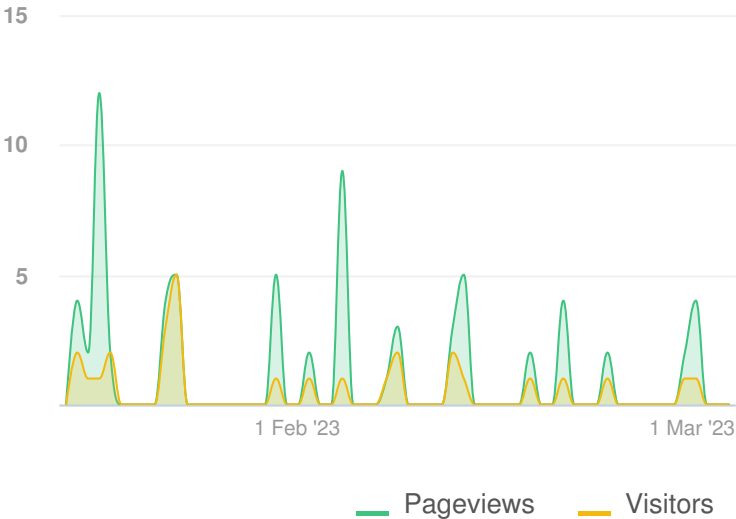
PROJECTS SELECTED: 1

Gofyn am eich barn ar gais gan Bractis Grŵp Crucywel i gau Meddygfa Belmont yng Ngilwern

FULL LIST AT THE END OF THE REPORT



Visitors Summary



Highlights

TOTAL VISITS	MAX VISITORS PER DAY	
35	5	
NEW REGISTRATIONS		
0		
ENGAGED VISITORS	INFORMED VISITORS	AWARE VISITORS
1	8	15

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PARTICIPANT SUMMARY

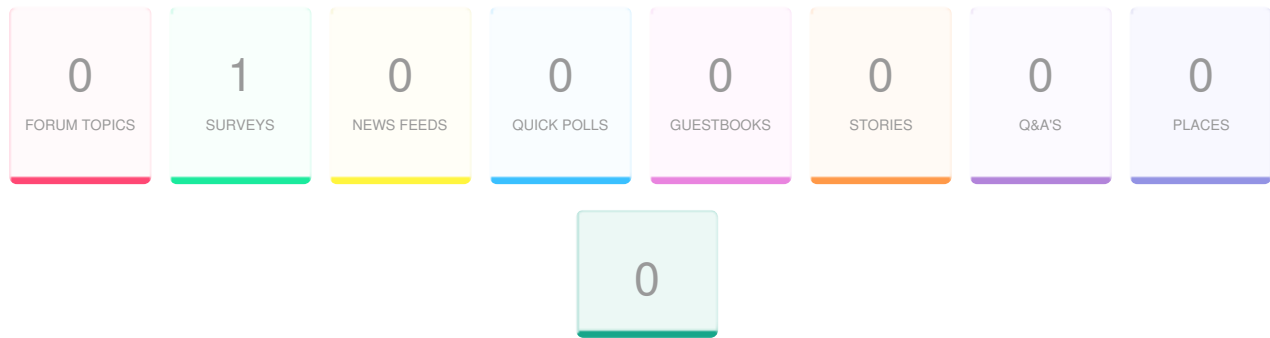
ENGAGED	1 ENGAGED PARTICIPANTS			(%)
		Registered	Unverified	Anonymous
INFORMED	Contributed on Forums	0	0	0
	Participated in Surveys	0	0	1
	Contributed to Newsfeeds	0	0	0
	Participated in Quick Polls	0	0	0
AWARE	Posted on Guestbooks	0	0	0
	Contributed to Stories	0	0	0
	Asked Questions	0	0	0
	Placed Pins on Places	0	0	0
	Contributed to Ideas	0	0	0
* A single engaged participant can perform multiple actions				* Calculated as a percentage of total visits to the Project

ENGAGED	8 INFORMED PARTICIPANTS		(%)
		Participants	
INFORMED	Viewed a video	0	Gofyn am eich barn ar gais ... 8 (53.3%)
	Viewed a photo	0	
	Downloaded a document	6	
	Visited the Key Dates page	0	
AWARE	Visited an FAQ list Page	0	* Calculated as a percentage of total visits to the Project
	Visited Instagram Page	0	
	Visited Multiple Project Pages	6	
	Contributed to a tool (engaged)	1	
* A single informed participant can perform multiple actions			

ENGAGED	15 AWARE PARTICIPANTS		
		Participants	
INFORMED	Visited at least one Page	15	Gofyn am eich barn ar gais ... 15
AWARE			
* Aware user could have also performed an Informed or Engaged Action			* Total list of unique visitors to the project

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ENGAGEMENT TOOLS SUMMARY

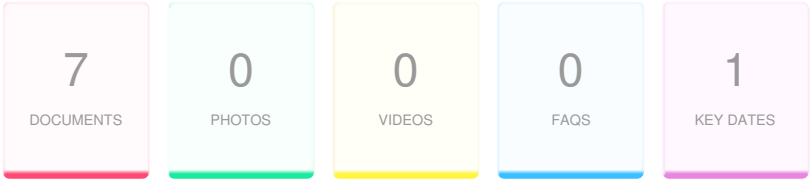


SURVEYS SUMMARY	
1	Surveys
1	Contributors
1	Submissions

TOP 3 SURVEYS BASED ON CONTRIBUTORS	
1	Contributors to
	Holiadur Ymgysylltu â Chleifion

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INFORMATION WIDGET SUMMARY



DOCUMENTS	
7	Documents
6	Visitors
12	Downloads

TOP 3 DOCUMENTS BASED ON DOWNLOADS		
4	4	2
Downloads	Downloads	Downloads
Asesiad Effaith Cydraddoldeb - drafft (Saesneg yn unig)	Llythyr i Gleifion	Sut i rannu eich barn

KEY DATES	
1	Key Dates
0	Visitors
0	Views

TOP 3 KEY DATES BASED ON VIEWS	
0	Views
Gofyn am eich barn ar gais gan Bractis Grŵp Crucywel i gau Meddygfa Belmont yng	

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TRAFFIC SOURCES OVERVIEW

REFERRER URL	Visits
www.haveyoursaypowys.wales	11
biap.gig.cymru	6

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SELECTED PROJECTS - FULL LIST

PROJECT TITLE	AWARE	INFORMED	ENGAGED
Gofyn am eich barn ar gais gan Bractis Grŵp Crucywel i gau Meddygfa B...	15	8	1

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Summary Report

09 January 2023 - 10 March 2023

Have Your Say Powys

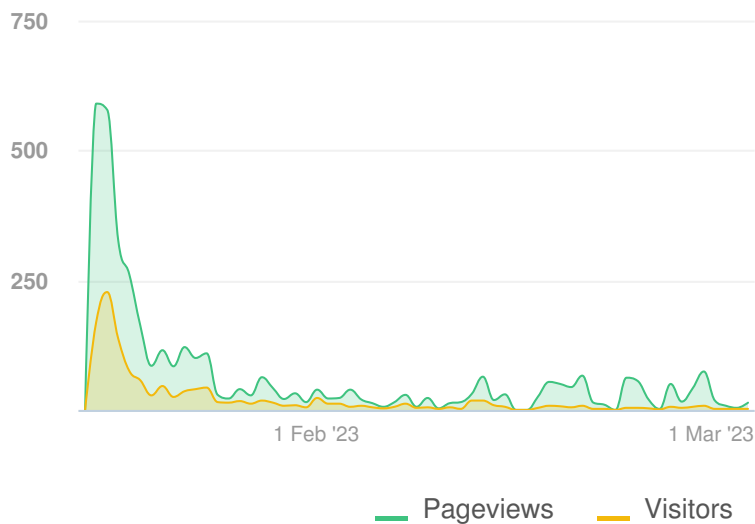
PROJECTS SELECTED: 1

Seeking your views on an application from Crickhowell Group Practice to close Belmont Branch Surgery in Gilwern

FULL LIST AT THE END OF THE REPORT



Visitors Summary



Highlights

TOTAL VISITS	MAX VISITORS PER DAY	
1.4 k	227	
NEW REGISTRATIONS		
2		
ENGAGED VISITORS	INFORMED VISITORS	AWARE VISITORS
626	816	1 k

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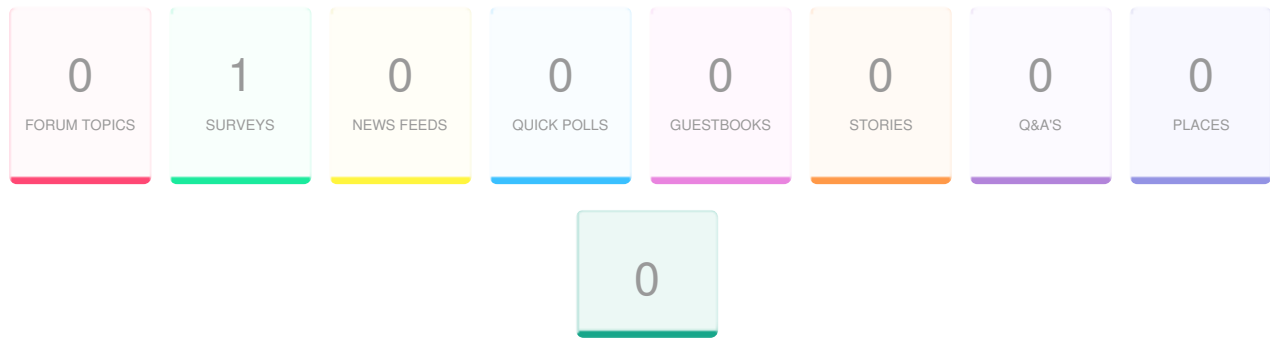
PARTICIPANT SUMMARY

ENGAGED	626 ENGAGED PARTICIPANTS			(%)
INFORMED	Contributed on Forums	0	0	0
	Participated in Surveys	3	0	623
	Contributed to Newsfeeds	0	0	0
	Participated in Quick Polls	0	0	0
AWARE	Posted on Guestbooks	0	0	0
	Contributed to Stories	0	0	0
	Asked Questions	0	0	0
	Placed Pins on Places	0	0	0
	Contributed to Ideas	0	0	0
* A single engaged participant can perform multiple actions				* Calculated as a percentage of total visits to the Project

ENGAGED	816 INFORMED PARTICIPANTS			(%)
INFORMED	Viewed a video	0		
	Viewed a photo	0		
	Downloaded a document	202		
	Visited the Key Dates page	17		
AWARE	Visited an FAQ list Page	0		
	Visited Instagram Page	0		
	Visited Multiple Project Pages	220		
	Contributed to a tool (engaged)	626		
* A single informed participant can perform multiple actions				* Calculated as a percentage of total visits to the Project

ENGAGED	1,043 AWARE PARTICIPANTS			
INFORMED	Visited at least one Page	1,043		
AWARE				
* Aware user could have also performed an Informed or Engaged Action				* Total list of unique visitors to the project

ENGAGEMENT TOOLS SUMMARY



SURVEYS SUMMARY	
1	Surveys
626	Contributors
716	Submissions

TOP 3 SURVEYS BASED ON CONTRIBUTORS	
626	Contributors to
	Patient Engagement
	Questionnaire

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INFORMATION WIDGET SUMMARY

7

DOCUMENTS

0

PHOTOS

0

VIDEOS

0

FAQS

1

KEY DATES

DOCUMENTS	
7	Documents
202	Visitors
310	Downloads

TOP 3 DOCUMENTS BASED ON DOWNLOADS		
124	78	48
Downloads	Downloads	Downloads
Letter to Patients	Frequently Asked Questions	Equality Impact Assessment - Draft

KEY DATES	
1	Key Dates
17	Visitors
21	Views

TOP 3 KEY DATES BASED ON VIEWS	
21	Views
Seeking your views on an application from Crickhowell Group Practice to close	

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TRAFFIC SOURCES OVERVIEW

REFERRER URL	Visits
pthb.nhs.wales	1017
m.facebook.com	14
statics.teams.cdn.office.net	10
l.facebook.com	9
t.co	9
lm.facebook.com	8
www.walesonline.co.uk	8
www.google.com	5
nextdoor.co.uk	4
www.google.co.uk	4
www.bing.com	3
android-app	2
nhswales365.sharepoint.com	1
www.dweudeichdweudpowys.cymru	1
www.facebook.com	1

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SELECTED PROJECTS - FULL LIST

PROJECT TITLE	AWARE	INFORMED	ENGAGED
Seeking your views on an application from Crickhowell Group Practice ...	1043	816	626

Patterson Liz
23/05/2023 11:25:01

Annex 5c: Question 16 Responses

If you would have difficulties accessing War Memorial Health Centre, please give details of the difficulties you would face:

Comments from residents in NP7 postcodes

I do need a car to get there
I would need someone to take me by car
I do not drive so have to rely on someone to take me or get a taxi which is expensive, as Crickhowell is not on a bus route
The buses are not linked up, might as well walk from Gilwern if I wasn't 71
If the car is out of action or in use by another member of the household then I would have to pay for a taxi to access the Crickhowell Surgery.
If my car broke down it is hard to get a bus there first u have to go to abergavenny then wait for a bus to crickhowell q bus to abergavenny is every hour and to crickhowell
I do not drive. I have to rely on family members to take me to Crickhowell if I need see a dr/nurse. I am able to walk to Belmont surgery in Gilwern.
I (redacted) don't drive currently because I am waiting for cataract surgery and have very limited vision, so I am totally dependant on my husband, redacted, for transport. I've been on a waiting list for two years and have not yet seen a consultant so there is no sign of this being addressed. redacted is approaching 70 with high blood pressure and some mobility issues. There is an hourly bus service to Abergavenny but there is no direct bus service between Gilwern & Crickhowell. If redacted becomes unable to drive, we will need to consider changing to another, more readily accessible, doctor and dentist.
I do not drive so have no direct transport and there is no direct bus service between Gilwern & Crickhowell for me to attend War Memorial HC
I would have difficulty getting over there if my car broke down. We have no bus service directly from Gilwern.
There is no direct bus service between Gilwern and Crickhowell. I live 2 minute walk from Belmont Surgery, but need to rely on arranging a lift from someone with a car now that I have to travel to Crickhowell. Also, the community midwife clinic is now held at Nevill Hall as the surgery is closed. Having to catch a bus to the hospital for fortnightly appointments with my midwife is a huge inconvenience, especially knowing that during my last pregnancy (pre-COVID), I only had to walk 2 mins round the corner for this.
I have to rely on lifts and try and fit appointments in between different shifts as we all work in different places
Travel may not be available
Only have one vehicle, so not easy to get to on the bus
Getting taxi available and expensive
If unable to drive no car no bus.
Don't always have access to car, alternative is 2 buses which are infrequent.
No difficulties
There is no direct public transport. I am now 75 so don't know how much longer I will be able to drive.
Can't drive and you have great difficulty getting a taxi.
If I was unable or not well enough to drive or my car was not working
Parking is a major issue. I find it difficult to park and then safely get my children (toddler and baby) out of the car.
It is difficult to attend the practice in crickhowell with young children. There isn't suitable parking for families with children. Being able to walk to the practice in Gilwern would make things a lot easier for families and residents of Gilwern.

Annex 5c: Question 16 Responses

It's much further to drive and parking is always problematic.
Disability low income
Getting older and may not be driving for much longer and don't like to in bad weather.
I don't drive, buses to Crickhowell would not be convenient and takes forever. I have to rely on others if I need to get to Crickhowell. Gilwern is a much better place due to my age and physical capabilities
Not always having access to a car to attend appointments
I am visually impaired and not able to drive. There is no direct bus route from Gilwern to Crickhowell. A return trip requires 4 buses.....IF they turn up. I have to rely on other people to get to Crickhowell surgery whereas I can walk to Gilwern Surgery when it's open.
travel
If I didn't have a car it would be almost impossible
I don't drive so I have to find lifts all the time I need to go to crickhowell, my partner works full time and I have 4 children so when they are unwell it's difficult getting a lift over crickhowell
If there are no appointments in crickhowell I have the option of Gilwern & vice a versa
If I wasn't able to drive, thewre is no bus service from Gilwern to Crickhowell
I don't drive so I would have difficulty getting there as I wouldn't be able to walk there
When I am no longer able to drive it would mean a bus to Abergavenny then a Brecon one, or a taxi.
I am currently able to drive, but at 78 I don't know how long I will be able to drive, and there is no direct public transport between Gilwern and Crickhowell
It will be very difficult once I am too old to drive
Too Far to walk and taxi are expensive
I am currently able to drive, but at 76 I don't know how long I will be able to drive, and there is no direct public transport between Gilwern and Crickhowell
There is not enough parking at the war memorial health centre!!!!!!!!!!!!!!!!!!!!!!
Would be very difficult if I couldn't drive in the future
Not a confident driver.
There is no direct bus service to Crickhowell from Gilwern
When unable to drive I had to rely on someone to bring me as there is no public transport.
The return trip takes more than 30 minutes.
I have limited mobility and no transport.
I have to rely on family or friends to take me to the Health Centre in Crickhowell.
Only 1 car - if one of us is working will not be able to get to Crickhowell
Sometimes i cant drive as pain when driving so my other half has to drive me difficult when she is working earlier when appointment are at gilwern
My family does not have access to a car
If Belmont Surgery closed ,and i was not able to drive I would have to use a Taxi as there is no public transport to Crickhowell. The car park is too small and virtually always full
Transport problems,the cost of taxis, public transport would involve two bus changes, would need a couple of hours to get to the surgery
I live with my partner in Gilwern. I am retired; she is still working, so has the car in the working week. If I needed to attend the health centre in Crickhowell during the week, my options are: taxi (expensive and unreliable); bus to Abergavenny and

Annex 5c: Question 16 Responses

then bus to Crickhowell (infrequent, and depends on convenient connections); walk (around an hour and a half each way).
I wouldn't, but many people would, no direct bus service
The answer to question 13 is misleading as I can only comment at this point in time. It would be more appropriate if there was another question asking if I envisaged any difficulties in the future. The answer would be yes, and there are probably plenty of people who are currently in that position.
If I could no longer drive or had no car
Whilst I currently drive, I imagine there will come a time when I'm not able to. With no direct bus service to Crickhowell, I can see this will be a problem.
It is so much further away I have to make sure there is a bus ready and there's more cost as I would walk to gilwern
Firstly there are no Buses from Gilwern to Crickhowell whilst I use my car as I would rather use Gilwern surgery for people without transport it is nigh impossible. Also when travelling by car more often than not there are no car park spaces. Someone has to come with me and park the car in the layby on the main A road. This is not ideal. I only used Crickhowell as I was led to believe Gilwern wasn't operating at the time of Covid and since once I got the information ob Gilwern I then go there. I need blood tests regularly, Crickhowell is difficult as I have difficulty in walking.
Would have to drive which is getting increasingly difficult as we approach our eighties!
i need a car to get to the war memorial, where as i can walk to the gilwern surgery
Age 85, have to be taken to Crickhowell
Arthritis problems
Am able to drive at preset but once I can not drive difficulties would arise for me to get to Crickhowell surgery.
It would be easier to travel to Abergavenny. I live in Monmouthshire, not Powys!
Having had surgery I wasn't allowed to drive so would have to walk
Not always having access to a car
Relying on transport by others
If no access to a car
I can't drive.
Cannot walk there, impact on the environment
As I live in Govilon I believe it is outside the mileage limits for a Dr to visit. I would therefore have to change to an Abergavenny practice! After nearly 34 years with the Crickhowell practice both my husband 86 and myself 74 prefer the continuity of the Crickhowell Practice.
I am 85 yrs old and my "diving days " are limited (almost over)
Flooding on the road
I dont drive. No direct bus to crickhowell, would have to change in abergavenny.
Circumstances change being, may be unable to drive therefore relying on neighbour help or taxi. My wife does not drive
Mobility issues. Sight impairment
Two bus journeys to get there. Buses not that frequent. Do not fit in with appointments
Lack of bus service
Only have one car in the family
We only have 1 vehicle in the family
As I am getting older, I will not be able to drive and getting to Crickhowell would be impossible, and, with more health problems due to age would need more visits.
aged 89, dont know how much longer i will be able to drive myself and my wife..
WIFE CANNOT DRIVE, IF I WAS UNABLE TO TAKE HER, WOULD NEED A TAXI

Annex 5c: Question 16 Responses

I now struggle to walk any distance - at Gilwern my daughter is able to drive right up to door.
There are times when I have had to stop driving due to a change of medication – I have drug-controlled epilepsy.
Not a driver, so have to rely on other people to get there.
Need transportation to get there
II am nearly 78 and have to get someone to drive me, as bus service almost impossible from Gilwern. I t would mean having to get bus from Gilwern to Abergavenny and then Abergavenny to Crickhowell and then same journey back.
I can't drive
I don't drive therefore reliant on friends and family to transport me to and from the surgery in Crickhowell
Currently am dependent on my car while I am still able to drive to get myself and my elderly husband to the surgery. There is no bus service available. The alternative would be a taxi.....which could prove expensive. We have no family living near us to help.
Without a car that I could drive Crickhowell would be extremely difficult- no direct buses, unreliable bus service via long indirect bus route via Abergavenny, taxis non existant!
As getting old , driving will be more difficult
I am epileptic and cannot drive and have no transport all of my close family have passed away and there is no direct bus link to Crickhowell
Fuel costs
It is too far to walk, we live four miles away from Crickhowell.
It would be bad for people that can't drive because the public transport there is not good
Transport
Parking and time
There is no direct bus service to Crickhowell from our address and it would mean a bus trip to Abergavenny then changing to get the Brecon bus to Crickhowell.
I don't drive. So would have to get a taxi, buses from home to Crickhowell are non existent
May not always have access to a car, may not always be able to facilitate the time
Getting lift to surgery as I dnt drive.and the time of appointment to suit the driver.
I'm deaf. For appointment, I have to pick my mother up from gilwern to Crickhowell to help me to communicate with doctor/nurse.
If floods or no doc 2 c any one
Driving when unwell or injured isn't safe and purses an avoidable risk.
I live alone and due to health issues there are times I cannot drive. There is a non existent bus service to Crickhowell which means if you cannot drive you have ro catch a bus ro Abergavenny then a bus to Crickhowell. The service is not regular and would mean an hour plus journey for a 5 mile distance.. Not good when you have health issues.
The War Memorial Health Centre in Crickhowell is not within walking distance.
Further to travel, no direct route other than the lanes. Horrendous traffic at peak times. Limited parking.
When I am no longer able to use a car it would be impossible to get to Crick
I am 78 years of age and suffer from neuropathy and stenosis in the lumbar region which affects my legs at.present I can still drive but this could change at any time. without a car getting to Crickhowell would be very difficult

Annex 5c: Question 16 Responses

As I age (I'm 74 in May 23) I may no longer be able to drive. The only alternative means of transport is the bus and to get to Crickhowell is a 2 hour journey via Abergavenny on 2 separate buses. To catch the bus I would have to walk over a quarter of a mile to the village centre near the Belmont Surgery. Therefore Crickhowell might not be an acceptable viable alternative??
There is no bus service between Gilwern and Crickhowell and taxi services are non existent in Gilwern. Have to rely on someone to drive me there.
It is the cost of transport mainly. A taxi is expensive and there is no bus service between Gilwern and Crickhowell and I have no car.
As I get older I may not be able to drive. Also the car parking at Crickhowell I find difficult, there are hardly any spaces no matter what time your appointment is.
I might not be able to drive for much longer and would not be able to visit Crickhowell.
I have to arrange lifts and taxis as there's no bus routes !
I do not have a car and taxi fares are very expensive
I am now 76 and will not be driving for too much longer because of on going problems and there is no public transport available from Gilwern to Crickhowell.
Haven't got car
Do not drive so would need to pay for private taxi as no bus route
No buses directly from Gilwern , would need to catch bus to Abergavenny and then another to Crickhowell. This bus only goes every two hours. A journey of 4 miles would take about 4 hours.
If I didn't have a car I would not be able to get to the surgery. I could get to Gilwern by bus.
I do not drive so have to beg lifts.
If my car was off the road which happened recently when I needed to see the nurse for an ear infection which our local pharmacy would not deal with as an inner infection.
Increase time and distance - less convenient
As I am nearly 80 I do not know how long I will be driving. There is no public transport between Gilwern and Crickhowell. We have been forced to use Crickhowell during and since lockdown due to a lack of doctors.
Not at the moment as we are still able to drive.
I have to arrange a lift from or book a taxi, which means people waiting around for me and added expense. It's not easy to get there at a given time if you don't drive.
I have had a stroke but at the moment I can drive but the next time I will lose my licence so I will be unable to get there by public transport.
The car park is full now and would be unable to cater for increase traffic
May not be able to drive when a condition gets worse and no lift so very expensive if I have to get a taxi for which I do not have the money
I don't drive
At present my husband and I run a car but aged 73 and 78 this may not continue much longer. Already we don't drive at night and are awaiting cataract surgery. We don't use the War Memorial car park as it is too tight and busy. As already identified, public transport from Gilwern to Crickhowell is non existent and to Abergavenny is not frequent or easy.
No difficulties, it's only 5 minutes away now the bridge is open!
My husband cannot drive, so if I am feeling unwell I could walk to Belmont.
Crickhowell surgery is much further to travel. I am registered blind and so my only option to travel to and from either surgery is to rely on family members to drive me.
How I get to crickhowell
I do not have constant access to a car

Annex 5c: Question 16 Responses

N/A
I want to stay with my drs
Perhaps not just now whilst I can drive but will soon give up driving. I am not aware of any bus service from clydach north. Winter will be problematic due to floods. Frequent trees across roads .
Can walk to Gilwern at a push albeit a good walk. Crickhowell just not accessible.
My wife and I are nearly 86. Driving to Crickhowell may well be out of the question in the near future.
Transport, distance, time, socio-economic costs if unable to use my own transport
If have no car, and there are no buses
During recent flooding access to Crickhowell was cut off form Gilwern.
I no longer drive since January 2019 I have to rely on someone to drive me
Buses do not connect properly and are unreliable, it would take me over three hours maybe four to get there and back, taxis too expensive and if there is no taxi you are stranded
If I do not have use of a car, there is no bus route. Also during extreme wet weather the roads flood and Crickhowell is not accessible
If I lose the ability to drive I will not be able to get there as there is no direct bus service.
Can't walk far,medical condition,car park often full
Because I have to rely on my husband who is sometimes not in great health or have to rely on family when they are not in work
Transport
If my wife has car for work I would have difficulty getting to Crickhowell and the same for my wife
Travel limitations
Depends on appointment time and if I have access to a car.
I must rely on getting a lift by car or use a taxi to both Crickhowell & Gilwern Practice's because there is no direct bus service from where I live. Multiple buses would have to be used if attending Crickhowell if there were buses available, so Gilwern would be easier and nearer to get to.
Not always can drive, Gilwern closer to get a neighbour or Taxi to help me.
My mother in law would have to get someone to take a day off and take her over as shecannot walk to a bus now after a fall.if she could walk its still a bus to Abergavenny then another bus to Crickhowell basically could be out of house 5 hours to catch buses etc
We only have one car so as not possible to walk to surgery will impact on availability to attend appointments.
I feel very strongly that we should not be forced into using a private car to access Primary Care. There is no bus service from Gilwern to Crickhowell. To get there by bus would necessitate changing in Abergavenny - there is no link between the 2 services. It could take hours and involve a great deal of stamina. It is very dangerous to walk to the nearest bus stop in Glangrwny as there is no pedestrian walkway and someone frail or unwell will not have the stamina to do so.
I can only attend on days I have access to a car
I don't drive so have to arrange for someone to take me
Crickhowell floods regularly and would be unable to attend war memorial but could walk to Belmont surgery
I have no transportation and my son has to travel a 60 mile round trip to take me or my wife
Parking is limited. If we couldn't drive would not be able to get there using public transport

Annex 5c: Question 16 Responses

Limited parking
Impractical to walk from Gilwern and there is no direct bus service to Crickhowell. As I am elderly and more likely to become disabled and unable to drive I would have to take one bus to Abergavenny and a second to Crickhowell plus the reverse of this for return.
It is too far to walk from Gilwern & there is no direct bus service. If I become unable to drive (my age is 82) I would have to take a bus into Abergavenny and another one out to Crickhowell and the reverse for the return home. It could take all day & I could end up being too late for the appointment.
Parking is a problem when using a car. As we are getting older it may be that we will be unable to drive before long and getting to Crickhowell from Gilwern is a nightmare and certainly not practical for patients who may be ill. There is also the issue of costs and the environmental issues associated with the increased travel. It would also be exceptionally time consuming for those using public transport due to the infrequency of services between parts of Gilwern To Abergavenny, and then onwards from Abergavenny To Crickhowell as there is no direct service. Taking into account the age groups of Gilwern residents these changes would cause a major headache for a lot of people
can no longer afford taxis
There is no public transport from Gilwern to Crickhowell. I had to walk there. I am able bodied but a lot of people are not and one day I won't be either. How are older people without transport in Gilwern supposed to get to Crickhowell?
I am 80years old and should I need to give up driving in the near future, as there is no bus service between Gilwern and Crickhowell, this would be very difficult.
Not always able to drive
We are a one car family, so if another family member is using the car it would not be possible to attend Crickhowell as there are no direct transport links.
I have to give lifts to family members who have no transport. Parking is awful at the surgery.
There is no direct public transport between Gilwern and Crickhowell
Taxi too much money
104 years old, limited mobility, nearest family 100 miles away, no bus service,
There is no direct bus service between gilwern and crickhowell, you have to travel via abergavenny and buses can run hourly.
At the moment I am able to drive but if that was not the case it would be extremely difficult as I am on my own and my neighbour does not drive and I have no relatives close by. Taxi would be very expensive.
I am in a wheelchair taxi is a lot of money
No transport
When the weather is bad ie flooding we are not able to get to the surgery.
If no car available 2 mile walk to Gilwern and then bus to Crickhowell. 90 minutes minimum each way
whilst I'm physically able and have the use of a car the journey to Crickhowell is often difficult and unpleasant, the road is narrow, windy and a recognised accident blackspot. The alternative route via glangwryney lane is narrow and involves the use of a Bailey bridge over the Usk. Crickhowell is regularly cut off by flood waters. I would say that in the 40 years i have lived in this house Crickhowell has been cut off at some point during 75% of the winters. In fact I was not able to get to Bronllys for my Covid jab last winter because Crickhowell was unpassable.
There is no practical public transport connection and little chance of putting one in place. By bus one would need to catch the X3 from Gilwern to Abergavenny and

Annex 5c: Question 16 Responses

then the Brecon bus which stops at Crickhowell. Depending on the wait for a connection in Abergavenny I guess the journey would take anywhere between 1 and 4 hours, that's if it's possible to do it at all. Most of my appointments over the last 2 years have been at the War Memorial Health Centre but that is only because during and after covid the practice has barely used the Gilwern surgery.
It's a 20 minute drive
If I was unable to drive or be given a lift
If I am not able to drive, there is no direct bus service to Crickhowell from Gilwern. My eyesight is starting to deteriorate and that is a distinct possibility I'm afraid.
at the moment I can drive but if not it would be trying to get a friend or a taxi and the latter is a no as I understand the charge is about £30 for both ways. Friends are all getting older too and may not be able to drive me this is why my answer to question 13 is yes.
I have dementia and cannot walk far
I can only get there if I can drive personally or someone can take me or I hire a taxi. This is not acceptable.
My mother would not be able to attend the doctors unless I took her
Flooding risks cutting off the war memorial health centre, limiting access to care.
As I am in my mid 70's I may reach a point when I can no longer drive
AT THE MOMENT i CAN DRIVE IF I COULDN'T IT WOULD HAVE TO BE 2 BUSES
If I had an illness/injury which prevented me from driving , not aware of any direct public transport route
I only drive on short trips but if I wasn't able to drive I would struggle to get to the Surgery as there is no bus service
Only possible while I can still drive
Sight problem to drive.NO buses.Often no taxis.How can I get there?BO
Live on Gilwern Hill and work in Abergavenny so Crickhowell is out of the way.
I have no difficulties at the moment but at 76yrs.this may soon change.
On Jan 21st I was diagnosed with macular deterioration in both eyes. I am waiting to see a consultant but have been warned I may no longer be able to drive. My wife is visually impaired and does not drive. To get to Crickhowell, I would need to catch an hourly bus from Gilwern to Abergavenny, then one of only three buses a day to Brecon. This would make getting to a timed doctor's appointment very hit-and-miss, time consuming and a great deal of waiting around for a return bus from Brecon to Abergavenny. In the 21st century this is neither viable, practical nor acceptable when I could walk to Belmont Surgery to see a GP.
driving a lot less since heart attack
If health deteriorated Unable to drive No car in future
Clearly, if my Wife or I were to become unable to drive as a result of the effects of ageing/ill health then we would encounter difficulty in travel to Crickhowell; it is also important to note that the opportunity for domiciliary visits by general practitioners, consultants and community nurses is less than in the past.
If I didn't have a car at present it would be extremely difficult. Buses do not run directly from Gilwern to Crickhowell.
As an older person in my seventies it is very likely in the future that driving will become an issue. For the elderly in this situation having to get to the surgery in Crickhowell will be greatly difficult . We are not on a bus route and taxis are not readily available and would be very costly.

Annex 5c: Question 16 Responses

I am able to drive currently However, I am in my 70's and may not be able to in the future when my need to see a doctor is likely to increase
Suffer from arthritis unable to walk, would need to arrange for someone to take to the surgery which would be difficult
Surgery only accessible by car as public transport very infrequent. This will prove difficult for elderly patients.
A longer drive, not a current problem but a major one if i stop or am stopped from driving.
I take my parents to their appointments and Crickhowell is further to travel for us.
DONT ALWAYS HAVE ACCESS TO A CAR.
its a lot further and money is an issue on fuel
Not at present but I'm driving less as I get older and am thinking of giving up. The bus journey involves a bus to Abergavenny and change.
As we get older it will become more difficult, particularly if we have to give up driving
Decline in faculties with age give rise to difficulties with driving particularly on the two routes to Crickhowell. Not at that stage yet but anticipate this in the near future.
Suffering from glaucoma which does not yet prevent me from driving but it will eventually. Simultaneously, have just had cataracts removed and although the surgery was a success the long-term consequences are yet to be realised.
Car is needed to travel to Crickhowell
to get to Crickhowell I would need to get two buses as there is not direct service
Would find it difficult to get to Crickhowell if they could not drive. A bus journey is out of the question. We deserve a surgery at Gilwern the population is bigger than Crickhowell
Had two appointment in Crickhowell walked 12 miles took from 12.05-5.15. Taxi £15 each way so had no choice but to walk
I don't drive I rely on other people
If I was unable to use my car there is no public transport from my village
Very hard experience when you are not well or old. would have to catch two buses
I have no car, I live alone. There is no public transport to Crickhowell to Gilwern so I would have to get a taxi which is very expensive and something I cannot afford
not always able to get a lift and I dont drive
Don't drive
I no longer drive and taxis are expensive (£15 - £17 each way) and there is no bus service from Gilwern.
I have mobility issues and am dependent on my neighbour helping me attend appointments.
Currently I am able to drive or my husband can but without a car it would be very difficult and would put me off going. If I lost my licence due to my heart condition then life would be very difficult.
I do not drive and my husband works shifts, so it would mean a taxi or two buses as there is no bus service between Gilwern and Crickhowell.
I have, on occasions, found difficulty in parking. though i acknowledge that i have similar problems in Gilwern. I am a blue badge holder.
I do not know when I will have to stop driving - I have a neurological condition - and getting to Crickhowell will require a lengthy bus journey - 1 hour 15 mins if there is a good connection in Abergavenny. if there is not, I might have to wait for 2 hours 30 mins for the next bus to our part of the village. i cannot get to the main X4 route which is over half a mile away, uphill. the alternative is a taxi ride costing £15 - 20 i am told

Annex 5c: Question 16 Responses

Taxis cost 15£
Buses do not show up are from 8 am til 1800pm
I rely on family members being available to take me
The time needed to attend Crickhowell and transport my family members implies additional lost earnings, fuel use and pollution.
If I have no car I would have to use a taxi or rely on friends as i have no family living near me.
sometimes the river floods and blocks the roads
I dont drive so I am dependent on my husband taking me. Without this I would have to use a taxi as there is no direct bus route from Gilwern to Crickhowell
As I do not drive and there is no public transport available I have to rely to family and friends being available to drive me to appointments and there is not space to park there. If I needed an emergency appointment this would prove difficult and stressful.
At the moment I drive, but when I am no longer able it would be very difficult to access Crickhowell
It is just about impossible to coordinate bus time to appointments, plus the fact that we are both in our nineties and my husband is blind. We have been patients of this practice for 48 years and it comes to this.
No problem at the present time, but I am over 80 and when I can no longer drive I would have a problem. To travel to Crickhowell I would have to get a bus to Abergavenny and then another to Crickhowell, or rely on friends taking me. This would obviously apply to all other residents in a similar situation.
As I am 83 years old (84 in May) I may not be able to drive there in the future.
At present I can drive to the Health Centre in Crickhowell, but as I will be 80 this year, inevitability a time will come when I can no longer drive. When I moved to Gilwern the surgery was in Crickhowell, however there was a direct bus service at that time and of course GP's at that time did house calls.
There are limited Car parking bays, Very Few Disabled bays- Means someone has to travel with me to park the car in the lay bye then I have to negotiate the traffic to get lift back. There are no Buses as everyone knows from Gilwern direct to Crickhowell
I wouldn't but many will
Can not walk there.
If unable to drive myself for any reason, I would have to resort to:
1. Booking a taxi to and from Crickhowell at a current cost of £30 for the return trip. Taxis are unavailable during 'school run' hours. I have recent experience of this when my car was off the road and there were no taxis available for an early morning appointment in Crickhowell, so a friend kindly took me there and back. If I had to rely on taxis for appointments in Crickhowell over the last 12 months it would have cost me more than £240.
2. Public transport, but there are no direct services between Gilwern and Crickhowell. The return journey time via Abergavenny would be a minimum of a 2 hr 15 mins to 2 hr 40 mins, with perfectly timed connections.
3. Relying on the goodwill and availability of friends to provide transport.
74 this year and dont know how long I will be driving for
If unable to drive lack of public transport
If unable to travel by private car, the lack of public transport available.
We are both 86 years old and we may not be able to travel by car. Only when we are able to drive. Taxis are very expensive. The only available buses are from Abergavenny so we have along journey to get there and back. Many villagers are elderly and don't have a car. Nothing to help us!!!!!!

Annex 5c: Question 16 Responses

I don't know how long I'll be able to drive my car. Eye sight deteriorating due to old age.
<ul style="list-style-type: none"> - No bus service. - Not able to drive car in future. - Do not close Belmont Surgery. We need to have the right to see Doctors and Nurses when required. - Closing surgery is not the way forward. Care of patients is paramount.
May do in the future if unable to drive
At the moment I can drive but there will be a time when that will not be possible. We are an aging population here and it is an arduous/time consuming journey by bus via Abergavenny and the not very frequent bus service onwards to Crickhowell. Many elderly people would find this prospect impossible. These patients will suffer the consequences and inevitably their health will suffer.
I have to get a taxi which is very expensive as im 80 years old and there is no other way i can get there and thats just for jabs for the covid ive not seen s doctor since before covid started and that wss at Belmont Surgery!!
I don't drive no public transport to crickhowell so a bus to abergavenny then from there to crickhowell and reverse journey Taxi to abergavenny alone last cost £20. not affordable and not realistic!
More troubles using bus change bus twice
Extre time traveling
I have had a condition which meant I couldn't drive ! So has my husband!
Having to get lifts if car not available or take a bus which is difficult as the bus no longer runs from Gilwern to crickhowell therefore much longer journey as you need to travel into Abergavenny first then catch another bus to crickhowell
I would have to take 2 buses or a taxi or try and get a lift in someone's car
Only one of us is driving at the moment. As my husband and I are well into our 70's if we are unable to drive in the future this would make getting to Crickhowell impossible.
Transport is a worry I drive at the moment but that could change at any time and the bus route is not an option
My husband and I do not drive, we are not on a bus route which makes it very inconvenient, other than to walk or cycle when able.
I use my bike when able to attend the surgery as I do not drive, so having to go to Crickhowell would be too far to cycle. Attending at Crickhowell would mean I would have to ask family and friends as there is no bus route.
Unable to drive, all my family work
At present no problem. But as I age maybe will not be able to drive.
I live on my own so if I was ill I wouldn't be able to drive myself to Crickhowell. I am elderly and probably wont be driving my car in a few years time. So in both these situations I would not be able to see a doctor at Crickhowell as there is no bus service between Gilwern and Crickhowell. This is very concerning as we do need a surgery in Gilwern if not the current one then a replacement one. Also apparently the population of Gilwern is bigger than Crickhowell. Gilwern has a lot of elderly residents who would find travelling a problem.
I am retired. I still drive at present but if this changes, there is no easy way to go from Gilwern to Crickhowell on public transport.
elderly anticipating giving up driving
As there is no direct bus service from Gilwern it would be very difficult to get to Crickhowell for a timed appointment.
I am elderly and partially sighted and unable to travel far. I live on my own with no relatives and do not have anyone who could take me to a doctors appointment.

Annex 5c: Question 16 Responses

There is no direct bus service from Gilwern to Crickhowell and I have been refused the option of using ambulance transport.
No choice but to go by car, and extremely difficult to park.
Pensioner and it is likely to become more difficult as time passes
The only practical means of getting to the Crickhowell surgery for us is by car, a much longer journey than down the hill to Gilwern. At present that isn't too difficult but in the future that may not be true. In addition, at busy times it is not possible to park there, and there is nowhere else close-by. There is no practical bus service to Crickhowell.
I would have to arrange to get a lift or arrange with partner to use our car on that day
In time, as I may not continue to be able to drive with my Parkinson's and my husband is less mobile since his pulmonary embolism last year
If I were unable to drive, I could walk to Belmont surgery, but not to Crickhowell
I tried to book a taxi to travel to Crickhowell Surgery for a same day appointment but failed to do so. On this occasion, I did not have access to my car. If I was unable to drive in future either temporarily (e.g. following surgery) or permanently (e.g. loss of licence due to a health condition), I would have no option but to register with an Abergavenny G.P. Practice.
Not offered appointment at Belmont so had to go to Crickhowell. Currently have one car in household which is not always available as appointment at CHC are difficult to get and take any that is offered. As getting older may not be driving much longer and would rely on buses to Abergavenny and back out to Crickhowell. Not frequent and do not always connect so long journey time, possibly two hours each way. Ridiculous if only want to hand in a sample.
Transport difficulties when unable to drive. I am 71 and fit enough to drive and walk. inevitably that will not be so when I need a doctor. Access to Crickhowell Surgery by bus is slow and difficult while taxi services are intermittent
Not while I can drive, but at 85 I won't be driving for long
I definitely anticipate problems increasing in the near future. We will have difficulties getting to Crickhowell particularly at short notice
There's no way to know what my future health will be like. I may not be able to drive at some point and then it would be very difficult to get to Crickhowell.

Patterson, Liz
23/05/2023 11:25:01

Annex 5c: Question 16 Responses

Responses from NP8 and LD3 postcodes

We have been massively impacted by the reduction in NHS local services, for instance the closure of A & E at Abergavenny and Newport imposes massive additional travel costs and make life impossible for non drivers (and the replacement facility is hopelessly unable to meet the demand!). Closing branch surgeries continues that trend on a local scale and will inevitably impact upon those living close to The Gilwern surgery. They will have no sensible alternative but to drive to Crickhowell, making life impossible for those without their own transport and generating more carbon emissions. It is ironic that we are asked to respond about this online to reduce carbon emissions but one extra car journey will most likely generate more carbon than all of the paper responses ever could! So much for climate warming, which seems to be ignored and adversely affected by every decision made about changes to NHS provision.
Transport
Parking is always difficult due to access and lack of parking spaces
Parking some times an issue
car parking space is difficult getting an appointment is also tricky
Parking at the centre is very limited and there are no alternatives nearby. People are normally ill and need close proximity parking .
Getting appointments is nearly impossible
Parking can be difficult
If I am using a car, and all patients are using the same clinic site (if Gilwern site is closed) the car parking facilities are quite limited.
My mobility is sometimes quite poor. My daughter has to escort me. It is helpful if she can park the car close to the centre. Sometimes the car park is full and she has to park around the back. However, the War Memorial Centre is much easier to access than the Gilwern Health Centre.
Obtaining routine appointments already takes weeks and parking is also a big problem. There are already too few parking spaces to cope with the demand. An extra influx of patients will cause additional problems.
Weeks to obtain a routine appointment now. Car Parking a big problem now. Will get much worse if additional patients have to park. There will be no room. This already happens.
It is quite difficult to access attention in a reasonable period of time with the current level of demand from existing patients @ Crickhowell WMS. Additional demand from people currently receiving attention from the Gilwern practice would make the situation untenable, unless significant additional resource were to be added. It is not possible to provide more, better service with less! This is not about physical access, although given the rural nature of the catchment and lack of public transport and active travel options, parking will also be an issue.
Yes - very often only given telephone appointments with no definite time which is hard to schedule around work. Also very inflexible regarding calling at 8:30 when I start work before then - almost impossible for my sister to arrange a smear test as they would only make an appointment on the day
I'm not allowed to drive so can only get to Crickhowell if someone gives me a lift.
Car parking required as my husband has a disability. Almost impossible to park on most occasions. More car parking spaces required.
Parking Spaces are limited now. If the surgery in Gilwern is closed then there will be more congestion and availability of appointments.
Yes, if unable to walk or cycle

Annex 5c: Question 16 Responses

When I had a DVT I had to call upon Crickhowell to provide transport to get to the health centre
I am registered at Crickhowell since 1976. car parking at this practice is getting more and more difficult. Increase in patients from Gilwern and surrounding areas will greatly increase this problem.
Difficulty parking. A number of times I have had to use alternative car parks. This would obviously get worse with more patients coming from Gilwern
I have never experienced any difficulty, although you might have to wait quite a while for an actual appointment

Patterson Liz
23/05/2023 11:25:01

Annex 5c: Question 16 Responses

Responses from other postcodes or where no postcode given

The only difficulty i have is the last time i went i couod not park very frustrating when you arrive for your appointment on time
Car park not big enough.
no room in the car park i have copd which makes it difficult to walk
My husband & I are both in our 80s, At the moment we have a car but if in the future we had no car it would obviously be more difficult to get to Crickhowell than to the Gilwern surgery.
Disabled access is quite limiting Petrol costs are quite expemsive
It is too far to walk
only been able to reach a GP/other staff apt via telephone appointment after waiting up to 2 weeks there is very limited availability for face to face appointment with a member of staff.
Im disabled houebound would have to rely on family
I DO NOT DRIVE SO WE HAVE TO ARRANGE WHN MY HUSBAND IS HERE TO TAKE ME
I don't drive and rely on my daughter to take me
This is totally misleading, I have been unable to attend Belmont surgery since the start of Covid as it has been closed and only appointments at Crickhowell have been available. This I understood was a temporary arrangement and was caused by Covid. The practice have been quite happy to take payments from the NHS whilst not providing me with the service that I signed up for ie appolntments at Gilwern.
If I was unable to obtain a lift - taxi fare £40 return.
Transport. There is no direct bus route between Gilwern and Crickhowell. Taxis are not always available at required times and it is difficult and very expensive to plan return journeys that include appointment time
Possibly in the future if for some reason unable to drive.

Patterson Liz
23/05/2023 11:25:01

Annex 5d: Question 17 Responses

Please use the space below for any additional comments you would like to make (For example, this could include your thoughts about whether this proposal will have a particular impact on different sections of the community. This could include impact due to equality protected characteristics, Welsh Language, socio-economic impact etc. We also welcome your views on how any negative impacts could be addressed:

Comments from residents in NP7 postcodes

Gilwern seems to be ignored ! We are a growing community not the small village we once were. This practice took over the surgery and all people living in Gilwern we made to go there despite having Doctors in Brynmawr . I feel that before long we will have no surgery at all at this rate, For people to go to Crickhowell is difficult, they require a car and be able to drive ,taxi's don't exist around here .This is not at all acceptable ,!
The bigger concern here is the 4 retiring GP partners. Are they being replaced? Is this going to make it more difficult to get appointments at War Memorial practice? I think this will have a bigger impact on the older people living in Gilwern who won't be able to get to Crickhowell easily.
I am 71 with limited mobility, I used to be able to walk some distance but not any more. I have had 1 knee replacement and will probably need the other knee operated on in a few years. As I get older I am losing confidence in driving.
I feel that this proposal to shut the Gilwern Surgery will adversely affect the older population of Gilwern who may not drive or have access to transport to Crickhowell. Our decision to move to Gilwern, on retirement, was partly weighted by the fact that it had a very well thought of GP surgery which would be easily accessible as we got older . I am very sad to hear this sad news.
This will have an impact on people who don't have readily available transport. It has, pre covid, been so convenient to be able to walk to appointments within the village
Gilwern is accessible to people like myself who cannot drive, Gilwern to crickhowell is not covered by a bus service, taxis are expensive If Gilwern were to close I would have to consider moving to a practice in Abergavenny which is on a bus route.
It is extremely useful to have a small GP branch in Gilwern, particularly for those who are unable to drive. There is no public transport service between Gilwern and Crickhowell. Closure of the Gilwern branch would be detrimental to the local community. The questions in this survey about frequency of visits to both Crickhowell and Gilwern surgery over the past 12 months are irrelevant as I was not given the option to attend Gilwern when phoning to book appointments.
It will affect the community The elderly will have trouble getting there I have lived in gilwern all my life and there has always been a doctors here
Bigger population in Gilwern. Thinking of older people with no transport. No bus between the two. Into Abergavenny by bus and out again. Provide some transport would do it and be acceptable.
I believe closing the surgery in Gilwern would have a negative effect on the people of Gilwern that don't drive. Access to Crickhowell health centre is difficult as there is very limited bus service and also Crickhowell, on occasions, can be inaccessible due to flooding. Something which appears to be happening more frequently in recent years.
We are not alone in this village in being over pension age and with ongoing health problems which require regular monitoring. As it is a rural district we can't just call on Über for transport. The village doctor's surgery was a not insignificant selling

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point when we moved here and has been much missed in the last 3 years. It used to be very well used. Surely someone, maybe a Monmouthshire or Gwent Practice, would consider taking it on?
The local area that uses Belmont Surgery is way too big to close Belmont Surgery down. The older generation will struggle to attend to War Memorial HC due to challenges with transport.. Patients who do not have access to the internet or who don't visit the surgery within the time of this consultation will not have their views known therefore skewing your data. Gilwern is known to be the largest village within Monmouthshire.
This decision would impact the elderly who have no transport and would have to rely on other people for transport. I was a patient in Abergavenny before I moved up here, they would not accept me there when I moved to Gilwern. This will definitely have an effect on the community as it is.
It would be a great shame to lose the doctor's surgery in Gilwern as it is a local facility which is easy to walk to from most parts of Gilwern. Surely people should be encouraged to be walking and cycling and not jumping into the car?! Centralising everything into a larger combined service may seem like a cost-effective way forward, but it just leads to a poorer service in the long run and we all lose out. Communities are built around their facilities and to lose the surgery from Gilwern would be a real blow.
It's not a problem for those with a car. Please consider those who don't or can't drive - public transport in this area is horrendous and unreliable.
It will be awful for community, not everyone can drive or have people to give them lifts, there's hardly any appointments when I phone Crickhowell, ring again in the morning is what is said , not practical if you have to work. The area has grown therefore more people to fit into Crickhowell , it will end up as bad as The Grange. It's a ridiculous idea
Pre COVID we used the Gilwern surgery which is closer and didn't require the use of a car. It's disappointing we never got to return to the surgery post pandemic and I have certainly noticed a decline in the levels of service.
The elderly community imparticular struggle with transport and getting to the surgery in Crickhowell and now you want to take away the place that they can access more easily and on a more frequent basis.
Gilwrrn surgery is such an asset to people that live in our village. It's so difficult to get an appointment there though, receptionist dont vusually offer gilwern and just assume we can all get to crickhowell, which we cant. Only have one vehicle and therefore wood have to catch a bus. Gilwern has a large elderly population, Belmont surgery helps them with the stress of travelling when they can just visit locally. It will also increase vehicle journeys. Your lack of appointments in both practices is shameful, even more shameful you are trying to close a good local surgery. Please increase the number if appointments you have there also, such a waste
A lot of pressure on working people to transfer family around, can't get to see Dr's for weeks on end in crickhowell now
Gilwern is obviously more accessible as I can walk however as I drive its not a big issue if crickhowell surgery was to close
This will impact a lot of elderly clients, the surgery has become less assessable in the last few years even for percriptions, people who work can not pick up percriptions without taking time off work as the surgery pharmacy now closes at 5pm and the surgery is not open at lunch time either.

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<p>Gilwern, similar to Crickhowell, has an ageing population who will not have access to a GP surgery within walking distance. This will negatively impact the frail, elderly and vulnerable in the village. Could PTHB work across borders with Aneurin Bevan (as Gilwern is in Monmouthshire) to see if the location can be transferred to another GP practice in Abergavenny or Brynmawr? As a younger family we often travel to Crickhowell for most appts or welcome digital appts and this isn't currently difficult but there needs to be consideration for those who cannot access travel. Plus many families have close ties to Powys who live on Gilwern but due to affordability of housing in Crickhowell have had to move over the border.</p>
<p>With all the expansion in housing in Gilwern there should be provision of a surgery especially for the elderly .The better alternative if this surgery closes is Abergavenny as there is a bus service.</p>
<p>I am a mobile hairdresser. I have many clients who dont drive and have great difficulty trying to get to Crickhowell. Gilwern has had a vast amount of new housing in recent years which has increased the population. Gilwern used to have 2 seperate sugeries belonging to different practices before all these houses were built. There is no bus service to Crickhowell and no taxi in the area. You have to book one from Abergavenny to come to Gilwern and then go on to Crickhowell at the cost of over £20. I have had to go to Crickhowell rather than Gilwern as they have not been opening the Drs in Gilwern very much. With an ever increasing population in Gilwern I think its ridiculous to be closing our surgery. The environmental impact is also something to consider as the extra car journeys....even worse taxi journeys as over double the distance will increase pollution.</p>
<p>It will be very difficult for elderly and people with young children if they don't have access to a car. Public transport very poor between these two places and the 9am bus will get to Crickhowell at 10.16am - 1 hour 16 minutes!</p>
<p>I think it's going to be incredibly difficult for elderly people to g et back and forth to the drs if it's only in Crickhowell , the buses are not regular enough to use to be at appointments whereas if it is in the village then more people could possibly walk .</p>
<p>Lots of elderly people in Gilwern rely on the service in Gilwern</p>
<p>Completely agree with the closure, the surgery in Gilwern is very outdated. There is clearly not enough staff to run it. I think patients will have a much better service it you are running from one place. Every patient managed to get to crickhowell while it was closed during covid so what's so different now. You have to travel outside of gilwern to get your shopping anyway so if they can do that then they can get to crickhowell.</p>
<p>I'm all for putting the service into one place. I'm happy with the surgery in crickhowell and think we would all be much better off.</p>
<p>Gilwern is the largest village in Monmouthshire with an elderly population and needs a surgery.</p>
<p>It will make a huge difference to the local people. Especially myself. I can't drive you have great difficulty getting a taxi. I have had two appointments in one day because of the lack of appointments at the same time. It's so difficult to get there once a day let alone twice. But the answer is take it or leave it. I am not surprised so many partners are retiring or leaving. The surgery is nothing like it used to be. You may even get an appointment if you can get past the receptionist. Most are brilliant and helpful but one or two of them think they are the Dr. Doesn't help when you are really unwell. We have no appointments today you will have to ring back in the morning. Okay I could be dead by then. Phone an ambulance. Good luck with that one. If they have to close Gilwern I suggest you employ more Doctor's. It's not as if you can't afford it. I am very proud of our NHS service and we are very lucky</p>

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<p>where we live. But you are there supposedly to help us. Thank you.</p> <p>.</p>
<p>This will disadvantage or make it impossible for..</p> <ul style="list-style-type: none">- People without a car because public transport does not exist directly between Gilwern and Crickhowell.- Children where family has one car used by the main income earner and therefore transport by car is not frequently available.- Sick children, disabled and elderly need especially to have access to a local service. Crickhowell can't be considered local due to the lack of direct public transport. <p>-If the Gilwern surgery is closed free transport should be provided for those who need it to remove the disadvantage. This could be via local taxi and the facility should be publicly advertised to patients.</p>
<p>The consultation says 4 of the GPP partners are retiring and that's the prompt for this review, how many partners will be left and how will the 50% reduction in GP capacity in this practice continue to manage demand?</p> <p>My concern is more to understand the viability of what will remain as this GPP.</p> <p>Also, whilst it doesn't impact on me directly, there are no easy public transport links for people to get from Gilwern to Crickhowell and that needs to be a big consideration given the age of the population you are dealing with.</p>
<p>I would love to use Gilwern surgery but am never offered an appointment there.</p>
<p>The practice in Gilwern has not been used to its full potential since COVID. Having to travel to Crickhowell isn't easy for some people. There are many people in the village who don't drive and would have to pay for taxis or rely on public transport for a Dr's appointment. It is hard enough to access health care at present without removing a service entirely. It would be far more useful to the community to re open the surgery properly. Parking at Crickhowell is not easy, especially when you have young children to take with you but there are no suitable spaces to be able to get them out the car. Having a GP surgery is a necessity, not an optional extra and this feels like a terrible loss for the community if this were to be removed. Not to mention the strain that would put on the Crickhowell branch with its already tiny car park and stretched services. Perhaps consider re opening Gilwern to its full potential. Nevill Hall service have been removed with locals now having to travel miles further to access treatment. Out of hours appointments are being held in Brecon hospital which is impossible for some people to get to. Especially when it's for an unwell child at 3am in very bad weather. Please reconsider utilising this service to its full potential instead of taking yet another service away.</p>
<p>This survey is inaccurate as one of the questions asks how often I've been to the Belmont Surgery in the last year. It has not reopened since closing at the start of the pandemic so your survey results will not accurately reflect the situation. Gilwern is growing faster than Crickhowell and already has a larger population than Crickhowell so it's ludicrous that Crickhowell should keep its surgery while Gilwern doesn't.</p>
<p>I don't feel there will be any impact to me personally in the closure of the Gilwern branch, I have lived in Gilwern and been registered with the practice for 13 months and in that time I have only been offered an appointment in Gilwern once, any other time I have requested any type of appointment I have automatically been asked to attend the crickhowell branch. This is no problem for me so it seems silly to keep Gilwern open when it appears to be barely used anyway.</p>

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Think about elderly and low income families please
I've always been seen at the Gilwern surgery prior to covid, on the odd occasion I may have been seen at Crickhowell if appointment times were more suitable. Since covid any appointments for myself or my children have been via telephone or at Crickhowell. It is further for us to travel and quite often it's difficult to get parking in the surgery as the car park is small. This may become worse if Crickhowell becomes the only option. Also, some Gilwern residents may find getting to Crickhowell more tricky if they don't drive.
When the time comes to give up the car then I would have no means to get to Crickhowell other than taxi or help from family who live in Abergavenny so it would be very inconvenient. This would be the same for many elderly people (of which there are a lot in Gilwern) and also young people with small children. There is no direct bus service between Gilwern and Crickhowell without going to Abergavenny first. This situation would result in me not attending the surgery at all and having to do all consultations over the phone. I would probably have to move house.
It will definitely have an impact on the community. Gilwern needs a GP practice to facilitate the needs of our village. Given the number of residents who live here also. Maybe someone should sit and think how it could be used to its full potential.
Of course it will have an impact. Given Gilwern has an aging population they need services within easy reach. And not just the older generation but younger people and children.
I am fortunate that I'm healthy, so have not needed to visit a doctor for some time. But having a doctor in Gilwern I think is vital for the village. My elderly patients use the doctors in Gilwern, and if I did need one would hope the Gilwern surgery is available.
There is no bus service from Gilwern to Crickhowell, so for any non drivers it is not viable to get to Crickhowell. My dad is going to stop driving in the next year or so, so when this happens if he needs a doctor he'll have no means to get there.
Please don't close Gilwern surgery, it's much needed in the village
I believe that closing the surgery in Gilwern will have an impact on the elderly attending appointments, who haven't got access to a car. there is no direct bus into Crickhowell from Gilwern, meaning patients will have to catch a bus into Abergavenny, then Abergavenny into Crickhowell. these buses are not run on a regular basis. I understand that shortage with Drs, maybe do certain days that Gilwern can be open. we are a family of 6, only two of us have access to a car, meaning the other 4 have no way of attending appointments if in Crickhowell. many thanks
Utterly crazy I have to get in my car having argued to get an appointment at Crickhowell when my local surgery is a 5 min walk up the road. Complete ridiculous bizarre way of managing a practice
Closing Gilwern surgery will have a negative impact on the village, particularly for those without their own transport e.g. the elderly and disabled.
Please don't shut we need these surgeries to stay open it's easier for all the people in Gilwern and it will put extra strain on Crickhowell surgery
difficult for those with transport/ mobility issues. could nurses and hca's remain at Gilwern for non urgent screening type work. an excellent community facility
.I do have concerns now that my husband and I are in our 70's, the time may come when we may need to visit a Dr more, If we were not able to drive, getting to

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Crickhowell could be very difficult for us .As we have always had a surgery in Gilwern since the 1960's I think we and most people would miss it greatly
There are a number of older residents in the village who may need to arrange travel to Crickhowell for their appointments. We've had positive experiences in both surgeries and while it would be a shame for the village to lose the surgery, understand the current pressures relating to GP retainment and practice ownership.
I worry that the elderly and car less will not be able to access the surgery. My husband and I at the moment are able to attend, we may not in the future.
I think getting rid of Gilwern surgery is a bad idea, as there is a lot of people who don't drive in Gilwern myself being one and who don't have anyone who could take them over crickhowell surgery, I use to go to Gilwern surgery for doctor appointments nurse appointments, get my children weighed with the health visitor etc without no problem at all as it's walking distance from my house seeing it go would be devastating
I am concerned about how Gilwern residents can access Crickhowell health centre. Many Gilwern residents are elderly with mobility issues, with no family or access to private transport To get a bus into Crickhowell you have to get a bus into Abergavenny and another one to Crickhowell which are far and few between and with the difficulty with getting a face to face appointment, the chances of getting a bus to coincide with an appointment will be virtually impossible
I am lucky and have no health issues which would require visits to the surgery but I know lots of people who would be greatly affected by the closure of Gilwern surgery I am a volunteer driver and know only too well how difficult it is to get to Crickhowell by public transport
I believe this closure would have a major impact on the elderly community who may only be able to drive short distances or were unable to drive to Crickhowell. It would also impact members of the community who couldn't access a car. Walking to crickhowell wouldn't be an option for the majority. Busses don't stop near the health centre & would involve walking a steep hill
As long as I can still collect my prescriptions in Gilwern pharmacy the closure of the surgery would have little impact other than increased time and travel costs.
I find it much easier to get to Belmont branch and my family in Gilwern can then walk to the surgery when needed. If I am visiting Belmont branch I will park outside my family's house and walk to the branch. My mother in law and sister in law do not drive and the closure of this branch would have a huge impact on them
I am concerned for the people who do not have access to free transport to travelling to Crickhowell surgery. I have at least 2 neighbours who would need a taxi if a friend was not available to transport them. If the local surgery was closed ,I feel visiting nurses would be needed for them or the patient will ignore symptoms that lead to more medical problems .
I am ok using a car at the moment but at 73 years old I would prefer to have a surgery in Gilwern to rely on. We have lost our local A and E at Neville Hall Hospital and now we may loose our local GP surgery. With the increase in housing in Gilwern over the last 5 years we need our own practice, the only reason I haven't used it is because it closed during covid and not reopened. There must be a lot of immobile people in need of a local surgery, I feel strongly about losing another service.
If I cannot drive there is no way to get to Crickhowell. At the moment I can drive but as I'm elderly there will be a time when I cannot drive.

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Gilwern is a large village with many elderly people without the ability to drive to Crickhowell - affects on pollution of many more people having to drive to appointments instead of walking
It will be difficulty for a lot of people who have no car and no one to take them it is difficult to get a bus and a taxi is to expensive there are a lot of older people in Gilwern we need the surgery to be open all the week and people are worried to call to make an appointment because they know they can't get to Crickhowll all we are hoping it will stay open and put peoples mind at rest
As above anyone without transport would spend a day getting to Crickhowell and back. There has been a problem since the health board stopped being Gwent, as we are directed to Brecon hospital rather than the nearer ones. I have tried to transfer but was told they wouldn't do home visits, when the surgery hours were cut in Gilwern. I have not needed medical attention until recently and hopefully not again. I am in my eighties and will not be able to drive for ever. Please get me a transfer to a surgery in Abergavenny.
Many aged patients and patients with children may be unable to drive, Closure of the Belmont Surgery would lead to more telephone appointments, which I find unacceptable. Face to face consultation is essential in diagnosing conditions, in my opinion
Good idea to concentrate resources.
I have always used aND PREFERRED THE gILWERN pRACTICE, BUT HAVE BEEN FORCED INTO USING cRICKHOWELL DURING cOVID qUESTIONS 7 AND 11 ARE STATISTICALLY BIASED AS THE BELMONT SURGERY HAS BEEN CLOSED MORE DURING COVID. COST OF LIVING INCREASES WILL IMPACT HOW OFTEN WE CAN AFFORD TO USE THE CAR. MANY PEOPLE IN GILWERN DO NOT DRIVE AND ARE NOT HAPPY ABOUT TELEPHONE CONSULTATIONS HOW DOES US LIVING IN MONMOUTHSHIRE IMPACT ON OUR ATTENDANCE AT A POWYS PRACTICE
The War memorial health centre is full. Insufficient parking for patients. Plus the Gilwern branch is vital for the elderly and locals who rely on it.
My husband and I are both 76 and so the proposal to close the Belmont surgery will be a major problem to us once we are no longer able to drive.
Several friends who are unable to drive would struggle to get to Crickhowell.
I would have to use a car to get to the Gilwern (which is closer) so I am lucky it makes little difference to me (I had forgotten there was a branch in Gilwern!). I have elderly friends in Gilwern who are likely to be concerned by this and I feel the impact will be disproportionately felt by people/families without access to a car. However I have looked at the FAQs & I work in healthcare research (I know how difficult the current landscape is) & I would agree that you don't seem to have any options.
I believe there is no direct bus to Crickhowell from Gilwern and while this doesn't affect myself non drivers will probably have a different opinion
Closure does not impact me, but assume it is harder for elderly with limited transport means
Elderly patients may have difficulty getting to Crickhowell due to lack of public services, no-one to take them, cost of other types of transport. Not good for carbon footprint. Both my husband and I have developed health problems that will inevitably increase the number of times we shall require to access the services of the practice and as we age and possibly lose the ability to drive will be affected by the above comments regarding transport.

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<p>The Belmont surgery has always been a valuable asset to Gilwern. To have easy access to medical care is important particularly for older patients. In the past I had weekly appointments for anticoagulant tests for over a year.</p> <p>When new housing was proposed in Gilwern there were concerns about pressure on the surgery and school because of the population increase.</p> <p>It is currently more difficult to have appointments in Gilwern so it may look underused but if only Crickhowell is available there is no choice.</p> <p>For those with cars, Crickhowell is possible but the parking there is a real problem. This would need to be addressed if the inevitable happens and Gilwern is closed leading to more pressure on Crickhowell.</p>
<p>The impact on people who have no means of personal transport would be enormous. The only way to get from Govilon or Gilwern to Crickhowell is by taking 2 buses which run infrequently.</p>
<p>Closure of this surgery will impact the people of Gilwern/Govilon who are not mobile. My husband recently rang Crickhowell surgery for an appointment and the closest appointment that was available was two weeks away. Hence, he didn't bother!</p>
<p>They don't seem to staff the Gilwern practice anyway so it seems that they have been planning this for some time.</p>
<p>It has been impossible to attend any appointments in Gilwern since March 2020. Having been pregnant in 2022, it has been difficult having no midwife appointments and health visitor session in the village. I had to attend Neville hall for any midwife appointments which was often quite inconvenient. Feel we need to keep the surgery especially for those without a vehicle as public transport isn't greatly available.</p>
<p>Belmont Surgery is local to me and can be accessed easily. Prior to Covid Belmont Surgery was almost always available when I needed an appointment. Having to travel to Crickhowell is a huge inconvenience to myself, my wife and others in the Govilon/Gilwern area.</p>
<p>The reason I have attended at Crickhowell in the last twelve months is due to the fact that whenever I asked for an appointment at Belmont Surgery I was informed that no appointments were being taken for Belmont. This suggests to me that management were deliberately making Belmont Surgery unavailable.</p>
<p>There is no feasible public transport option. Patients in the village of Gilwern with no access to a car are unable to travel to Crickhowell easily. It would involve going into Abergavenny and then getting the Brecon bus which runs very infrequently.</p>
<p>Having a telephone consultation is no substitute for a face to face one.</p>
<p>I don't have a difficulty because my wife drives - but if she were to be incapacitated I would have to go by taxi.</p>
<p>The Gilwern branch is easier to reach for local people in Govilon and Gilwern it should stay open it had more there before Covid as I used it for most my appointments</p>
<p>We don't drive and there are no direct bus services to Crickhowell from Gilwern.</p>
<p>Gilwern is easier when working as I can have an appointment and do it within my lunch hour</p>
<p>No Problem we're okay with your decision</p>
<p>Belmont Surgery when in full operation was always busy, before Covid. Going back some years there were two Dr Surgeries in Gilwern alone. At that time there were only four doctors in the whole practice, covering Gilwern and Crickhowell. We now have eight Dr's in Crickhowell. It would cause great problems getting to Crickhowell if one is not well. If the surgery closes this will put extra pressure on the Dr's and we would have the same scenario as the hospitals with greater waiting times to see a doctor. We are now having to allow 5 days for a repeat prescription, something</p>

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which never was the case , The surgeries in Abergavenny don't have a 5 day wait time .Given the fact the population in Gilwern has risen considerably over the last few years ,and it seem we are expected to manage with less services
Will have an impact on the community, the elderly and disabled , and those with young children . Mainly problem being access and transport difficulties to Crickhowell. Whatever decision is made I think many Patients will seek to move to another Surgery, I will be one of those people
Gilwern is a large village, and, as such, merits its own health centre. Whenever I attend the Belmont surgery, it is always well attended.
The only reason Belmont has been accessed less is that it closed over covid and the Dr's have not opened it to its full capacity, they push for appointments to be made in the War Memorial. It is very challenging for non drivers to get to the war Memorial due to limited transport options ...no direct bus and taxis are expensive. Walking from Gilwern is not practical. This is a worrying proposal, large villages like Gilwern / Govilon / Clydach and surrounding rural areas, who have a high population of ageing adults need accessible GP services. Very disappointing this proposal has been made although it was obviously going to happen from the way they have been working. This will put more pressure on the Grange, NHH and ambulance service as patients find it easier to access these services. Dreadful if this is allowed to happen not so much for me but for the community as a whole and the vulnerable service users in the locality.
My point in Q14 is also relevant in this section. The groups I am talking about would be older people with mobility and transport problems, young parents with children with limited access to transport and members of the general public who have no transport. I'm sure you will already have been told many times that there is no direct bus link with Crickhowell. It would be interesting to see in the proposals if you intend mitigating this problem by persuading local companies to change routes. I don't think this would find favour with them which leaves us with the transport problem. It has been evident in the way the service has been provided over the last year that it has long been the intention to close the Gilwern Surgery. The services that could have been made available at both sites seem to have been focused in Crickhowell which will reflect in the numbers using Belmont. There is also the environmental impact of the growing population of Gilwern travelling to Crickhowell, predominantly by car and bus.
I think all the people I know at Llanelly Hill would most certainly wish to remain with the Crickhowell War Memorial Practice and would be content to travel there by car for the excellent treatment we receive. People without their own transport, however, would find it quite difficult to get to Crickhowell using public transport but this is also the case getting almost anywhere from Llanelly Hill.
This proposal would have an impact on those who have transport issues .
I have only lived in Gilwern for 2 years so have no pre-covid experience of either practice. When making appointments I have never been offered an appointment to see a GP at Belmont surgery. I have only been there for blood tests.
There is no bus service to Crickhowell from Gilwern so people without a car would find it difficult to get to the Crickhowell surgery.
The closure of the Gilwern practice would adversely impact those patients without private transport. The journey from Gilwern to Crickhowell is not well serviced by public transport and would be quite difficult for an elderly, less mobile or ill person

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to undertake. The carpark at Crickhowell is often full and not fit for purpose for access by the above mentioned groups. The Belmont practice allows for treatment within the community of Gilwern. It could be argued (I do not have statistics) that trying to fit the patients of 2 practices into 1 building will only increase waiting times for appointments and, in the long term, damage the health of patients.
We had two doctors surgeries here in Gilwern at one time. Now despite Gilwern having new housing estates added. It is said Gilwern surgery is not sustainable this I question. I realise there are shortages of Doctors however once the remainder of doctors retire we are still left with 4. Gilwern could be Nurse led as it was during Covid but as I said I wasn't aware.
It will affect the people who can't get lift to surgery in Crickhowell
We are not on a bus route to Crickhowell and it is too far to walk easily. At least we can walk to the Belmont surgery.
i hope you can keep the gilwern surgery open
Don't close it
Available and accessible appointments for elderly patients, those without family help and younger people with children. Also those unable to drive for whatever reason ,those who cannot afford a taxi would make accessing care almost impossible
Keep the surgery inGoleern.
I would like to transfer to a doctor in the Aneurin Bevan area. When I first registered at the Belmont surgery I did not realise it was part of Powys practice. I had to travel hundreds of miles for the various COVID shots, despite there being a mass vaccination center in Abergavenny. I had to drive to buith wells - utter madness!
I would like to use Gilwern surgery more but most appointments are offered at Crickhowell!!!!
I've not long moved to Gilwern and due to this only recently moved surgeries. For me I feel that a doctors surgical is an integral part of a village, for myself who doesn't have access to a car throughout the day it would cause huge difficulty in being able to attend Crickhowell as I would imagine it would be for many elderly people which Gilwern has a large population of.
A fairly large elderly population no longer driving would face added costs of taxi etc to attend Crickhowell.
I feel that the closure of the Gilwern Surgery would impact the residents of Gilwern severely, many have no access to transport, find it difficult to afford a taxi and do not have anyone to take them to Crickhowell Surgery. Parents with small children, with no access to a car would be unable to see a doctor for help when required. There is no bus service to Crickhowell from Gilwern.
Gilwern has a larger population than Crickhowell, also elderly people who can walk to local surgery
Would use Gilwern surgery but when I have booked appointments it has not been open. At the present time I am fortunate to be able to drive to Crickhowell but if I needed to go by bus I would have to travel to Abergavenny first and then catch a bus to Crickhowell. This would be very inconvenient especially for those with mobility issues and would take a couple of hours journey. Also buses are very unreliable they do not always turn up on time. This could result in missing an appointment.
It would not affect myself but it would affect the elderly people who live in Gilwern village
While my wife and I currently own a car and are able to book Appts and travel to Crickhowell as required, we know others in the village are not so fortunate and we may find ourselves in the same situation in years to come. However we have had a

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good service from the Crickhowell branch and this is preferable to an under resourced, rarely open surgery on our doorstep.
Closing Belmont would
1. Cause increased costs for those without transport (needing to use bus/taxi service)
2. Cause difficulty for elderly patients who are currently able to walk to the local surgery.
3. Belmont serves the local community of Gilwern and the county of Monmouthshire which falls under ABUHB.
4. Would hospital referrals/out patients appointments go to Powys Heath board Hospitals? If so, this would result in extra travel costs and time.
5. Potential job loss for surgery staff.
6. Loss of service in a small village community.
This will impact on older people who have no transport.
Going to Gilwern Belmont surgery is so much easier as it is only 10 minutes down the road and when you are unwell or a member of the family, you don't want to have the extra hassle and stress of going further. Also both roads to Crickhowell flood so sometimes there would be no access to get to the surgery. What about people who don't drive there is no public transport to get them over to the practice. Also the Gilwern community has grown a lot so there is a greater number of people who will need to use the Crickhowell practice and that is without the add number of people in the community of Crickhowell. I have found it hard already trying to get an appointment as they close Gilwern on certain days. Sometimes it is hard to get appointments in Crickhowell unless it is for your children. Gilwern surgery would work much better if it was open 5 days a week with two doctors and a nurse there all the time which would reduce the number of patients waiting to get an appointment in both surgeries. I understand that due to lack of staff this would be hard to achieve. But opening everyday would be wonderful for us in Gilwern without the add stress of getting over to Crickhowell and also battling with the small car park as well.
Since covid Belmont surgery is rarely open, travelling to Crickhowell is difficult for patients without a car as public transport is limited. There used to be 2 surgeries in Gilwern and with the increased population and development in the village there is inadequate provision for medical services locally.
War memorial surgery is not practical if one cannot use your own car or one can not afford taxis. There is no public transport from Gilwern to Crickhowell
I have young children and it's essential to have a surgery close to home
As long as I remain a patient at crickhowell Health centre
As long as I remine a patient at crickhowell health centre
Gilwern at one time had 2 doctors surgeries. Went down to 1. With covid Gilwern was closed temporarily and appointments were mainly carried out by telephone. Restrictions have eased but getting an appointment is still really hard. Not everyone can drive to get to Crickhowell. There isn't a reliable bus service and if a bus did turn up it would mean going to Abergavenny and changing to come to Crickhowell. When unwell getting on a bus is not always practical especially for the elderly and those with disabilities.

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As able to walk to Belmont surgery in Gilwern it is easier to go there but can attend Crickhowell practice relatively easily
The Belmont Surgery has always felt like an outpost and the last time I asked they could not access the computer records at the War Memorial. Further, as an outpost, in the past I've had problems with a receptionist who thought they were in control and I had to report matters to a doctor at the War Memorial to over rule the receptionist. For that reason alone, given the choice, I never use Belmont.
Unfair question about how many times I have been to Belmont surgery, its rarely open and only get offered crickhowell surgery which is so sad as the surgery is so underutilised through no fault of the patients! Receptionists don't offer appointments in gilwern so stats are likely to show it's not used often, it isnt because its rarely open or we arent offered appointments. To get to crickhowell I have to catch 4 buses. You build new houses in gilwern but dont put in healthcare provision to support us in monmouthshire, which is a poor show. Post covid gp provision is so so poor, this is clearly going to worsen by closing our local surgery.
Additional travel and time to attend appointments. Not all residents have transport and would mean public transport to Abergavenny and then to Crickhowell. Have been unable to attend Belmont Surgery due to being closed since covid. Only options given is to attend Crickhowell. Currently any repeat prescriptions can take a week to be completed.
Gilwern has grown in population over the last few years so to close the Belmont Surgery is very much a backward step. Closure is bound to have a detrimental effect on many in the village, particularly the elderly, those without transport of their own, young mums with children etc. Why create more car journeys than are necessary by forcing patients to travel to Crickhowell anyway? The limited opening hours at Belmont causes problems for some but to close altogether could cause hardship to many. Please reconsider.
It's the most disappointing sinario one could think of Today 11th Jan appointment I saw 7 patients waiting and two leaving. What does this say? Elderly patients have a problem to visit Crickhowell, cost taken into consideration also. Are there no possibilities to use the surgery with say, nurse's for emergency reasons. Thoughts on letting other medical ie, chiropractor chiropodist to retain some form of practice, help solve costs if this is for seeable.
Obviously travelling further to Crickhowell will be come increasingly difficult with age, and will certainly affect the older population. It is also contrary to promoting reduced use of vehicles and green issue's.
As a past County Councillor the closure of Gilwern will have a terrible impact on those vulnerable residents who do not own a car as public transport i. This area is so infrequent
War Memorial Health Centre has limited parking. Often parking in the health centre car park is very difficult and creates stress. Since I am mobile, I park in the lay by on the A40 and cross the road. During the summer this lay by can be full as Crickhowell has insufficient parking for the visitors which it attracts. The opening times of Belmont Surgery mean that I often have to use War Memorial.
Both myself and my wife who usually attend Crickhowell Surgery do not currently have a problem getting to Crickhowell by car, but as we get older we may not be able to use a car. Without this it would be difficult to attend Crickhowell as would have to rely on public transport via bus which would be a difficult process as would have to coordinate bus from Gilwern to Abergavenny, then Abergavenny to Crickhowell, then back again if the buses were available. Otherwise taxi's which could be expensive. This would be the issue with some of the older patients using Gilwern currently. One solution might be using some of the savings on closure of

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Gilwern to fund a patient transport service for those requiring transport to Crickhowell?
Gilwern is more convenient, but not essential while i can drive
The closure of the Gilwern surgery will impact the elderly and handicapped who cannot easily attend Crickhowell.
We joined to go to the Gilwern Branch Surgery because it was convenient as we could walk, cycle or get the bus. Crickhowell not practical to get to. If it closes we will have to go into Abergavenny by bus and its too far to walk. Removing the branch surgery is removing another important part of the local community.
I prefer to go to Crickhowell
I prefer to go to the surgery in Crickhowell
No access to a car so getting to crickhowell is difficult. Always had a doctor's in gilwern, lots of elderly would have difficulty getting to crickhowell.
This is a 12+ miles trip for me and at this time of writing the roads are closed, so would be unable to attend, whereas I would be able to attend Gilwern.
One of the reasons we moved to Gilwern 5 years ago was because it had a GP Surgery in the village, which we could walk too whereby we have to take the car to Crickowell - the latter resulting in impact on our carbon footprint. We also have to juggle things as a family as we only have 1 car to get to Crickowell. We are aware of a large number of older generation in Gilwern who struggle to get to Crickowell and some single Mums with your children.
One of the reasons we moved to Gilwern 5 years ago was because it had a GP Surgery in the village, which we could walk too whereby we have to take the car to Crickowell - the latter resulting in impact on our carbon footprint. We also have to juggle things as a family as we only have 1 car to get to Crickowell. We are aware of a large number of older generation in Gilwern who struggle to get to Crickowell and some single Mums with your children.
The doctor/nurse would have to do a home visit.
Without a car would have to get bus into Abergavenny, change and another bus to Crickhowell and return.. Buse services very limited.
This is a pointless exercise. Getting an appointment to see any healthcare professional is a joke. All surgeries might as well be closed. The NHS is a failed organisation.
When I moved here just over 2 years ago, one of the things I took into account was the ease of access to a doctor's surgery. This was ideal for me personally, as it is just a road away. I am getting older and am concerned that if I don't have a car in the future, getting to Crickhowell may be too difficult. Being autistic, I avoid going to the doctors anyway but this might just put me off from going at all in the future when I am most likely to need help. The surgery is ideal for residents of Gilwern especially the older community and those without transport. I can understand that the cost of keeping the surgery going may be expensive in these times but it is yet another erosion of local services that is so sad and isolating to the community. The surgery is well run and very friendly. Since COVID it has been more difficult to get appointments there (it's almost as if you are encouraged not to use Belmont surgery) and so I have used the War Memorial Medical Centre in Crickhowell despite wanting to be treated in Gilwern. I wonder how older/disabled/people on a low income will manage to get to Crickhowell which is not an easy distance without a car - particularly when you're not well. Perhaps some transport to the surgery could be offered? Or home visits but that would take time and less patients could be seen. Running a rural transport cab could help as there is no direct bus - you have to go away from Crickhowell to Abergavenny to come back again on the A40. As I don't use the bus service, I am

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not sure if you have to change bus. If that is the case, someone not well could find this difficult if they are in pain and if they are infectious, pass their illness onto other passengers which would pressure the local services further.
Many people that live in Gilwern are able to walk to the Belmont Surgery, closing this branch surgery has an environmental impact as every patient would need to travel by car to Crickhowell (a journey that can not be made by public transport)
Gilwern is expanding, services are the same level or less than they were 10 yrs ago. Am concerned that elderly Gilwern residents wont be able to get to Crickhowell as they are unfit to drive/walk/cycle and there is no regular or convenient bus route. Taxis would be too expensive
At this moment in time, myself and my wife could get to Crickhowell by car, but without that option we would need to catch 2 buses to complete the journey.
In my opinion this will have a negative impact on some residents of Gilwern i. e. those without or unable to use their own transport especially with an aging population
It is difficult for people in Gilwern to access Crickhowell Surgery by any other means than car. There is no direct public transport. This immediately disadvantages elderly and disabled people, as well as people who don't have access to a car.
?chemistsurvivinginilwern
To enable me to get to Crickhowell , means catching two buses, or incurring the cost of a taxi.
I'm fit and reasonably healthy. Driving to Crickhowell for my wife and I, at the moment, isn't an issue. However, as we get older, I would be concerned about our access to the medical care provided by the GPs and nurses. When driving becomes difficult or even impossible then access to the care will become problematic. Based on the downward spiral of the NHS (sorry, I firmly believe that) home visits by GPs and District nurses are probably going to be impossible to get. Public transport links between Gilwern and Crickhowell? Complicated and long. Taxis? Since Covid so difficult to get one at anything short of a weeks' notice. Lifts? We don't have a support network as we've only lived in Gilwern for 2 years. So, are we going to have to do what many people seem to be doing and be forced to call 111 and then 999? We don't want to be those people. Although, admittedly, I have sympathy for them. One of the reasons we decided to buy our retirement home in Gilwern 7 years ago was that it had a surgery in the village and that we were close to Neville Hall. The latter hasn't turned out as we'd planned. I'm sorry, but the planners who came up with the cost saving exercise of moving all critical care to The Grange clearly based their planning on what was current at the time. Based on how things are currently, it would appear that no real thought was given to future risks. (How about possible pandemics, staffing shortages, increased service demand?) Clearly flawed. Can we please not make the same mistake(s) with the removal of access to local GP and nursing services in Gilwern?
It would appear that all health facilities are being closed in the area - Nevill Hall and now the surgery - making it more difficult to access health help locally
Gilwern is much bigger now than when I moved here in 1984 (and then there were two surgeries here) and so the need for the surgery to stay is far greater especially for the older community. If the surgery closes it could be the chemist next which would also affect a lot of people who pick up monthly prescriptions.
A move to Crickhowell would obviously impact on those with restrictions in transport and time. The parking at a Crickhowell practice is also challenging, which will likely increase with more traffic.
As a Gilwern household we feel very strongly that shutting the surgery is a retrograde step. We are able to attend both surgeries but are cognisant of the fact

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<p>that getting to Crickhowell for many Gilwern residents can be very difficult. We would always use Gilwern surgery if it was possible to get appointments as this negates the use of a car!!!.</p> <p>We assume the decision to close this surgery is to cut costs - we suggest the opposite should apply and Gilwern surgery should be developed to reduce pressure on the Crickhowell surgery.</p> <p>Gilwern has a population of 2500 residents and Crickhowell (alone) has a population of 2100 residents. How does closing Gilwern make sense bearing in mind the relevant populations.</p> <p>Finally yet another example of making cutbacks instead of providing proper services which taxpayers fund. We feel making these comments is almost certainly a complete waste of time and effort. What ever happened to putting the people first?</p>
<p>Belmont branch is very convenient for us, but we are quite happy with the Crickhowell War Memorial Centre.</p>
<p>As you can see I do not go to the doctor regularly. Since covid I have not a a choice of going to the Belmont surgery as it's always shut. There are great difficulties in obtaining an appointment in the War Memorial crickhowell as it is. I think closing Gilwern indefinitely would have a great impact to the services that you can just about have at this time in crickhowell. Surely to ease the load at crickhowell it would be better to have the surgery in gilwern running at a far better service than what it is at present.</p>
<p>I have access to my car at the moment, but due to my age this won't necessarily be the case in the future. There are many others eg older people, young mothers who cannot access public transport and can't afford the taxi fare to the surgery in Crickhowell when they can't access a car or don't drive.</p>
<p>It would be very difficult for a lot of patients</p>
<p>See answer to previous question this must apply to many others living in Clydach. When Belmont surgery was taken over by the Crickhowell practice we were assured that it would always remain open to serve the community of Gilwern, Clydach and Llanelly Hill. Losing it would be detrimental to the health and welfare of that community in many ways.</p>
<p>The proposed closure would greatly impact the residents of Gilwern and surrounding area. It is an established retirement area for many and as such means many of the local residents are elderly and infirm. There are also younger families moving in with babies/children who need help in accessing services - the more local the better.</p>
<p>Gilwern is a large village of near equal size to Crickhowell so what is logic of closure? Surely, the population density demands a localised service. If person cannot attend Crickhowell home visits will increase putting more demands on the practice. Can the practice accomodate this especially with an ageing population? What about services for young families and adolescents having to negotiate travel arrangements to Crickhowell when Gilwern is more accessible and convenient.</p>
<p>Although I am currently able to drive, I am getting older and at some point may have to stop.</p> <p>Without transport access to the surgery would be difficult as there is no direct bus service to the Crickhowell area.</p>
<p>I am fairly healthy for my age at present but I see quite a number of less able people in the area and wonder how the surgery closure would impact on them or myself should my health deteriorate. I have lived in Gilwern for nearly 6 years but still would prefer to go Crickhowell War Memorial Health Centre. I find the access to the Gilwern surgery via car a little challenging!</p>
<p>Why should I be required to attend Crickhowell health centre when we have a perfectly good local health centre in Gilwern</p>

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Gilwern is more populated than Crickhowell and with the Ageing aspect the travel to Crickhowell will be further aggravated by no access to buses
I am not the only person in Gilwern who lives alone and cannot drive
I do not use Gilwern surgery and also drive so this has no impact on myself or my family , but I do have concerns for the residents of Gilwern who do not drive or has no access to transport , the bus service is awful from Gilwern to Crickhowell and taxis are extortionate prices , the residents of Gilwern need this practice and the closure will simply mean Crickhowell practice has more patients added to an already stretched service
Belmont Branch Practice is very rarely open (closed completely during pandemic) and you cannot even collect a prescription from there - you must collect from Crickhowell, which is miles away. All appointments are via phone call which are always diverted to Crickhowell practice. If you need to see someone then you always have to travel to Crickhowell. You cannot ever see anyone in Belmont. Personally, walking or cycling is impossible due to gradient of roads and there is no bus service to either practice. if I didn't use my car I would have to call a taxi. There have been occasions when Crickhowell has been cut off by flooding at bridge and at Glangrynywy leaving Gilwern residents with no access. Perhaps one of the Abergavenny practices would take over but would need adequate funding to use branch to its full potential
I understand that generally NHS staffing is problematic, but the number of residents in Gilwern is increasing and these residents need local service provision, especially if elderly. Belmont is physically a small practice but would be ideal for nurse/district nurse/pharmacist led services, independent prescribers, phlebotomy and to collect repeat prescriptions. Services pre-pandemic were basic but at least there was a service to locality.
Generally I find the management at Crickhowell stubborn and difficult. To their credit, I find all their clinicians excellent and their appointment system via phone does work really well. I have no problem with telephone consultations I think it was the push they needed to make.
As a Gilwern business owner, I know how many of my clients find it extremely difficult to get to Crickhowell. I think that it would be detrimental to the Gilwern villagers and Clydach/Llanelly Hill locals if there was no surgery in Gilwern.
This is ridiculous, what if I haven't got access to a car and how is my very elderly mother supposed to get her health needs seen to. There is no regular bus service from our village to Crickhowell.
This will have a very negative impact on the community of Gilwern, many of whom rely on this practice for its ease of access. Gilwern has an older population and being able to access the doctors easily is essential.
The Gilwern surgery is half a mile from my home. I have a choice to walk if I so wish. The Crickhowell surgery is about 3-4 miles from my home and I have to have transport to attend. I have found that I can often get an earlier appointment at Gilwern surgery. I just feel it will be a pity for the village to lose the surgery. My repeat prescriptions are dispensed at the pharmacy in Gilwern. If the surgery closed in the village will it have an impact on this arrangement?
At the moment I have no difficulty getting to the War Memorial surgery but should I give up driving then it would be a problem as it is 4 miles away. It will be hard for people with no transport as it is not on a direct bus route
Many residents in the village cannot drive and have relied on Gilwern having a doctors surgery which they have easy access too. My husband and myself live within a two minute walk to the surgery but every time we want an appointment we are

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sent to a Crickhowell.
Further limitation of services. Already struggle to get appointments
The length of time it would take to get to Crickhowell due to the bus services available to travel to Crickhowell surgery. Also the environmental issues of car travel.
The closure of Belmont Surgery will have a massive impact particularly on the local elderly community. But, once again the outlying villages and communities would suffer even further both financially and time spent travelling. This will add to stress levels, which in turn has a detrimental effect on physical health. I imagine patients will be less likely to try and travel to Crickhowell and live with the ailment until it is critical and then have to access emergency services, call ambulances and visit Accident and Emergency departments. This is a devastating proposal for Gilwern and other local villages. I wholeheartedly oppose this.
This will make it very difficult for anyone in the local Gilwern community to get to a nurse or doctor if they cannot drive, cannot afford a bus or taxi, or cannot facilitate the time to wait at crickhowell as it is often so busy you have to wait quite a while
Going to gilwern is less stressful for myself.
I have a series of concerns relating to this change. The primary concerns are listed below: <ol style="list-style-type: none"> 1. we are currently at the extreme edge of the practice area (friends half a mile further are outside it) this area was based on the location of the Gilwern surgery. with the removal of the Gilwern surgery I am concerned that current and future residents in the area will be excluded from the Crickhowell Surgery area and be forced to travel even further to find a GP. Although the FAQs say that people currently registered will remain it does not confirm anything about new local residents or guarantee that change won't occur in the future. 2. Although I have access to a car many of my friends and neighbours do not. There is currently no direct route from Clydach (or even Gilwern) to Crickhowell by public transport, the fastest route being 45 minutes but average of an hour each way and costing £7 return. This would mean a trip to the doctors needing at least 3 hours free during the day. 3. The local area is already badly supported for public services, suffering from being caught between 3 local authorities who each pretend we don't exist. The recent covid lockdowns has already negatively impacted the availability of GP resources at Gilwern which are now down to barely acceptable levels - the loss of the surgery in total would be a significant impact on the old and infirm of the area.
Sometimes when I have to come out of work to see doctor/ nurse. Quick for me to go to gilwern than Crickhowell.
I think it's important that my family and community can access health care locally when they need it without the additional costs and risk of accessing further afield.
Also we are in different counties making updates for covid inoculation an even longer journey and having to find someone to take you. The population in Gilwern has increased substantially which also makes it vital for there to be a surgery in Gilwern. Whenever you ring and ask for an appointment for Gilwern its impossible to get one. . This practice needs to stay open perhaps other practices would be interested in taking it over .
I understand how it will be difficult for those without a car. Doesn't affect me now but could do as I get older.

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Shocking decision. Already hard to get an appointment. The health visitors for child visits also used to be in the village but now in the main centre. Clearly always been there plan to mothball the local centre. This will leave anyone without a car completely cut off. No feasible bus service, very few taxi which are extortionate and not in walking distance for many people. This should not be allowed! Also needs to have a presence in the health board area it serves.
There are many people in Gilwern who would be unable to get to Crickhowell. There is no public transport direct from Gilwern to Crickhowell
I am 81. When I cannot drive Crickhowell will be very difficult to access. It will be a huge loss to an aging community.
Transport from Gilwern to Crickhowell is difficult I am sure there are many people in the same position as myself
For anyone without their own transport the closure of Belmont Surgery would have major consequences. They would be left with little or no choice other than to face the lengthy 2 bus journey to Crickhowell or try to find a surgery that would take them, in Abergavenny or Brynmawr, both of which would involve a 4 plus mile journey on the bus. The personal cost of any associated private vehicle or bus journey must be considered as many older or disadvantaged patients would perhaps find themselves unable to cover the additional cost to travel to any surgery. Might not a solution lie in the two Area Healths paying for the cost of the running of the Belmont Building or even taking over ownership of it? Llanelly Community has a population of 4000+ and was, until a few years ago, served by 2 surgeries. To leave the community without such medical service support can not be acceptable, fair or equitable, I would contend. Without sight of the business case driving this proposal it is difficult to make further suggestions. It is also difficult to fully assess the impact on the Community and the weight of this impact in the decision making process, for the 2 Area Healths and the current service providers.
Many people in Gilwern have mobility problems and rely on the good will of friends to transport them to Crickhowell or request a taxi from Abergavenny at about £40-50 return journey. When requesting an appointment one is not offered the opportunity to visit the Belmont surgery.
Easier location in Crickhowell, more parking, reception staff more helpful, larger waiting room, pharmacy on site. Newer building.
In my opinion if the surgery closes in Gilwern its going to be very difficult for people to get to Crickhowell if they have no transport some will have to get taxi or even catch a bus and who would want to get a bus into Abergavenny from Gilwern then from Abergavenny to Crickhowell if you're feeling really poorly also the expense of having to get a taxi or bus it's bad enough having to go by car with the cost of living these days when we have a doctors surgery on our door steps also we've had to travel to brecon for our covid injection which was way out of our way and another cost that people could of done without
The change for me would be a car drive of about 5 miles compared with a 20 min cycle ride via canal towpath. The change for majority of patients would be a distance increase, and higher car usage. The change is more likely to impact (negatively) elderly patients only.
For myself, it is over half a mile to walk to Gilwern surgery and then back up the hill which is ok at the moment for me but in another few years might not be possible and I would probably have to have a taxi then. It is even more difficult for me to get to Crickhowell. There are many elderly people in Gilwern who would experience difficulties, should the Surgery close, both now and in the future. I believe that having a GP in relative close proximity is one of the reasons many

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<p>people moved to the area. Although many of the people in Gilwern have been resident here for some considerable time, the prospect of losing a GP service will cause great anxiety. I think many people, especially those who are 75+, many who are in their 80's, who may have transport already, or who could afford financially to use a taxi service, may not be able to do so for much longer and they will therefore worry about their medical care in the days ahead. It may not only be the elderly who are concerned about the possible loss of a GP but young families may also be concerned. Granted that many families have their own car, which is a help, there may be occasions when a child is sick that parents would wish to see a GP urgently and the closure of the Surgery in Gilwern would be a loss to them and an inconvenience if other children in the family need child minding whilst attention is given to the sick child.</p> <p>I believe the best way forward would be to try to advertise for a GP to cover the Belmont Surgery, it may be that a newly qualified doctor would be interested, especially with Nevill Hall Hospital nearby. It may also be possible to advertise for part-time posts for nurses to job share to assist in the practice. I think it is well worth trying before writing-off the Surgery.</p>
<p>If the plan is to close the Gilwern Surgery, my wife and I will probably join the many others that have, or are planning to, switch to a practice in Abergavenny.</p>
<p>We're paying top penny for council tax in gilwern yes we are loosing are services yet again, were also not happy about the transport from monmouthshire to powys. I think this is wrong on so many levels.</p>
<p>I joined this practice because of the easy access to the Gilwern surgery . I care for my partner who has had many appointments in recent times . He needs someone to accompany him because of memory / cognition problems. If we had had to travel to Crickhowell in the past few years the total taxi fares would be in the hundreds of pounds . In the present economic climate that is difficult . Also the local surgery gives us the dignity of independence in that we can walk (the healthy option and environmentally friendly option) . If a regular bus service were available it would make things easier but bus times do not always coincide with appointment times .</p>
<p>Absolutely disgusting that this surgery is even thinking of being closed,I am now 75 years of age and can remember a surgery always being in the village and actually ran by two Doctors who also looked after Brynmawr and Llanelli Hill . At the moment I am able to drive and get about what if in future this alters how will I get to crickhowell and at what cost and inconvenience,it will be bad enough getting to see a Doctor what about just going for a blood test just does not bare thinking about,With an area growing in population I think you should sit around the table and rethink your proposal through properly Also with regards to this questionnaire is a waste of time as Gilwern Surgery as been adoc in its opening hours owing to COVID</p>
<p>The closure would have a significant negative impact on older patients and families with young children. It would also have a negative impact on patients with mobility and disability problems.</p>
<p>finding a parking space at Crickhowell is a nightmare as you have all the staff and dental practice plus patients parking which at most times are full</p>
<p>I am 75 with a bad back and bone problems</p>
<p>It is much more convenient as I'm from gilwern</p>
<p>I need my blood checked as I'm a diabetic also I've had a stroke</p>
<p>I think certain members of gilwern community would really struggle to get to crickhowell because there is no bus route</p>
<p>How are older people who can't drive supposed to manage this? I expect you would arrange a home visit!!</p>

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My 90 year old widowed neighbour has not got IT or transport - she would find it difficult to get there - I might self don't matter as you can never get an appointment anyway
Can't see the issue with going to Crick
Gilwern is more convenient and more accessible for people living in Clydach. It is within walking distance (just) and on the bus route. Without a car getting to Crickhowell would involve getting a bus into Abergavenny and another one to Crickhowell, or using a taxi which is expensive. There are a lot of elderly people in the area and an ageing population. Buses are infrequent and take a great deal of time. The surgery in Gilwern was always busy pre Covid and was friendly, pleasant and efficient. I've missed the excellent service provided there and having the option of seeing a doctor or nurse there. Crickhowell surgery is good but more impersonal and much more difficult to get appointments in.
although I drive I think its fair to say non-drivers and particularly elderly and disabled would have difficulty getting to Crickhowell as there is no direct bus service & People would have to get a bus or taxi possibly via Abergavenny to get to the surgery which would involve a few hours out of the house as public transport is limited. How is this fair on sick people?
I am originally from Gilwern. My parents still live in Gilwern and have major health problems and visit the surgery very often. Closing it would have a severe impact on my parents but also the many elderly patients that it serves as many do not have their own transport, public transport does not exist to Crickhowell directly and for many would not be able travel to Crickhowell due to health/mobility problems and financial situation
I think this is a very concerning situation. It doesn't affect me as I can drive, but we have an ageing population in Gilwern, many of whom are not able due to a range of circumstances to drive who walk to the surgery in Gilwern. I feel this will have a negative effect on the whole village life as people will understandably move to surgeries within Monmouthshire meaning they won't be popping into the village and accessing the businesss and and the pharmacy based in Gilwern. This disadvantages the most vulnerable people in this community. We have a depleted bus service, meaning those who don't drive will have to pay taxis or take two buses, which most likely do not correspond in timings, to be able to access the necessary healthcare they so vitally need. This has caused a huge amount of stress and concern to many of the residents in Gilwern and surrounding areas.
As we are dependant on the good will of family to take us to Memorial Health Centre it would be extremely nice to have full access to health services in our village. If the Belmont Branch Surgery closes the old doctors surgery is vacant so they could just relocate back there.
If you do not drive it encounters a bus journey which during a cost of living crisis and you cannot afford the bus fare how do you get there? It is a fair walk which I would not never embark on.
Impact of closure will effect others by: people without transport (no direct public bus); increased costs to get there; difficulties for elderly to access
There is no public transport between Gilwern and Crickhowell. Public transport between Gilwern & Abergavenny is infrequent. There are a lot of elderly people in the village and mothers with small children who do not drive.
It would be a shame for the practice to close as it is local for lots of elderly people and people who do not drive as they would have great difficulty getting to crickhowell. Also will there be an increase of staff je nurses doctors and HCAs to help with the extra demand in crickhowell surgery. Lastly the gilwern surgery is an essential location for pregnancy clinics.

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<p>My husband and I are both able to drive at the moment and, although we are in our 70s, we are lucky to enjoy relatively good health. We just attend regular check-ups and blood tests for former and ongoing conditions, prostate cancer for my husband and asthma and bowel polyps for me.</p> <p>Inevitably, as we get older and frailer, we shall have to stop driving. Public transport facilities are poor from Gilwern to Crickhowell, the nearest town to our address and taxis are expensive.</p> <p>Our nearest relative lives 60 miles away. Having a surgery in the village was one of the top reasons we, and many people we know, were attracted to purchase a property here. The surgery in Gilwern has been closed for months which is why we have not been able to access in the last 12 months, Question 6 is redundant. We don't drive as often as we used to. The older demographic in Gilwern and young mothers would be greatly affected by this surgery closing down especially as our community continues to grow. Thank you.</p>
<p>Closing the surgery will impact the older population of Gilwern, who may not be able to access Crickhowell as easily, and who value the social/ more intimate aspect of a small, local surgery where the staff have known them for a long time.</p>
<p>This will also effect the chemist in the village.</p>
<p>People without cars in Gilwern would find it difficult and expensive to visit War Memorial surgery</p>
<p>Elderly patients and also myself in the future who do not drive would find access to Crickhowell surgery very difficult and would probably not go because of this . Health of the patient might be compromised</p>
<p>getting appointments at Crickhowell is very difficult with the increased number it would be impossible</p>
<p>Not everyone has a car and the public transport is not adequate between Gilwern and Crickhowell.</p> <p>There is no indication of why the closure is proposed, I presume because of money. It feels especially since covid the ability to get appointments has diminished and this will only further alienate Low ncome families from the health care thay need.</p> <p>Why would this be published without any financial information or other statistical information to enable the public to make a more informed decision.</p>
<p>the increased footfall would cause problems with car parking (not big enough now) and overload the appointments and phones (can wait up to 30 mins. for an answer)</p>
<p>This will have a devastating impact on the older population. We pay high enough Council Tax for few services so would expect service delivery for health to stay the same in Gilwern</p>
<p>The question about Belmont surgery and how many times I have attended is void as you have been unable to go there as it has been closed!</p> <p>I think it is extremely disappointing for all people and their health and wellbeing. Transport links to Crickhowell are poor and not everyone can afford taxis or can drive.</p>
<p>Exactly why is this proposal being considered?</p> <p>You will need to have a very good reason to get the populace of Gilwern to support the proposal.</p>
<p>Not having transport how is one going to get to crickhowell no buses go from here we need a doctor in gilwern alot of elderly people live here this needs to be sorted out we need our doctors and nurses in gilwern</p>
<p>I am a new patient having only moved into the area a few months ago although I lived in Gilwern years ago and always used the Belmont surgery then. Whilst I currently have a car and can drive to Crickhowell if absolutely necessary it would be almost impossible for me to access my GP if I could not drive and had to travel to</p>

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Crickhowell. I know this is the case for many of my friends and acquaintances as I do not believe there is a direct bus service from Gilwern to Crickhowell.
I completely support the decision to close the surgery. Its bery being the times and I myself much prefer to go to crockhowell surgery where I find the treatment is better with the extra facilities. People living in Gilwern with no transport have made that choice and yet still blame others for that choice. You also need to leave gilwern anyway yo get your shopping so if you can do that, you can't tell me that you can't get to crickhowell surgery. I understand the the doctors and nurses are very stretched out enough as it is so we shouldn't be putting more strain on to them! I think closing gilwern Belmont surgery would be a very good thing for everyone.
I think Belmont surgery should be kept as a vital part of the practice. Much better to be able to walk to Belmont surgery then use a car or taxi to travel to ,Crickhowell, especially for older people. We need to use the facilities we have , instead of concentrating people all in one place.
we are of the older generation, and not having access to belmont would have a big inpack on our life, if we cannot drive ,we would have to order a taxie from abergavenny, which would coast,plus they are not al ways willing to wait for you.so price would go upplease think again on this matter. .
Where I live, we have extremely limited access to public transport. So access to Crickhowell surgery would be difficult for anyone that doesn't own a car. As many residents around Gilwern, Clydach and Llanelli Hill are elderly, the closure of Gilwern surgery would leave many without any access to any health care provision.
Whilst I personally don't have any difficulty in getting to and from either surgery, my disabled wife depends on me solely for transport. My wife is registered blind and struggles to navigate new unfamiliar places. Having to travel an extra 30 minutes to visit a doctor and attend a new surgery would cause a lot of undue stress for us both.
I would help people by staying in gilwern I have been with you all my life and do not want to go anywhere else
Whilst I am able to travel to Crickhowell, as I live in Gilwern, it is far more convenient for myself and my family to visit the Gilwern surgery. I also feel that the closure of this surgery will have a far greater impact on people such as elderly/disabled people. I also fear that if the Gilwern surgery closes, there will be less opportunities for appointments in Crickhowell for those who can only access the Crickhowell surgery.
The reason I haven't attended the Belmont surgery is because it's never available. If it was I would prefer to use it rather than drive to Crickhowell. It is also far more convenient for those with lack of transport.
I received midwife care from gilwern. I feel if this was taken away and moved to crickhowell being a new mum I would find this difficult and distressing. My care was only a 2 min drive away if it's not there it would be 7mins and that's a big difference when you had young children or a newborn. The elderly will be effected as there are no clear bus routes available quickly to get to crickhowell you could arrange a lift as the one off but for every appointment it would be detrimental to them.
My husband had several health issues and thankfully I could drive him to Crickhowell. He would not have been able to get there unaided.
The reason for having to use a car to get to Belmont surgery is that i can not walk from where i live in Gilwern to the surgery due to having an accident years ago damaging my foot.We have always had a surgery in Gilwern so to have this taken away from us is just not good especially for the older people who cant drive and no family to help the bus route is no good and taxi are so expensive.I personally prefer my app in Gilwern even though at the moment they are very hard to get or you have to wait a time .

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Very disappointing to hear this is happening we have lived here 40 years and now things are going backwards. Luckily my wife don't need medical attention at this time. But I use the surgery for my blood pressure checks but if needed it is good to know that it is just up the road. Also both roads to Crickhowell flood so sometimes we would be unable to access the surgery if we needed to. Gilwern community is growing and are services are getting less it is very worrying.
At present I give lifts to ladies in their late eighties from the area for doctors and dentists. This will cease when I stop driving. Which will leave more Gilwern residents without access to Crickhowell. In gilwern I can at least walk them up to the surgery
I thought that Belmont was still shut since the pandemic
With regards to the previous question, I have not attended the surgery in Gilwern in the last 12 months because it's closed, if it was open then I would have attended there instead of Crickhowell, this has not been an option for me, at the moment I am still able to drive but when I give up my license I will not be able to access Crickhowell surgery,
See section 14. There are many people either in the position of not driving now or may soon will be. Coming by taxi , especially if we need frequent visits, (which is quite likely for elderly patients) will become expensive. Could not the Belmont surgery be kept permanently staffed for blood tests, vaccination etc ?. Please give this serious consideration for the health of Gilwern and district elderly patients.
Gilwern is an older community, many do not drive, Does not affect us as we drive. Belmont has not been available for some time
Travelling to Crickhowell from Govilon/Gilwern is very difficult for people without a car. Although i have a car ATM i anticipate not being able to continue driving in the future due to my current diagnosis.
It is much nearer for me to travel to Belmont Surgery to attend an appointment first thing in the morning before going to work in Abergavenny or last thing in the evening as I could call in on my way home, I also have concerns in obtaining repeat prescriptions from Gilwern Chemist that need to be signed by Belmont Surgery. With due respect it is difficult in obtaining an appointment at the best of times without loosing another practice.
Whilst this wouldn't have a significant impact on our household as we drive, there is a high percentage of residents in Gilwern who would struggle to make the journey to Crickhowell, particularly as there is no bus route. Patients would need to catch a bus to Abergavenny first, then catch one from there to Crickhowell. A 45 - 60 minute journey to get to the surgery (and then the same return journey) would not be acceptable.
I am military and used the local practices recently for a minor illness when I was working from home. I almost did not go to the appointment as I had to travel to Crickhowell have tests and then travel back again for the results later in the day and then travel back again to see the doctor and pharmacy. It was a significant amount of my day when I was supposed to be in work dealing with some important issues and meetings. It turns out I has an infection and needed antibiotics immediately. If I had waiting longer the condition would have gotten worse. Having to travel some distance by car rather just being able to walk to my surgery is very off putting and although I am mobile and have a car older residents will be effected more and I am sure feel less able to go to there doctor much like I almost did.
Crickhowell is fine only if you have personal transport.We wil go from in the passed two surgery's to none !
Prior to covid i very rarely used Crickhowell surgery

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Non drivers and infirm patients would be impacted more than anyone.
Gilwern residents who are financially marginalised would not be able to access Crickhowell. If they did not have transport they would need to depend on taxis. This would also relate to elderly patients. Gilwern has a large elderly community. I believe it would be I'll advised to close. I appreciate that the use of Belmont has decreased but this is primarily due to the fact that appointments have not been made available I.e I usually get offered Crickhowell or telephone consultation. The increase in telephone consultation can be unsafe for patients as not always appropriate and leads to misdiagnosis in some cases.
I'm getting older, so are a lot of patients, many can't drive, there is a regular bus service from clydach to gilwern, a journey of 5 minutes, if people who can't drive have to go to crickhowell they will have to travel to Abergavenny, change busses to crickhowell meaning 5 minutes has now turned into 2 hours each way. Totally unexceptionable.
Personally this would not impact me at all however given that there is a significant elderly population in Gilwern the closure of the surgery would be detrimental to their access to medical services. Also parents with young children who do not have a car and patients with mobility issues could find the closure makes access to medical services more difficult.
Anyone unable to drive will be unable to attend unless they can get a lift.
My husband and I moved to Gilwern last year, when we retired. We joined the Crickhowell practice because of the surgery in Gilwern. Currently, we can drive to Crickhowell but it is likely that at some point we will no longer be able to drive. We do not have any family living nearby who would be able to assist us with transport so we would then have difficulty accessing medical care without a surgery in Gilwern.
I am unable to walk far because I have had 2 cardiac arrests and suffer from breathing difficulties,I am always sent over to crickhowell and when I turn up the car park is often full so I sometimes have had to park somewhere I am not supposed to and really struggle to walk to the centre.When i am not well I have to get family and friends to drive me,I have taken a taxi in the past and that costs a fortune.There is no bus stop within a mile of our house so public transport is out of the question.I am registered in both gilwern and crickhowell but because of my serious condition I am always sent over crickhowell,I have asked to be seen in Gilwern but am always sent to crickhowell,we need to keep Gilwern surgery open because both areas are growing and its difficult to see a doctor nowadays.
The price of a taxi return is nearly £30 return and I cannot afford that,healthwise I am pretty healthy but whenever I have go to see anybody or have bloods taken I am always sent over crickhowell,it's like they have purposely been sending everybody over there to make Gilwern seem not needed when it's definitely needed,there used to be 2 surgery's in the village but that was years ago,since then gilwern has grown with all the new houses yet they want to close our surgery down,crickhowell is also getting bigger so surely we need to keep both practices.
I am very concerned about the possible closure of Belmont surgery at Gilwern. My main concerns are that there is an aging population in the Gilwern community, who do not always have transport. I am not sure if there is a regular bus service from Gilwern to Crickhowell so that would be an issue for some people and a costly one if taxis were the only option. I feel that the Gilwern community are not being treated fairly in this instance. I believe that the Belmont surgery could be more of an asset to Gilwern. I feel that the service can be increased with 2 doctors on site, one for emergency and one for routine appointments. There could be a fulltime nurse who provides annual reviews, immunizations, cervical smears etc, with a health care assistant providing

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<p>phlebotomy services.</p> <p>Why not utilize what is all ready in place instead of centralising services?</p> <p>What if there is bad weather or flooding, which does occur.</p> <p>I feel very strongly about this closure.</p> <p>I myself have only been able to visit the surgery once in the 7 years of living here which I find hard to accept. This is usually because of lack of staff.</p> <p>The population is a mixed demographic with varying incomes. Not everyone can afford to get to Crickhowell.</p> <p>Lets enhance what we have.</p> <p>Please do not close this. Lets get a surgery we can all use within our own locality and be proud of it.</p>
<p>Only way by taxi at a cost high cost no bus service</p>
<p>My wife has attended both Gilwern and crickhowell surgeries and the Gilwern surgery is much easier to attend as she can walk to it as she doesn't always have access to car. Lots of our neighbours are elderly and would struggle to get to Crickhowell. It would be a great shame for Gilwern residents if surgery closes.</p>
<p>I would much prefer appointments in Gilwern, as don't always have access to a car and there is no bus link. You can never get the offer of one in Gilwern so have to juggle to ensure I can get there.</p> <p>It's very important for others that this surgery stay open and appointments available as lots of people in the village do not have access to transport.</p> <p>Also getting face to face appointments has also proved challenging, all mine this last year have been over the phone.</p>
<p>For those without a car, it is impossible to get to Crickhowell on public transport and taxis are very expensive. Will the closure of the Gilwern surgery lead to Gilwern being excluded from the practice as has already happened to Clydach North & South and Blackrock?</p>
<p>There are many elderly residents living in sheltered accomodation at Coed Uchel in Gilwern that use the Belmont Surgery, most of them have no access to cars and would find getting to Crickhowell very problematic.</p>
<p>I'm lucky to have a car but there may be time's my daughters who are also patients at the practice who do not drive will struggle to attend an appointment.</p>
<p>It was really helpful to see the midwife in Gilwern rather than go to Crick.</p> <p>How does cmisi g the branch fit with Welsh governments plan to provide care closer to home?</p>
<p>I feel that the elderly population of Gilwern will especially be impacted by the closure of the surgery, together with those who can not drive or who do not have access to a car. With no direct bus route from Gilwern to Crickhowell the cost of a taxi, especially at this time of economic crisis, is unacceptable and for some could cause extra hardship. It should also be taken into account that at times of bad weather the roads between Gilwern and Crickhowell can become impassable due to flooding/fallen trees. If people are unable to attend appointments it is a waste of resources, staff time and ultimately money. The population of Gilwern has grown considerably over the past few years and will probably continue to grow although the public transport system is limited, as such I feel that the surgery should remain open to serve this community, especially it's elderly.</p>
<p>Having the Gilwern surgery, was our choice for a more community lead surgery. Not too crowded and well managed.</p> <p>War Memorial is more like a hospital department, always makes me more anxious to go there. Difficult to access in the winter, due to location, difficult to park and too busy.</p> <p>It will be a great loss to close Gilwern surgery.</p>

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I think this decision will have a massive effect on residents in Gilwern. Especially as we are in economic crisis and by closing the only healthcare practice it will effect many mentally and deteriorate health as they cannot stand sit wait for buses or be out for 5 hours to be able to get to crickhowell and back.
Public transport between gilwern and Crickhowell is poor so this proposal will disproportionately impact people without access to a car. Given well-being and future generations implications it seems ridiculous for the health board to stop a service that currently allows people to walk easily to appointments.
This proposal will have harmful impact upon those unable to drive, including the increasing population of frail elderly in the Gilwern area, people with disability and those with no access to a car. It is shameful that this proposal actively encourages patients to drive private vehicles when other methods of getting from A to B should be encouraged for all people's health and wellbeing.
I feel many patients will struggle to get to Crickhowell due to transport , which will mean they won't make an appointment and their health will deteriorate and this will end up with more ambulances being called and a bigger impact on the hospitals and the social care services. It is hard enough to get an appointment as it is. My mother would find it very difficult to get to Crickhowell and would have to rely on myself or my husband to take her, taking away her independence.
No consideration for elderly patients who don't drive and have to travel to Crickhowell
Difficult to attend crickhowell surgery do not always have access to the car. Unable to catch a bus direct there would need 2 buses at a significant cost. The elderly would be significantly at a disadvantage if the Gilwern branch closed. It is an excellent surgery and having two branches means more patients are able to be seen on a daily basis. If Gilwern closed would have a financial hardship to the unemployed and elderly to name two sections of society. I would not be able to walk to crickhowell it would take the whole day.
I think it will make a massive difference to the community as many people don't have transport and it's so handy just to walk to the dr in Gilwern, myself and my wife have lived here all our lives and never been to Crickhowell drs so much which means my son who lives 30 miles away has to come over to take us very disappointed in the proposal
At present I'm able to drive so it's not a problem to get over to crickhowell. But I'm getting older so it may not be so convenient in the future. For lots of older patients it will add more anxiety to health problems they may already have. Parking at the Health centre could be a problem too as limited spaces available.
This proposal will have a negative affect on those who do not have cars particularly the elderly. There is not a direct bus to Crickhowell. If Crickhowell Practice cannot continue, the Aneurin Bevan Health Board should take it over and run it. Also the Gilwern Pharmacy might be destabilised by the reduction in prescriptions- it is crucial for the health of the village that they continue. Overall a huge step back for the Gilwern community-a village of this size and demography requires a GP and Pharmacy practice to safeguard its wellbeing.
There is no direct public transport from Gilwern area to Crickhowell. This will impact on elderly and those without their own transport. A direct bus service to be established.
Gilwern used to offer a drop in surgery and now there are none in the practice. If patients need a regular appt e.g. for dressings/blood tests it is a long journey.
It is unreasonable to expect patients to travel for every appt when there is no direct public transport. Apart from the inconvenience and time it will increase costs for patients. Even with public transport the whole day could be taken up for a simple appt e.g. dressing/blood test.

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<p>I only go to Crickhowell surgery when I'm unable to get appointments at gilwern</p>
<p>There are a lot of elderly people in Gilwern, including some of our neighbours. Closing the doctors surgery would negatively impact the elderly, especially those who are unable to drive, making it much more difficult for them to access healthcare.</p> <p>For that reason I would be against the doctors surgery closing.</p>
<p>Hopefully Aneurin Bevan Health Board will provide a GP Practice in Gilwern. Always went to Belmont Surgery for all appointments whenever possible; but currently never open. Population of Gilwern has increased considerably (similar or somewhat greater than Crickhowell now) since we came to live here in 1974. This is a clear indication of a much greater need for a local Surgery.</p> <p>Carbon footprint will be increased by all patients from Gilwern driving there and back to Crickhowell.</p> <p>Also the car park at the War Memorial Health Centre is too small.</p>
<p>Perhaps Aneurin Bevan Health Board will provide a GP Practice in Gilwern. I have always gone to the Gilwern surgery for all appointments since coming to live here in 1974). Now it is hardly ever open. The population in Gilwern has increased considerably since 1974 and is now greater than Crickhowell therefore a much greater need for a local surgery. Also, the carbon footprint will be greatly increased by all patients driving to and from Crickhowell. In addition, the car park is too small.</p> <p>Elderly, infirm and disabled patients will have immense difficulty accessing the War Memorial Surgery.</p>
<p>See above</p>
<p>If feeling unwell or having an unwell child a 20 minute drive over to Crickhowell to see the doctor is not ideal a 5 minute drive to Gilwern is much more tolerable, public transport is bad enough to get to Gilwern for patients that don't drive and live in the villages and could take them a long time to get over to Crickhowell, it's very difficult to get an appointment as it is if you reduce to one surgery you have the same amount of people still trying to get appointments but all condensed to one surgery I think this will increase appointments times when it's already unacceptable!!!!</p>
<p>Your survey is specific to number of times patients have visited either Gilwern or Crickhowell practice. It does not cover the number of telephone appointments patients may have had during the last 12 months (or during Covid). I have had a couple of these which prior to Covid would have been face to face appointments.</p> <p>My concerns are the number of elderly people that will have huge difficulty attending appointments if Gilwern surgery closes. I am lucky that I can drive but as I (hopefully) age, this could become a problem for me and accessing Crickhowell via public transport is virtually impossible. Difficult enough if you're feeling well but when you're unwell this would leave patients extremely vulnerable to their conditions worsening (also spreading more viruses potentially).</p> <p>Another concern is the frequency of the roads between Gilwern and Crickhowell flooding which results in road closures. Reading predictions for future weather conditions, it is likely that flooding will become more frequent. This is a huge concern for residents if Gilwern surgery closes.</p> <p>The current car park at Crickhowell is very small. It is always difficult to obtain a parking space, so unless the car park can be extended, which doesn't seem likely, this problem will only get worse.</p>

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Gilwern has a high percentage of retired residents , many of whom no longer drive. There is no direct bus service to Crickhowell.
I am in my late 70's and although I am driving at the moment this may well change in the near future as my cataract becomes worse. The same doctors who are now retiring were probably the ones who decided to absorb the other doctor's practice in the village when he retired. At the time this had a detrimental effect on availability of appointments. We went from being able to get an an appointment on Saturday in an emergency to gradually having to go to Crickhowell to get appointments as the service in Gilwern has gradually reduced. The population of Gilwern is slightly higher than Crickhowell at the 2021 census so it seems very unfair that we are now faced with losing our last practice. There is no direct bus route and taxis are not readily available so it is a major detrimental threat to the well being of our community.
I understand Gilwern has many elderly people and closure of Gilwern surgery would be extremely inconvenient for them, as well as for the local population.
Patients from Clydach would normally have to travel to Gilwern by car or bus anyway. My husband and I both drive so this is not a problem now but may become so as we get older and have to rely on buses. I am not sure how easy it is to travel from Clydach to Crickhowell by bus- not very easy I suspect. This is likely to be an issue for people without family members to assist them. I am concerned about the possible impact of Belmont surgery closure on the Gilwern pharmacy . The loss of the pharmacy in Gilwern would be unacceptable
Closing the GILWERN surgery would make life harder for many patients. It provides a much needed service that many people can walk to. It had provided health care to the village for many years. I suspect the retirement of Dr NAME REDACTED and Dr NAME REDACTED has paved the way for this retrograde step. I've yet to hear of any benefits from its closure or anyone in favour.
closing the branch would impact the elderly and those that cannot drive - they are reliant on public services which are not the most reliable
I think the Belmont surgery is vital for our community.
This is a disgraceful decision to even consider closing a surgery which serves a village of almost 5,000 people. There are no direct transport links, Frequent rural road closures make it impossible to attend unless walking 3 miles. There are many members of the community who do not have transport and these most vulnerable members of the community will suffer most.
I've only attended Gilwern surgery less recently because it's always closed! I've four children two with disabilities and an elderly mother in Gilwern all who I'm carer for and having to travel to Crickhowell surgery and find parking is very inconvenient and expensive on fuel. Without the car we would absolutely not get the medical care we need. I think it's vital that Gilwern surgery remains open for the vulnerable people in our rural community.
As a car owner the impact of this proposed closure of the Gilwern branch would have little affect on me, but I have concerns for older, parents with children and the disabled and inform. Public transport from Gilwern to Crickhowell is sparse so accessing the surgery would be difficult for many people.
Anyone relying on public tranport would have a major problem getting to and from Crickhowell from Gilwern.
Gilwern is easy to get to where as crickhowell will be more money
Many patients in Gilwern, many elderly presumably with similar problems to myself. I believe Crickhowell practice took on these patients when previous doctor retired , but are now seeking to reduce service to them.

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<p>Having to drive to Crickhowell is more time consuming, less environmentally friendly, poor parking as the car park has been full and busy before which causes stress trying to find parking, it's less convenient for the older population of Gilwern. Other services have been restricted such as health visitor appointments and district nurses appointment which makes it even harder for people to be seen. It would be useful to keep the surgery open but maybe have specific days if it needs to be reduced.</p> <p>It's taking more services away from the village.</p>
<p>Concerned at limited parking at Crickhowell surgery</p> <p>There is an elderly population in gilwern who rely heavily on the surgery and the local chemist which would be affected. It is at least £15 for a one way trip by taxi. Not everyone drives and speaking to elderly neighbours this is a major concern. This is no surprise as covid has enabled the surgery to force people to use the main surgery and pre covid services were being reduced another example of the way the surgery consistently fails to provide a service to the community. The services offered by the GP'S in Abergavenny are incomparable when looking at open hours. Even the ability to open the surgery a couple of mornings a week for patients who live in gilwern and the immediate surrounding area would make a difference. Some patients have used this surgery for a significant period of time, changing a GP and developing a level of trust and familiarity takes time and can be stressful. However I moved to an Abergavenny GP and cant believe how good they are, no fight to access a GP by phone or face to face, realistic opening times and services that crickhowell has cut over the years</p>
<p>As above I am in a wheelchair taxi both ways I will have to pay about £40 gilwern is by far better for me</p>
<p>No transport</p> <p>Travel will be the major impact for most. My concern is that; currently the wait to see a doctor is 2 weeks, sometimes 3 if you've missed the appointments for that two week period - I think that is an unreasonable amount of time. Won't closing Giwern surgery only make this worse? Shouldn't there be more doctors and nurse practitioners being employed hence the need for buildings/space instead of depleating the service? This needs to be properly thought out! Good luck!</p>
<p>I feel closing the surgery would impact on people who do not have there own car. Also I think it would impact on the older generation.</p>
<p>I have never been offered an opportunity to attend Gilwern practice in last two years only Crickhowell.</p> <p>I wish I could attend Gilwern as I could walk.</p> <p>Closure would mean difficulty for all people without transport.</p> <p>Buses are infrequent and unreliable</p>
<p>Environmentally I would prefer to walk to my surgery in Gilwern than drive to Crickhowell. I am able to drive but think many people do not have this luxury. For older people, people with small children, people with little money, or those who do not drive it would have a huge impact on them getting to Crickhowell. Especially in winter when they'd have to wait for transport in the cold. Thank you.</p>
<p>If I was unable to drive or not have access to a vehicle then attending Crickhowell surgery would be difficult unless I was to pay for a taxi.</p> <p>There are many elderly in this situation in Gilwern and the surrounding area that will face this dilemma and I feel that closing Gilwern surgery would have a huge impact on the community.</p>
<p>I have lived in Gilwern for almost 30 years now, and the population is increasing all the time. There is a bus route from Abergavenny to Brynmawr on quite a regular basis, which is good. However, there is no bus route from Gilwern to Crickhowell. There isn't a taxi company in Gilwern even to call upon, Non-drivers, disabled and</p>

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<p>elderly people will not be able to get to the Crickhowell Health Centre without a lot of problems trying to get there. The Chemist's shop in Gilwern, would almost shut immediately, and other small businesses in the village would suffer as well. There were two Doctor's practices in Gilwern 30 years ago, 1 bank, 1 building society, a dentists, and even a solicitor. The population and amount of houses have dramatically increased in that time with the facilities decreasing. To lose such a facility in Gilwern would be catastrophic for the village and the surrounding communities, namely Maesygwatha, Clydach, Station Road and The Tilla</p>
<p>Currently I am still able to drive myself, I am 75 years of age and my licence will be reviewed in July 2024. If I lose my licence I will not be able to independently travel to Crickhowell. Using public transport is not practical, involving changes at Abergavenny Bus station. None of the current services are co-ordinated. Will I be able to register with doctors in Abergavenny?</p>
<p>I have a husband with dementia who is now struggling to walk up to the village and who definitely needs transport and the Belmont surgery for urgent checks(he has vascular dementia) in the case of suspected TIA or stroke before I approached the A & E at this uncertain time. I understand that the Belmont surgery is not always open but it would be a great asset in any situation as the one above, if it was to be retained and open during the daytime. We have a school here isn't Gilwern so a surgery up the hill would I think be a great asset to the staff in case of small accidents, and for younger mothers who may find it difficult to access the surgery without transport, particularly now in these hard times. The population has expanded a lot in these past years and a fair proportion of the new arrivals have prams. The outward pursuits surely need a surgery nearby too. A negotiated (price) for transport with a taxi service may be an option to some people but times are hard at present and young and old are struggling more to get around and use their own transport. We moved from Bwlch to Gilwern one reason being that we would be close to amenities as we got older including shops, chemist and a branch surgery.</p>
<p>Will very much affect people with an illness like me as I am very slow, particularly in the mornings for an early appointment or to have to access the emergency line at 8.30am.</p>
<p>Closing would make a big impact on the village as it is growing young and old are moving here. Also the chemist would be impacted too. Look outside the box for the interest of our village.</p>
<p>We are hugely appreciative of the Group Practice. Since joining 20 years ago, we have always had fantastic service, so thank you for that. We can travel easily to Crickhowell but would far prefer to use Gilwern. Our eldest son recently had minor surgery and required a lot of follow-up with the nurses for wound care. They visited us daily (they're amazing!) but if he could have just gone to the branch surgery it would have saved everyone lots of time and inconvenience. We also worry for our elderly or infirm residents who might not have easy access to transport (bear in mind there isn't even a direct bus from Gilwern to Crickhowell!) They could end up very isolated. We would love to see the branch surgery remain open, even if it's only part-time? It is an integral part of our little community and essential to the wellbeing of residents here.</p>
<p>This decision will have a huge impact on the health and well-being of the local community that is already under-served with many normal amenities. The contrast to the increase in population through house building and developments which could reverse if there is not a local doctors surgery to visit when needed.</p>
<p>Negatives: Travelling costs to in person appointments would impact those living in the Gilwern area. Non-drivers are disadvantaged. A & E departments could be seen as the nearest option.</p> <p>Suggestions: Co-ordinated appointments, such as vaccinations, blood tests,</p>

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dressings etc. could be administered with NHS vehicles "Parked", in the village, or use of community halls, public spaces, schools etc..Online access expanded with support. A more proactive approach to screening older patients, eg regular blood tests, scans or "Health checks", so a more co-ordinated future care policy identified.
I understand that there are difficulties but wouldn't a compromise be to staff Gilwern surgery part time?
There is limited parking available in Crickhowell.
<p>1. There is no bus service to Crickhowell, as mentioned above</p> <p>2. We are OAPs so may well reach a point when we can no longer drive</p> <p>3. The A4707 now floods more often from the R Usk and that closes the road. The A40 at Glangrwyney also floods and creates difficulty getting to Crickhowell from Gilwern and Abergavenny</p> <p>4. We currently use the Pharmacy in Gilwern for prescriptions and at times get advice from the Pharmacist. If we and other patients have to go the Crickhowell practice we and others are more likely to use the Pharmacy in Crickhowell. This could undermine the Gilwern Pharmacy and cause it to close, leaving us even more disadvantaged. This seems to work against the Governments approach of encouraging patients to get advice from its local pharmacy.</p> <p>5. The Crickhowell practice has gradually withdrawn services and appointments in Gilwern over the past 4 -5 years forcing patients to visit Crickhowell Surgery which will adversely influence the questionnaire's results.</p> <p>6. If the proposal to close the Gilwern Surgery is because four of the GPs are retiring. How are the Practice going to cope with extra patients from Gilwern and what action are the Health Board taking to recruit replacements? There are over 3,000 residents in Gilwern that need GPs at times. The Health Board seems to have failed to develop a forward plan to replace retiring GPs, leaving Patients at risk so should be considering their own position.</p> <p>7. Has any consideration been given to a link between Abergavenny GP Practices who could cover the Gilwern Surgery - at least there is a bus service to Abergavenny!</p> <p>8. Who owns the Surgery in Gilwern and who owns the Crickhowell Surgery. I have heard that Gilwern Surgery is owned by the Practice and Crickhowell Surgery was owned by the Practice but was sold to a consortium. If this is correct, all the GPs could retire and Crickhowell and Gilwern would not have any Surgeries. This seems fool hardy and another failure of the Health Board to allow Patients to be at such risk. If the surgery at Gilwern is to close and be sold should it not go back to the Health Board for future medical use.</p>
Attendance at Gilwern surgery in the last 12 months is not a valid question because when you ring the Gilwern surgery you are told the surgery is closed and you are re-directed to Crickhowell. This has been the case for longer than 12 months

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<p>EVERY TIME I NEED TO SEE A GP I AM ALWAYS DIRECTED TO CRICKHOWELL AND NOT GILWERN AS I CAN DRIVE AT THE MOMENT THIS IS NOT A PROBLEM BUT MY WIFE DOES NOT AND I HAVE TO TAKE HER TO CRICKHOWELL IF I COULD NOT DRIVE IT MEANS GETTING A BUS TO ABERGAVENNY THEN ABERGAVENNY TO CRICKHOWELL AS TAXI FARES IN THIS AREA ARE VERY EXPENSIVE AND THEN THE RETURN JOURNEY.</p>
<p>This will impact on elderly people who would find it difficult to get to Crickhowell if they were unable to drive or didn't have easy access to own transport. Public transport links non existent.. limits access to healthcare particularly if it were a condition that meant frequent doctors/nurses appointments. Has sharing facilities in other community buildings been considered such as Gilwern Community Centre or Village Hall.</p>
<ol style="list-style-type: none"> 1. There is no bus service to Crickhowell, as mentioned above 2. We are OAPs so may well reach a point when we can no longer drive 3. The A4707 now floods more often from the R Usk and that closes the road. The A40 at Glangrwyney also floods and creates difficulty getting to Crickhowell from Gilwern and Abergavenny 4. We currently use the Pharmacy in Gilwern for prescriptions and at times get advice from the Pharmacist. If we and other patients have to go the Crickhowell practice we and others are more likely to use the Pharmacy in Crickhowell. This could undermine the Gilwern Pharmacy and cause it to close , leaving us even more disadvantaged. This seems to work against the Governments approach of encouraging patients to get advice from its local pharmacy. 5. The Crickhowell practice has gradually withdrawn services and appointments in Gilwern over the past 4 -5 years forcing patients to visit Crickhowell Surgery which will adversely influence the questionnaire's results. 6. If the proposal to close the Gilwern Surgery is because four of the GPs are retiring. How are the Practice going to cope with extra patients from Gilwern and what action are the Health Board taking to recruit replacements? There are over 3,000 residents in Gilwern that need GPs at times. The Health Board seems to have failed to develop a forward plan to replace retiring GPs, leaving Patients at risk so should be considering their own position. 7. Has any consideration been given to a link between Abergavenny GP Practices who could cover the Gilwern Surgery - at least there is a bus service to Abergavenny! 8. Who owns the Surgery in Gilwern and who owns the Crickhowell Surgery. I have heard that Gilwern Surgery is owned by the Practice and Crickhowell Surgery was owned by the Practice but was sold to a consortium. If this is correct, all the GPs could retire and Crickhowell and Gilwern would not have any Surgeries. This seems fool hardy and another failure of the Health Board to allow Patients to be at such risk. If the surgery at Gilwern is to close and be sold should it not go back to the Health Board for future medical use.

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Please keep the branch open really important for the village and the environment.
The main problem is that residents in the Gilwern area who do not drive or don't have a car will have difficulty accessing primary healthcare. Public transport between Gilwern and Crickhowell is astonishingly bad (I live in Gilwern and work in Crickhowell and buses run such that I would either have to allow two hours to get to work or, if I want a to get a later bus then I would get there 15 minutes too late). In order for Gilwern residents who can't travel by car to use Crickhowell surgery there would need to be a direct bus service running at least hourly from 8am to 6pm. Nothing less would do.
Concerned, elderly and those who don't have access to a private car will not be able to get to a surgery locally. There is very little public transport available between villages.
There is no direct bus service to Crickhowell and it is often difficult to get a taxi here.
Bother the Welsh language.We need Health care when we are Ill.I was a District Nursing Sister for 30 years and am ashamed of what has been decided.in Health Care.
We live in the Arian Bevan health board. Crickhowell practice is Powys. Will people from Gilwern have to travel further for hospital referrals and treatments in the Powys area?? For Covid jabs we had to travel 45 mins to a Powys location, rather than 15 to an Arian Bevan vaccination centre.
It will have a negative impact on the elderly in the community. Public transport is not an option.
I am sure I am not the only retired person with a physical disability without transport in Gilwern.
the gilwern surgery is significantly more convenient - crickhowell by public transport is not viable and a taxi would be expensive
My wife and I moved to Gilwern in August 2021 to start a family (of which we welcomed our new son back in September 2022). Part of the attraction of the area (besides its natural beauty) is the existing services on the high street, e.g. GP, pharmacy, butchers, hairdressers, pubs etc. We've tried on a number of occasions to book appointments at the Belmont Branch Surgery but without success and so have had to travel to Crickhowell War Memorial Health Centre instead. We would be very disappointed if the Belmont Branch Surgery were to close as we want to book future appointments there rather than in Crickhowell. The population of Gilwern is growing with at least three new families moving into the area where our family live so I can't understand why closure of the Belmont Branch Surgery is a possibility. Please keep it open for the sake of elderly older patients without the means to get to Crickhowell and for newer, younger residents who want a local GP to care for them.
Health centre in village part of community, many elderly people cherish this service and would find it difficult to travel to Crickhowell, no bus service and a taxi might be unaffordable. A small health centre is also better able to care for vulnerable patients by providing a more personable service where the receptionist, nurse etc are well known to the local community. More patients travelling to Crickhowell would impact upon the emission of environmentally toxic gases.
Often difficulty in parking at medical centre. Little room to manoeuvre car and patients continually moving between cars - high chance of accidents!
The health centre in the village functions as part of the community, many elderly people cherish this service and would find it difficult to travel to Crickhowell - unsupported by an appropriate bus service and taxis are very expensive.

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<p>A small health centre is also better able to care for vulnerable patients by providing a more personal and personable service where the receptionist, nurse etc are well known to the local community; additionally this allows general practitioners and the healthcare professionals to interact with the community - whence departed the role of "the family doctor"?! More patients travelling to Crickhowell would impact upon the emission of environmentally toxic gases. and other undesirable effects of motor travel including electronically fuelled vehicles which are not free of environmental adverse effects. Often there is difficulty in parking at Crickhowell medical centre - room to manoeuvre cars is limited and patients are continually moving between cars presenting a degree of danger especially to those with visual/auditory impairment and features of falls risk.</p>
<p>Using the Crickhowell surgery is not a particular problem for our household presently. However we are relatively fit, mobile and car drivers at present but this may well change in years to come and it would be impractical for us to have to get a bus to Abergavenny and then Crickhowell to access surgery services. This will be the current predicament already faced by our elderly friends and neighbours, no longer driving and indeed any families who do not have easy access to a car. Surely the provision of the Belmont surgery in years past was to address accessibility problems and these still exist for very many in the Gilwern community and beyond. I also feel the use of Belmont has been down graded by the Crickhowell practice over recent years and patients are seldom offered services there but "managed" into accepting appointments at Crick. Your questionnaire of course doesn't reflect this and responses given by patients will appear to suggest Belmont is not used to capacity whereas in truth many patients are not really being offered a choice. The loss of Belmont will impact severely on those most in need of its services and those most unable to make alternative arrangements.</p>
<p>It would have particular impact on the elderly who do not drive.</p>
<p>Originally we had two surgeries in Gilwern and on amalgamating the two it has always been more difficult to get appointments and I can only imagine that this situation is not going to improve if Gilwern is closed.</p> <p>As for getting to the surgery in Crickhowell many of the residents are dependent on public transport to travel outside the village and do not have family living nearby to transport them to Crickhowell, life is going to be made very difficult and stressful for many patients.</p> <p>To adequately serve the medical needs of the village this surgery needs to remain open.</p>
<p>I live in Gilwern and am currently fortunate to be able to drive. When the time comes that I can no longer drive, Gilwern will be the only surgery accessible to me. If gilwern did close, then the only feasible mode of transport to get to crickhowell would be a taxi. Based on current costs, this could be approximately £20 for a return journey. A cost that is only going to increase.</p> <p>There is also quite a large number of elderly people in gilwern who do not have access to their own vehicle. And possibly don't have ability to fund frequent taxis journeys. How are they meant to access treatment from crickhowell?</p>
<p>No transport between Crickhowell and Gilwern, patients without access to private transport are unable to attend the surgery in Crickhowell</p>
<p>Closure of the surgery could cause transport difficulties for patients without a car, as there is no direct bus link.</p>

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<p>Gilwern is a small friendly practice, ideal for the village and for Govilon village, many people walk to the surgery and these will be forced to take transport to attend Crickhowell. Older patients in particular will not welcome the disruption and longer appointment waiting times which have been noticeable since pre-covid.</p>
<p>My parents are Gilwern residents and in their late 80s. Gilwern surgery is very convenient for them and for those family members who take them to the appointments.</p>
<p>This is a very ageing community and not everyone has access to transport. we have elderly parents that can not get to Crickhowell and rely on the services in the village, There is no public transport from Gilwern to Crickhowell how on earth are they supposed to get to the surgery. It has got to the stage where they just don't go because they don't want to inconvenience anyone. Getting an appointment in a timely manner is hard enough without limiting more resources to our GPS.</p>
<p>Before Covid my husband and I only ever visited Belmont Surgery. Since Covid Belmont has only partially reopened. Out of choice I would always prefer Belmont surgery as we are able to walk to our appointments. At present we have a car but many elderly people and those with young children may not have transport during the day. It would be extremely difficult for the elderly who do not have transport to get the bus to Abergavenny, then get a bus to Crickhowell and then do the return journey particularly if they are visiting the GP because they are unwell. This being the case for most people who need to see a GP.</p> <p>Similarly if a mum walks one child to school and needs to visit the Surgery with a toddler who is unwell or even mum may be unwell herself. Quite honestly I would not want to do the journey into Abergavenny and then on to Crickhowell if I were poorly. There is a time element involved. Would it be physically possible for a mum who has dropped a child off at school who then gets her possibly sick toddler onto a bus into Abergavenny then from Abergavenny to Crickhowell to see a G P. Could she then do the return journey of two busses back to Gilwern in time to collect the school child by the end of school time? Also there is a cost implication. The elderly might well have a bus pass but a younger person wouldn't and as incomes are stretched with regard to the cost of living and energy costs some people may not have any spare income. With regard to getting a taxi to Crickhowell. This is expensive and I don't think a taxi would wait for a person to be seen by a GP. If the taxi was able to wait obviously they would charge extra. If the taxi wouldn't / couldn't then the person could well be stuck in Crickhowell trying to get another taxi. If one is not well and has felt it necessary to get a taxi to Crickhowell to see their GP I imagine this person would want to get home as soon as possible. When we are ill then most of us want to be at home not hanging around waiting for a taxi! There could be long term cost implications on the NHS if people cannot get to Crickhowell. They become seriously ill because they have not been seen by a GP this could result in hospital admissions, and maybe respite care which would place a greater burden on the NHS. Similarly if a young mum is not able to get to Crickhowell to see a GP then she gets worse, this could possibly result in a hospital stay where Social Care may be needed for the children.</p>
<p>I answered 0 times attended Belmont because it has been closed.</p> <p>I am currently able to attend the War Memorial because I have a car but that could change and for the elderly unable to drive and those who don't own a car and can't afford a taxi the journey by bus involves 2 buses and much delay. When the shareholders at Crickhowell took over Belmont they promised to continue to provide a service. Belmont has been closed for much of the time since covid and it has to be said that Crickhowell service provision in covid was totally lacking and has barely improved since.</p>

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I have to rely on a lift to both surgeries as I don't drive. Taxis cost money. People living local to Gilwern can walk if able. Taxis cost money and impact on the environment. Maybe volunteer drivers to take people to Crickhowell - this would need coordinating, volunteers given mileage costs.
Closure of the surgery would impact on the elderly and infirm
The elderly, infirm and vulnerable population of Gilwern rely on Belmont surgery.
Experience tells me that quite a %age of the population that use Belmont surgery are elderly many of whom have mobility difficulties in terms of manoeuvring a motor vehicle and rely heavily on their limited ability to walk to the surgery (although many find this difficult). Gilwern village is diverse with regard to economic status and many pensioners would be affected by the additional expense of having to travel by public transport via Abergavenny because there is no regular bus service to Crickhowell and the alternative mode of transport i.e. Taxi would incur an unwanted cost.
An aging population in Gilwern, many of whom have been patients at the surgery for decades, rely on the surgery for medical/physical support as well as mental well being because the surgery can be a 'social facility' which can provide a cathartic experience which often generates follow-up visits to local shops etc. The withdrawal of the surgery to Crickhowell would not only remove the functions outlined above but also reduce the quality of care at Crickhowell where staff would have to cope with increased work loads - something we are being warned about via the media on a daily basis (Staff at Crickhowell are already 'stretched').
As a driver I spend a lot of time taking people to the surgery for appointment. the surgery is needed for the community
Have only attended Crickhowell because we have not been able to be seen at Gilwern
Statistics show that 52% of population in Gilwern are over 60+ over the next few decades they will come to an age where they cannot drive which will cause problems. Population of Gilwern has increased with new estates and promise of a new school, but no doctors. The Gilwern surgery has not generally been available over the last year.
If I didn't have anyone to take me to Crickhowell, I would not be able to get there.
Because I live in Monmouthshire I would wish to use the Aneurin Bevan hospitals e.g. Abergavenny, The Royal Gwent etc
There are no other doctors in Gilwern and as for people without transport very difficult such as myself I am elderly Would transport be provided for such people? When Gilwern was a lot smaller we had two doctors, now Gilwern is a lot bigger they want to close the doctors. There used to be a bus route to Crickhowell
The closure of Gilwern would be a big blow to the whole of Gilwern. It has an elderly community and also very young. Closing Belmont surgery would be devastating for myself and to many others young and old alike. Gilwern has grown so much since I came to live here 33 years ago, I really think we need Belmont surgery to stay open now more than ever
There are a lot of people who have no access to cars, this means an expensive taxi or a bus to Abergavenny and then a bus to Crickhowell why can't we have one dedicated to Gilwern. There are as many if not more living in Gilwern than Crickhowell, why are we being penalised?
Belmont surgery is local and easier to get to for the elderly population and for young mums with children who don't drive

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Elderly patients need access to GP facilities close to home. Those without transport do not have a direct bus route and taxis would be expensive, especially for those in the greatest need, both financially and medically.
Elderly and infirm patients could have difficulties accessing Crickhowell surgery, both financially and medically.
Gilwern in by far easier to get to
There are a large number of senior citizens in the locality and I feel that they would be disadvantaged in the same way as I would be.
The lack of paper questionnaire for non IT households is disgraceful. I have relied on my neighbour to complete this. It will give an unbalanced response to your questionnaire. I feel that we have been pushed into using the Crick surgery so my replies above don't reflect what my true usage of Gilwern would be. It will impact greatly on non drivers and the elderly. If the surgery were to be used for nurse only appointments that would be something.
There is no public transport between Gilwern and Crickhowell - too far to walk I have not been offered an appointment in Gilwern in the last 12 months.
It would impact many patients who are immobile for the reasons above, as well as the feelings of safety, especially during the winter months. Many patients are familiar with existing Belmont staff, which makes a more relaxed, less stressful and friendly place to go for treatment, appointments and to drop off repeat prescriptions. Even if the surgery was limited in opening hours I think the community would feel less stressed about it closing permanently.
for the reasons set out in answer 14 I think this will have a significant impact on people without transport, irrespective of age, and people on pensions and/or benefits. The village is growing and I could not understand when you reduced your attendance at Belmont requiring those of us who can drive to go to Crickhowell. I would much prefer attending Gilwern and the attendances shown earlier are as a result of your previous reduction in the service at Gilwern
Due to the high council taxes, national insurance taxes and lack of service. Keep the surgery or drop the rates
closure would impact those with mobility difficulties, a voluntary car ferrying system might help in some circumstances
Access to the surgery at Gilwern is essential for families with young children and the older members of society. It is a valuable NHS asset to the village and community. Will home visits become more readily available should the Gilwern surgery close.
Transportation from Gilwern side of the river, particularly for those without a vehicle will be made significantly more difficult. Presumably a migration to Abergavenny surgeries is anticipated and possibly desirable for Powys HB?
There is no direct public transport to Crickhowell.
Although the proposal has no impact on me at present, as I am 84 years old, there is the probability that I won't be able to drive in the near future. The proposal would therefore definitely impact the difficulties I would face getting to Crickhowell 5 miles away and no bus route
The only reason that I have been going to Crickhowell is that the appointments have not been properly available in Belmont since Covid. I am very disappointed that Gilwern surgery will go as it was one of the things that persuaded me to buy a house in Gilwern, but I am not surprised.
it is a grievous loss to Gilwern; it is the biggest population centre in the practice catchment, and represents a betrayal of the patients there; Crickhowell should not have taken on the Gilwern practice if they do not wish to care for Gilwern patients.

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the gilwern practice should have remained separate. the crickhowell practice seem to be undergoing some sort of collective psychosis, having a physical and psychological barrier in front of the reception window, namely a black and yellow crime scene barrier; and seem unable to function properly, being unable to deliver repeat prescriptions in less than 5 days, up from 3 days prior to covid; and in being unable to see patients at short notice; and unable or unwilling to get to know their patients personally; they place no value on continuity of care, and act aggressively on gossip and slander. crickhewoll practice is dysfunctional and incompetent and callous, and their administration appears unethical and unscrupulous, collectively lacking basic integrity, good sense, and courtesy. this latest proposal further demonstrates all their poor attitudes and practices.
We've been here since 1988 and have had a fantastic service from our doctors surgery here in Gilwern and Crickhowell. We've only visited Crickhowell when we couldn't get an appointment in Gilwern. The closing of the Gilwern surgery is very worrying, as there are many people living in Gilwern young as well as old that don't have transport to get them to Crickhowell. Transport to Crickhowell is very problematic because there isn't a direct bus to Crickhowell only via Abergavenny which is an hour and a half journey. Nobody would like to do that when they are ill. A taxi is £15 one way. We can both drive so it isn't a problem but we are going to be 70 this year. We are now starting to worry what happens when we can no longer drive. Not something we ever thought about because we knew we could just walk to the doctors. We sincerely hope its not going to be the case.
As we get older we would depend more on the car to get to a doctor or nurse if moved to crickhowell. Its difficult enough now to get health checks and appointments.
Gilwern Village is an expanding location. More houses are being built and whilst new and younger families are moving to the area there is also an aged population. With the growing community the notion of deciding now to remove the surgery seems ludicrous. I have s great deal of respect for the doctors at war memorial centre but i find it very strange that at a time when some partners are retiring the gilwern surfer is being sold off. It s this to increase the doctors nest eggs? I hope it's not the case.
Having a surgery in our village benefits so many people especially the elderly and those who are unable to drive. Without it so many people would have difficult getting to Crickhowell. I do hope it will remain open. You must realise that if you close the surgery you will do a great disservice to all your Gilwern patients. How would your Crickhowell patient feel if Crick was closed and they had to travel to Gilwern
When Belmont surgery was open full time it provided a more efficient way of providing repeat prescriptions every month.
Answer question (2) - when requesting health appointment I have never been offered an appointment in Gilwern, always being asked if I could attend Crickhowell. Closure of Gilwern would impact the elderly, disabled and families and anyone who does not have transport. There is no public transport and taxis to and from Crickhowell are very expensive, particularly within the economic climate of today. As an expanding area we need to have local health care provided.
I have never in the past 2/3 years been offered an appointment in Gilwern - it has always been Crickhowell. Gilwern population has doubled at least since I moved here in 1970 but if the Belmont surgery closes it will not have a practice operating from this village
Closing the Belmont surgery will have a huge impact on the community. Many people have to have regular visits to the nurse and clinics and the financial impact on having to rely on taxis will be huge. The alternative is a bus to Abergavenny and

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another to Crickhowell, at least an hour travel there and back home. Not ideal if you are feeling ill or also may be infectious.
I think this is a dreadful proposal, I'm mid-sixties and can drive but for older non-car owning patients closing Gilwern would be a disaster.
The older non drivers and vulnerable its almost impossible to get to Crickhowell. also with limited budgets its not sustainable for people to hire taxis.
I think it is a very sensible idea to close Gilwern surgery. I have always travelled to Crickhowell even when given the choice of Gilwern. It is a much nicer surgery with lots of parking. It seems ridiculous to keep paying to keep open a small surgery in the village when it is barely used and when it is, it is usually by people who aren't from Gilwern. It has no parking and the walking access is horrendous.
I've only been to crickhowell more because they haven't offered appointments in gilwern and this has not been by choice.
We need to keep the surgery in Gilwern, we have such a high percentage of elderly people who cannot travel.
The closure of the Gilwern GP branch as the only GP access in this community will adversely impact on those who cannot drive or do not have access to a car and driver, and will also affect patients who cannot drive temporarily for example those with a broken ankle or wrist. Gilwerns population of 2,500 as a large rural village should have access to a GP and nurse within the village and this will be a loss of a resource. Although this wont affect me directly (assuming the Gilwern pharmacy can still pick up prescriptions), it will affect a minority and likely most adversely affect elderly patients requiring regular check-ups who have little or no support network for whom transport access a GP or nurse would be by irregular buses or expensive taxis. Can a targetted resource be made available, perhaps with restricted days or times using an existing community building as if this resource presumably with some funding from Powys Health Board is lost I cannot see Aneurin Bevan Health Board replacing this.
A local surgery in Gilwern would reduce the miles driven in the car and therefore reduce my carbon footprint
This proposal will have a major impact on the elderly within the Gilwern community.
With the increased population of Gilwern it would be a shame to remove the Belmont Surgery.
Can you perhaps use one of the Community hubs of which there are 3 in Gilwern
The last 12 Months has been significantly affected by Covid and does not give an accurate picture of the likely and actual use of the Belmont Surgery.
Closure of Belmont Surgery would have a profound economic impact on low income households that do not have ready access to private transport. The arduous journey by the public transport alternatives are not appropriate to the very young, unwell, disabled, infirm and elderly without support, especially during inclement weather. The total journey time involved may cost a child a day off school, an adult a whole day off work, or may have child-care implications.
Provision of a cross valley bus link from Gilwern to Glangrwyne, would likely be both expensive and impractical. Dial-a-bus?
Perhaps, subsidised taxi fares would be a cheaper alternative for those that that require the service eg. through the practice providing taxis via an arrangement with a local taxi company.
Relying on friends and family to provide transport may not be an option for some, especially for the socially isolated.

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Telephone and video-conferencing appointments are useful and have their place, but are often inappropriate to a patient's clinical needs, or not accessible to the those without access to appropriate technology eg. the technically naive, especially, but not exclusively, the elderly.
With the size of gilwern these days I think we need a surgery more than ever especially for the older people in the community. For the convenience as well.
Pensioners are losing more and more services and nobody seems to care anymore. I have fully paid up for this service over the my whole working life and I still pay taxes on my pension, where is it going. Not to the aged.
Lack of public transport
Impact on older members of the community. Also the cost of travel to attend appointments will impact the wider community particularly with the current cost of living crisis
If some transport was available to take us back and for this would help a great deal.
No transport to Crickhowell. Car not available for wife and mothers Husband in work.
<ul style="list-style-type: none"> - We would appreciate a building in Gilwern being used to accommodate patients, doctor and/or nurses. - We are getting older, at moment, we are able to walk to Gilwern Belmont Surgery. - Gilwern is largest village in Wales. - Surely we can expect the care of our Health system to accommodate our growing community, especially all the OAPs in the area. - We rely on our Gilwern chemist, we don't want the Chemist to close in the near future!
There are a high number of retired and elderly people in Gilwern and there is no direct bus service between Gilwern and Crickhowell
Please do NOT close our surgery. It reduces even more the difficulties in getting to actually SEE a doctor and for folk who need frequent blood tests, etc. and who don't have access to a car it will be very complicated. Many people won't have the energy, or means, to accomplish the mission to reach Crickhowell and will therefore be missed for diagnosis/treatment. DO NOT CLOSE THIS VALUABLE ASSET TO OUR VILLAGE!
It will make life very diffucult for people who dont drive especially mothers and babies and the elderly we live in Monmouthshire!! So what is Monmouthshire going to do about this situation!?
considering that most people visiting a doctor are not well the journey by public transport would be a day out!
We have travelled to Crickhowell through necessity as either the surgery was closed or no doctor at Belmont or no nurse appointments available at Belmont. As we age we envisage this will be a major difficulty for us , if there was a regular surgery at Gilwern obviously we would use it . Gilwern has an ageing population and many will face difficulties travelling on a bus when feeling ill , to be seen by a doctor or a nurse and this will contribute to a further decline in their health. A surgery in Gilwern is a vital part of the community, so please if anything can be done to prevent a closure we would be extremely grateful.
I find the bus journey to Crickhowell difficult enough myself especially if feeling unwell. It will be particularly more stressful for our elderly of Gilwern to do this.
If I was feeling unwell enough to go to the doctors I would be unable to wait in all weather s for 2 buses to get there and 2 buses to get home again. I would therefore

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expect a home visit from a doctor which would add more time to a doctor's long day.
There is a big population of old people in Gilwern and closing the surgery will only make life more difficult for us. It will also increase the use of 999 & 11, thus putting more strain on the NHS. We also need a delivery service for prescriptions. At 85 yrs I cannot carry a box of gluten free bread from the chemist to my home down the common
The Belmont surgery needs to stay open for the needs of Gilwern
There are a lot of people who have no access to cars, this means expensive taxi or bus to Abergavenny and a different one to Crickhowell from there. As there are four doctors remaining in Crickhowell why cant we have one dedicated to Gilwern. There are as many if not more living in Gilwern as in Crickhowell, why are we being penalised.
<p>If the Belmont surgery is closed there are patients who will find it extremely difficult to get to Crickhowell, as there is no public transport.</p> <p>Could a cheaper option not be found, such as renting, which would give people without a car medical cover.</p> <p>There are a good many in this village who are quite elderly. It is not going to be possible for all of those to be covered by Abergavenny doctors which would leave a lot without medical care.</p> <p>I hope some compromise can be found.</p>
Access difficult for anyone without a car. No direct public transport. Cycling over is fine for me at the moment but not in the winter or if it is pouring. I have a car as a back up . Some people do not and may not be able to afford a taxi.
<p>If many people have to move to surgeries in Abergavenny which has a bus service how will this effect the pharmacy in Gilwern in view of loss of prescriptions and shop purchases whilst collecting prescriptions.</p> <p>The Welsh Government is always stressing the need for us to walk rather than using the car for our health and the environment but this closure in Gilwern would prevent people walking to the surgery.</p> <p>If a new building in Gilwern to replace the existing one is not possible, would a mobile vehicle coming to Gilwern to be used as a mobile surgery a possible option, similar to the mobile bank vehicles which are operated in some areas.</p>
Three proposal clearly disadvantages the elderly, the vulnerable and less well off who rely on public transport or who have less mobility. If the surgery were to close, could a weekly surgery not take place at an alternate location in Gilwern by renting space in an existing facility such as the community centte in lower common which already houses a library and offers space. This would substantially reduce overheads for the medical practice whilst maintaining a local presence once or twice a week to meet local needs.
Closing Gilwern Surgery could have an impact on all ages in the community not everyone has access to a car. There is no bus service to Crickhowell, not everyone can afford a taxi.
It will impact on all residents in Gilwern who do not have a car .
I travel to both surgeries by car but closure of Gilwern may affect people who don't have transport.
<p>Since covid it is very difficult to see a doctor or nurse face to face and as a result myself and my partner are worried that due to both having ongoing health issues these are being ignored and we are made to feel that you do not want us registered at your surgery.</p> <p>In relation to the surgery in Gilwern, it is the local surgery for my elderly parents who rely on the facilities it has to offer as they can struggle getting yo crickhowell without support which isn't always possible</p>

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At the moment we are able to drive but without a car it is extremely difficult. There are no direct services to Crickhowell from Gilwern. We are part of the considerable number of elderly patients in Gilwern.
2 of my visits to the Crickhowell surgery was to have COVID vaccinations. The other 2 visits was because the Gilwern surgery did not have a doctor or nurse available, as part of the planned run down for the planned closure of Belmont surgery. A disgrace!
My two visits to Crickhowell surgery was to have COVID vaccinations. We have benefited from having a doctors' surgery since we moved to Gilwern 53 years ago, it's perhaps the most important facility the village has. It's not being closed for the benefit of the residents of Gilwern. It's being closed for doctors, who bought the Belmont surgery, to recover their outlay. Buy them out or find another facility in the village. This could be done if the authority has the WILL to do it.
Crickhowell is difficult to access without a car due to buses only operating from Abergavenny. This would have an impact on anyone that doesn't drive and potentially take a long time to travel by bus for such a short distance. It would be difficult to have an appointment that coincides with bus times. I feel the practice will lose a lot of patients
A new estate of over 100 dwellings has been built behind my property and has created additional need for a local doctors surgery in Gilwern.
One of the reasons I came to live in Gilwern was because there is a local village surgery, knowing that I would need more frequent access to it as I grew older and unable to travel far.
I have lived in Llanelly Hill for over 30 years, during which time we have seen the loss of the local Dr's Surgery visit to the Welfare hall (many people could visit the Dr for a consultation within walking distance of home) followed by a gradual re-trenching to the War Memorial which seems to have been greatly accelerated during the pandemic. It must be remembered that even for people in Gilwern, public transport to the War Memorial requires two buses, with a maximum of an hourly service for each - it could take all day to do the return trip! Those in Llanelly Hill would need 3 buses. There has to be provision for those who cannot walk long distances or cycle to visit a Dr where a telephone/video call is not appropriate, and treatment is not needed.
If our GP is retiring, then it would be better to register with an abergavenny practice; however our postcode may make us intelligible. Also will the gilwern chemist still be viable? It's closure would be a big loss to many in the village.
We are certain there will be a negative impact on every aspect of life here, including on the chemist and certainly on the villagers themselves - over the years we have sadly seen a steady decrease in medical services here (well before the Covid pandemic) with dwindling surgery hours, despite the village constantly increasing in size. As it has traditionally been a popular retirement area, there is still a large contingent of elderly and often frail people who now face the prospect of a car journey to visit the surgery, which has no direct public transport link to Gilwern. Although we appreciate that we are in difficult economic times, and trying to distance ourselves from a global pandemic, we feel that the 4 doctor/property owners must have realised that they would all be retiring around the same time (even if some of them chose to do so more recently) and should have made more strenuous efforts to mitigate the situation and engage with their patients about it earlier. It certainly makes us feel that we have been left in the lurch and puts a huge strain on the remaining medical staff.

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<p>We are very mindful of and grateful for the tremendous work and efforts made by the NHS in general during the Covid epidemic but this situation, I fear, has not inspired us with sympathy, admiration or indeed confidence that a sensible compromise is likely to be found.</p>
<p>Whilst I currently have no difficulty in attending Crickhowell Surgery, if I had to give up driving for health or any other reason, it would be hard to get there on public transport - involving travelling by bus into Abergavenny & out to Crickhowell (and the reverse to return home) which would take at least an entire morning/afternoon due to infrequency of services and would be hard for an unwell person to tolerate. The alternative would be an expensive taxi ride each way, should a taxi even be available (I gather there are none to be had for around two hours at the beginning and end of the school day). This presents a very difficult situation for any patients without access to private transport, especially mums with sick children and the elderly, and will no doubt necessitate more home visits.</p>
<p>I suspect that those most adversely affected by the proposed closure, because of mobility problems, lack of transport, difficulty with cost of transport etc will be under-represented in this questionnaire and other impact assessments.</p>
<p>This proposal has a particular impact on older people and disabled people. Gilwern has an ageing population and it is likely that some people will acquire a health condition later in life. This could be anything from being less mobile to sensory loss or dementia. The equality impact assessment needs to take account that some people may have no difficulties accessing Crickhowell Surgery presently but a change of future circumstances could make access difficult. In terms of mitigation, there should be an assurance that Gilwern patients could register with an Abergavenny GP Practice at a later date if their circumstances change. For those patients who choose to register with an Abergavenny Practice, arrangements should be made for them to be able to collect repeat prescriptions from Gilwern Chemist. Some patients may call into Gilwern Surgery to book an appointment as they have difficulty using the telephone due to hearing loss. Considerable should be given as to how this can be mitigated.</p>
<p>The population of Gilwern and district is quite elderly and often have no access to a car. As above buses are difficult, also difficulties in getting a taxi if it can be afforded due to school contracts etc limiting taxi availability. Shouldn't have to rely on friends and family to give lifts. The local pharmacy would also be impacted making the shop less viable and could be another loss to the village. If the doctor numbers are an issue how can they manage with the patient numbers in any event. Seeing Gilwern and district patients in Belmont would help with the number of appointment slots, It appears the doctors are more interested in cashing in from the sale of the premises than patients. Are we sure the Abergavenny surgeries are able if willing to take on patients from the practice if many patients choose to change. the statistics given in the report are misleading given the fact that the surgery has reduced its opening times even before covid and was closed completely for much of the period. There was a believe access for Child vaccinations and cervical smear tests towards the end but not for day to day appointments until comparatively recently. I cannot see this is a true justification for lack of use for the surgery. Even now the appointments are much reduced and nowhere near the number when the surgery was taken on from Drs NAME REDACTED & NAME REDACTED. This despite the fact that Gilwern has grown in size in the past few years. Certainly when I and</p>

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others that I know have asked for an appointment at Belmont it was either not open or no appointments could be given. The surgery time for Belmont on the website do not seem to bear any resemblance to reality.

If the closure does go ahead hopefully the patients will be given the opportunity to hand in samples somewhere locally, the chemist maybe instead of a long and difficult bus journey which can be challenging when not feeling well, especially if a urine infection is the problem.

If sufficient patients choose to move to another surgery this could impact on the viability of Crickhowell surgery who currently have approximately one third of the whole practice in the Gilwern catchment area. This could affect the remaining patients.

when the practice took over the previous Drs ~~NAME REDACTED~~ & ~~NAME REDACTED~~ surgery located at Belmont Surgery they created a virtual monopoly, subsequently one Abergavenny surgery who was interested in the surgery now do not take on patients from the Gilwern area. Crickhowell now want to discard this surgery presumably for financial reasons to pay the retiring partners the cost of the premises as no new partners are forthcoming to buy into the practice.

with an ageing population telephone consultations are not a good option. Deafness and the inability to use modern computer techniques to forward photos etc are not a very good alternative to face to face appointment without the journey to Crickhowell.

I accept lack of transport is no reason for a home visit but I think the doctors will find more home visit requests.

Patients able to walk or make a small simple bus journey to Belmont when unwell might not face the challenge of a long a difficult bus journey each way. My main concern is that someone too proud or reluctant to ask someone for a lift will not see a doctor before their condition becomes serious or needs more extensive treatment.

My specific disability is deafness which I have had since childhood and which now steadily worsening. while I can copy in a village with one busy road to cross. travelling and changing buses in a town will be difficult and risky.

My safest option would be for me to register with Old Station surgery in Abergavenny which is adjacent to a bus stop with a direct service. I do not know if that change of practice is possible now and worryingly if it will be possible when I need it.

As a general point I believe closing Gilwern surgery will make Crickhowell's future less certain by reducing its catchment. Powys Health will loose it Monmouthshire support.

Transport could be a real problem in the near future

Both my husband and myself are in our 80's and thinking seriously about giving up our driving licences. When this happens I don't know how we will access the Crickhowell surgery. Our only choice would be by taxi or 2 buses via Abergavenny neither choice being attractive and very expensive. We attend the surgery regularly for blood tests for type 2 diabetes and in the last year I have attended both surgeries on a weekly basis for dressings on an ulcerated leg and am still doing so.

1) Question number 3 is in English.

2) The above figures have been estimated on how many times each surgery has been attended over the past year. But I'm definitely going to Crickhowell more than I was before Covid and to Gilwern a lot less.

3) I accept and understand why the current surgery has to be sold.

4) I was happy to hear at the drop-in event that arrangements were in place to

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assist people travelling to Crickhowell. The volunteers are clearly enthusiastic and want to help.

5) Nevertheless, what is clear is how little effort there has been to find an alternative location in the village. Indeed, the community centre is a perfect example of a community setting that could house a GP surgery service in Gilwern. I would like to see both health boards investigate the possibility of an alternative site here

6) The example was used for me at the event of Llangynidr people using the voluntary transport service to get to the GP surgery in Crickhowell. The problem I see with this is that Gilwern has double the population of Llangynidr. In fact, the population of Gilwern is more like that of Crickhowell, which justifies the need for a surgery service here.

7) While a full-time surgery in the village would be ideal, I would be willing to accept a compromise where a surgery at an alternative site in the village would be open part-time

8) Why not transform the room where the drop-in event took place into a reception, nurse's room and doctor's room? The hours could match the library hours to keep costs down. I'm sure the community would welcome the sort of solution.

9) Thank you for considering my comments. I look forward to reading my comments in the consultation report.

Patterson, Liz
23/05/2023 11:25:01

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Responses from NP8 and LD3 postcodes

This is so sad ... our beloved Health Service is rapidly vanishing . I feel quite distressed for the residents of Gilwern . Possibly another 'nail in their coffin' .
The car park in crickhowell surgery is already too small for the patients it has. If gilwern patients all also use crickhowell this would worsen. Also it's hard to get an appointment sometimes and do closing 1 surgery would make that worse unless there are plans to extend the surgery in crickhowell.
I work i. The NHS and the service the war memorial practice provides is excellent especially in the current climate. The offer telephone appointments and I have always been able to get an appointment for my child. Unfortunately I think closing of the gilwern branch is essential in order to maintain a service that is safe for patients and sustainable
Obviously the demand on Crickhowell centre would increase and it's hard enough to get appointments there already. I say this because services such as health check ups, well man clinic are no longer available due to lack of doctors/nurses. I think preventative measures are fundamentally important. I understand the need to consolidate resources and facilities but this should not reduce service
The NHS has, over as period of years, been relentlessly reduced in scope and is now unable to operate anywhere near an acceptable level, to the considerable detriment of the population at large. It is already very difficult to contact the practice to even speak to a doctor, let alone get an appointment. At this practice, the older experienced doctors that know us well all seem to be leaving, or have left already. It is essential to reverse these trends and properly finance and motivate GP's and allow them the resources needed to provide proper services in all local areas. Closing down another surgery will impact upon both the people that use it and add that load to the main surgery which is already struggling to provide a responsive and adequate service. The latter will inevitably make matters worse for those of us that use 4the main surgery
Crickhowell volunteer Bureau have recently received a higher than usual request to transport clients from gilwern to Crickhowell surgery due to limited appointments in Gilwern. Elderly, sick, patients cannot travel 2hrs from Gilwern - Abergavenny - Crickhowell and return by bus. Our drivers are all volunteers and if the surgery was to close we cannot accommodate the significant numbers of elderly needing help
If the medical & admin staff from Gilwern transfer to Crickhowell to cover the Gilwern patients then that would be ok. However, I suspect you're proposing to transfer just the patients which will mean the service level will inevitably suffer for the residents of Crickhowell/Llangattock who are already patients of the surgery.
It would cause an impact with the volume of people going to Crickhowell. If you had to wait 2 weeks for an appointment now when they close Gilwin doctors then you would be waiting 4/6 weeks for an appointment due to the amount of people changing surgeries.
The Closure may impact people with mobility issues living in Gilwern and people who rely on public transport as there is no direct bus service to Crickhowell
Having to wait on average about 2 weeks for an appointment now will turn to 4-8 weeks wait due to the volume of people moving from Gilwin to Crickhowell
I would not be happy if all of the patients from Gilwern are registered at Crickhowell without all of the associated medical and admin staff also getting transferred

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Closing the surgery in Gilwern will have a significant impact on waiting times which have increased over the years and also put more stress on an already creaking NHS service.
I think if there are more patients going to Crickhowell they need to look at parking as its really bad most of the time
If the closure of Gilwern (3 miles from Crickhowell) leads to opening of a surgery in Llangynidr (6 miles from Crickhowell) that would be very welcome. Fed up with being asked gender orientation ethnicity etc. Especially irked that there is no specific category of "Welsh"
I would be concerned that additional patients should not impact adversely on an already busy Crickhowell surgery. Also parking provision needs to be considered.
Obtaining an appointment at the Crickhowell practice currently involves much longer waits that we saw pre-COVID. If this proposal were to go ahead I would hope that there would be more nurse/doctor availability to support it.
Closing the Gilwern branch will increase the number of patients attending the Crickhowell practice and it is likely that this will adversely affect the ability to get an appointment at Crickhowell. The car limited number of parking spaces at Crickhowell practice could also be an issue.
It is already a bit tricky getting an appointment in crickhowell. I tried 3 weeks running and then gave up and just live with the health issues I. They were only booking 2 weeks ahead and I missed out on 3 occasions. If crickhowell start to take patients from gilwern, these issues will be worse.
As we live in Crickhowell our only concern would be capacity to accept all Gilwern patients into the Crickhowell Centre
Parking at and obtaining time relevant appointments at Memorial Health Centre Crickhowell is already difficult. The closure of Gilwern will only make this worse? Not sure how transport starved patients in Gilwern will access Crickhowell?
I know that it is extremely difficult to see a doctor at the Crickhowell surgery because they are too busy. Surely by closing the Belmont Surgery this would simply put further pressure on the Crickhowell surgery as all Belmont patients would end up going to Crickhowell?
I hope that it wouldn't decrease the number of appointments for everyone.
I presume governmental dereliction and generous pensions a responsible for this, mainly the former. We haven't been effectively governed for well over a decade (and probably longer) and there is a grotesque lack of strategic/workforce planning in health and social care that is leading to these provision and recruitment crises. I assume the roll/catchment of the Memorial Practice will have to increase to absorb some (all?) of the patients served by the Belmont Practice. If this is correct, my immediate concern would be that this will have a negative effect on the ability of locals to get a GP appointment at the Memorial Practice. Many of those that live in the area are older persons and I am worried at the GP service's ability to cope with increased numbers seeking healthcare. I am on such as I have chronic disease. It is interesting that this letter has come to me on a day when the Government are set to enforce minimum staffing standards for staffing levels during strikes. I shall write to the egregious Minister Shapps (two words that should never have been conjoined in script, and certainly not in actuality) suggesting that minimum staffing standards being applied to the workforce during strike action be applied during periods when there are no strikes. I'm sure he'll act immediately, he's been acting all his political life. Properly speaking I should be invoking the Health Secretary, Steve Barclay, but not only does no-one know who he is, but his mode of deliberate obscurity when faced with a crisis suggests he is unsure himself if he exists. Does the Future Generations Act apply to this proposal? I am yet to learn if it has ever been effectively applied in comparable situations. On the other hand, if the doctors are

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retiring, and if no-one can be recruited to the vacant posts, what is the point of the Board's deliberations? Thanks to all at the Powys Health Board who administered my four Covid vaccines over the past year or two A great feat of organisation and effective management for which me and mine are very grateful.
How would the closure impact on the current staffing levels at War Memorial? Are you intending to recruit more staff to cover greater footfall? Car parking very limited already. Most from Gilwern would arrive by car. These things must be thought through.
although i have spoken to nurses on the phone i have not had a face to face contact appointment with a doctor for two years. it is unsettling that prescriptions are given without any face to face consultation. perhaps this would have been offered if i had asked but we are now told how stretched doctors are and you are not encouraged to ask.
As we have difficulty getting an appointment at Crickhowell already, to have more patients making demands would be impossible to manage.
It is difficult enough to get through reception to make an appointment with Gilwern closing will it be worse?
I believe its difficult enough to get an appointment to see a doctor or nurse at Crickhowell already....Will having all the Gilwern patients make it even more difficult to get an appointment.....I think it probably would. If the Gilwern closure would make the WM surgery more efficient and able to offer better services and more appointments then I would naturally support it.
The idea of closing the Surgery in Gilwern is absurd. As someone who does not drive my thoughts lie with the residents of Gilwern who do not have access to a vehicle themselves. As there is no direct bus service between Crickhowell and Gilwern they would therefore be required to travel to Abergavenny where they would need to catch a connecting bus to Crickhowell no doubt costing money (we are currently in a cost of living crisis) and time spent travelling; unless a funded form of transportation is to be put in place to accommodate this (something I highly doubt.) My other concern is whether Crickhowell Surgery itself can accommodate the extra number of patients being seen within the building. It is difficult enough now to be able to get an appointment, closing Gilwern is not going to aid this. Many services at Crickhowell & Gilwern have been stopped with patients having to travel to Brecon to obtain the treatment they require (with some treatments only available as and when, with long waiting lists.) Again, ridiculous. This itself causes issues for those who do not have access to a vehicle, though a bus service runs from Brecon to Brecon it is not frequent. The closure of Gilwern and the services only available in Brecon raises my concern that it will not be long before Crickhowell surgery itself will be closed.
With the increase of patients coming from Gilwern this would make it even more a problem to make an appointment. The average time now to see or speak to a doctor is 2 weeks, this would be definitely longer if this decision goes ahead. Gilwern is in Gwent shouldn't they be going to a surgery in Abergavenny?
My parents live in Gilwern and one suffers with mobility and the other Alzheimers and they used to use Gilwern surgery a lot in the past. My sister also lives in Gilwern and is in a wheelchair so access to travelling to Crickhowell would be an issue.
As residents of Crickhowell we are not users of Belmont surgery, but can see that this would be a difficult journey for people from Gilwern
To get an appointment at Crickhowell surgery is incredibly difficult . This is true for normal face to face and telephone appointments. Booking a smear test last year was also incredibly difficult which to me makes no sense . If closing this other

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branch would increase this problem I am very against it. We are already considering moving to a different doctors and this would definitely increase the likelihood of that event
<p>I think this will naturally be a big concern for the elderly in Gilwern .</p> <p>One observation is that I think there would be a staffing manpower advantage in closing due to my experience of a similar circumstance. I was a GP partner at a surgery in LOCATION REDACTED. We closed a small branch surgery and found that the released medical time for the main surgery (because of more facilities & support staff)and reduced staff travel created capacity the equivalent of an extra 1/3 of a doctor plus a receptionist .</p> <p>In these times of too few doctors and nurses and severe difficulties recruiting staff this could be very valuable for the partnership if they are facing such difficulties.</p>
It is difficult to get an appointment at War Memorial surgery without waiting considerable time. Often takes a week or sometimes two. Service for those already attending this surgery will likely be reduced further. Parking can be very difficult.
<p>Whilst I'm not currently a user of the Belmont surgery, I would like to say I hope you find a solution to keep the surgery open. It would be a big problem to many in Gilwern who do not have access to their own transport.</p> <p>It should be noted that there is no direct bus service between Gilwern and Crickhowell. As I understand, a bus journey would require a trip to Abergavenny then changing to another service to Crickhowell. I imagine that will take a long time - not good for unwell folk.</p>
This proposal will of course have an impact on those current patients at Crickhowell inc me. Firstly there is little parking space causing anxiety to those who are trying to attend their appointments. So with increased patients from Gilwern what provisions are bring put in place to solve this. Secondly, it is almost impossible to get a Dr appointment at the moment so extra patients is only going to increase the waiting time. How long are we expected to wait? Is two weeks acceptable? Three weeks? The surgery needs all doctors working full time to improve their service to current patients and then needs to put in place additional doctors if there are to close the Gilwern branch. You are making an already fully stretched service unable to cope with demands into something untenable if you decide to go ahead and close Gilwern.
<p>It appears to be impossible to get a doctors' appointment now so if Gilwern patients were also trying to access help it can only be worse. This appears to be purely a cost saving exercise without any consideration of patient welfare. This applies particularly to the marginalised people of Gilwern.</p> <p>Think again, we know the system is collapsing is this the death knell?</p>
I do not agree with the closure of the Gilwern surgery. Channeling all patients through one surgery will have a detrimental impact on appointment wait times. The approach of closing hospitals in favour of channeling patients through one hospital highlights this point. I.e. The Grange hospital in Cwmbran, as it simply can not cope with the volume of patients and this is having a massive detrimental effect to the patients using this service. Whilst finance is an important consideration; it is not the only one and quality of service must also be an equal consideration.
My concern would be for those patients who do not have transport to get to Crickhowell and how that will impact on the health of the Gilwern community. Could there be free transport provided? My other concern relates to the additional pressure that would be put onto the surgery in Crickhowell. It is already very difficult to get an appointment and I fear that this would worsen if Gilwern closes
Crickhowell is already hard to get an appointment with, parking is an issue particularly as I have young children, the spaces don't always allow doors to open. Shutting Gilwern will further stress Crickhowell

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<p>I've used the practice "triage" with telephone doctors' advice more often. I like this approach as it saves myself and the surgery time on matters than don't actually need a visit. I have subsequently picked up prescriptions from Crickhowell after such phone advice.</p> <p>My principal concern would be staffing levels at Crickhowell to pick up a higher level of patients.</p>
<p>Please consider the older people in Gilwern who don't have transport or anyone to bring them Crickhowell.</p>
<p>Although not a patient that uses the Gilwern branch, I worked part time there for 10 years and I know how valuable this service is to older people and people without cars. Patients would have to hire a taxi at great expense, or catch a bus to Abergavenny then change to another bus to Crickhowell and they don't always leave at compatible times. This would include young mums with babies/children, older people and people with mobility problems. I think it would be a very cruel decision to close Gilwern branch.</p>
<p>I live in Crickhowell and use the local surgery so I do not think this questionnaire is applicable to me</p>
<p>Why is this even being considered? There is already difficulty making/getting appts? Currently have to wait for call backs at Crickhowell. I cannot see how the Practice will cope ?</p> <p>Is this to save money at the expense of people's health? Shocking!</p>
<p>Without further information it would seem that the closure of Gilwern would put an additional strain on the War memorial Health Centre which is already under considerable pressure, unless adequate additional are recruited.</p>
<p>I feel that there will be an impact on the Crickhowell clinic site (if Gilwern closes) because Crickhowell is also a fairly small clinic site for a large increase in patient numbers (car park facilities etc)</p>
<p>The closure could affect people in Gilwern who do not have transport and will increase pressure on services at Crickhowell. It is not easy to get appointments at Crickhowell as it is and parking is awful and will only get worse.</p>
<p>Closure of Gilwern Surgery will adversely impact Crickhowell residents unless the following assurances are given (1) doctor(s) shifts at Gilwern will be transferred to Crickhowell to provide permanent extra cover, and (2) additional car parking spaces are provided at Crickhowell Surgery.</p>
<p>Gilwern is a large community and lots of people there will have difficulty getting to Crickhowell.</p> <p>Crickhowell Surgery is already under pressure, would this added burden put it under severe pressure.</p>
<p>I think we should be expanding GP surgery not reducing them</p>
<p>Increased numbers of patients attending the WMHC. I trust there would be a proportional increase in numbers of medical staff to avoid an increase in delays to get an appointment.</p>
<p>As a patient registered in Crickhowell my concern is the lack of access and appointments. They are already an issue and would increase with an increased patient caseload. To get through the door is challenging, the appointment system is shocking. As someone who has rarely needed the surgery in the past. I have found now I do need it you are inaccessible. Now you want to tighten your services even more. It's very poor.</p>
<p>Car parking is a potential problem</p>
<p>Certain patients eg. elderly for one, may have to travel further for medical assistance. The Crickhowell branch will need to address the issue of greater numbers for appointments, picking up prescriptions and accessing the car park.</p>

Annex 5d: Question 17 Responses

Perhaps a larger car park will need to be considered as the present one is too small for the volume of patients using it.
The car park is not sufficient to accommodate patients that are at Crickhowell all ready without adding Gilwern patients as well
How will you manage having more patients at Crickhowell . Waiting times to see a doctor are long this move of more patients will make the situation worse ?
Could the car park be made larger?
It is hard enough getting a face-to-face appointment at the moment - adding the population of gilwern to crickhowell will surely impact on this. Gilwern is a significant size town and there will be serious capacity issues at the crick building (and pharmacy)
Gilwern is approximately the same distance from Crickhowell as Llangynidr. I do not have any problems accessing the War Memorial Health Centre so would think that the same would apply for most Patients living in Gilwern.
At the moment the wait to get an appointment at The War Memorial Health Centre is not acceptable. The current difficulties are fully appreciated but the addition of all Gilwern patients will only add to the present difficulties that are currently being experienced.
Just concerned about the resource implications this will have on the overstretched staff already at Crickhowell surgery if patients from the Gilwern catchment area will transfer over. This will also have a detrimental effect of those patients already within the Crickhowell area trying to access appointments. I think patients living in Gilwern should be able to link with those services provided in Abergavenny in monmouthshire if possible.
Have not seen Dr in Crick as it was impossible to make appointment when I tried to.... If closing Gilwern helps address and improve the (ugh !) appointment process in Crick - get my full support
I think this will impact the Gilwern Community as they could walk to this Surgery especially the elderly.
Will the number of doctors at the war memorial surgery increase when the Gilwern one closes?
There is a large population of elderly people in Gilwern, my Nan lived there and it would have been extremely difficult for her to go to Crickhowell surgery. Please do not take this away from the people of gilwern.
My wife's grandmother lived in gilwern before she passed and used the surgery regularly. She would have found visiting the surgery in Crickhowell very very difficult.
My great Grandmother lived in Gilwern, and having the surgery made her last years a lot easier to cope with, not having to come to Crickhowell or Abergavenny. Wales has an aging population, taking things like this away from them will put more stress on the NHS as a whole.
My mothers grandmother lived in Gilwern and used the surgery regularly. The population of Gilwern need this.
Will this impact on making Crickhowell group practise busier and not having enough dr to see patients
Hope the closure of gilwern won't impact Crickhowell getting busier
Just worried it may impact on Crickhowell getting busier
This is yet another example of the surgery systematically withdrawing services from the community. There is currently a wait of at least 2 weeks to see/speak to a GP or practice nurse at the Memorial Centre. Closing Gilwern will only have an adverse effect on those waiting times. The Practice needs to reassess its core values to ensure that everything it does is about providing a service to the community and to

Annex 5d: Question 17 Responses

individual patients, rather than about economics. Greater efficiency in providing a service, is, of course, desirable, but not at the expense of patient focus. Given that the future of medicine is personalised treatment, I recommend deeper consultation with the community before any major decisions are taken. This survey, for example is designed to provide the preferred answer; "it's fine if you close it" rather than seeking a genuine set of reflections on the likely impact.
In terms of impact, those affected will be the elderly, the carless, the poor (who cannot afford transport to Crickhowell), and there is, of course, an environmental impact, both in terms of increased carbon and noise and extra traffic in Crickhowell.
Instead of centralising, the aim should be to create greater accessibility to medical support though more localised services.
But experience has shown that the surgery is deaf to these ideas, and I have no doubt that it will find a way to justify its continuing erosion of health service provision in the area it is supposed to serve.
This change would not affect me terribly. I would be happy to see the Crick centre being used more.
The closure of the Gilwern Surgery would put additional pressure on the War Memorial Surgery in Crickhowell. It is already impossible to get an appointment to see a doctor or nurse without having to wait a couple of weeks each time.
Car parking at Crickhowell can be difficult. Without additional facilities this will become a major issue as the percentage of people who need to travel by car to the surgery will increase considerably.
Car park capacity at the Crickhowell Centre may need consideration
I think moving patients from the Gilwern surgery to crickhowell is going to cause enormous pressure on crickhowell health center. I feel crickhowell health center is already under immense pressure and at the moment you have to wait around 2 weeks for a routine appointment whether that is face to face or telephone, more patients using the practice is only going to lengthen this time frame unless a few more GP's will be put into crickhowell to lighten the load.
It is hard enough to get an appointment at the War Memorial Surgery in Crickhowell without putting more pressure on the doctors there by transferring patients from Gilwern. Even now sometimes we have to wait weeks for an appointment.
I am concerned that a greater workload at Crickhowell will lead to longer waiting times
Getting a GP appointment is a lottery. When I ring I get told to ring tomorrow first thing and still can't get an appointment. Being told the earliest chance I can have of seeing a doctor is more than a fortnight away makes me question the point of trying to get an appointment in the first place.
Transferring the patients from Gilwen would increase the appointment take up in Crickhowell
The new build in cwrt y Gollen will again have an adverse impact on the surgery and medical staff availability so any more patient attending from Gilwern will do the same.
There is room available to extend the parking area.
Room available to create additional parking spaces.
Public transport is very sparse in this area and gilwern residents without access to a car would struggle to travel at a set time for appointments
As I attend Crickhowell Surgery I would not be affected by the closure of Belmont Surgery, but I feel it could cause hardship to patients who dont have their own transport and there is no bus service.

Annex 5d: Question 17 Responses

Difficulty for non driver patients coming from Gilwern . Will make getting an appointment in Crickhowell more difficult for Crickhowell patients- longer waiting lists
The car parking available at the Crickhowell War Memorial Centre is highly limited and sometimes is fully parked. I am fit and able but others and the elderly coming by car are then in some difficulty. I would be concerned for them, if the likely number of visitors by car from Gilwern is substantial.
<p>The area's demographic seems to have above average numbers of older residents, which means that demand for medical attention may well be higher than elsewhere. Waiting times for appointments are long, and unless you "get in" near the start of a two week cycle you have to wait until the next cycle.</p> <p>There isn't any Welsh provision, as far as I'm aware. I would speak in Welsh with staff as a preference if the option we're available.</p> <p>Most of my visits to / contacts with the HC have been in relation to my teenage son. Attention has been good, but it is not easy or quick, and means I am less inclined to consider following up on any physical changes I note in myself. Families prioritise when things are not easy, and I fear this may lead to a failure to spot symptoms early.</p> <p>I do not support the closure of the Gilwern practise, because we need more provision, not less, and it should be local, rather than more remote. I think particularly in relation to increasing mental health issues, people would benefit from a proper relationship with their practice team.</p> <p>In relation to question 21 below, (especially given the difficulties in accessing medical attention), there should be an "i don't know" option.</p>
<p>It is frustrating living in a rural area that local health services such as these are disappearing, such as departments at Neville Hall being moved to The Grange and the prescription collection service being cancelled at Walnut Tree Stores.</p> <p>These decisions have a massive impact on the local community and especially vulnerable people who find themselves having to travel further to access these services.</p>
The crickhowell practise is already struggling to cope and seems to not be able to give routine appointments. Having to cope with additional Gilbert patients seems too much. Additionally we were forced to change practise to the crickhowell practise due to moving from Monmouthshire to Powys - as the gilwern practise is in Monmouthshire and as such so should their patients also be why are you putting such patients into the Powys health board
<p>I think it would be good to have all the specialised practitioners- Drs and Nurses working in one place.</p> <p>This will provide quicker access to individuals' expertise as needed on a daily basis. By having one surgery less admin time will be spent organising clinics etc, enabling an ongoing efficient service</p>
I am concerned that with the retirement of several doctors, the burden on the remaining medics of keeping Gilwern surgery open will be too great in both financial and workload terms and that this will lead to an overall deterioration in the good service that they currently provide.
<p>This plan will not have any impact on me as I would prefer to go to Crickhowell, since it's not so far from Cwmdru, where I live. If there aren't so many doctors it makes sense to close down the surgery in Gilwern, Although the people there will have to travel to Crickhowell, they will be no worse off than people in Cwmdru or anyone else in the surrounding villages. It's more important to keep one good health centre working well.</p>

Annex 5d: Question 17 Responses

It's hard enough to get an appointment at the Crickhowell surgery without closing other options. We can no longer pick up our prescriptions from local shop in the village so have to travel to Crickhowell to get them service getting worse not better.
My elderly parents have always used this practice and I know my father in particular would like it to remain open.
I think closure of the Belmont branch surgery would have an adverse effect on the population of Gilwern in general.
I can understand the reasons for closing the Gilwern surgery but I anticipate this will cause great stress for Gilwern residents who do not have their own transport. There is also an environmental impact as the closure will result in more car journeys, the use/waste of fuel and adding to pressures on roads and in carparks. Residents of Crickhowell will also be concerned that there will be greater difficulty making face to face appointments with a GP.
Need to maintain health services provision despite closure of the Gilbert site.
I'll be interested to know how this move will impact on the patient portfolio already registered at War Memorial.
As a long term patient of Crickhowell centre I travel by car to the health centre due to problems with walking etc. Since the reopening of the centre since covid appointments are difficult to access with an increase with an increase of patients from Gilwern this problem will certainly increase. Also putting increased pressure on surgery ancillary procedures etc., prescriptions, general enquiries, hospital referrals etc. Also from my own point of view I do not use any technology, so any increase in the use of technology by the practice will not be of any help to me or other people in my position. One other major concern at the practice will be the lack of car parking facilities which are not good now, and with increased patients this will only get worse.
<ol style="list-style-type: none"> 1. Current difficulties in quickly arranging appointments likely to worsen if more workload at rickhowell. 2. Increased patient volume in Crickhowell would result in more parking problems which with lower patient numbers are already problematic. 3. Admin workload will increase with more patients which will exacerbate the current problems associated with access to/speaking with admin staff. 4. Would welcome the opportunity to see all data etc used in the decision making process to counter these problems.
<p>Difficulty in obtaining an appointment would increase, due to greater patient numbers</p> <p>Increase in patient numbers, would increase problems already experienced with parking</p> <p>Administration will increase in the Practice, which will lead again to difficulties being able to</p> <p>speak to someone re an appointment or problem.</p> <p>I would hope that an increase in Doctors within the Practice, Nurses and Administration would</p> <p>be increased to facilitate increases in Patients</p>
I, as do many others in surrounding villages/areas have to travel to access Surgery so feel strongly that the population of Gilbert/Govilon and surrounding areas would have approx the same distance to travel.
My main concern is car parking space at Crickhowell surgery. It is already too small and difficult to access if busy. With extra patients travelling from Gilwern to Crickhowell for appointments this will only increase demand for car parking
I would be concerned about the availability of appointments at Crickhowell if Gilwern were too close.

Annex 5d: Question 17 Responses

A large increase in patient numbers would have to create an increase in the employment of more doctors.

Patterson Liz
23/05/2023 11:25:01

Annex 5d: Question 17 Responses

Responses from other postcodes or where no postcode given

Would be a great shame to see the surgery in gilwern close its so convenient for gilwern residents to go there rather than crickhowell.
Answered 0 to question 6, because can never get an appointment. So my visits to Crickhowell is the only option. See answer 10 as confirmation.
Please consider the local people that already struggle to get appointments
If patients who attend Belmont want to entertain any remote chance of actually seeing a GP face-to-face then they would be better served transitioning to Monmouthshire. Patient sightings of GPs in Crickhowell are rarer than unicorn s**t.
I am quite poor and getting to see a doctor with my complicated health needs is already being affected by the lack of doctors and nurses that are in Crickhowell. My waiting times seem to be continually increased due to lack of medical professionals available. Introducing patients from Gilbert to Crickhowell would in my opinion only add to these long waiting times. I believe it would be better for the Aneurin Bevan health board address the concerns of the Gwent residents rather than hoiking themselves on to our health authority.
It will have a huge impact on the local community especially the elderly and people on low incomes who don't have transport.
Access to GP apts at either site managed by Crickhowell health center have been compromised, from a patient perspective, from the impact of Covid service restrictions. Covid 19 impacted on services and safe provision of services in a myriad of ways for all the population age groups and needs registered with the GP practices. During Covid 19 health service restrictions the Gilwern building was used, at times, as a space which provided practice nurses and some health related staff to see patients in a socially distanced manner with PPE used by staff and patients and potentially provided a lot of people with valuable access to health services. Removing this medical space for the residents who have historically been permitted to register with Crickhowell GP practice but live on the Gilwern side of the catchment would be an incredibly negative event for the immediate and long term health needs of the population of all ages and presumes that every one has the ability to get to Crickhowell town or be able to try and register with a practice in Abergavenny. At a time when public transport is under scrutiny from providers due to costs and pollution impact and services already struggle to provide a usable time table to enable access to appointments and clinic times. The future health needs and well being of a large number of people are currently served in some form by access to the Gilwern site and its total loss would deprive them of any type of equitable health potential.
Massive impact
AS THERE IS NO BUS ROUTE BETWEEN GILWERN AND CRICKHOWELL IT WOULD BE DIFFICULT TO GET THERE. THE COST OF A TAXI THERE AND BACK WOULD BE PROHIBITIVE AS WE ARE PENSIONERS AND IN THE PRESENT ECONOMIC CLIMATE EVERY PENNY IS COUNTED
As the Senedd Member for South East Wales I am very concerned at the potential effect this decision will have on my constituents who use Gilwern Surgery. I understand the nearest surgery to Gilwern is Abergavenny which I am told is not accepting patients as it is full up. I am concerned about elderly, infirm and vulnerable people in Gilwern not being able to access the health care they need and to which they are entitled. What studies have been done into the availability of frequent and convenient public transport to enable patients to access Crickhowell as not everyone owns a car?
Gilwern is an isolated community in terms of bus access to Crickhowell as well as pockets of social deprivation and low income. A GP surgery within the community is essential in order to not prohibit access to those who rely on public transport either

Annex 5d: Question 17 Responses

through geographical location, lack of transport facilities or lack of income to access the transport
It's a lot further than my usual drs in gilwern, my mobility is not the best and if my daughter is unable to take me I have to rearrange my appointment
This proposed closure will have a disastrous effect on the elderly community in Gilwern many of whom do not drive. Recently in the extreme weather and flooding Crickhowell bridge was closed and I had an appointment in Crickhowell. The road from Gilwern to Llangurney was closed for over twelve months from flood damage and without that I would be faced with a journey via Abergavenny. Non drivers would be faced with a similar problem and would have to pay for a taxi which I understand is about £20. The fact that Gilwern had a doctors surgery was a major influence in me moving to the area in 2011. We have lost our bus service to Crickhowell, then we lost our bus stops when the A465 dual carriageway works was implemented now you are proposing to take our surgery, I think this is total out of order.
/
Most of my visits have been to Crickhowell because Gilwern surgery was closed.
I am sorry the practice has decided to close the surgery in Gilwern. I do support the change and will continue to be a patient travelling to Cric.
Living in Monmouthshire but classified as a Powys patient has an impact on accessing other health services. Eg the requirement to travel to Bronllys hospital for covid vaccinations instead of more accessible Nevil Hall hospital. The socio economic aspect needs to be addressed. Perhaps cooperative/interlinked facilities could be made available for specific services
No surgery in Gilwern would be problematic for non drivers, and particularly the elderly. Public transport between Gilwern and Crickhowell is not the easiest. Are there plans to employ 4 more GPs to do increased home visits should there be no surgery to serve the population of Gilwern. Surely the population of Gilwern should be sufficient to have a surgery in the village.
If not able to drive then it would be difficult to get there by public transport. The branch hasn't been open for appointments since Covid. More convenient and easier to be seen in Gilwern especially if not feeling well enough to drive
Need to use the Memorial Health Centre to park too far to manage the walk from the town car park. My husband is 91 ,I am 88
We need GP services in Gilwern Lots of people I know would have great difficulty getting to Crickhowell

Patterson, Liz
23/05/2023 11:25:01

Annex 5e: Individual responses received via letter or email

Three letters of response were received by post or email. The text of these letters is provided below.

Patterson Liz
23/05/2023 11:25:01

Letter 1:

Dear Ms. Thomas,

Re: Application to close Belmont Surgery, Gilwern

Thank you for your consultation letter seeking views of patients of Crickhowell Group Practice on the proposed closure of Gilwern Surgery.

Without knowing all the reasons for the proposal, I would object to the closure for the following reasons:

1. The population of Gilwern has increased with more young families and children and, at the other end of the age spectrum, more elderly people. Therefore, the demand for local G.P. services is greater.
2. Direct public transport links between Gilwern and the main surgery in Crickhowell are non-existent. A one-way taxi fare is in the region of £15 which people on limited incomes would not be able to easily afford. The return fare would be in the region of £30. Given the age groups involved, the number of visits to the main surgery could be numerous e.g. injections for babies and toddlers, elderly patients with chronic conditions.
3. To catch public transport from Gilwern to Abergavenny to Crickhowell and return would not be practical because of the infrequency of public transport that does not align with appointment times.
4. There would be a detrimental knock-on effect on the limited appointments in the main surgery. There is already (generally) a 2 week waiting time for patients who wish to see a doctor face to face as all the doctors are part-time and this would be even worse if Gilwern patients had to use the same facilities.

If the doctors want to close the Gilwern surgery for monetary purposes, perhaps a private company would be prepared to purchase the premises and the Health Boards could jointly fund a salaried G.P. to provide the essential service from the reduced salaries paid to the doctors of the Crickhowell Practice who are only providing a part time service. Nurses are no substitutes for doctors.

Patterson Liz
23/05/2023 11:25:01

Letter 2:

I fundamentally disagree with the proposed closures of Gilwern surgeries, and the surgeries must be kept open.

I have been a Gilwern resident since XXXX and we have always known there to be a Doctors surgery in Gilwern. In fact at one point in the past there were two doctors surgeries in Gilwern.

Gilwern is a village of some 3,000 persons. There is generally an older age demographic including a high proportion of older people, retirees, etc. and consequently those with declining health conditions.

We must also consider the additional outlying areas e.g. Gilwern station, Gilwern hill, Maesygartha, Clydach North, Clydach South, Aberbaiden, rural properties, farms, etc.

Gilwern has been expanded over the years with the additional building of more houses, more private housing estates and more social housing estates.

Gilwern is very likely to be further expanded in the future years with the building of more houses and more housing estates.

What could be more important than high calibre local access to local Doctors (and nursing) services.

A lot is spoken by local politicians e.g. BMX tracks, potholes, pavements, dog mess bins, street lighting, speed limits, etc.

However what could be more important than high calibre local access to local Doctors (and nursing) services.

Over successive years and decades there is a Creep to remove and reduce services from villages and local communities. NHS services and others services.

Examples :-

- Post Offices closing
- Banks closing
- Doctors surgeries proposing to close
- Availability to cash (Hay on Wye example)
- Pubs closing
- And the lists go on

Residents have paid into the system all their lives only to have services then removed.

NHS services are under attack over successive years and months :-

- Doctors surgeries proposing to close
- Toe nail cutting
- Ear wax removal
- Removal of Accidental & Emergency at Abergavenny
- New hospital at Cwmbran but this is 20 miles away
- Virtual appointments by telephone or video link

What is also relatable is the introduction of Telephone Consultations and Video Conference Consultations.

Many patients do not want these types of appointments and these types of appointments may not (will not) always have the best outcomes.

In order to treat a patient you need to physically meet a patient and not have them at the end of a telephone or internet line.

The attempts to remove Gilwern surgery will only fuel the attempts of more and more virtual appointments.

Public transport (buses) in this region is very poor and unsuitable, taxis are very expensive. A one way taxi to Crickhowell could cost £15, a return trip could cost £30.

I fundamentally disagree with and oppose the proposal to close down Gilwern surgery, and the surgeries must be kept open for the benefit of the residents and the local communities.

I hope that other residents and interested parties make themselves known.

These proposals are just the latest step along a long trodden pathway is eroding and removing services whether they are NHS services or other services.

Nothing could be more important than NHS access and this starts with a local access point to NHS services = Gilwern Surgery.

Please note that I do not monitor my email inbox so if you have something significant to say then please send me a traditional paper letter through the normal postal service. I will not be interested to read anything about politically correct cost saving efficiencies etc. I would only be interested to read about matters which are positive and which are materially significant and of benefit to myself and other local residents.

Patterson Liz
23/05/2023 11:25:01

Letter 3:

As requested I am submitting this email on behalf of myself, my Wife and the Community in General. Gilwern has grown immensely since our arrival in the area when we had Two Doctors Surgeries and a Dentist.

The School is at full capacity.

I am extremely concerned it is the intention of Crickhowell Group Practice to close the Belmont surgery from the 31st March 2023. As I have been told it is the decision of the Group Practice. I have been told the decision has been made as it is unsustainable. I am told by representation today no such decision has been ratified at Present.

However the proof will be on 1st April 2023.

I find it difficult to understand it is unsustainable. By what means I ask myself.

I have been told today no New Doctor have applied to buy into the Practice. I understand the practice is privately owned, however there are Doctors who want to be employed but do not want to be a Partner. Therefore the Practice Partners are limiting to only considering Doctors who want to be a Partner I understand there has not been any Applications.

There are Doctors who want to be employed but do not want to buy into a private Doctors Surgery. So it is unsustainable to Group Practice without being considerate to the people of Gilwern.

Crickhowell is not accessible for people without transport. A lot of older people of Gilwern do not have Transport therefore have to engage taxis or catch a bus into Abergavenny to travel to Crickhowell.

In this time of Austerity how is that sustainable to people that only live on Government Pension with no other income.

Also there are very few parking spaces available at the Surgery so the only alternative is to park in the lay by on the main road and dodge between the traffic to get to and from the Surgery.

Surely the Community of Gilwern deserve a Doctors Surgery either by Welsh Assembly assisting the Health Authority in buying the Building and employing Doctors and Nurses,

Gilwern was sustainable for two surgeries back in time when Gilwern was much smaller. Gilwern has grown immensely but now is not apparently sustainable.

Patterson Liz
23/05/2023 11:25:01

Seeking your views on an application from
Crickhowell Group Practice to close Belmont
Branch Surgery in Gilwern

10 January 2023 to 6 March 2023

Annex 6 – Local Area Profiles

Patterson Liz
23/05/2023 11:25:01

PTHB Engagement and Communication Team
March 2023

Annex 6 – Local Area Profiles

6a	Bwlch	798 patients	Local Area Report for areas in England and Wales - Nomis (nomisweb.co.uk)
6b	Crickhowell	2949 patients	Local Area Report for areas in England and Wales - Nomis (nomisweb.co.uk)
6c	Llanelly Hill	2739 patients	Local Area Report for areas in England and Wales - Nomis (nomisweb.co.uk)
6d	Llanfoist Fawr	109 patients	Local Area Report for areas in England and Wales - Nomis (nomisweb.co.uk)
6e	Llangattock	959 patients	Local Area Report for areas in England and Wales - Nomis (nomisweb.co.uk)
6f	Llangynidr	1007 patients	Local Area Report for areas in England and Wales - Nomis (nomisweb.co.uk)
6g	Llanwenarth Ultra	319 patients	Local Area Report for areas in England and Wales - Nomis (nomisweb.co.uk)
6h	Talybont-on-Usk	191 patients	Local Area Report for areas in England and Wales - Nomis (nomisweb.co.uk)

Further information about health and wellbeing in Monmouthshire is also available in the Monmouthshire Well-being Assessment. The Crickhowell Group Practice catchment falls within the “Abergavenny and Surrounding Areas” locality within the Well-being Assessment:

- https://www.monmouthshire.gov.uk/app/uploads/2022/05/Well-Being-Assessment-22-27_Monmouthshire_Final.pdf

Further information about health and wellbeing in Powys is also available in the Powys Well-being Assessment. The Crickhowell Group Practice catchment falls within the “Crickhowell” locality within the Well-being Assessment:

- <https://en.powys.gov.uk/article/5794/Full-Well-being-assessment-analysis>

Patterson, Liz
23/05/2023 11:25:01

Appendix 3

Equality Impact Assessment

<u>For:</u>	Application by Crickhowell Group Practice to close their Belmont Branch Surgery in Gilwern, Monmouthshire
<u>Date form completed:</u>	Version 4, 10 May 2023
<u>Name of Completer</u>	Adrian Osborne, Assistant Director (Engagement and Communication) Jayne Lawrence, Assistant Director (Primary Care) Amanda Walters, Head of Primary Care

The aims of this Equality Impact Assessment are to:

- consider the impact and effect in the event of acceptance of the application to close the Belmont Surgery in Gilwern to groups of people, including
 - patients / service users
 - staff
 - individuals with protected characteristic (as defined by the Equality Act 2010)
 - other relevant stakeholders (particularly in relation to Welsh Language, Carers, People with Socio-Economic Disadvantage))
- identify both positive and negative impact that the closure will have
- propose potential mitigations to minimise or eliminate negative impact / affects
- propose opportunities to maximise and promote the positive effects of the closure

Patterson, Liz
23/05/2023 11:25:01

Equality Impact Assessment

Introduction:

Crickhowell Group Practice has requested to close their premises in Gilwern and consolidate their services at their premises in Crickhowell through the PTHB Branch surgery closure process.

This EIA assessment to review the impact of the above application is being undertaken in line with the PTHB CGP009 - Equality Impact Assessment Policy.

This draft EIA continues to be informed by patient, public and stakeholder feedback and wider intelligence gathering. It forms part of the evidence required under the PTHB Branch Surgery closure request process. It will inform and further support the Branch Practice Review Panel in making a recommendation to the PTHB Board, when the Panel considers the application received from Crickhowell Group Practice.

The assessment has been undertaken by the PTHB Primary Care Department and PTHB Engagement and Communication Department and considers the effects on patients residing in the practice catchment, and particularly in the Gilwern area

The EIA was undertaken utilising resources and information provided from the Crickhowell Group Practice, patients, service users, staff and relevant stakeholders.

PTHB has a statutory duty to ensure the sustained delivery of safe primary medical services to their resident population. When a practice becomes vacant for whatever reasons, the PTHB must ensure that primary medical services continue to be provided to those patients by the most effective and efficient means possible, having regard to local needs and circumstances.

Whilst there is limited regulatory guidance in this regard, the Primary Care Contract Quality Standards relating to "branch / split - site surgeries" (paragraphs 4.52, 4.53 – 4.59) outlines a process under paragraph 4.56: "A branch surgery can be closed subject to agreement between the PCO and providing practice. In the event there is no agreement the practice can give notice that it wishes to close branch surgery. There will be a given period in which the PCO can issue a counter- notice, to allow for any required consultation, requiring the surgery to remain open until the issue is resolved. Normal appeal procedures will apply, or where both the practice and PCO agree that the surgery should remain open, then the PCO is required to continue supporting it with the necessary funding."

Equality Impact Assessment

About the Proposal:

Powys Teaching Health Board has received an application from Crickhowell Group Practice to close their Belmont Branch Surgery in Gilwern.

The main reasons for the application are:

- The forthcoming retirement of four GP partners who are the owners of the branch surgery premises, with lack of viable alternatives for transfer of ownership.
- Challenges across the UK to recruit and retain general medical practitioners (GPs).

The Health Board has therefore implemented its Branch Practice Review Process, which includes:

- Receiving and reviewing the application from the practice.
- Sharing information with patients and wider stakeholders to seek your views.
- Engaging with the Community Health Council, which is the statutory body to represent the interest of patients and the public.
- Conscientious consideration of the feedback we receive, and taking this into account when making a decision on the application at a meeting in public of Powys Teaching Health Board.

This period of engagement took place from 10 January 2023 to 6 March 2023.

More information including FAQs is available from the engagement website at <https://pthb.nhs.wales/gilwern>

Further information about this engagement is also contained in the engagement plan and engagement report.

Patterson, Liz
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Equality Impact Assessment

About the Practice Population

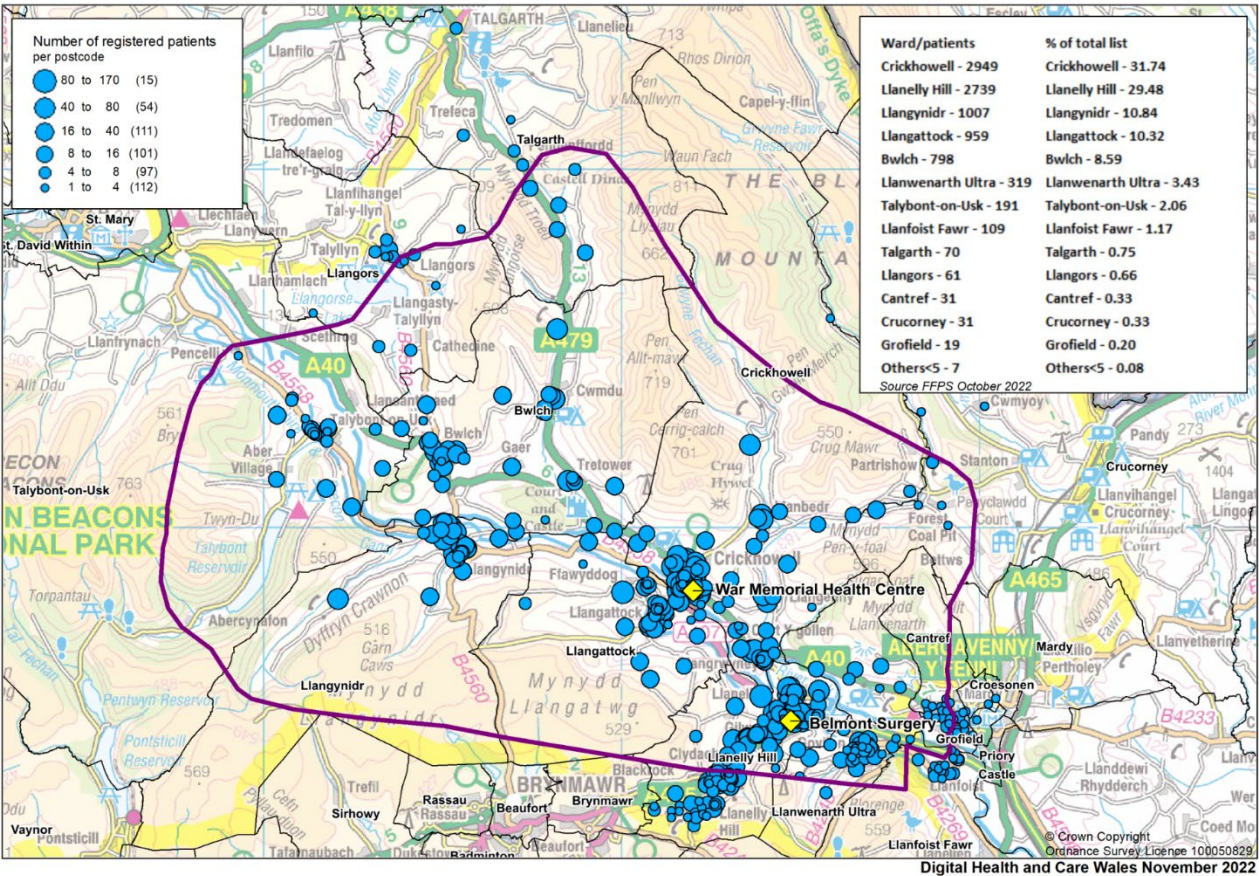
9300 patients are registered with Crickhowell Group Practice.

Of these around 3100 live in the Aneurin Bevan Health Board area, which is where Belmont Branch Surgery is located.

Under the proposed option, patients who currently use War Memorial Health Centre would see their services unaffected although they may be anxious about the potential impact on services at this location if Belmont Branch Surgery is no longer available. Patients who currently use Belmont Branch Surgery would see their services transfer to War Memorial Health Centre in Crickhowell.

This would lead to increased travel and/or reduced accessibility for patients.

Powys tHB Practice distribution - W96016 War Memorial Health Centre



Patterson, Liz
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Equality Impact Assessment

The current opening times for the War Memorial Health Centre in Crickhowell and the Belmont Branch Surgery in Gilwern are as follows:

BELMONT			CRICKHOWELL	
	GP	Nurse	GP	Nurse
Monday	Closed	Closed	08:30 - 13:00 14:00 - 18:00	08:30 - 12:30 13:30 - 17:30
Tuesday	09:00 - 12:00	09:00 - 12:00	08:30 - 13:00 14:00 - 18:00	08:30 - 12:30 13:30 - 17:30
Wednesday	09:00 - 12:00	09:00 - 12:00	08:30 - 13:00 14:00 - 18:00	08:30 - 12:30 13:30 - 17:30
Thursday	09:00 - 12:00	09:00 - 12:00	08:30 - 13:00 14:00 - 18:00	08:30 - 12:30 13:30 - 17:30
Friday	09:00 - 12:00	09:00 - 12:00	08:30 - 12:30 14:30 - 18:00	08:30 - 12:30 13:30 - 16:30

The number of patients accessing the War Memorial Health Centre in Crickhowell over the last three years is as follows:

Services	2020	2021	2022
January	4257	2435	3819
February	3663	2723	3715
March	3134	3386	4252
April	1431	3190	3120
May	1897	3026	3898
June	2370	3304	3334
July	2510	3137	3534
August	2556	3155	3812
September	2893	4295	3164
October	4017	4591	
November	3385	4778	
December	2784	4018	

The number of patients accessing the Belmont Branch Surgery in Gilwern over the last three years is as follows:

Services	2020	2021	2022
January	593	32	174
February	641	53	308
March	375	194	251
April	11	158	233
May	84	214	270
June	96	240	246
July	145	198	126
August	156	137	268
September	125	114	174
October	108	274	
November	94	297	
December	52	169	

Equality Impact Assessment

Services currently provided at the Branch Surgery include:

- GP Face to Face appointments (typically one morning per week offering a clinic with 13 appointments)
- Nurse appointments for chronic illnesses, diabetes review, asthma reviews (typically 3-4 mornings per week)
- HCA appointments, phlebotomy

We recognise that the services provided by the practice have been affected by the COVID pandemic, by changes to the primary care model in Wales, and by recruitment challenges.

Population Overview

Electoral divisions changed in 2022. Detailed findings from the 2011 census are available based on previous electoral divisions. Initial headline data from the 2021 census is now also available and is based on current electoral divisions.

Local Area Reports are included below for each electoral division (based on boundaries up to 2021) with more than 100 registered patients resident within the electoral division:

- Crickhowell: 2949 patients [Local Area Report for areas in England and Wales - Nomis \(nomisweb.co.uk\)](https://nomisweb.co.uk)
- Llanelly Hill: 2739 patients [Local Area Report for areas in England and Wales - Nomis \(nomisweb.co.uk\)](https://nomisweb.co.uk)
- Llangynidr: 1007 patients [Local Area Report for areas in England and Wales - Nomis \(nomisweb.co.uk\)](https://nomisweb.co.uk)
- Llangattock: 959 patients [Local Area Report for areas in England and Wales - Nomis \(nomisweb.co.uk\)](https://nomisweb.co.uk)
- Bwlch: 798 patients [Local Area Report for areas in England and Wales - Nomis \(nomisweb.co.uk\)](https://nomisweb.co.uk)
- Llanwenarth Ultra 319 patients [Local Area Report for areas in England and Wales - Nomis \(nomisweb.co.uk\)](https://nomisweb.co.uk)
- Talybont-on-Usk: 191 patients [Local Area Report for areas in England and Wales - Nomis \(nomisweb.co.uk\)](https://nomisweb.co.uk)
- Llanfoist Fawr: 109 patients [Local Area Report for areas in England and Wales - Nomis \(nomisweb.co.uk\)](https://nomisweb.co.uk)

Following electoral re-organisation the main divisions within the Crickhowell Group Practice catchment are Llanelly, Llanfoist & Govilon, and Cantref (Monmouthshire) and Crickhowell with Cwmdru & Tretower, Llangattock & Llangynidr, and Llangors with Bwlch (Powys).

Equality Impact Assessment

The areas that will be most directly affected by the proposal to close Belmont Surgery in Gilwern and transfer services to War Memorial Health Centre in Crickhowell are the residents of the Gilwern area. More information about the overall well-being of people in this area can be found in the Monmouthshire Well-being Assessment 2022 which is available from the Monmouthshire County Council website:

https://www.monmouthshire.gov.uk/app/uploads/2022/05/Well-Being-Assessment-22-27_Monmouthshire_Final.pdf

Further information about health and wellbeing in Powys is also available in the Powys Well-being Assessment. The Crickhowell Group Practice catchment falls within the "Crickhowell" locality within the Well-being Assessment:

<https://en.powys.gov.uk/article/5794/Full-Well-being-assessment-analysis>

The following tables are based on 2021 census data for the Middle Super Output Areas covering Crickhowell and Gilwern except where indicated.

Age Profile

The population of the Crickhowell and Gilwern area is older than Powys and Monmouthshire averages, and both local authorities are older than Wales averages. 30.1% are aged 65 and over compared with 27.8% (Powys), 25.9% (Monmouthshire) and 21.3% (Wales).

TS007 - Age by single year								
ONS Crown Copyright Reserved [from Nomis on 14 December 2022]								
population	All usual residents							
units	Persons							
date	2021							
Age	Iacu2021:Monmouthshire		Iacu2021:Powys		country:Wales		User Defined Geography:Crickhowell and Gilwern	
	number	%	number	%	number	%	number	%
Total: All usual residents	92,961	100.0	133,174	100.0	3,107,492	100.0	15,466	100.0
Aged 4 years and under	3,962	4.3	5,731	4.3	155,086	5.0	625	4.0
Aged 5 to 9 years	4,641	5.0	6,541	4.9	175,925	5.7	760	4.9
Aged 10 to 15 years	6,114	6.6	8,362	6.3	217,067	7.0	928	6.0
Aged 16 to 19 years	3,612	3.9	5,055	3.8	141,405	4.6	547	3.5
Aged 20 to 24 years	3,869	4.2	5,697	4.3	187,675	6.0	551	3.6
Aged 25 to 34 years	9,227	9.9	13,231	9.9	382,674	12.3	1,279	8.3
Aged 35 to 49 years	15,753	16.9	20,637	15.5	547,659	17.6	2,475	16.0
Aged 50 to 64 years	21,741	23.4	30,799	23.1	637,958	20.5	3,646	23.6
Aged 65 to 74 years	12,597	13.6	19,877	14.9	358,977	11.6	2,442	15.8
Aged 75 to 84 years	8,180	8.8	12,550	9.4	220,491	7.1	1,561	10.1
Aged 85 years and over	3,265	3.5	4,694	3.5	82,575	2.7	652	4.2

In order to protect against disclosure of personal information, records have been swapped between different geographic areas and counts perturbed by small amounts. See

Link to the source of this data: <http://www.nomisweb.co.uk/livelihoods/16060.xlsx>

Equality Impact Assessment

TS008 - Sex						
ONS Crown Copyright Reserved [from Nomis on 14 December 2022]						
population	All usual residents					
units	Persons					
date	2021					
Area	All persons		Female		Male	
	number	%	number	%	number	%
lacu2021:Monmouthshire	92,957	100.0	47,417	51.0	45,540	49.0
lacu2021:Powys	133,169	100.0	67,467	50.7	65,702	49.3
country:Wales	3,107,494	100.0	1,586,490	51.1	1,521,004	48.9
User Defined Geography:v:Crick	15,460	100.0	7,880	51.0	7,580	49.0

Sex Profile

The sex profile of Crickhowell and Gilwern is similar to Powys, Monmouthshire and Wales averages.

Link to the source of this data: <http://www.nomisweb.co.uk/livelihoods/16063.xlsx>

Ethnicity Profile

The proportion of people who define their ethnic group as Asian, Black or Mixed is lower than Monmouthshire and Wales averages but higher than Powys.

TS021 - Ethnic group								
ONS Crown Copyright Reserved [from Nomis on 14 December 2022]								
population units date			All usual residents Persons 2021					
Ethnic group	lacu2021:Monmouthshire		lacu2021:Powys		country:Wales		User Defined Geography:Crickhowell and Gilwern	
	number	%	number	%	number	%	number	%
Total: All usual residents	92,960	100.0	133,169	100.0	3,107,494	100.0	15,459	100.0
Asian, Asian British or Asian Welsh	1,185	1.3	1,247	0.9	89,028	2.9	168	1.1
Asian, Asian British or Asian Welsh: Bangladeshi	52	0.1	79	0.1	15,314	0.5	0	0.0
Asian, Asian British or Asian Welsh: Chinese	277	0.3	160	0.1	14,454	0.5	18	0.1
Asian, Asian British or Asian Welsh: Indian	317	0.3	176	0.1	21,070	0.7	54	0.3
Asian, Asian British or Asian Welsh: Pakistani	94	0.1	50	0.0	17,534	0.6	21	0.1
Asian, Asian British or Asian Welsh: Other Asian	445	0.5	782	0.6	20,656	0.7	75	0.5
Black, Black British, Black Welsh, Caribbean or African	230	0.2	221	0.2	27,554	0.9	32	0.2
Black, Black British, Black Welsh, Caribbean or African: African	132	0.1	74	0.1	19,907	0.6	7	0.0
Black, Black British, Black Welsh, Caribbean or African: Caribbean	62	0.1	96	0.1	3,700	0.1	21	0.1
Black, Black British, Black Welsh, Caribbean or African: Other Black	36	0.0	51	0.0	3,947	0.1	4	0.0
Mixed or Multiple ethnic groups	1,115	1.2	1,135	0.9	48,598	1.6	172	1.1
Mixed or Multiple ethnic groups: White and Asian	376	0.4	373	0.3	14,035	0.5	64	0.4
Mixed or Multiple ethnic groups: White and Black African	183	0.2	147	0.1	8,068	0.3	32	0.2
Mixed or Multiple ethnic groups: White and Black Caribbean	261	0.3	295	0.2	13,732	0.4	41	0.3
Mixed or Multiple ethnic groups: Other Mixed or Multiple ethnic groups	295	0.3	320	0.2	12,763	0.4	35	0.2
White	90,106	96.9	130,160	97.7	2,915,848	93.8	15,048	97.3
White: English, Welsh, Scottish, Northern Irish or British	87,566	94.2	126,357	94.9	2,814,247	90.6	14,718	95.2
White: Irish	451	0.5	581	0.4	13,214	0.4	90	0.6
White: Gypsy or Irish Traveller	36	0.0	105	0.1	3,550	0.1	13	0.1
White: Roma	19	0.0	49	0.0	1,843	0.1	2	0.0
White: Other White	2,034	2.2	3,068	2.3	82,994	2.7	225	1.5
Other ethnic group	324	0.3	406	0.3	26,466	0.9	39	0.3
Other ethnic group: Arab	88	0.1	100	0.1	11,641	0.4	7	0.0
Other ethnic group: Any other ethnic group	236	0.3	306	0.2	14,825	0.5	32	0.2

Link to the source of this data: <http://www.nomisweb.co.uk/livelihoods/16062.xlsx>

Equality Impact Assessment

Religion Profile

Residents of Crickhowell & Gilwern are more likely to define as Christian than Powys, Monmouthshire and Wales averages.

TS030 - Religion								
ONS Crown Copyright Reserved [from Nomis on 14 December 2022]								
population	All usual residents							
units	Persons							
date	2021							
Religion	lacu2021:Monmouthshire		lacu2021:Powys		country:Wales		User Defined Geography:Crickhowell and Gilwern	
	number	%	number	%	number	%	number	%
Total: All usual residents	92,959	100.0	133,169	100.0	3,107,494	100.0	15,463	100.0
No religion	40,311	43.4	55,971	42.0	1,446,398	46.5	6,557	42.4
Christian	45,250	48.7	65,134	48.9	1,354,773	43.6	7,728	50.0
Buddhist	339	0.4	595	0.4	10,075	0.3	54	0.3
Hindu	204	0.2	307	0.2	12,242	0.4	35	0.2
Jewish	79	0.1	81	0.1	2,044	0.1	13	0.1
Muslim	435	0.5	462	0.3	66,947	2.2	42	0.3
Sikh	102	0.1	72	0.1	4,048	0.1	6	0.0
Other religion	519	0.6	935	0.7	15,926	0.5	95	0.6
Not answered	5,720	6.2	9,612	7.2	195,041	6.3	933	6.0

Link to the source of this data: <http://www.nomisweb.co.uk/livelihoods/16064.xlsx>

Disability and Dependency Profile

These data are based on 2011 census and MSOAs.

Residents of Crickhowell & Gilwern are less likely to have their day-to-day activities limited a little or a lot due to a long term health problem or disability, but more likely than Powys and Monmouthshire averages.

KS106EW - Adults not in employment and dependent children and persons with long-term health problems or disability for all households								
ONS Crown Copyright Reserved [from Nomis on 14 December 2022]								
population	All households							
units	Households							
date	2011							
rural urban	Total							
Household Composition	uacounty09:Monmouthshire		uacounty09:Powys		gor:Wales		User Defined Geography:Crickhowell and Gilwern MSOAs 2011	
	number	%	number	%	number	%	number	%
count of Household: All households	38,233	100.0	58,345	100.0	1,302,676	100.0	6,307	100.0
No adults in employment in household	13,451	35.2	20,867	35.8	495,709	38.1	2,409	38.2
No adults in employment in household: With dependent children	984	2.6	1,488	2.6	60,272	4.6	128	2.0
No adults in employment in household: No dependent children	12,467	32.6	19,379	33.2	435,437	33.4	2,281	36.2
Dependent children in household: All ages	10,641	27.8	14,713	25.2	366,980	28.2	1,521	24.1
Dependent children in household: Age 0 to 4	3,637	9.5	5,157	8.8	141,805	10.9	482	7.6
One person in household with a long-term health problem or disability	10,901	28.5	17,051	29.2	395,883	30.4	1,868	29.6
One person in household with a long-term health problem or disability: With dependent children	1,640	4.3	2,410	4.1	68,079	5.2	264	4.2
One person in household with a long-term health problem or disability: No dependent children	9,261	24.2	14,641	25.1	327,804	25.2	1,604	25.4

<http://www.nomisweb.co.uk/livelihoods/16069.xlsx>

Equality Impact Assessment

QS303EW - Long-term health problem or disability							
ONS Crown Copyright Reserved [from Nomis on 14 December 2022]							
population	All usual residents						
units	Persons						
date	2011						
rural urban	Total						
Disability	uacounty09:Monmouthshire		uacounty09:Powys		gor:Wales		User Defined Geography:Crickhowell and Gilwern MSOAs 2011
All categories: Long-term health problem or disability	91,323		132,976		3,063,456		14,607
Day-to-day activities limited a lot	9.7% 8,820		10.2% 13,515		11.9% 364,318		10.8% 1,571
Day-to-day activities limited a little	10.5% 9,572		11.2% 14,922		10.8% 331,537		11.5% 1,678
Day-to-day activities not limited	79.9% 72,931		78.6% 104,539		77.3% 2,367,601		77.8% 11,358

<http://www.nomisweb.co.uk/livelinks/16070.xlsx>

Partnership Status Profile

Residents of Crickhowell & Gilwern are more likely to married or in a civil partnership than Powys, Monmouthshire and Wales averages, and less likely to be never married or in a civil partnership.

TS002 - Legal partnership status							
ONS Crown Copyright Reserved [from Nomis on 14 December 2022]							
population	All usual residents aged 16 and over						
units	Persons						
date	2021						
Legal partnership status	lacu2021:Monmouthshire		lacu2021:Powys		country:Wales		User Defined Geography:Crickhowell and Gilwern
	number	%	number	%	number	%	number %
Total: All usual residents aged 16 and over	78,240	100.0	112,536	100.0	2,559,415	100.0	13,146 100.0
Never married and never registered a civil partnership	22,635	28.9	34,692	30.8	951,656	37.2	3,403 25.9
Married or in a registered civil partnership	40,155	51.3	54,987	48.9	1,121,459	43.8	7,220 54.9
Married or in a registered civil partnership: Married	39,955	51.1	54,685	48.6	1,116,418	43.6	7,178 54.6
Married or in a registered civil partnership: Married: Opposite sex	39,757	50.8	54,467	48.4	1,109,656	43.4	7,145 54.4
Married or in a registered civil partnership: Married: Same sex	198	0.3	218	0.2	6,762	0.3	33 0.3
Married or in a registered civil partnership: In a registered civil partnership	200	0.3	302	0.3	5,041	0.2	42 0.3
Married or in a registered civil partnership: In a registered civil partnership: Opposite sex	76	0.1	88	0.1	1,730	0.1	19 0.1
Married or in a registered civil partnership: In a registered civil partnership: Same sex	124	0.2	214	0.2	3,311	0.1	23 0.2
Separated, but still legally married or still legally in a civil partnership	1,540	2.0	2,348	2.1	52,468	2.0	222 1.7
Separated, but still legally married or still legally in a civil partnership: Separated, but still married	1,529	2.0	2,335	2.1	52,074	2.0	220 1.7
Separated, but still legally married or still legally in a civil partnership: Separated, but still in a civil partnership	11	0.0	13	0.0	394	0.0	2 0.0
Divorced or civil partnership dissolved	7,952	10.2	11,478	10.2	252,707	9.9	1,197 9.1
Divorced or civil partnership dissolved: Divorced	7,941	10.1	11,462	10.2	252,159	9.9	1,194 9.1
Divorced or civil partnership dissolved: Formerly in a civil partnership now legally dissolved	11	0.0	16	0.0	548	0.0	3 0.0
Widowed or surviving civil partnership partner	5,958	7.6	9,031	8.0	181,125	7.1	1,104 8.4
Widowed or surviving civil partnership partner: Widowed	5,949	7.6	9,015	8.0	180,925	7.1	1,103 8.4
Widowed or surviving civil partnership partner: Surviving partner from civil partnership	9	0.0	16	0.0	200	0.0	1 0.0

<http://www.nomisweb.co.uk/livelinks/16067.xlsx>

Household Language Profile

Residents of Crickhowell & Gilwern are more likely to have all adults in the household with English or Welsh as a main language, and less likely to have no people in the household with English or Welsh as a main language.

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23/05/2023 11:25:01

Equality Impact Assessment

TS025 - Household language								
ONS Crown Copyright Reserved [from Nomis on 14 December 2022]								
population	All households							
units	Households							
date	2021							
Household language (English and Welsh)	Iacu2021:Monmouthshire		Iacu2021:Powys		country:Wales		User Defined Geography:Crickhowell and Gilwern	
	number	%	number	%	number	%	number	%
Total: All households	40,923	100.0	60,181	100.0	1,347,114	100.0	6,787	100.0
All adults in household have English in England, or English or Welsh in Wales as a main language	40,099	98.0	58,908	97.9	1,295,565	96.2	6,705	98.8
At least one but not all adults in household have English in England, or English or Welsh in Wales as	422	1.0	510	0.8	20,463	1.5	42	0.6
No adults in household, but at least one person aged 3 to 15 years, has English in England or English	87	0.2	147	0.2	6,594	0.5	7	0.1
No people in household have English in England, or English or Welsh in Wales as a main language	315	0.8	616	1.0	24,492	1.8	33	0.5

<http://www.nomisweb.co.uk/livellinks/16068.xlsx>

Welsh Language Profile

Residents of Crickhowell & Gilwern are more likely to have some Welsh Language skills than the average for Monmouthshire, but less likely than Powys and Wales averages.

TS032 - Welsh language skills (detailed)								
ONS Crown Copyright Reserved [from Nomis on 14 December 2022]								
population	All usual residents aged 3 years and over							
units	Persons							
date	2021							
Welsh language skills	Iacu2021:Monmouthshire		Iacu2021:Powys		country:Wales		User Defined Geography:Crickhowell and Gilwern	
	number	%	number	%	number	%	number	%
Total: All usual residents aged 3 years and over	90,685	100.0	129,901	100.0	3,018,172	100.0	15,091	100.0
Can understand spoken Welsh only	2,273	2.5	8,318	6.4	156,762	5.2	530	3.5
Can speak, read and write Welsh	6,133	6.8	16,256	12.5	429,313	14.2	1,122	7.4
Can speak but cannot read or write Welsh	1,111	1.2	3,316	2.6	68,391	2.3	242	1.6
Can speak and read but cannot write Welsh	478	0.5	1,521	1.2	33,971	1.1	101	0.7
Can read but cannot speak or write Welsh	869	1.0	2,044	1.6	41,567	1.4	211	1.4
Can write but cannot speak or read Welsh	117	0.1	209	0.2	4,970	0.2	20	0.1
Can read and write but cannot speak Welsh	435	0.5	794	0.6	17,560	0.6	89	0.6
Can speak and other combinations of skills in Welsh	129	0.1	264	0.2	6,621	0.2	12	0.1
No skills in Welsh	79,140	87.3	97,179	74.8	2,259,017	74.8	12,764	84.6

<http://www.nomisweb.co.uk/livellinks/16065.xlsx>

Deprivation Profile

Residents of Crickhowell & Gilwern are more likely to have no deprivation dimensions¹ than Powys, Monmouthshire and Wales averages.

¹ The four dimensions are **Employment** (Where any member of a household, who is not a full-time student, is either unemployed or long-term sick), **Education** (No person in the household has at least Level 2 education (see highest level of qualification), and no person aged 16 to 18 is a full-time student), **Health and disability** (Any person in the household has general health that is 'bad' or 'very bad' or has a long-term health problem) and **Housing** (The household's accommodation is either overcrowded, with an occupancy rating -1 or less, or is in a shared dwelling, or has no central heating).

Equality Impact Assessment

TS011 - Households by deprivation dimensions

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population	All households							
units	Households							
date	2021							
Household deprivation	lacu2021:Monmouthshire		lacu2021:Powys		country:Wales		User Defined Geography:Crickhowell and Gilwern	
	number	%	number	%	number	%	number	%
Total: All households	40,925	100.0	60,182	100.0	1,347,114	100.0	6,786	100.0
Household is not deprived in any dimension	21,144	51.7	29,223	48.6	618,587	45.9	3,582	52.8
Household is deprived in one dimension	13,592	33.2	20,871	34.7	450,057	33.4	2,312	34.1
Household is deprived in two dimensions	5,031	12.3	8,317	13.8	215,492	16.0	733	10.8
Household is deprived in three dimensions	1,115	2.7	1,713	2.8	60,583	4.5	152	2.2
Household is deprived in four dimensions	43	0.1	58	0.1	2,395	0.2	7	0.1

<http://www.nomisweb.co.uk/livelihoods/16066.xlsx>

Travel and Access Profile

These data are based on 2011 census and MSOAs.

Residents of Crickhowell & Gilwern are more likely to have access to a car or van in the household than Powys, Monmouthshire and Wales averages. 11.4% of households have no car or van in the household.

KS404EW - Car or van availability

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population	All households; All cars or vans							
units	Households							
date	2011							
rural urban	Total							
Cars	uacounty09:Monmouthshire		uacounty09:Powys		country:Wales		User Defined Geography:Crickhowell and Gilwern MSOAs 2011	
	number	%	number	%	number	%	number	%
All categories: Car or van availability	38,233	100.0	58,345	100.0	1,302,676	100.0	6,307	100.0
No cars or vans in household	5,807	15.2	8,757	15.0	298,519	22.9	721	11.4
1 car or van in household	15,376	40.2	24,996	42.8	559,866	43.0	2,549	40.4
2 cars or vans in household	12,431	32.5	17,590	30.1	336,069	25.8	2,165	34.3
3 cars or vans in household	3,324	8.7	4,875	8.4	79,915	6.1	622	9.9
4 or more cars or vans in household	1,295	3.4	2,127	3.6	28,307	2.2	250	4.0

<http://www.nomisweb.co.uk/livelihoods/16071.xlsx>

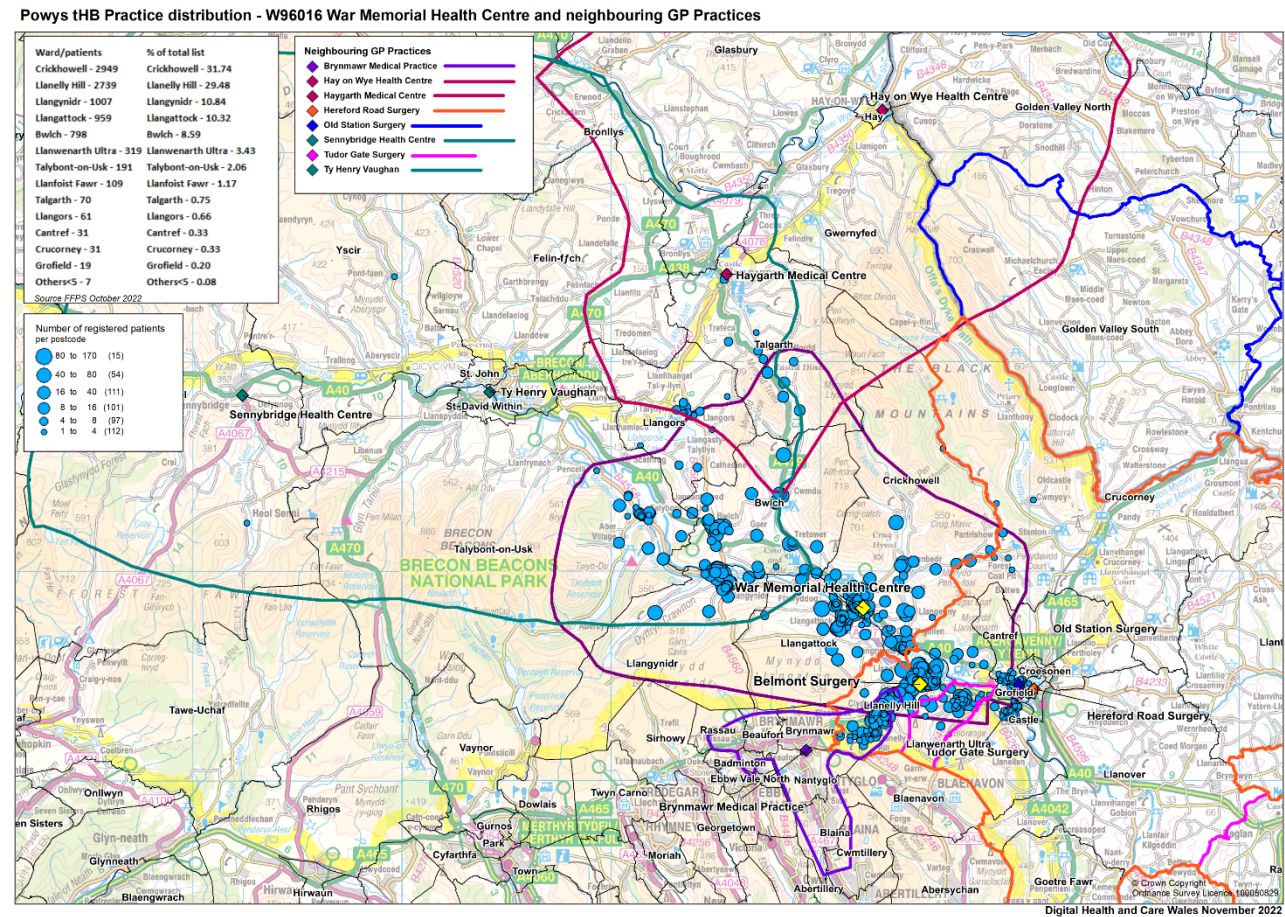
For a resident of Gilwern, estimated road distances to GP practice premises are as follows:

- Gilwern to Belmont Surgery Gilwern = 0 miles
- Gilwern to Crickhowell War Memorial Health Centre = 3.2 miles
- Gilwern to Tudor Gate Surgery Abergavenny = 3.7 miles
- Gilwern to Old Station Surgery Abergavenny = 4.0 miles
- Gilwern to Hereford Road Surgery = 4.3 miles
- Gilwern to Brynmawr Medical Practice = 4.8 miles
- Gilwern to Blaenavon = 6.8 miles

Equality Impact Assessment

There is no direct public transport route from Gilwern to Crickhowell. Public transport routes are via Abergavenny. Local community transport organisations do not provide a service from Gilwern to Crickhowell.

Other neighbouring practices that are more easily accessible by public transport do currently have open lists and will be available for transfer of registration for those patients living within their catchment, indicated by patient residence and practice site on the map overleaf

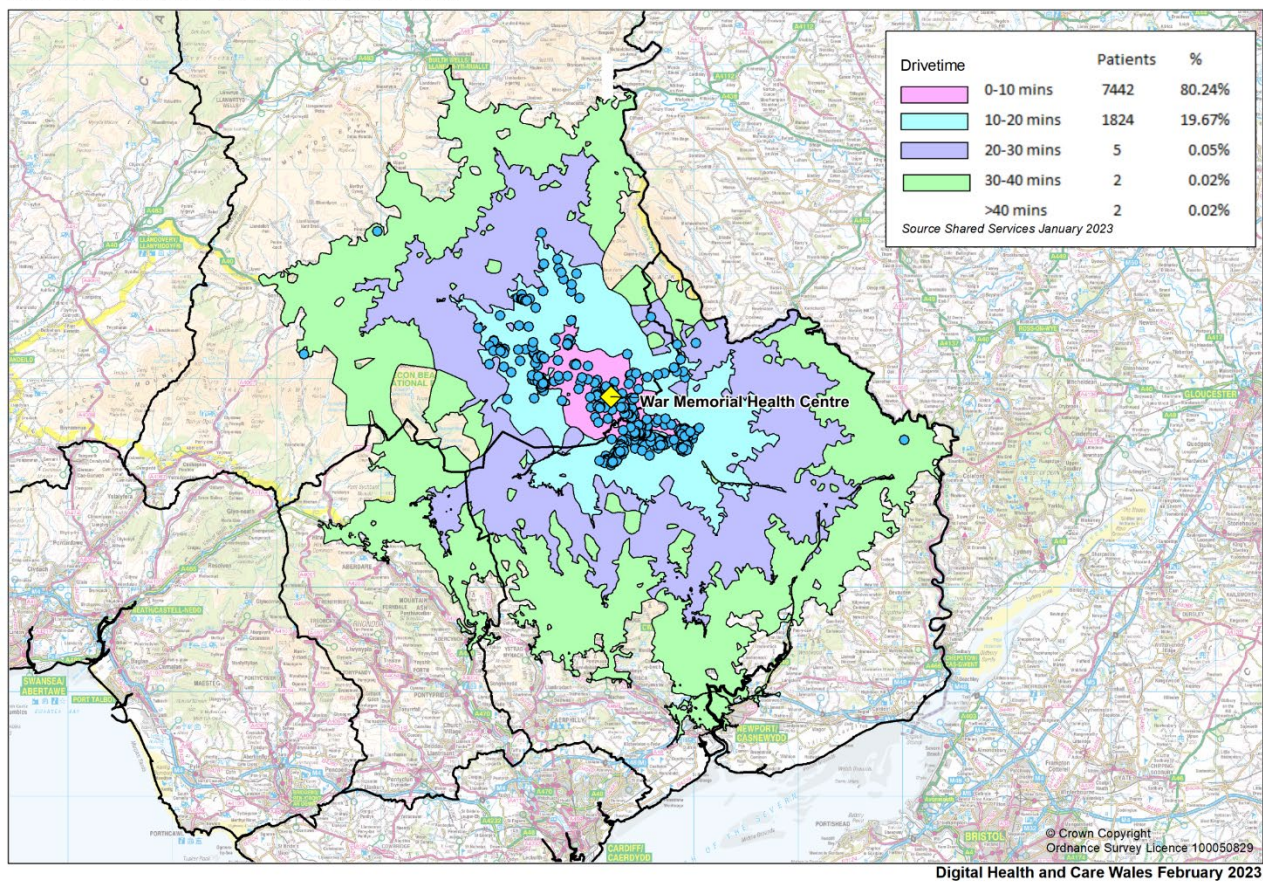


As shown on the following map, 9266 patients live within 20 minutes of Crickhowell practice, of which 7442 patients are within a 10 minute drive. 5 patients live 20-30 minutes from the practice, 2 patients live 30-40 minutes and 2 patients live more than 40 minutes away from the practice.

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Equality Impact Assessment

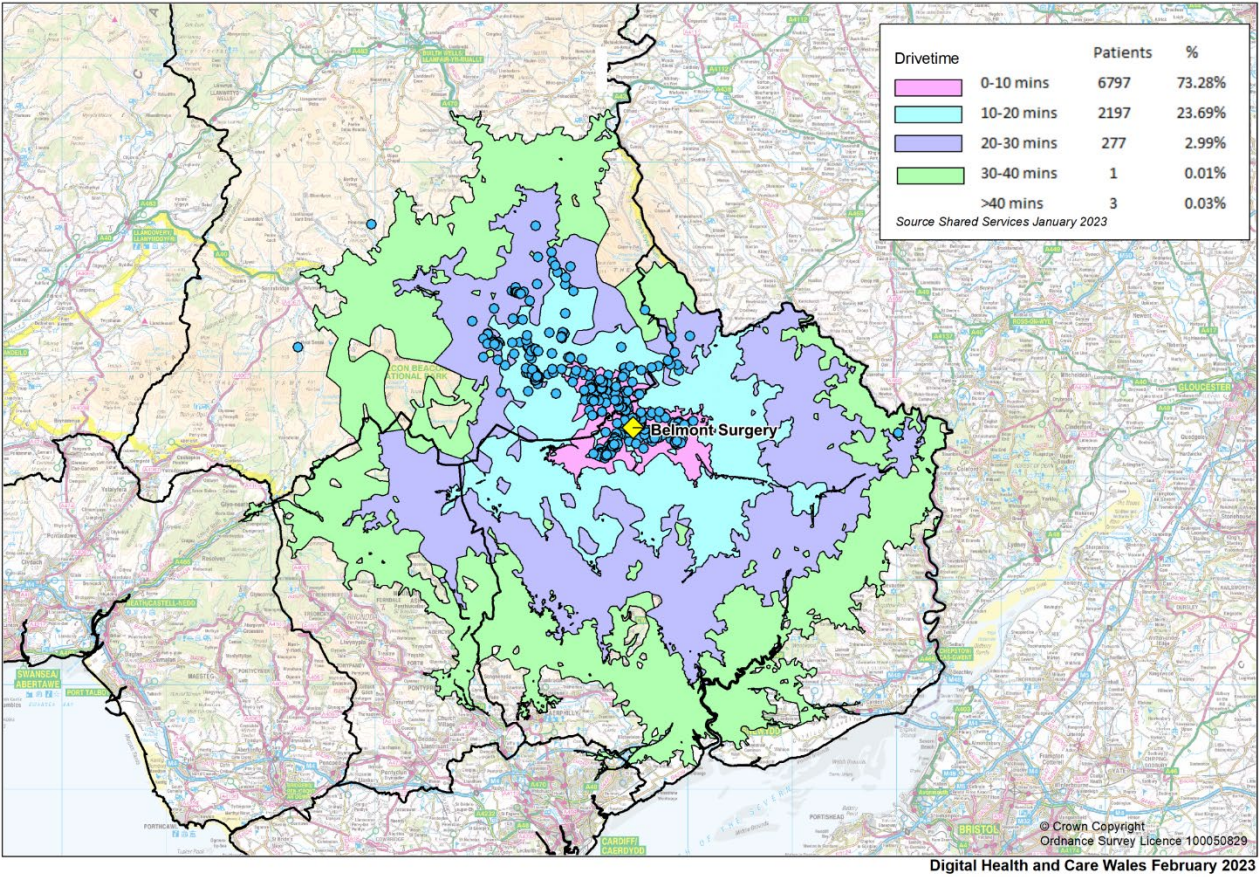
Drivetime Isochrone to War Memorial Health Centre



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Equality Impact Assessment

Drivetime Isochrone to Belmont Surgery



Above map shows the comparative drive times to Gilwern Branch site.

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Equality Impact Assessment

Description of the EIA undertaken

An initial draft Equality Impact Assessment was developed from publicly available sources including Population Needs Assessments, Wellbeing Assessments and national statistics.

This was published as part of the engagement period from 10 January 2023 to 6 March 2023.

This updated Equality Impact Assessment has been informed by the period of engagement from 10 January 2023 to 6 March 2023 which included a letter sent to every household of patients registered with Crickhowell Group Practice. This letter invites people to complete an online questionnaire, or to request a printed copy of the questionnaire.

Information about the engagement including the letter, questionnaire and FAQs was also shared widely with stakeholders including through the digital and social media channels of Powys Teaching Health Board, Aneurin Bevan University Health Board, Powys Community Health Council, Aneurin Bevan Community Health Council and Crickhowell Group Practice.

More information about the engagement activities undertaken is set out in the engagement plan.

Information about how many responses were received, how they were received and how they have been analysed is included in the Engagement Report.

Should the closure request be approved, PTHB will continue to communicate with registered patients and stakeholders through a four-monthly report regarding the mitigation plan for the first 12 months, and accept specific queries via the Primary Care email address.

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Equality Impact Assessment

Common Themes

The initial themes that were identified prior to engagement, based on documentary analysis, were as follows:

- Residents of Gilwern are able to access some GP practice services on foot at Belmont Surgery. If Belmont Surgery closed then access to GP practice premises for patients registered with Crickhowell Group Practice will be at War Memorial Health Centre in Crickhowell. There is no direct public transport route from Gilwern to Crickhowell with travel via Abergavenny. There is no community transport service from Gilwern to Crickhowell. If Belmont Surgery is closed then patients from Gilwern will have an increased reliance on road transport to access GP practice services. This will have a greater adverse impact on people without access to a car or van in their household. Lack of access to a car is likely to be associated with higher levels of deprivation, disability or ill health and with older age. Direct access to GP practice services will also be less available for children to attend without the support of an adult (e.g. for confidential advice and treatment based on Gillick competence).

725 responses to the engagement were received 715 questionnaire responses, 6 letters from principal stakeholders, three other letters from individuals, and one petition. In addition one online meeting was held and over 50 people attended a face-to-face meeting on 14 February. Responses were received from across the practice catchment, with the geographical spread of responses focused on the Gilwern postcode area (see Section 4 of the Engagement Report).

Around one in six registered patients living in Monmouthshire responded to the engagement using the questionnaire. There were high levels of concern and/or opposition to the closure application particularly from residents in NP7 postcode areas. The response rate was lower from registered patients in Powys, with responses from those in NP8 and LD3 postcode areas strongly focused on concerns about the consequential impact on availability and timeliness of appointment at the War Memorial Health Centre in Crickhowell.

A number of key themes emerged from feedback we received, including:

- Alternatives to accepting the closure application (Workforce, Provider, Practices)
- Alternative ways to address local health need if the closure application is accepted

Equality Impact Assessment

- Travel, Transport and Parking impact if the closure application is accepted
- Adverse health impact of the closure application is accepted
- Specific impact on: carers; on people with long term conditions and disabilities; young people; older people; pregnancy & maternity and families with young children.
- Wider Potential Impact (economic, social, cultural, environmental) if the closure application is accepted
- Factors that may affect future need and demand including population growth and ageing population
- Monitoring the impact if the closure application is accepted
- History and Legacy
- Knock on effect on services at the War Memorial Health Centre, continuation of community services, and recruitment
- Comments about current GP service experience and/or changes experienced during COVID
- Comments about Welsh Language
- Comments about wider NHS service changes and availability
- Comments lending a level of support
- Comments about the engagement and/or decision-making process

These themes are summarised in Section 5 of the Engagement Report, with more detail provided in Sections 6 to 9.

Engagement responses identified a range of potential impacts in relation to the equality protected characteristics, Welsh Language and carers (see Section 10) as well as in relation to the Well-Being of Future Generations goals for Wales (see Section 11).

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Equality Impact Assessment

Mitigating Actions

A key purpose of the period engagement was to gather further insights to help us work with partner organisations to develop mitigating actions.

This section of the document sets out proposed mitigating actions in response to the common themes identified in the previous section.

Indicative timetables have been identified and assume that if the application is accepted there will be a six month notice period before closure of the branch practice.

Suggested Mitigation	Actions	Responsibility	Timetable
1. Explore options to improve the availability of transport between the Gilwern area and Crickhowell.	1.1: Explore options with PTHB Facilities Improvement Manager and PAVO regarding potential improvements to interim transport services between Gilwern area and Crickhowell.	PTHB Facilities Department	By 31 July 2023
	1.2: ABUHB colleagues to explore option with GAVO and the Welsh Community Transport Association regarding potential improvements to interim transport services between Gilwern area and Crickhowell.	ABUHB	By 31 July 2023
	1.3 Work with public transport providers to identify feasible options for improving journey connections between Gilwern and	PTHB	By 31 July 2023

Equality Impact Assessment

	Crickhowell Group Practice		
2. Strengthen the availability of telephone and online services for those who are able to use them – so that more face to face appointments are available for older people, people with disabilities, carers and others who may be less comfortable with these technologies and services	2.1: Review with the practice current use of online and telephone services, to understand potential development opportunity.	PTHB Primary Care Department / Crickhowell Group Practice	By 31 October 2023
	2.2: Promote use of MHOL and practice website for appointment booking and repeat medication ordering.	PTHB Primary Care Department / Crickhowell Group Practice	By 31 October 2023
3. Specifically, work with children and young people to develop telephone and online options that work for them and recognise the need for consent and confidentiality.	3.1: Liaise with the practice to understand current use with a view to promote/enhance current options to contact the practice	PTHB Primary Care Department / Crickhowell Group Practice	By 31 October 2023
	3.2: ABUHB colleagues to confirm health promotion activities and understanding in the surrounding schools to Gilwern, particularly around the SPACE-Wellbeing project etc	ABUHB	By 31 October 2023
	3.3: Scope possibility to promote healthcare and wellbeing options available to children and young people in surrounding	ABUHB	By 31 October 2023

Equality Impact Assessment

	education facilities, leisure facilities, social media options and direct correspondence to home addresses		
4. Review the approach to home visits, recognising that some people would now have further to travel for their appointment – including recognising any carer responsibilities.	4.1: Obtain assurances from the practice regarding Home Visiting SOP (links with action 1.1)	PTHB Primary Care Department	By 31 October 2023
5. Ensure that physical access to the practice premises and parking remained a priority, including availability of parking.	5.1: Review with NHSWSSP-Specialist Estate Services current parking provision.	PTHB Primary Care Department with NHSWPPS	By 30 June 2023
	5.2: NHSWSSP-SES to scope improvements to current parking arrangements	PTHB Primary Care Department with NHSWPPS and Crickhowell Group Practice	By 30 September 2023
6. Review booking, appointments, prescriptions etc. including to reduce unnecessary trips (e.g. for ordering and collecting repeat prescriptions).	6.1: Review with the practice current arrangements and maximise reliance on telephone and online options to book appointments.	PTHB Primary Care Department with Crickhowell Group Practice	By 31 October 2023
	6.2: Explore options with community pharmacist for sample drop-offs and sample bottle collection, as Pharmacist already providing a daily prescription	ABUHB Pharmacy Contracting Team/PTHB Primary Care Department	By 31 October 2023

Equality Impact Assessment

	collection service from Crickhowell Practice.		
	6.3 Explore options for appointment availability for patients reliant on public transport	PTHB Primary Care Department with Crickhowell Group Practice	By 31 October 2023
7. Work in partnership with the community pharmacy in Gilwern to maintain and/or improve availability of services	7.1: ABUHB to confirm existing Community Pharmacy services offered	ABUHB Pharmacy Contracting Team	By 30 June 2023
	7.2: ABUHB to work with the pharmacist to scope and expand community pharmacy offer e.g. minor ailment access, flu vaccination etc.	ABUHB Pharmacy Contracting Team	By 31 October 2023
8. Explore opportunities for working together across partners - are there ways of strengthening partnerships with ABUHB, public sector, third sector and business sector in North West Monmouthshire to consider alternative provision and to address the disadvantage that older people, people with disabilities, and carers may experience from any changes?	8.1: ABUHB to confirm opportunities to strengthen the health and social care provision in the area.	ABUHB	By 31 October 2023
9. Specifically for patients in the Clydach area, explore appetite for other practices to extend their catchment	9.1: ABUHB to link in with relevant practices in the Abergavenny area to expand their practice	ABUHB Primary Care Department	By 30 June 2023

Equality Impact Assessment

to provide further opportunities for re-registration for those patients who are furthest from Crickhowell.	area to include Clydach		
10. Consider options for monitoring health impact so that action to address this can be kept under review, and agree a schedule for reporting to the Citizen Voice Body, the Local Authority and the local community on progress to deliver agreed mitigations and on monitoring of health impact.	10.1: ABUHB to consider the population needs assessments and any impact post closure	ABUHB	Ongoing
	10.2: ABUHB to confirm health impact reporting arrangements to the Monmouthshire Citizen Voice Body, Local Authority and the local community	ABUHB	By 30 November 2023
11. Identify options for working with partners to understand and mitigate wider Future Generations impact on the economic, cultural and social vibrancy of the community	11.1 ABUHB to identify and work with relevant partners	ABUHB	By 30 November 2023

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Equality Impact Assessment

How does your service promote equality?

Any organisation providing a public function is subject to the general duty under the Equality Act 2020. This therefore includes Primary Care Independent Contractors/Crickhowell Group Practice in relation to their public functions. In summary, those subject to the general equality duty must have had due regard to the need to:

- a) Eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under the Equality Act.
- b) Advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it.
- c) Foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

Equality Impact Assessments must be carried out for all new policies, strategies, service plans, new services and service change proposals. Generally speaking, the majority of new policies, strategies, and plans, will be developed with the intention of improving conditions for members of staff and the public. They usually promote equality and seek to have a positive impact. There is a national EIA template for contractors to use which may prompt further improvements to considerations than initially considered.

In addition to the statutory duties under the Equality Act and the nine protected characteristics it is also good practice for independent contractors to also consider the impact on:

- Welsh Language
- Carers
- People living in Socio Economic Disadvantage

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Equality Impact Assessment

Conclusions

The period of engagement has identified a number of potential adverse impacts that may arise if the application to close the Belmont Branch Surgery in Gilwern is accepted.

In response to this, a proposed mitigation action plan is set out above.

A report on implementation of the mitigation plan and reporting on key metrics will be produced at least every four months during year one, with periodicity reviewed after 12 months with the Citizen Voice Body.

Reports on progress should be shared with the Citizen Voice Body, Local Authority and Community Councils.

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Equality Impact Assessment

Equality Impact Assessment Table

The table below summarises the impacts of the proposal on people with protected characteristics (service users, patients, staff, patient’s relatives and carers etc.). As part of the period of engagement from 10 January 2023 to 6 March 2023 we have continued to develop this assessment and seek views on steps that can be taken to mitigate adverse impacts.

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Equality Impact Assessment

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts	Recommendations for improvement/ mitigation	Action taken. Make reference to where the mitigation is included in the document, as appropriate
Age For most purposes, the main categories are: <ul style="list-style-type: none"> • under 18; • between 18 and 65; and • over 65 	GP practice services will no longer be available from Belmont Surgery which will have a greater impact on people who do not have access to a car or van. Lack of access to a car is more likely to be associated with young age or older age.	See Mitigation Plan Actions 1.1 & 1.2	See Mitigation Plan
Persons with a disability as defined in the Equality Act 2010 Those with physical impairments, learning disability, sensory loss or impairment, mental health conditions, long-term medical conditions such as diabetes	GP practice services will no longer be available from Belmont Surgery which will have a greater impact on people who do not have access to a car or van. Lack of access to a car is more likely to be associated with disability or long-term health conditions.	See Mitigation Plan Actions 1.1 & 1.2	See Mitigation Plan
People of different genders: Consider men, women, people undergoing gender reassignment. NB Gender-reassignment is anyone who proposes to, starts, is going through or who has completed a process to change his or her gender with or without going through any medical procedures. Sometimes referred to as Trans or Transgender	GP practice services will no longer be available from Belmont Surgery which will have a greater impact on people who do not have access to a car or van. This may have impacts for people who are in a coercive relationship without independent access to their own transport.	See Mitigation Plan Actions 1.1 & 1.2	See Mitigation Plan

Equality Impact Assessment

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts	Recommendations for improvement/ mitigation	Action taken. Make reference to where the mitigation is included in the document, as appropriate
People who are married or who have a civil partner.	No specific issues have been identified to date that are not identified elsewhere in this assessment.	No recommendation required	No actions required
Women who are expecting a baby, who are on a break from work after having a baby, or who are breastfeeding. They are protected for 26 weeks after having a baby whether or not they are on maternity leave.	People who are expecting a baby or who have recently given birth are more likely to need regular access to primary care services and face additional transport challenges.	See Mitigation Plan Actions 1.1 & 1.2	See Mitigation Plan
People of a different race, nationality, colour, culture, or ethnic origin including non-English speakers, gypsies/travellers, migrant workers	GP practice services will no longer be available from Belmont Surgery which will have a greater impact on people who do not have access to a car or van. Lack of access to a car is more likely to be associated with migrant worker status particularly in the context of modern slavery or other coercive control.	See Mitigation Plan Actions 1.1 & 1.2	See Mitigation Plan
People with a religion or belief or with no religion or belief. The term 'religion' includes a religious or philosophical belief.	No specific issues have been identified to date that are not identified elsewhere in this assessment.	No recommendations required	No actions required

Equality Impact Assessment

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts	Recommendations for improvement/ mitigation	Action taken. Make reference to where the mitigation is included in the document, as appropriate
People who are attracted to other people of: <ul style="list-style-type: none"> the opposite sex (heterosexual); the same sex (lesbian or gay); both sexes (bisexual) 	No specific issues have been identified to date that are not identified elsewhere in this assessment.	No improvements required	No actions required
People who communicate using the Welsh language in terms of correspondence, information leaflets, or service plans and design Well-being Goal – A Wales of vibrant culture and thriving Welsh language.	No specific issues have been identified to date that are not identified elsewhere in this assessment.	No improvements required	No actions required
People according to their income related group: Consider people on low income, economically inactive, unemployed/workless, people who are unable to work due to ill-health	GP practice services will no longer be available from Belmont Surgery which will have a greater impact on people who do not have access to a car or van. Lack of access to a car is more likely to be associated with lower income / higher deprivation.	See Mitigation Plan Actions 1.1 & 1.2	See Mitigation Plan

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Equality Impact Assessment

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts	Recommendations for improvement/ mitigation	Action taken. Make reference to where the mitigation is included in the document, as appropriate
People according to where they live: Consider people living in areas known to exhibit poor economic and/or health indicators, people unable to access services and facilities. This also may include Wi-Fi poverty, travel poverty and fuel poverty.	Residents of Crickhowell & Gilwern are more likely to have no deprivation dimensions than Powys, Monmouthshire, and Wales averages. However, closure of Belmont Surgery will reduce immediate service access for residents and/or increase reliance on transport to access GP practice services.	See Mitigation Plan Actions 1.1, 1.2, 2.1 & 2.2	See Mitigation Plan
Consider any other groups and risk factors relevant to this strategy, policy, plan, procedure and/or service.	GP practice services will no longer be available from Belmont Surgery which will have a greater impact on people who do not have access to a car or van. This may present particular challenges for people in the Gilwern area with carer responsibilities – for example, reduced ability to walk to a brief appointment, and or increased transport challenges to accompany dependents.	See Mitigation Plan Actions 1.1 & 1.2	See Mitigation Plan

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Equality Impact Assessment

How will the strategy, policy, plan, procedure and/or service impact on the health and well-being of our population and help address inequalities in health?

Questions in this section relate to the impact on the overall health of individual people and on the impact on our population. Specific alignment with the 7 goals of the Well-being of Future Generations (Wales) Act 2015 is included against the relevant sections.

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts and any particular groups affected	Recommendations for improvement/ mitigation	Action taken
			Make reference to where the mitigation is included in the document, as appropriate
People being able to access the service offered: Consider access for those living in areas of deprivation and/or those experiencing health inequalities. Well-being Goal - A more equal Wales	A range of potential equality impacts have been identified in the previous section that will need to be considered – with mitigation actions agreed as appropriate – as part of any decision-making process.	See Mitigation Plan	See Mitigation Plan

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Equality Impact Assessment

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts and any particular groups affected	Recommendations for improvement/ mitigation	Action taken Make reference to where the mitigation is included in the document, as appropriate
<p>People being able to improve /maintain healthy lifestyles: Consider the impact on healthy lifestyles, including healthy eating, being active, no smoking /smoking cessation, reducing the harm caused by alcohol and /or non-prescribed drugs plus access to services that support disease prevention (eg immunisation and vaccination, falls prevention). Also consider impact on access to supportive services including smoking cessation services, weight management services etc</p> <p>Well-being Goal – A healthier Wales</p>	<p>Additional distance and travel for patients which will reduce their access to health services and may adversely impact on health-seeking behaviour and overall health outcomes particularly for individuals who already face some level of disadvantage e.g. due to age, socio-economic status, disability or ill health, carer responsibility.</p>	<p>See Mitigation Plan Actions 1.1, 1.2, 2.1, 2.23.1, 3.2, 3.3, 4.1, 10.1, 6.1, 6.2, 7.1, 7.2 & 8.1</p>	<p>See Mitigation Plan</p>
<p>People in terms of their income and employment status: Consider the impact on the availability and accessibility of work, paid/ unpaid employment, wage levels, job security, working conditions.</p> <p>Well-being Goal – A prosperous Wales</p>	<p>Respondents expressed concerns that the loss of GP practice premises would affect the number of jobs in the community and also affect the overall attractiveness of the community for businesses, residents etc. including an impact on house prices.</p>	<p>See Mitigation Plan Action 8.1</p>	<p>See Mitigation Plan</p>

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Equality Impact Assessment

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts and any particular groups affected	Recommendations for improvement/ mitigation	Action taken Make reference to where the mitigation is included in the document, as appropriate
<p>People in terms of their use of the physical environment: Consider the impact on the availability and accessibility of transport, healthy food, leisure activities, green spaces; of the design of the built environment on the physical and mental health of patients, staff and visitors; on air quality, exposure to pollutants; safety of neighbourhoods, exposure to crime; road safety and preventing injuries/accidents; quality and safety of play areas and open spaces</p> <p>Well-being Goal – A resilient Wales</p>	<p>Reduced opportunity to walk to GP appointments and take advantage of local outdoor spaces. Lack of public transport availability from Gilwern area to Crickhowell.</p>	<p>See Mitigation Plan Actions 1.1, 1.2 & 8.1</p>	<p>See Mitigation Plan</p>
<p>People in terms of social and community influences on their health: Consider the impact on family organisation and roles; social support and social networks; neighbourliness and sense of belonging; social isolation; peer pressure; community identity; cultural and spiritual ethos</p> <p>Well-being Goal – A Wales of cohesive communities</p>	<p>Respondents have identified concerns about overall community viability and cohesiveness if primary care premises are no longer available. They have identified concerns that this will affect people's choices around moving to or staying in the area, and this might affect overall community sustainability. They are also concerned about the wider impact on the high street.</p>	<p>See Mitigation Plan Action 8.1</p>	<p>See Mitigation Plan</p>

Equality Impact Assessment

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts and any particular groups affected	Recommendations for improvement/ mitigation	Action taken Make reference to where the mitigation is included in the document, as appropriate
<p>People in terms of macro-economic, environmental and sustainability factors: Consider the impact of government policies; gross domestic product; economic development; biological diversity; climate</p> <p>Well-being Goal – A globally responsible Wales</p>	<p>More and longer car or bus journeys for people living in the south of the practice catchment. This has a potential adverse environmental and climate impact.</p>	<p>See Mitigation Plan Actions 2.1, 2.2, 6.1, 6.2, 7.1, 7.2 & 8.1</p>	<p>See Mitigation Plan</p>

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23/05/2023 11:25:01



CIC Powys
Neuadd Brycheiniog
Ffordd Cambrian
Aberhonddu LD3 7HR

Powys CHC
Neuadd Brycheiniog
Cambrian Way
Brecon LD3 7HR

30th March 2023

Our Ref: Powys CHC/ CS/ GBS

Letter sent by email

Dear Carol,

Re: Application from Crickhowell Group Practice to close their branch surgery premises at Belmont Surgery in Gilwern

The Executive Committee of Powys Community Health Council met on 14th March 2023 where it discussed the engagement that has been undertaken and the findings (to date).

Members wanted to recognise and thank PTHB for the regular updates and for the quality and standard of the engagement events that have been held.

It is clear from the feedback that the CHC has considered, both from the questionnaires and the engagement events, that individuals have a number of concerns, not least relating to accessibility.

The Executive Committee also noted the high return rate of questionnaires (c20%) and the similarity of issues/ concerns being raised.

Patterson, Liz
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Croesewir gohebiaeth yn y Gymraeg a'r Saesneg
We welcome correspondence in Welsh and English

Cadeirydd / Chair: Dr. David Collington
Prif Swyddog / Chief Officer: Katie Blackburn
E-bost / E-mail: Katie.blackburn@waleschc.org.uk

The Executive Committee are keen that Llais has the opportunity to consider a comprehensive Equality Impact Assessment and Mitigation Plan with specific reference to accessibility, the demographics/ growing population of the community of Gilwern and the impact on the carbon footprint.

In addition, we would ask that the options appraisal (of alternatives) is also shared with Llais and that these options include consideration of "future-proofing" and the longer term sustainability of services for the patients of both the Crickhowell Practice and the Gilwern Branch.

The Executive Committee note that a full analysis of the feedback is currently being undertaken and that I have been invited to the Branch Closure Panel meeting on 26th April 2023.

Yours faithfully,



DC

David Collington
Chair, Powys CHC
Cadeirydd CIC Powys

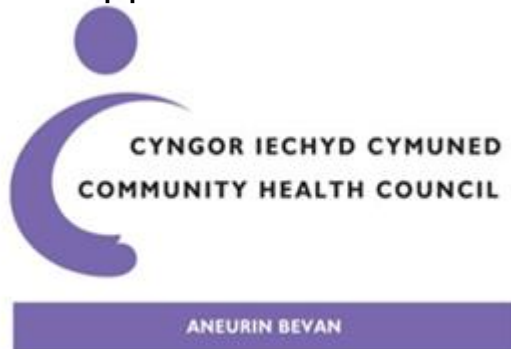
Katie Blackburn
Chief Officer, Powys CHC
Prif Swyddog CIC Powys

cc. Nicola Prygodzicz – Chief Executive, Aneurin Bevan University
Hayley Thomas - Deputy Chief Executive & Interim Director of
Primary Care, Community & Mental Health Services
Jemma Morgan – Chief Officer, Aneurin Bevan CHC

Croesewir gohebiaeth yn y Gymraeg a'r Saesneg
We welcome correspondence in Welsh and English

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23/05/2023 11:25:01

Cadeirydd / Chair: Dr. David Collington
Prif Swyddog / Chief Officer: Katie Blackburn
E-bost / E-mail: Katie.blackburn@waleschc.org.uk



CIC Aneurin Bevan
Ty Raglan
Parc Busnes Llantarnam
Cwmbran NP44 3AB

Aneurin Bevan CHC
Raglan House
Llantarnam Business Park
Cwmbran NP44 3AB

Our Ref: LJ/JM

1 March 2023

Carol Shillabeer – Chief Executive, Powys Teaching Health Board

Nicola Prygodzicz – Chief Executive, Aneurin Bevan University Health Board

[Letter sent by email](#)

Dear Carol and Nicola

Application from Crickhowell Group Practice to close their branch surgery premises at Belmont Surgery in Gilwern

I write on behalf of the Aneurin Bevan Community Health Council's (CHC) Executive Committee to make formal representation on behalf of the communities being engaged with in respect of the above application.

Aneurin Bevan CHC has been working with both Health Board's and Powys CHC to seek the best possible outcome for registered patients affected by this application's proposal (approx. 2900 people) and other primary care services in the area that maybe adversely impacted upon due to any potential branch closure.

Gilwern is a rural village situated to the west of Abergavenny in Monmouthshire. While public transport is available, registered people face bus journeys and a walk from and to the bus from the surgeries. Journey times and access to public transport to the main site would increase significantly and become more

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Cadeirydd / Chair: Lesley Perry

Prif Swyddog / Chief Officer: Jemma Morgan

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problematic for many people if the proposed application for closure proceeds.

Currently, there is no direct bus service between Gilwern and Crickhowell – there is an hourly service that involves a change of bus with a minimum 20-minute wait for connections in Abergavenny. Total travel time is over an hour one-way.

There is an hourly direct bus service to Brynmawr that takes approximately 20 minutes.

As the formal 8-week public engagement period progresses, the CHC has welcomed a mid-point review update, we note that more than 500 responses were received at mid-point, which is significant, and further responses have been received following face to face public drop-in sessions.

Having reviewed the responses so far, there is considerable concern being expressed by patients about this proposed closure, with travel circumstances and concerns for service sustainability being the main points of contention.

We have observed that people are particularly concerned about the lack of suitable public transport to the main practice in Crickhowell or alternative practices in Brynmawr or Abergavenny.

If the application is supported by PtHB, following the conclusion of this engagement period, it will mean patients will experience longer travel journeys, poor ease of access due to public transport difficulties and potential re-registrations in large proportions to other primary care services in the Aneurin Bevan area. The latter here gives rise to sustainability concerns for practices in Abergavenny and Brynmawr, due to the large number of people this application may affect.

Compared to the current arrangements, none of the potential travel options are as easy or convenient for patients who currently live within walking distance of their local branch surgery.

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At this point, public feedback suggests this proposed closure will have a major adverse impact on the local population and other primary care providers.

The Aneurin Bevan CHC therefore wishes to express concern and strong opposition about the proposal, on the basis that an NHS primary care service in the community of Gilwern, is seemingly essential. Withdrawal of the branch surgery would give rise to significantly increased difficulties for both patients and other local practices.

The Aneurin Bevan CHC asks PtHB to consider the needs of the population and interdependent service impact when coming to a decision on this application, and we ask both Health Boards to consider any joint plans or outcomes that could be achieved to ensure an NHS primary service remains in Gilwern, if this is feasibly achievable.

Aneurin Bevan CHC extends a helping hand if we can be of assistance during this process and seeking the best possible solutions for the community.

I look forward to receiving your responses as soon as possible.

Yours sincerely



Jemma Morgan
Chief Officer

Cc: Katie Blackburn – Chief Officer, Powys CHC
Alun Davies – MS for Blaenau Gwent
Peter Fox -MS for Monmouth

Croesewir gohebiaeth yn y Gymraeg a'r Saesneg
We welcome correspondence in Welsh and English

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Appendix 6: Draft Mitigation Plan (Version 1.0, Last updated 16 May 2023)

This plan has been developed without prejudice of the decision of Powys Teaching Health Board in response to a recommendation from the Branch Practice Review Panel to accept the application from Crickhowell Group Practice to close their Belmont branch surgery in Gilwern given that no feasible alternatives have been identified through patient and stakeholder engagement.

If the application is accepted than a mitigation plan is needed in order to address the issues and risks identified through the patient and stakeholder engagement process.

A draft mitigation plan has been developed, and initial work has taken place to explore implementation and feasibility in the event that the application is accepted. Subject to the decision of the Board, this work will be further progressed ahead of closure of the branch surgery on 30 November 2023.

Theme	Action	Responsibility	Timetable	Commentary
1. Explore options to improve the availability of transport between the Gilwern area and Crickhowell.	1.1: Explore options with PTHB Facilities Improvement Manager and PAVO regarding potential improvements to interim transport services between Gilwern area and Crickhowell.	PTHB Facilities Department	By 31 July 2023	A meeting is arranged between PTHB and the community transport schemes provided by Bridges and Crickhowell Volunteer Bureau for Monday 5 th June 2023 to discuss potential arrangements. ABUHB have provided the following response: "Bridges Community Car Share Scheme have confirmed that residents of Monmouthshire are eligible to access the scheme which can accommodate transport requests to services outside of the borough i.e. to the main site in Crickhowell: Bridges Community Car Scheme "
	1.2: ABUHB colleagues to explore option with GAVO and the Welsh Community Transport Association regarding potential improvements to interim transport services between Gilwern area and Crickhowell.	ABUHB	By 31 July 2023	

	1.3 Work with public transport providers to identify feasible options for improving journey connections between Gilwern and Crickhowell Group Practice	PTHB	By 31 July 2023	A meeting is being arranged between PTHB and local authority transport teams week commencing 5 th June, details to be confirmed.
2. Strengthen the availability of telephone and online services for those who are able to use them – so that more face-to-face appointments are available for older people, people with disabilities, carers and others who may be less comfortable with these technologies and services	2.1: Review with the practice current use of online and telephone services, to understand potential development opportunity.	PTHB Primary Care Department / Crickhowell Group Practice	By 31 October 2023	<p>Crickhowell Group Practice (CGP) have confirmed they will write to all households to confirm that the closure application has been accepted, that Belmont Branch Surgery will close from 30 November 2023, and that from 1 December 2023 all patients will remain registered with CGP and be able to continue to access services from the War Memorial Health Centre (WMHC). The letter will also provide information about the online and telephone services available to patients that will help reduce the need for travel to WMHC.</p> <p>Meeting arranged for 14th June 2023 between PTHB and CGP to explore options further.</p>
2. Strengthen the availability of telephone and online services for those who are able to use them – so that more face-to-face appointments are available for older people, people with disabilities, carers and others who may be less comfortable with these technologies and services	2.2: Promote use of My Health Online and practice website for appointment booking and repeat medication ordering.	PTHB Primary Care Department / Crickhowell Group Practice	By 31 October 2023	<p>CGP will include information specifically relating to services available through My Health Online and the website, including how to access these services, in the letter to each household.</p> <p>Meeting arranged for 14th June 2023 between PTHB and CGP to explore options further.</p>

3. Specifically, work with children and young people to develop telephone and online options that work for them and recognise the need for consent and confidentiality.	3.1: Liaise with the practice to understand current use with a view to promote/enhance current options to contact the practice	PTHB Primary Care Department	By 31 October 2023	CGP will include information specifically relating to services available to Children and Young People, including how to access these services, in the letter to each household. Meeting arranged for 14 th June 2023 between PTHB and CGP to explore options further.
	3.2: ABUHB colleagues to confirm health promotion activities and understanding in the surrounding schools to Gilwern, particularly around the SPACE-Wellbeing project etc	ABUHB	By 31 October 2023	This will be taken forward through a Task and Finish Group with ABUHB.
	3.3: Scope possibility to promote healthcare and wellbeing options available to children and young people in surrounding education facilities, leisure facilities, social media options and direct correspondence to home addresses	ABUHB	By 31 October 2023	This will be taken forward through a Task and Finish Group with ABUHB.
4. Review the approach to home visits, recognising that some people would now have further to travel for their	4.1: Obtain assurances from the practice regarding Home Visiting SOP (links with action 1.1)	PTHB Primary Care Department	By 31 October 2023	Crickhowell Group Practice have confirmed that all Home Visiting arrangements are currently made from the WMHC site, including those for patients living closer to the Belmont Branch site. CGP have confirmed these arrangements will continue unchanged post closure, and assure that all

appointment – including recognising any carer responsibilities.				registered patients requiring a home visit will receive one where clinically appropriate.
5. Ensure that physical access to the practice premises and parking remained a priority, including availability of parking.	5.1: Review with NHSWSSP-Specialist Estate Services current parking provision.	PTHB Primary Care Department	By 30 June 2023	A meeting is being arranged between the health board, the GP Practice and shared services. Meeting arranged for 14 th June 2023 with PTHB and CGP for initial discussion and scoping.
	5.2: NHSWSSP-SES to scope improvements to current parking arrangements.	NHSWSSP-SES	By 30 September 2023	A meeting is being arranged between the health board, the GP Practice and shared services. Meeting arranged for 14 th June 2023 with PTHB and CGP for initial discussion and scoping.
6. Review booking, appointments, prescriptions etc. including to reduce unnecessary trips (e.g., for ordering and collecting repeat prescriptions).	6.1: Review with the practice current arrangements and maximise opportunities for telephone and online options to book appointments.	PTHB Primary Care Department	By 31 October 2023	Meeting arranged for 14 th June 2023 between PTHB and CGP to discuss a transition plan to include maximising opportunities for telephone and online appointments where appropriate to the patient and their needs, in order to reduce unnecessary travel to WMHC.
	6.2: Explore options with community pharmacist for sample drop-offs and sample bottle collection, as Pharmacist already providing a daily prescription collection service from Crickhowell Practice.	ABUHB Pharmacy Contracting Team/PTHB Primary Care Department	By 31 October 2023	A meeting is being arranged between the health board and the community pharmacy – date TBC. A new system of electronic transmission of prescriptions is also due to be launched in Wales. This will reduce the need for patients to travel to Crickhowell to pick up a physical prescription, as an electronic copy can be sent to the pharmacy of their choice.

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	6.3 Explore options for appointment availability for patients reliant on public transport	PTHB Primary Care Department with Crickhowell Group Practice	By 31 October 2023	Meeting arranged for 14 th June 2023 between PTHB and CGP to discuss a transition plan to include appointment availability and inter-connectedness with travel options.
7. Work in partnership with the community pharmacy in Gilwern to maintain and/or improve availability of services	7.1. ABUHB to confirm existing Community Pharmacy services offered, identify whether scope for any expansion (within the parameters of the Regulations).	ABUHB Pharmacy Contracting Team	By 30 June 2023	<p>ABUHB have confirmed that currently the pharmacy dispenses between 6500 and 7000 prescription items per month and is commissioned to provide a range of additional clinical services including: Emergency Supply, Common Ailments, Contraception, Flu Vaccination, Medication Administration Records, Discharge Medicines Reviews, Supervised Consumption, Smoking Cessation, and the Waste Reduction Scheme.</p> <p>There are opportunities to promote these services to the local community as an alternative to some GP practice attendances. For example, the common ailment service provides access to free NHS treatment for a range of common ailments and the Emergency Supply Service may help patients who need their next dose of prescribed medication before they can obtain a prescription. Increased use of these services will also maintain the viability of the pharmacy.</p> <p>ABUHB has confirmed that where new services become available through the pharmacy contract, they will be offered for commissioning to all pharmacy contractors.</p>
	7.2 Support & enable promotional activity to raise awareness of the services to the local community.	ABUHB	By 31 October 2023	<p>When Crickhowell Group Practice writes to all households regarding the forthcoming closure, the letter will include information about the services available from the community pharmacist in Gilwern.</p> <p>PTHB communication team will also work with ABUHB communication team on options for promotional activity for the Gilwern area outlining the range of</p>

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				local services available including alternatives to GP practice in line with the national primary care model.
	7.3: ABUHB to explore options if viability of pharmacy is affected	ABUHB	By 31 October 2023	<p>ABUHB has confirmed that currently the pharmacy dispenses between 6500 and 7000 prescription items per month, and should the closure of Belmont Branch Surgery affect the pharmacy to the extent that its prescription volume falls below 35,160 items per year (approximately 2,930 items per month), the pharmacy contractor can apply to ABUHB for inclusion in the Essential Small Pharmacies Scheme to ensure continued viability.</p> <p>As highlighted above, promotion of the range of services provided by the local pharmacy e.g. Common Ailments Scheme will help to maintain the viability of the pharmacy.</p>
8. Explore opportunities for working together across partners - are there ways of strengthening partnerships with ABUHB, public sector, third sector and business sector in Northwest Monmouthshire to consider alternative provision and to address the disadvantage that older people, people with disabilities, and carers may experience from any changes?	8.1: ABUHB to confirm opportunities to strengthen the health and social care provision in the area.	ABUHB	By 31 October 2023	<p>ABUHB has provided the following response: "ABUHB are working with Monmouthshire County Council and GAVO to explore the potential for developing community wellbeing activities for older people, people with disabilities and carers in Gilwern and surrounding areas through the Monmouthshire Community Wellbeing Network. Oversight will be provided by the Monmouthshire Integrated Service Partnership Board.</p> <p>"The approach we would like to take with this initiative would be to work with local community to utilise participatory budgeting opportunities to provide services in line with an asset-based approach."</p>

9. Specifically for patients in the Clydach area, explore appetite for other practices to extend their catchment to provide further opportunities for re-registration for those patients who are furthest from Crickhowell.	9.1: ABUHB to link in with relevant practices in the Abergavenny area to expand their practice area to include Clydach	ABUHB Primary Care Department	By 30 June 2023	<p>ABUHB has provided the following response: "All GP practices within ABUHB have an 'open list' and therefore patients can choose to register with the GP practice of their choice, subject to residing within the practice boundary/area, as per the GMS contract regulations.</p> <p>"It is acknowledged that the boundaries of the 3 local practices in Monmouthshire did not extend as far as Clydach. This area is covered by Crickhowell Practice and Brynmawr Medical Practice, therefore those individuals living in Clydach could re-register with Brynmawr Medical Practice if they so wish."</p> <p>ABUHB has additionally confirmed that there have been no expressions of interest from the Abergavenny practices to extend their boundaries to include Clydach.</p>
10. Consider options for monitoring health impact so that action to address this can be kept under review and agree a schedule for reporting to the Citizen Voice Body, the Local Authority and the local community on progress to deliver agreed mitigations and on monitoring of health impact.	10.1: ABUHB to consider the population needs assessments and any impact post closure	ABUHB	Ongoing	ABUHB and PTHB will continue to listen and respond to the concerns of the local community and other stakeholders such as Citizen Voice, Llais and elected members. If the branch surgery request is supported the mitigations put in place will be formally reviewed after 6 months. The transition will be monitored by the Monmouthshire North Neighbourhood Care Network and the Monmouthshire Locality team based within the Primary and Community Care Division.
10. Consider options for monitoring health impact so that action to address this can be kept under review and agree a schedule for	10.2: ABUHB to confirm health impact reporting arrangements to the Monmouthshire Citizen Voice Body,	ABUHB	By 30 November 2023	ABUHB and PTHB will continue to listen and respond to the concerns of the local community and other stakeholders such as Citizen Voice, Llais and elected members. If the branch surgery request is supported the mitigations put in place will be formally reviewed after 6 months. The transition will be monitored by

reporting to the Citizen Voice Body, the Local Authority and the local community on progress to deliver agreed mitigations and on monitoring of health impact.	Local Authority and the local community			the Monmouthshire North Neighbourhood Care Network and the Monmouthshire Locality team based within the Primary and Community Care Division.
11. Identify options for working with partners to understand and mitigate wider Future Generations impact on the economic, cultural and social vibrancy of the community	11.1 ABUHB to identify and work with relevant partners	ABUHB	By 30 November 2023	ABUHB has provided the following response: "The Gwent Public Services Board, often called the PSB, have undertaken a Well-being Assessment to look at how to improve well-being across the region. ABUHB will continue to work with partners to deliver on the Gwent Well-being Plan, when published, which focuses on ensuring that decisions made today give consideration to economic, cultural and social vibrancy in the communities across Monmouthshire for future generations."
12. Maintain ongoing viability of Crickhowell Group Practice to continue to provide GMS services for patients from South East Powys and North West Monmouthshire	12.1 PTHB to work with practice on ongoing sustainability	PTHB	Ongoing	This will be implemented through our existing practice sustainability framework

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Our ref LJ/JM/KB
28 April 2023

Carol Shillabeer
Chief Executive
Powys Teaching Health Board

Nicola Prygodzicz
Chief Executive
Aneurin Bevan University Health Board

[Letter sent by email](#)

Dear Carol and Nicola

Proposed Crickhowell Branch Surgery Closure (Gilwern Branch)

A Branch Practice Review Panel was held on 26 April 2023 hosted by Powys Teaching Health Board (PtHB), which was attended by Llais Gwent and Llais Powys Regional Directors as non-voting participants.

An initial recommendation of the panel was reached by the voting members, and we understand that this recommendation will be presented to the PtHB's public board on 25th May 2023 for consideration and potentially, a decision.

We feel that it is important for us, on behalf of the representations that we have heard from the community, to raise our concern that a recommendation has been reached prior to known mitigation needs or alternative service model options being fully explored and worked through by both Health Boards, following the public's clear and concerned position on travel and access implications.

Cadeirydd / Chair: **Athro / Professor Medwin Hughes, DL**

Prif Weithredwr / Chief Executive: **Alyson Thomas**

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We welcome correspondence in Welsh and English. If you write to us in Welsh, we will answer in Welsh. This will not lead to a delay in responding to your correspondence.

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We recognise that the formal engagement period to give people the opportunity to express their views has been thorough, and the panel recognised the public's strong sense of opposition to the application, as evidenced in the high volume of responses and concerns raised. The panel also acknowledged that a clear and strong mitigation action plan would be required if the recommendation for closure is supported by PtHB's Board.

As you are aware, this is a cross-boundary situation with the Branch surgery at Gilwern being managed from Crickhowell while the surgery itself lies in the Aneurin Bevan University Health Board (ABUHB) area.

That being the case, it was disappointing that ABUHB was not represented on the Review Panel, given the potential impact on ABUHB residents and surrounding GP practices, and the potential outcome that an NHS primary service could be withdrawn from the ABUHB area. Any decision has implications that ABUHB needs to be able to consider in advance and there needs to be a joint approach before a decision is made.

We raised a number of points at the panel:

- Example of journey times for the Gilwern and Llanelly Hill populations on public transport to the main site at Crickhowell (for example, 4 hours and 4 buses)
- Whether the feasibility of a Nurse-led service in Gilwern had been considered.
- A suggestion to defer a recommendation and decision pending the necessary mitigation work or other alternative care model options, given that there is no time sensitive pressure to reach a decision here.
- The risk of judicial review if a decision is taken prior to reasonable mitigation actions or alternative options being established and that are feasible for the large number of the populations affected.

We understand that mitigations against the impacts on patients are under consideration and that further talks between both Health Boards is planned. However, the population need to be confident that these mitigations or alternative options have been worked through in full and are feasible for them. We therefore seek assurance that we will have

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We welcome correspondence in Welsh and English. If you write to us in Welsh, we will answer in Welsh. This will not lead to a delay in responding to your correspondence.

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sight of any mitigation plan or alternative approach, in advance of any decision being taken. This will enable us to make representation again on behalf of the population if required, and to ensure that the principles of service change have fully taken the public's concerns into account, as well as ensuring the future of sustainable GMS services in the area.

We look forward to receiving your responses and hope we can work together to find a solution to this situation, that will ensure sustainable NHS services for the population.

Yours sincerely

Katie Blackburn
Regional Director – Llais Powys Region

Jemma Morgan
Regional Director – Llais Gwent Region

Please let us know if you would like to communicate with us in Welsh.

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23/05/2023 11:25:01

Cadeirydd / Chair: **Athro / Professor Medwin Hughes, DL**

Prif Weithredwr / Chief Executive: **Alyson Thomas**

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Hayley Thomas
Prif Weithredwr Dros Dro / Interim Chief Executive
Ffon / Phone: 01874 712730
E-bost / Email: hayley.thomas@wales.nhs.uk



22nd May 2023

Katie Blackburn and Jemma Morgan
Llais
33-35 Cathedral Road
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CF11 9HB

By Email: katie.blackburn@llaiscymru.org and jemma.morgan@llaiscymru.org

Dear Katie and Jemma

Application from Crickhowell Group Practice to close Belmont Branch Surgery in Gilwern (Your ref: LJ/JM/KB)

Thank you for both for your letter dated 28th April regarding the application from Crickhowell Group Practice to close the Belmont Branch Surgery in Gilwern.

We have been very grateful for the support and challenge of Llais and of your predecessor organisations to this process, and we look forward to continuing to strengthen our emerging working relationships with the new body.

I agree that the concerns of patients have been very clearly expressed, both through the direct feedback from patients and through your own involvement previously as CHCs and now as Llais on their behalf. Through the comprehensive engagement report and equality impact assessment, these are brought into sharp focus so that they can be central to the conscientious consideration of both the Branch Practice Review Panel and the Board.

Given the complexities of this application – and specifically that the premises are owned by retiring GP partners, compounded by the workforce challenge facing the primary care sector – it is clear that this decision making process needs to be taken in two key steps.

The first step is to consider whether any feasible alternatives to accepting the application have been identified during the engagement period and since the application was received in November 2022. This has included ongoing and close working with ABUHB who have liaised with local primary care providers, as well as ongoing discussions with Crickhowell Group Practice. It also included seeking the views of patients and wider stakeholders through the engagement process.

Key options for sustaining GMS services in the area were discussed in the paper considered by the Panel. But, on the basis that no feasible alternatives had been

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identified, the view of the voting members of the panel was that there was no choice but to accept the application.

If that recommendation is approved by the Board then a mitigation plan will be required in order to respond to the issues identified in the impact assessment.

At the panel we heard that initial work had been undertaken, and a draft mitigation plan was included within the papers. Subject to the decision of the Board, this plan would need further development and delivery at pace ahead of the proposed closure of the branch premises, which I am suggesting should be no earlier than November 2023, in order to permit time for this important work. We anticipate that this will include working with ABUHB, Monmouthshire County Council and GAVO to explore the potential for developing community wellbeing activities for older people, people with disabilities and carers in Gilwern and surrounding areas through the Monmouthshire Community Wellbeing Network. ABUHB intends to secure oversight for this work through the Monmouthshire Integrated Service Partnership Board, taking the approach of working with local community to utilise participatory budgeting opportunities to provide services in line with an asset-based approach.

As requested, we have shared the updated plan with you in advance of a decision being taken by the Board, and I understand that a productive meeting has taken place on 19th May, to provide an opportunity for informal feedback. In advance of national agreement on Llais attendance at Health Board meetings and updates to Standing Orders we have also confirmed that there will be a non-voting seat at the Board for a representative on behalf of Llais.

If the Board, at its meeting in public on 24th May 2023, accepts the recommendation from the Panel then we look forward to further conversations with Llais about how we can continue to engage you in that work. We are recommending that a cross-border task-and-finish group is established between PTHB and ABUHB to see this work through, and we welcome a discussion about how you would like to be engaged and informed on this work.

If the Board does not accept the recommendation, then the Practice has a right of appeal which would be considered in due course.

Thank you as always for your input and insight on behalf of patients and communities.

Yours sincerely



Hayley Thomas
Interim Chief Executive Officer

c.c. Nicola Prygodzicz, Aneurin Bevan University Health Board

Enc. Draft Mitigation Plan