

You asked:

- 1. We would appreciate it if you could let us know the extent to which the Welsh Government is covering the CTMUHB Covid costs for the current financial year and whether the funding will take into account the cost of 'catching up' with treatment and patient reviews that have been delayed or contracted out to the private sector?**

As at month 5 (August 2020), the Welsh Government have released £10.9m of funding specifically for COVID response for Health Board Services and a further £24.8m for Welsh Health Specialist Services Committee (WHSSC) which is a hosted body of Cwm Taf UHB, this £24.8m includes funding to support independent hospital capacity to support essential services continuing during the pandemic. It is anticipated that the HB will receive further allocations for the impact of Covid-19, including addressing diagnostic and essential services backlogs, but as yet these amounts have not been confirmed to the Health Board.

Specific issues relating to service provision

- 2. In relation to primary care people asked about access to the services of surgeries and in particular, to branch surgeries and when these were going to be fully available again? (There is a concern that phone and video consultations are not effective for many people and potential need for diagnoses and treatment is being missed. For example, it was reported that people who require regular B12 injections were experiencing problems in receiving treatment).**

It was anticipated that many services would return to "the new normal" from 1st October, however with the steady rise in positive Covid_19 cases being reported throughout the University Health Board area it is unlikely that branch locations will return to "normal" for some time yet. The priority continues to be focused on maintaining the health and welfare of patients and staff and appropriate government advice on social distancing and PPE requirements are followed throughout.

With regard to access, the current pandemic has enabled General Practitioners to review the process by which GP Practices can meet the needs of their patient population. Many practices have introduced triage systems which allow GPs to assess the symptoms of the patient and refer to the most appropriate clinician or service. Many practices have also introduced online triaging which allows patients to self-assess 24/7. Again, patients are referred to the appropriate service and/or any enquiries that require clinical input or a face to face appointment are picked up by the practice and the patient contacted as necessary. This service is proving to be popular and feedback has been very positive.

Those practices with branch locations have utilised their satellite premises to ensure a safe and effective method for maintaining a "clean" clinical environment with which to consult with asymptomatic patients and allowed for a "safe" environment to see vulnerable patients for routine treatments

(e.g. many branch locations have been used for Anticoagulation Clinics or Baby clinics).

With regard to the administration of regular B12 injections, clear guidance was issued to all practices as per NICE Guidelines:

BSH guidance on B12 supplements during COVID pandemic:

<https://nice.us8.list-manage.com/track/click?u=7864f766b10b8edd18f19aa56&id=722c95a5cb&e=3ccb34ee8e>

Ultimately each GP Practice will manage its own patient population however, as per the guidelines, we would expect that practices have reviewed patients to determine the clinical needs of the individual. Based on this assessment the practice may administer as per the recommended 3 monthly schedule, or delay the injection by 3 or 6 months and/or administer oral supplements.

For House Bound patients already on the District Nurse (DN) caseload for other health issues then B12s are mostly being administered as normal. Those housebound patients not on the DN caseload for other matters will be mostly assessed as above.

For Diet related B12 deficiencies then oral supplements are recommended.

For non-diet related deficiencies:

BSH advice during COVID19 pandemic:

Liver stores last for a year and hence levels of B12 will not be affected if one to two 3 monthly injection is omitted in patients on maintenance parenteral B12 supplements. BSH supports omitting B12 injections even in this group during COVID19 outbreak at least until the surge has passed.

For patients who report symptoms in the weeks preceding B12 injection, oral B12 50-150 micrograms per day can be offered as an alternative because there will still be sufficient absorption. If still very symptomatic then B12 injection can be given with clear understanding that the interaction with healthcare increases transmission risk of COVID19. We suggest taking the opportunity to measure B12.

3. Finally there was one specific question in relation to opening times at the Llwynypia minor injuries unit and whether it was likely that these would be extended.

Currently Ysbyty Cwm Rhondda (YCR) is open 9-5 Mon-Fri, patients present 9-4:30, last booking in time 4;30 to allow the MIU to close at 5.

Currently there are no plans to extend the hours since there is only radiology provision on site during the current hours and the radiology dept. is key to the MIU.

We are looking at the Connect Ahead (Phone 1st) model for CTM and the re-modelling of service will include both MIUs in the Health Board.