

## Conwy Voluntary Health and Social Care Network Event

# “The Changing Face of Primary Care in Conwy”

## A Rapid Health Impact Assessment of the Conwy Primary Care Estates Strategy

conducted on behalf of  
**Conwy Local Health Board**

**26<sup>th</sup> July 2006**

## Contents

	Page
<b>What is Health Impact Assessment?</b>	3
<b>Primary Care Estates Strategy for Conwy</b>	3
Background	3
The Strategy	4
What is Proposed?	4
The Hub and Spoke	5
<b>Partners Involved</b>	7
Conwy Local Health Board	7
Welsh Health Impact Assessment Support Unit	8
Conwy Voluntary Health and Social Care Network	8
The Conwy Health and Well-being Partnership Team	9
The National Public Health Service for Wales (NPHS)	9
<b>The Stakeholder Workshop</b>	10
Identifying potentially affected vulnerable and/or disadvantaged groups	10
Participatory stakeholder workshop	12
Attendees	12
Agenda	13
Health and Wellbeing Determinants Checklist	14
<b>Summary of Impacts</b>	15
Discussion Group 1	15
Discussion Group2	18
<b>Summary of Recommendations</b>	21
Lifestyle	21
Social & Community Influences	21
Living/environmental conditions affecting health	22
Economic Conditions	22
Access and Quality of Services	23
Macro-economic/environmental & sustainability	24
<b>Producing the report</b>	24
<b>The Next Step</b>	24

## **What is Health Impact Assessment?**

Health Impact Assessment is a process which supports organisations to assess the potential consequences of their decisions on people's health and well-being. The Welsh Assembly Government is committed to developing its use as a key part of its strategy to improve health and reduce inequalities.

Health impact assessment provides a systematic yet flexible and practical framework that can be used to consider the wider effects of local and national policies or initiatives and how they, in turn, may affect people's health. Health impact assessment works best when it involves people and organisations who can contribute different kinds of relevant knowledge and insight. The information is then used to build in measures to maximise opportunities for health and to minimise any risks. It also provides a way of addressing the inequalities in health that continue to persist in Wales.

## **Primary Care Estates Strategy for Conwy**

Conwy Local Health Board has undertaken to develop an estate strategy for primary care premises that will identify, in broad terms, their property and premises needs over the next decade.

### **Background**

The development of the Strategy is based on a desktop analysis of a comprehensive audit of the GP owned properties that was commissioned by Welsh NHS Estates and undertaken in 2002. The main issues highlighted were:

- £2.06m expenditure required to bring available buildings up to an acceptable level in terms of physical condition and compliance with health and safety and disability access legislation. This shows the premises in Conwy to be amongst the worst in Wales (19 out of 22).
- Significant proportions of this backlog expenditure are for compliance with DDA regulations.
- All types of community based premises are fully used or overcrowded giving little scope for service expansion.
- Currently the space available in GP premises in Conwy is 61% of the allowed space and in one property it is as low as 21%.
- A low proportion of all types of premises are purpose built for primary or community based service delivery.
- 11% of the population have to travel to a distant town to access basic primary healthcare team services.
- Significant proportions of the premises used for mental health and community health services are rated as poor in terms of physical condition, functional suitability and statutory compliance.
- Most of the accommodation currently in use in all types of premises except community clinics was constructed prior to 1948. In the case of community clinics 16% was constructed before 1948. 11% of GP accommodation has been built since 1995 but virtually no construction has taken place for other types of accommodation since that date.

## The Strategy

The LHB has worked with the support of management consultants to develop a strategy for development in Conwy which will answer three key questions:

- a. Where are we now?
- b. Where do we want to be?
- c. How do we get there?

Through a series of workshop sessions attended by LHB managers, GPs and representatives of all the main stakeholders, including the voluntary sector, a range of options for the future configuration of services and premises were developed. Each of these service delivery options were considered for their suitability by asking a series of questions. The response from the workshop participants resulted in the short listing of 8 options. After a comprehensive option appraisal exercise a preferred option was identified as having the greatest potential to achieve the desired benefit at a reasonable level of capital and net present cost.

## What is proposed?

1. Community based in-patient beds, services supporting these beds and specialist community based out patient, diagnostic, treatment and outreach team services provided from a redeveloped Colwyn Bay Hospital.
2. A full range of extended primary health and social care team services provided from either **primary care super centres** or a local hub and spoke premises network located in:

Abergele – new campus development  
Colwyn Bay – new centre development  
Conwy – new centre development  
Llandudno – expand existing 3 centres and network  
Llandudno Junction – community health centre  
Llanfairfechan  
Llanrwst – new centre development

A full range of extended primary health and social care team services would include:

- I. General Practitioner Services
- II. District Nursing
- III. Health Visiting
- IV. Midwifery
- V. Specialist nursing services
- VI. Vaccination and immunisation for at risk groups
- VII. Health promotion, healthy lifestyle and self help services
- VIII. Mental health counselling and psychological therapies
- IX. Visiting therapy services (Podiatry, Physiotherapy, Occupational Therapy, Speech & Language Therapy, Psychology, Dietetics)
- X. Diagnostic services (Near Patient Testing, Electrocardiography, Spirometry)
- XI. Visiting social work services (assessment, casework, homecare services)
- XII. Voluntary sector (care, support, advice and information)
- XIII. Visiting GPs with a special interest and other specialist healthcare providers
- XIV. Multi disciplinary clinics for older people and people with long term illness, e.g. heart disease (therapies and rehabilitation, medical nursing etc)

- XV. Family and sexual health services
- XVI. Community Pharmacy Services
- XVII. General Dental Services
- XVIII. Minor injuries and illness assessment and treatment
- XIX. Walk in services

3. A partial range of extended primary health and social care team services provided from **primary care centres** or a local hub and spoke premises network in

Betws y Coed – new centre development  
 Cerrigydrudion – new centre development  
 Deganwy  
 Kinmel Bay – new centre development  
 Old Colwyn – new centre development  
 Penmaenmawr  
 Penrhyn Bay  
 Rhos on Sea

A partial range of health and social care team services would include:

- I. General Practitioner Services
- II. District Nursing
- III. Health Visiting
- IV. Midwifery
- V. Vaccination and immunisation for at risk groups
- VI. Health promotion, healthy lifestyle and self help services
- VII. Mental health counselling and psychological therapies

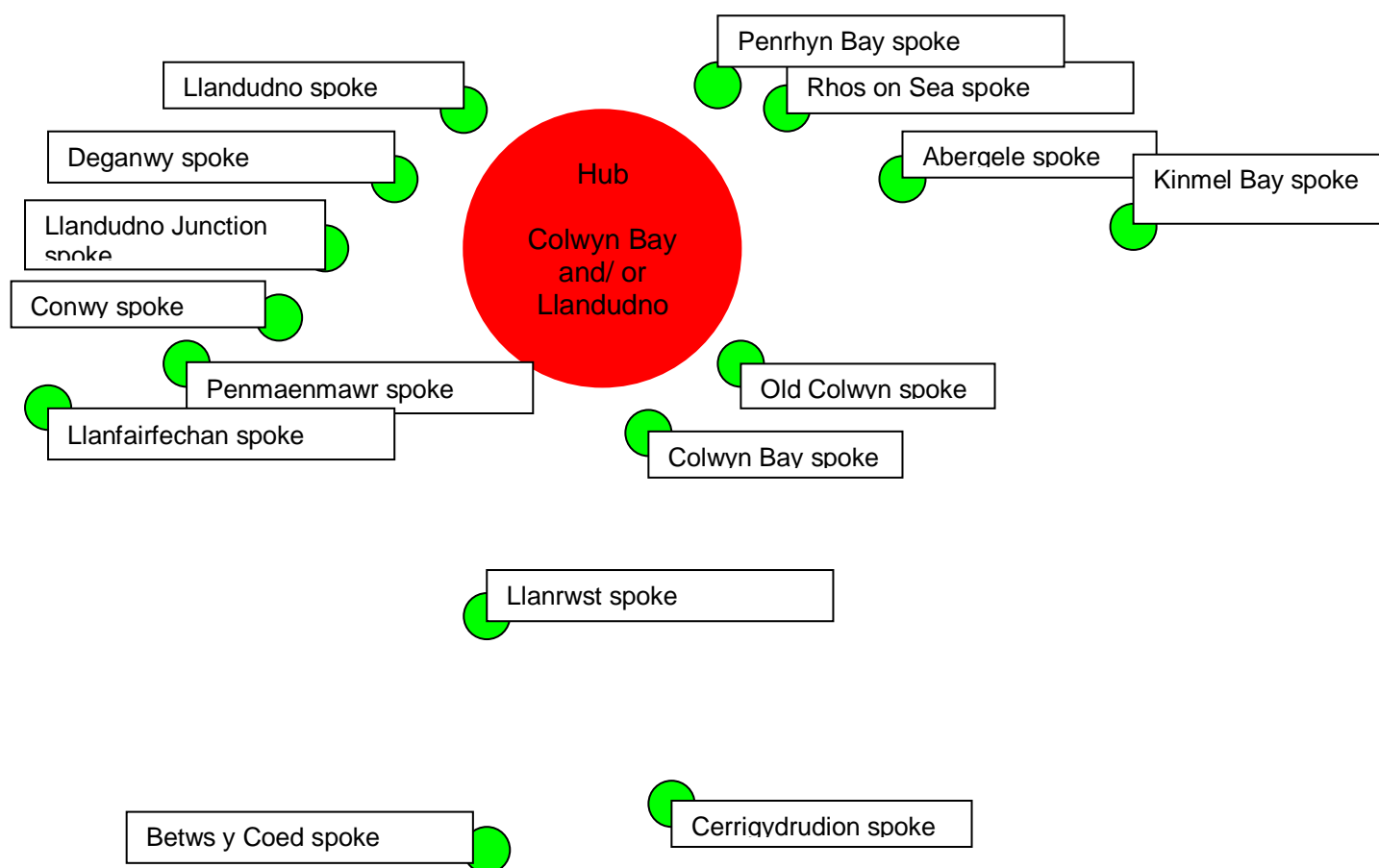
4. Access to a range of primary health and social care team services provided to sparsely populated communities by **outreach** from a nearby town or village.

## The Hub and Spoke

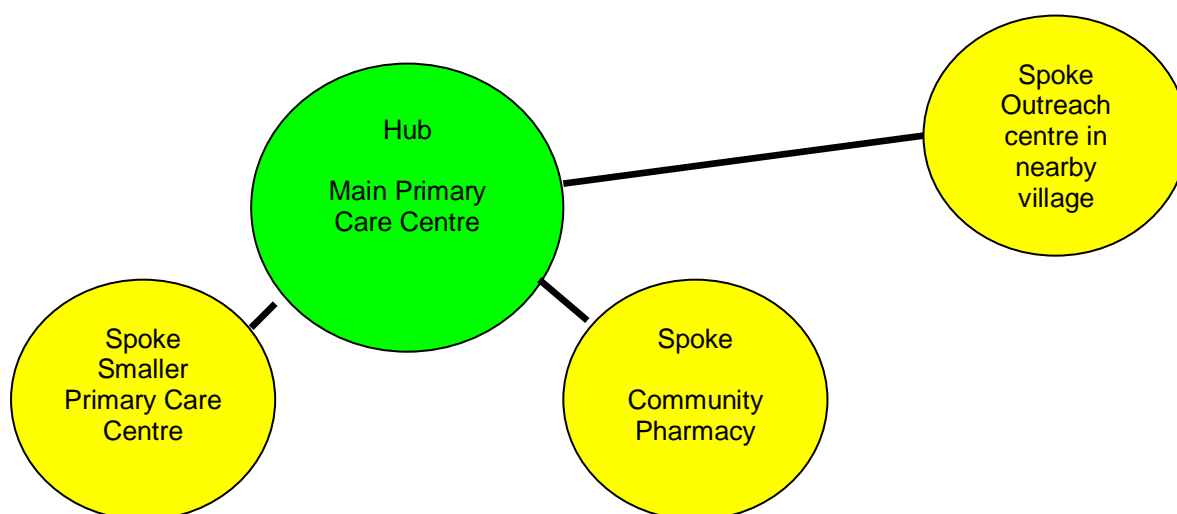
The make up of the future services and the premises that will be used to accommodate them will be based on “hub and spoke” principles in 2 ways.

For the whole county borough there will be a “hub and spoke” network with one or possibly two centres at the hub providing very specialist services. These services are the ones that fewest people use and for which there is not enough work to provide them everywhere. They support the more commonly used services provided at the spokes, i.e. in individual towns and villages close to where the people who use them live. In Conwy the overall “hub and spoke” arrangement might look like this:





When it comes to making decisions about the arrangement of primary care services and buildings in each of the “green dots” they may be provided in a different kind of hub and spoke that could look like the following anonymous example:



It is expected that different types of facilities will be needed to make this work. These are listed in the following table which also highlights the main differences between them.

Feature	Type of facility				
	Community Resource Centre	Super Primary Care Centre	Primary Care Centre	Primary Care Campus	Rural Primary Care Centre
Has In patient services	Yes	No	No	No	No
Has specialist support services	Yes	Possibly	No	Possibly	No
Serves a population of 50,000 or more	Yes	No	No	No	No
Has full range of primary healthcare team services	No	Yes	Limited visiting only	Possibly	No
Has partial range of primary healthcare team services	No	Yes within full range	Yes	Yes possibly within full range	Yes
Has all services in single building	Yes	Yes	Yes	No – separate buildings on same site	Yes

It was not one of the aims of the strategy to work out exactly where new buildings would be provided and which premises should be closed. These questions are being looked at in a further stage of work.

## Partners Involved

**Conwy Local Health Board (LHB)** was established on 1st April 2003, and is based at Princes Park, Princes Drive, Colwyn Bay, LL29 8PL

The LHB is responsible for identifying the health needs and over time improving the health and well-being of the County by working in partnership with primary and secondary health care providers and other local organisations including Conwy County Borough Council and the voluntary and independent sectors.

The main roles fulfilled by the LHB are:

- Identifying the health and well being needs of the people of Conwy
- Improving health of the community of Conwy
- Securing Primary care Services
- Commissioning & Purchasing Hospital & Community Healthcare Services
- Partnership working
- Public engagement
- Corporate and Clinical Governance

The LHB and Conwy County Council have a statutory duty to work together – in partnership with other local organisations – to produce strategies for improving health and social care for the people living in Conwy.

# Welsh Health Impact Assessment Support Unit

[www.whiasu.wales.nhs.uk](http://www.whiasu.wales.nhs.uk)

## Welsh Health Impact Assessment Support Unit

WHIASU is based in the Cardiff Institute of Society, Health and Ethics which is part of Cardiff University's School of Social Sciences. It is funded by the Welsh Assembly Government, through the Wales Centre for Health and is resourced to cover both North and South Wales. The key roles of WHIASU are:

- To support the development and effective use of the health impact assessment approach in Wales through building partnerships and collaborations with key statutory, voluntary, community and private organisations in Wales.
- To provide direct information and advice to those who are in the process of conducting health impact assessments.
- To contribute to the provision of new research, and provide access to existing evidence, that will inform and improve judgements about the potential impacts of policies, programmes and projects.

For more information:

**North and Mid Wales:** Liz Green, Welsh Health Impact Assessment Support Unit, Croesnewydd Hall, Wrexham Technology Park, WREXHAM LL13 7YP Tel: 01978 313664 or Email: [liz.green@wch.wales.nhs.uk](mailto:liz.green@wch.wales.nhs.uk)

**South Wales:** Dr Alison Golby, Welsh Health Impact Assessment Support Unit, Cardiff Institute of Society, Health and Ethics, School of Social Sciences, 53, Park Place, CARDIFF CF10 3AT Tel: 029 2087 9609 or Email: [golbya@cardiff.ac.uk](mailto:golbya@cardiff.ac.uk)

## Conwy Voluntary Health and Social Care Network

The Building Strong Bridges Voluntary Health and Social Care Network is developed and supported by the Health and Social Care Facilitator based at Conwy Voluntary Services Council.

### Aims:

- Bring together all voluntary organisations operating in the County Borough of Conwy whose objectives encompass health and social care issues.
- To gain mutual support through the regular dissemination of relevant information and training days.
- Enable representatives selected to sit on planning groups and partnerships - such as the Local Health Board, Compact, Health Social Care and Well-being Management and Policy Groups (MAPs), some groups from the Community Safety Partnership - to have a forum for consultation on strategic planning issues.

### Members of the Network enjoy::

- Regular events based around capacity building, partnership working and relevant voluntary sector issues.
- Regular email information service.
- Dedicated pages in the CVSC Newsletter with articles on relevant government strategies and policy, feedback on local health and social care events and news from the local partnership groups.
- Opportunity to comment on the Conwy LHB Papers and bring matters to the attention of the Voluntary, Carer and Community representatives for discussion at the Public Meetings.
- Opportunity to network with other voluntary organisations and explore ways to support each other.

If you would like more information about the Conwy Voluntary Health and Social Care Network please contact

**Colette Neal** Health and Social Care Facilitator, tel: **01492 523850**  
email: [coletteneal@cvsc.org.uk](mailto:coletteneal@cvsc.org.uk)



## **The Conwy Health and Well-being Partnership Team**

The Conwy Health and Well-being Team consists of a Partnership Manager, Health and Well-being Facilitator, Partnership Participation Officer and Administrative support.

Our vision is for a modern, successful Conwy with major improvements in the Health and Well-being of those who live in and work in the county. This will in time, reduce inequalities and promote social cohesion.

The role of the team is to develop, drive forward the implementation of and performance manage the Healthy Conwy Strategy. This is undertaken in partnership with many agencies - statutory, voluntary and independent and also with the people who live and work in Conwy. For more information please contact:

Patti Fitton  
Rheolwraig y Bartneriaeth Iechyd a Lles / Health and Well-Being Partnership Manager  
Builder Street 01492 574072  
Bodlondeb 01492 576324  
Cyngor Bwrdeistref Sirol CONWY County Borough Council  
E-Bost / E-Mail: [patti.fitton@conwy.gov.uk](mailto:patti.fitton@conwy.gov.uk)

**The National Public Health Service for Wales (NPHS)** brings together the public health resources of the five former health authorities in Wales, which includes input from academic departments, with those of the Public Health Laboratory Service in Wales, which includes the Communicable Disease Surveillance Centre.

Wales now has a national service, but one that is locally delivered and able to engage at the most appropriate and effective points in the system. Our involvement with a wide range of organisations means that we are able to harness and promote the efforts of individuals working in NHS and non NHS settings to improve the health of the population. The ability to nationally coordinate and manage resources allows us to reduce duplication, work more efficiently and increase the value of our contribution.

Wales has an unprecedented opportunity to develop a fully integrated approach to public health issues and the mechanisms for public health action. We are committed to making a difference to the health of people living in Wales and the establishment of the NPHS allows a clearer focus on that aim.

National Public Health Service for Wales  
Unit 1 Charnwood Court  
Heol Billingsley  
Parc Nantgarw  
Cardiff  
CF15 7QZ

**General Enquiries/Switchboard:** Telephone 01443 824160  
Fax: 01443 824161

**General Email Address**

[general.enquiries@nphs.wales.nhs.uk](mailto:general.enquiries@nphs.wales.nhs.uk)

## The Stakeholder Workshop

The LHB wished to include the widest possible range of partners in the delivery of the strategy, so it was proposed initially to discuss the proposals with members of the Conwy Voluntary Health and Social Care Network

HIAs can be categorised in two ways. Firstly, “in-depth” HIAs, which are conducted over a matter of weeks or months, and secondly “rapid” HIAs, which are completed in hours or days. This approach was considered very suitable for the Conwy Primary Care Estates Strategy as the process had already gone through a very comprehensive process of option evaluation and a “preferred option” had been identified.

### Identifying potentially affected vulnerable and/or disadvantaged groups

Six weeks before the workshop a steering group was put together, membership of which was as follows:

Colette Neal	Health and Social Care Facilitator CVSC
Patti Fitton	Health and Wellbeing Partnership Manager, CCBC
Lee Williams	Health and Wellbeing Facilitator, CCBC
Julie Richards	National Public Health Service
Libby Evans	Partnership Participation Coordinator, CCBC
Liz Green	Welsh Health Impact Assessment Support Unit

A key element of rapid HIA is usually a participatory stakeholder workshop where those affected are brought together to examine the proposal. This was planned to take place on Wednesday 26<sup>th</sup> July, at Colwyn Bay Cricket Club, Rhos on Sea, Colwyn Bay. The steering group met to identify vulnerable and/or disadvantaged groups who may be affected by the proposed changes. At this initial scoping meeting it was agreed to widen the invitation to the workshop beyond membership of the Voluntary Health and Social Care Network to include other groups and individuals who would be affected by the proposals. The following list of possible stakeholders taken from “Improving Health and Reducing Inequalities. A Practical Guide to health impact assessment” was considered.



## **Vulnerable and/or disadvantaged population groups**

The target groups you identify as vulnerable or disadvantaged will depend on the characteristics of the local population and the nature of the proposal itself. The most disadvantaged and/or vulnerable groups are those which will exhibit a number of characteristics, for example children in living poverty. This list is therefore just a guide and you may like to focus on groups that have multiple disadvantages.

### **1. Age related groups\***

- Children and young people
- Older people

### **2. Income related groups**

- People on low income
- Economically inactive
- Unemployed
- People who are unable to work due to ill health

### **3. Groups who suffer discrimination or other social disadvantage**

- People with disabilities
- Refugee groups
- People seeking asylum
- Travellers
- Single parent families
- Lesbian and gay people
- Ethnic minority groups\*\*
- Religious groups\*\*

### **4. Geographical issues**

- People living in areas known to exhibit poor economic and/or health indicators
- People living in isolated areas
- People unable to access services and facilities

You will also want to assess the impact on the general adult population and/or assess the impact separately on men and women.

Please note that this list is a guide and is not exhaustive.

\* Could specify age range or target different age groups for special consideration.

\*\* May need to specify.

Invitations were sent out by post to groups and individuals from the following population groups:

### **1. Age related groups**

- Children and young people
- Older people

### **3. Groups who suffer discrimination or other social disadvantage**

- People with disabilities (including physical, sensory and learning)
- Families
- Ethnic minority groups
- People with mental health challenges
- People suffering the effects of drug or alcohol misuse
- Disease specific groups
- Carers

#### 4. Geographical issues

- People living in areas known to exhibit poor economic and/or health indicators
- People living in rural Conwy
- People who work in the existing GP surgeries
- Patient groups from affected surgeries.

A week before the event, those who had booked were sent the background information to the proposals and some information on what a Health Impact Assessment is. They were asked to read the information before coming to the workshop. Although they would be given the information again by Gerry Chester from Strategem Consultants, the company responsible for writing the strategy, it was felt that it would be difficult to take in on the day and the participants needed time to absorb the information beforehand in order to participate in a more meaningful way.

#### Participatory stakeholder workshop

There were twenty three participants, with representatives from a variety of voluntary organisations, patient groups, the Local Health Board, the Local Authority and service users.

##### **ATTENDEES**

Dr Gordon Lowden	Service user
Mrs Christine Lowden	Service user
Pearl Pedder	Service user
Sharon Perkins	Service user
Jen Roberts	Business Development Manager, Pennaf Housing Group
Councillor Pat Rowley	Llanrwst Town Council
Chris Sweetnam	Backcare
Emma Bayliss	Assistant Service Development Officer, CCBC
Chris Jones	Chief Officer, Conwy Community Health Council
Alice Robinson	Member/carer, Conwy Local Health Board
June Hilton	Volunteer, CVSC
Ann Westmoreland	CYPP Liaison Officer, CVSC
Nerys Hughes	Chair and Director of Services, Disability Resources Centre
Hazel Brown	General Manager, Disability Resources Centre
Judy Jones	Expert Patient Programme
Malcolm Hold	North Wales Race Equality Network
Diane Lewis	Practice Manager, Rysseldene Surgery
Shelley Kay	Deputy Practice Manager, Rysseldene Surgery
Sian Ellis	Community Support Worker, Social Services Children and Families Service
Mrs L. Danson	SSAFA
Fiona Evans	Family Support Organiser, Stroke Association
Liz Grieve	Development Officer, Unllais
Mair Roberts	Carer's Outreach

The programme for the participatory workshop was as follows:

### Agenda

- 9:30 Registration (Tea/Coffee available)
- 10:00 Welcome and introduction to workshop  
*Colette Neal, Health and Social Care Facilitator CVSC*
- 10:10 Outline of Conwy Primary Care Estates Strategy  
*Gerry Chester, Strategem Consultants*
- 10:35 Outline of Health Impact Assessment and Introduction to Appraisal Tool  
*Liz Green, Welsh Impact Assessment Support Unit*
- 11:00 Tea/Coffee break
- 11:15 Screening session – using appraisal tool to identify key health impacts of the proposal
- 12:15 Feedback session to produce themes for appraisal
- 12:45 Lunch
- 13:30 Focus groups to:  
(i) explore identified impacts in more depth  
(ii) identify changes required
- 14:30 Group session to decide upon recommendations
- 15:00 Feedback session
- 15:30 Finish.



Workshops were run in two groups. With Liz Green (WHIASU) and Julie Richards (NPHS) facilitating one and Patti Fitton and Libby Evans (CCBC & Conwy LHB) facilitating the other. After his presentation Gerry Chester stayed throughout the day so that he could answer questions and clarify issues about the proposals as they arose.

Participants used a Health and Well-Being Determinants Checklist in order to assist them in focusing their thoughts, and help them to make a judgement as to the likely

impacts of the proposed strategy upon the different health determinants.

**HEALTH AND WELLBEING DETERMINANTS CHECKLIST**  
**(please note that this list is a guide and is not exhaustive)**

1. Lifestyles	<ul style="list-style-type: none"> <li>• Diet</li> <li>• Physical exercise</li> <li>• Use of alcohol, cigarettes, non-prescribed drugs</li> <li>• Sexual activity</li> <li>• Other risk-taking activity</li> </ul>
2. Social and community influences on health	<ul style="list-style-type: none"> <li>• Family organisation and roles</li> <li>• Citizen power and influence</li> <li>• Social support and social networks</li> <li>• Neighbourliness</li> <li>• Sense of belonging</li> <li>• Local pride</li> <li>• Divisions in community</li> <li>• Social isolation</li> <li>• Peer pressure</li> <li>• Community identity</li> <li>• Cultural and spiritual ethos</li> <li>• Racism</li> <li>• Other social exclusion</li> </ul>
3. Living/ environmental conditions affecting health	<ul style="list-style-type: none"> <li>• Built environment</li> <li>• Neighbourhood design</li> <li>• Housing</li> <li>• Indoor environment</li> <li>• Noise</li> <li>• Air and water quality</li> <li>• Attractiveness of area</li> <li>• Community safety</li> <li>• Smell/odour</li> <li>• Waste disposal</li> <li>• Road hazards</li> <li>• Injury hazards</li> <li>• Quality and safety of play areas</li> </ul>
4. Economic conditions affecting health	<ul style="list-style-type: none"> <li>• Unemployment</li> <li>• Income</li> <li>• Economic inactivity</li> <li>• Type of employment</li> <li>• Workplace conditions</li> </ul>
5. Access and quality of services	<ul style="list-style-type: none"> <li>• Medical services</li> <li>• Other caring services</li> <li>• Careers advice</li> <li>• Shops and commercial services</li> <li>• Public amenities</li> <li>• Transport</li> <li>• Education and training</li> <li>• Information technology</li> </ul>
6. Macro-economic, environmental and	<ul style="list-style-type: none"> <li>• Government policies</li> <li>• Gross Domestic Product</li> </ul>

sustainability factors	<ul style="list-style-type: none"> <li>• Economic development</li> <li>• Biological diversity</li> <li>• Climate</li> </ul>
------------------------	---

**Source:**

Improving Health and Reducing Inequalities: A practical guide to health impact assessment. Welsh Assembly Government. September 2004

## Summary of impacts

The following table describes the potential impacts of elements of the proposed Conwy Primary Care Estates Strategy, the adverse effects, the positive impacts, any gaps identified and the recommendations which emerge from the discussions of the issues.

**Discussion Group 1-** (facilitated by Liz and Julie)



1.Lifestyles	
Positive (+ve)	Negative (-ve)
<ul style="list-style-type: none"> <li>• Implementation of strategy will have a knock on effect ie increase in information leading to increased benefits in terms of diet etc</li> <li>• Having all the professionals together in one place will mean that they will be able to give better advice on nutrition/exercise etc</li> </ul>	<ul style="list-style-type: none"> <li>• A clinic with facility to support those with addictions could open up the environment to those with aggressive behaviour – danger to staff and other clients</li> </ul>
<b>Lifestyle-Gaps:</b> none identified	
<b>Lifestyle- Recommendations:</b> <ol style="list-style-type: none"> <li>1. Have clinics at different times and days</li> <li>2. Need to have better health promotion and educate the community ie in drug use</li> <li>3. Sexual health – better education in schools through young mothers and fathers going into schools to talk to young people. Give assistance to young mothers in parenting skills</li> <li>4. Have one specialised person who is qualified to deal with use of alcohol/drugs/cigarettes etc</li> <li>5. Staff to have input into the design of the building eg if dealing with high risk patients then have a room with 2 exits leading to better safety for staff</li> </ol>	
2 Social and Community Influences	
Positive (+ve)	Negative (-ve)
<ul style="list-style-type: none"> <li>• Impact on the community and a sense of esteem from specialization</li> <li>• Increased partnership working between professionals leading to better and quicker care 'makes you feel more like an individual not a number</li> </ul>	<ul style="list-style-type: none"> <li>• Personal relationships and networks with GP's lost</li> <li>• Extra stress on family and carers</li> <li>• A larger integrated 'environment' can make the patient feel more isolated</li> </ul>
<b>Social &amp; Community influences- Gaps:</b> none identified	

**Social & Community Influences- Recommendations:**

1. The 'design' of the building has to be right so that each GP keeps their identity
1. Smaller waiting rooms in large integrated centres
2. GP's could keep their own (current) team
3. Architects need to be aware of the service users, the community and the way that the buildings are built and what they will be used for. The plans can then be consulted on with the community – they must listen to the local people
4. Would like to keep the consistency in relationships between GP and patient
5. GP's and staff will need to accept the changes and be helped to do so
6. Patients need to be informed of the changes at **all** times as part of the process

**3 Living/environment conditions affecting health**

Positive (+ve)	Negative (-ve)
	<ul style="list-style-type: none"> <li>• Noise levels from: bigger waiting areas/noise from increased traffic and deliveries/building work</li> <li>• Lack of parking leading to increased road traffic/accidents and people parking cars in local neighbourhood</li> </ul>

**Living/environment conditions affecting health- Gaps** none identified

**Living/environment conditions affecting health- Recommendations**

1. Need to look at local infrastructure eg especially if making roads one way
2. Need for clear road signs and traffic calming measures but no speed bumps which can have a detrimental effect on some groups ie those with back problems
3. Ask/consult with local people
4. Have a further risk/needs/impact assessment on site chosen
5. Buildings need to be well maintained and environmentally friendly
6. Noise from new builds – need for mitigating measures ie only build between certain times

**4 Economic Conditions**

Positive (+ve)	Negative (-ve)
<ul style="list-style-type: none"> <li>• Could 'free up' money for other services</li> <li>• Could increase employment within an area</li> </ul>	<ul style="list-style-type: none"> <li>• Specialist provision could lead to an increase in specialist jobs and economic growth but could also push up property prices and affect vulnerable groups</li> <li>• The strategy doesn't address training for the future needs of specialisation of services or nursing specialisation</li> <li>• Lack of members of staff who speak first language Welsh</li> </ul>

**Economic conditions- Gaps** none identified

**Economic conditions –Recommendations**

1. Have a 'local' training room for staff training and development – preferably 'on-site'. This could save money and time. The room could also be used as a community resource. Room could support continued professional development
2. Welsh language issue – need to look at translation services within hub and spokes. Need for Welsh speakers to be able to access Welsh speaking staff at all times ie phone line



<b>5 Access and quality of services</b>	
<b>Positive (+ve)</b>	<b>Negative (-ve)</b>
<ul style="list-style-type: none"> <li>• More specialised units</li> <li>• Flexibility</li> <li>• New centres will be more disabled friendly</li> <li>• Re-training of members of staff</li> <li>• Better understanding of peoples roles and pathways of care</li> <li>• Amalgamation of GP services</li> <li>• More economical</li> </ul>	<ul style="list-style-type: none"> <li>• Lack of bus services</li> <li>• Lack of integrated transport</li> <li>• Impact on ambulance system – booking has to be done a week in advance and late afternoon appointments are a major problem</li> <li>• Not able to discuss personal details in a 'waiting room'</li> <li>• Could limit the amount of services within each spoke</li> <li>• Don't want to lose current rapport with GP</li> <li>• Impact on staff and carers in nursing homes</li> <li>• Community expectations can lead to increased pressure on GP's and their current working hours which are now 9-5 and no weekends</li> </ul>
<b>Access and quality of services- Gaps</b> <ul style="list-style-type: none"> <li>• Are GP's going to be tied to one particular hub?</li> <li>• Need to consider where the specialised units will be</li> </ul>	
<b>Access and quality of services - Recommendations</b> <ol style="list-style-type: none"> <li>1. Use specialization to develop staff and raise awareness of rare conditions to GP's</li> <li>2. More frequent buses and need to have a bus stop outside the specific venue</li> <li>3. Need to consult with the Highways Department and review current provision of transport</li> <li>4. Look at the provision of suitable free community transport and not rely on the ambulance service which should not be used to transport people. There is a need for other forms of transport to take people – ambulances should be for emergencies only</li> <li>5. Need for a more flexible booking system with GP's. Receptionists need to be more positive and need training in this</li> <li>6. Need to look at the current 'out of hours' service provision – perhaps some of the 'spokes' can be used as 'out of hours' facilities especially in rural areas</li> <li>7. Identify a pilot scheme and evaluate it</li> <li>8. Ensure that the Community are aware of alternative resources available ie NHS Direct phone number</li> </ol>	
<b>6. Macro-economic/environmental &amp; sustainability</b>	
<b>Positive (+ve)</b>	<b>Negative (-ve)</b>
	<ul style="list-style-type: none"> <li>• Impact of other Government policies with this ie housing – nowhere for people to live when they come to take up jobs</li> <li>• Local Authorities, LHB's and government may not invest in voluntary sector who are already providing valuable services</li> </ul>
<b>Macro-economic/environmental &amp; sustainability – Gaps</b> none identified	
<b>Macro-economic/environmental &amp; sustainability- Recommendations</b> <ol style="list-style-type: none"> <li>1. Need to consider what is already available - the voluntary services particularly and strengthening these</li> <li>2. Lobby all governments!!</li> </ol>	



**Discussion Group 2-** (facilitated by Patti & Libby)

Initial discussion around clarity of the term “Local People” – Preferred terminology = people living, visiting or working in Conwy

<b>1.Lifestyles</b>	
<b>Positive (+ve)</b>	<b>Negative (-ve)</b>
<ul style="list-style-type: none"> <li>• Reduce stigma eg. Mental Health by having lots of services on one site</li> <li>• Diet very important (better access to dietetic services)</li> <li>• Sexual activity- may prefer to go to another centre for anonymity Young People (YP) (if there are a number of primary care super centres and primary care centres there may be the opportunity for YP to choose to attend a centre outside their own immediate home area )</li> </ul>	<ul style="list-style-type: none"> <li>• Is it fair for people to be exposed to potentially volatile people (eg drug users)</li> </ul>
<b>Lifestyle-Gaps:</b>	
<b>Lifestyle- Recommendations:</b> <ol style="list-style-type: none"> <li>1. Each centre could be needs led i.e. dieticians if a particularly high obesity in area</li> <li>2. Centres need to be flexible to account for individual needs</li> <li>3. Involve people in the planning of waiting areas</li> <li>4. Smaller waiting areas</li> <li>5. Fast tracking people who are known to experience difficulties</li> <li>6. Development of more safe havens-enhanced service</li> <li>7. Services to be generic to avoid stigma (more services provided on one site leads to less identification as to why you are attending important to particular vulnerable groups and issues i.e. Sexual Health, Mental Health)</li> </ol>	

<b>2 Social and Community Influences</b>	
<b>Positive (+ve)</b>	<b>Negative (-ve)</b>
<ul style="list-style-type: none"> <li>• Community within a community can reflect local needs</li> <li>• Staff will gain a greater understanding of issues in local areas affecting patients because of being based in one particular locality rather than patients having to travel out of their locality to the service provider</li> <li>• Better links with other GP practices/improved communication</li> </ul>	<ul style="list-style-type: none"> <li>• Lack of communication with schools/education/YP (medical/education)</li> <li>• Increased bureaucracy (potential)</li> </ul>
<b>Social &amp; Community influences- Gaps:</b> <ul style="list-style-type: none"> <li>• Community Ownership</li> <li>• Recognition of value of voluntary sector</li> <li>• Awareness of local cultural needs</li> </ul>	

## Social & Community Influences- Recommendations:

1. Look at "LIFT" in England
2. All planning to be based on a need assessment of local community
3. No decisions made until full consultation/PPI involvement and staff at local level. This is an on-going process
4. Patients to maintain identity with own local GP
5. Better communication with local schools. Links to be made across the 2 policy areas so that health promotion can be included in school curriculum. Could be a role for Health Visitor.
6. Need to take into account views of Children & Young People at all stages of planning (have they been involved at any stage to date within Primary Care Estate Strategy)
7. Relatives to support patients (as practised in New Zealand), whilst in hospital with medical support. Promote family support/vol sector, would relieve pressure on social care
8. Register of Ethnic groups within each practice
9. Male/female practitioners
10. Awareness training for staff
11. Develop opportunities for more social interaction at proposed centres i.e. café/crèche.
12. Recognise the value of the voluntary sector. Take advice from experts in community.
13. Make room available for other professionals to use eg. SCH/Vol sector premises to offer services

## 3 Living/environment conditions affecting health

Positive (+ve)	Negative (-ve)
<ul style="list-style-type: none"> <li>Buildings will be more fit for purpose, attractive, practical</li> <li>2 way flow of professionals</li> </ul>	<ul style="list-style-type: none"> <li>Traffic implications/parking/lighting caused by increased numbers at centres</li> </ul>

## Living/environment conditions affecting health- Gaps

## Living/environment conditions affecting health- Recommendations

1. Take advice from voluntary sector and other experts (eg DDA ) prior to designing, planning & building- think about smart technology and look at lessons learned from previous developments

## 4 Economic Conditions

Positive (+ve)	Negative (-ve)
<ul style="list-style-type: none"> <li>Staff- better working conditions = happier, more motivated and ownership</li> </ul>	<ul style="list-style-type: none"> <li>Streamlining of jobs within PC- less jobs but more pressure on those doing the jobs</li> <li>cross boundary issues for employees – confusion over outreach services</li> <li>loss of intimacy of relationships at small practices</li> <li>parking difficulties</li> </ul>

## Economic conditions- Gaps

- CICS Teams in local areas

## Economic conditions–Recommendations

1. Green Travel Plan to cover both staff and service users i.e. car sharing, community transport/park and ride
2. Alternative public transport
3. Ensure adequate parking at planning stage- free
4. Clarity of job descriptions and funding (revenue)-proper line management and accountability. Joint workforce planning
5. More CICS Teams in local areas
6. Existing community centres could be adapted to accommodate new services- people like existing premises very often. (rather than looking at just current primary care buildings look at utilising existing vol sector/LA estate, Could reduce need for some newbuild)
7. Ensure GP's and other professionals receive regular training in their chosen/allocated specialism
8. Staff employed by PC services (community nursing employed by PC or LHB rather than Trust)

<b>5 Access and quality of services</b>	
<b>Positive (+ve)</b>	<b>Negative (-ve)</b>
<ul style="list-style-type: none"> <li>• Possibly less distance to travel for some treatments</li> <li>• Access to a variety of services on offer</li> <li>• Centres could act as an information resource/signposting if partnership works (leaflets, posters/It info point)</li> <li>• Scope for expansion in services for future.</li> <li>• If all services on one site this will make it easier for individuals to access a range of services - combining a number of appointments into 1 visit)</li> </ul>	<ul style="list-style-type: none"> <li>• Complexity of arranging appointments/co-ordination eg. to see GP &amp; social workers on same day?</li> <li>• Increased cost for travel for some patients if only 1 site.</li> <li>• Lack of access to GP appointments under new GMS contract (on day) (differs greatly amongst practices) (recognise that not directly relevant to strategy awareness that a number in the community feel that the new appointments system is not working could potentially get worse with larger centres etc, needs re-evaluating</li> </ul>
<b>Access and quality of services- Gaps</b> <ul style="list-style-type: none"> <li>• Translation/hearing impairments</li> <li>• Accessible formats/information</li> <li>• 24/7 services?</li> <li>• Drop in Service</li> <li>• Access to information/signposting, in a range of formats i.e. not exclusively IT</li> </ul>	
<b>Access and quality of services – Recommendations</b> <ol style="list-style-type: none"> <li>1. Early involvement of partnership organisations to plan eg. transport/LA etc/highways/planning/police On public transport route involve all relevant agencies at design/planning stage</li> <li>2. Better local transport links to hubs</li> <li>3. Free community bus to centre available throughout day</li> <li>4. Disabled parking</li> <li>5. Patient and public involvement in design and what services are provided</li> <li>6. Consider a drop in service</li> <li>7. IT system to cope with synchronising complex appointment combinations. Unified IT system</li> <li>8. Public Access computers</li> <li>9. Promote access to information/signposting, in a range of formats i.e. not exclusively IT</li> <li>10. Re-evaluate GP appointment system – needs reworking (who else could see patient instead of GP) Needs to be considered when new services planned- Nurse Practitioner/Physicians Assistants</li> <li>11. Flexible working? Eg 2 days a week extended hours, more access to out of hours services</li> </ol>	
<b>6. Macro-economic/environmental &amp; sustainability</b>	
<b>Positive (+ve)</b>	<b>Negative (-ve)</b>
<ul style="list-style-type: none"> <li>• Reduced impact on environment-less travel,</li> </ul>	<ul style="list-style-type: none"> <li>• Is 1 hub sufficient?</li> <li>• Companies recruiting abroad, impact on local economy/loss of jobs and could create an impact on other services</li> <li>• The cost (£) to implement plans</li> </ul>
<b>Macro-economic/environmental &amp; sustainability- Gaps</b> <ul style="list-style-type: none"> <li>• Counties working together?</li> <li>• flexibility of cross boundary working</li> </ul>	
<b>Macro-economic/environmental &amp; sustainability- Recommendations</b> <ol style="list-style-type: none"> <li>1. Local jobs for local people</li> <li>2. Need to be at least 2 hubs to deal with existing and transient population in West</li> <li>3. Need partnership to work with neighbours and trusts</li> <li>4. Realignment of services between county boundaries</li> <li>5. Increase flexibility to work across boundaries</li> </ol>	

## Summary of Recommendations

Having identified the potential impacts upon the health and well-being of the affected groups, the following section focuses on opportunities to maximise the potential improvements to peoples' health and well-being, and to minimise the potential harmful effects upon peoples' health and well-being, emerging from the proposed Conwy Primary Care Strategy

Recommendations, incorporating comments, additions and alterations received after draft report was sent out to participants, are summarised below:

### Lifestyle- Recommendations:

1. Need to have better health promotion and educate the community ie in drug use
2. Sexual health – better education in schools through involvement of young mothers and fathers in classroom. Give assistance to young mothers in parenting skills
3. Have one specialised person who is qualified to deal with use of alcohol/drugs/tobacco etc
4. Staff to have input into the design of the building eg if dealing with high risk patients then have a room with 2 exits leading to better safety for staff. Access to concealed bell.
5. Fast tracking people who are known to experience difficulties
6. Development of more safe havens-enhanced service
7. Services to be generic to avoid stigma (more services provided on one site leads to less identification as to why you are attending important to particular vulnerable groups and issues i.e. Sexual Health, Mental Health)
8. Have clinics at different times and days.
9. Smaller waiting areas
10. Involve people in the planning of waiting areas
11. In large integrated centres, note importance of privacy of access to individual waiting rooms for surgeries and speciality services.
12. Centres need to be flexible to account for individual needs
13. Each centre could be needs led i.e. dieticians if a particularly high obesity in area

### Social & Community Influences- Recommendations:

1. Patients to maintain identity with own local GP. Both sides would like to keep the consistency in relationships between GP and patient
2. The 'design' of the building has to be right so that each GP keeps their identity
3. GP's could keep their own (current) team
4. GP's and staff will need to be helped to accept the changes
5. Smaller waiting rooms in large integrated centres
6. Architects need to be aware of and subject to the needs of service users, Plans can then be discussed with the community. Architects must listen to the local community.
7. Patients need to be informed of the changes at **all** times as part of the process
8. Look at "LIFT" in England
9. All planning to be based on a need assessment of local community
10. No decisions made until full consultation/PPI involvement and staff at local level. This is an on-going process

11. Better communication with local schools. Links to be made across the 2 policy areas so that health promotion can be included in school curriculum. Could be a role for Health Visitor.
12. Need to take into account views of Children & Young People at all stages of planning (have they been involved at any stage to date within Primary Care Estate Strategy)
13. Relatives to support patients (as practised in New Zealand), whilst in hospital with medical support. Promote family support/vol sector, would relieve pressure on social care
14. Register of Ethnic groups within each practice, if so demanded by groups, with option for individual opt out.
15. Male/female practitioners
16. Awareness training for all staff
17. Develop opportunities for more social interaction at proposed centres i.e. café/crèche.
18. Recognise the value of the voluntary sector. Take advice from experts in community. Such people have valuable advice to give.
19. Make room available for other professionals to use eg. SCH/Vol sector premises to offer services

### **Living/environment conditions affecting health- Recommendations**

1. Need to look at local infrastructure eg especially if making roads one way
2. Need for clear road signs and traffic calming measures but no speed bumps which can have a detrimental effect on some groups ie those with back problems
3. Ask/consult with local people
4. Have a further risk/needs/impact assessment on site chosen
5. Buildings need to be well maintained and environmentally friendly
6. Take advice from voluntary sector and other experts (eg DDA ) prior to designing, planning & building- think about smart technology and look at lessons learned from previous developments Noise from new builds – need for mitigating measures ie only build between certain times
7. Control “disruptive” parking from contractors’ delivery, and employees’ private vehicles.

### **Economic conditions–Recommendations**

1. Ensure GP’s and other professionals receive regular training in their chosen/allocated specialism
2. Have a ‘local’ training room for staff training and development – preferably ‘on-site’. This could save money and time. The room could also be used as a community resource. Room could support continued professional development
3. Welsh language issue – need to look at translation services within hub and spokes. Need for Welsh speakers to be able to access Welsh speaking staff at all times ie phone line
4. Green Travel Plan to cover both staff and service users i.e. car sharing, community transport/park and ride
5. Alternative, affordable public transport
6. Ensure adequate parking at planning stage- free
7. Staff employed by PC services (community nursing employed by PC or LHB rather than Trust)

8. Clarity of job descriptions and funding (revenue)-proper line management and accountability. Joint workforce planning
9. More CICS Teams in local areas
10. Existing community centres could be adapted to accommodate new services- people like existing premises very often. (rather than looking at just current primary care buildings look at utilising existing vol sector/LA estate, Could reduce need for some newbuild)

### **Access and quality of services – Recommendations**

1. Early involvement of partnership organisations to plan eg. transport/LA etc/highways/planning/police On public transport route involve all relevant agencies at design/planning stage
2. Better local transport links to hubs
3. Free community bus to centre available throughout day
4. Disabled parking
5. Make general principle that all patients should have drop-off access to entrance of building. More frequent buses with bus stop outside the specific venue.
6. Need to consult with the Highways Department and review current provision of transport
7. Look at the provision of suitable free community transport and not rely on the ambulance service which should not be used to transport people. There is a need for other forms of transport to take people – ambulances should be for emergencies only
8. Re-evaluate GP appointment system – needs reworking (who else could see patient instead of GP) Needs to be considered when new services planned- Nurse Practitioner/Physicians Assistants
9. Flexible working? Eg 2 days a week extended hours, more access to out of hours services
10. Need for a more flexible booking system with GP's. Receptionists need to be more positive and need training in this
11. Need to look at the current 'out of hours' service provision – perhaps some of the 'spokes' can be used as 'out of hours' facilities especially in rural areas
12. Identify a pilot scheme and evaluate it
13. Ensure that the Community are aware of alternative resources available ie NHS Direct phone number
14. Use specialization to develop staff and raise awareness of rare conditions to GP's
15. Patient and public involvement in design and what services are provided
16. Consider a "drop-in" service
17. IT system to cope with synchronising complex appointment combinations. Unified IT system
18. Public Access computers for general non-confidential information. eg. web
19. Promote access to information/signposting, in a range of formats i.e. not exclusively IT
20. Provision for patients with visual/hearing impairments.
21. "Sympathetic" calling of patient next in turn rather than imperative summons without courtesy of eg. Mr. Mrs

## **Macro-economic/environmental & sustainability- Recommendations**

1. Need to consider what is already available - the voluntary services particularly and strengthening these
2. Lobby all governments!!
3. Local jobs for local people
4. Need to be at least 2 hubs to deal with existing and transient population in West
5. Need partnership to work with neighbours and trusts
6. Realignment of services between county boundaries
7. Increase flexibility to work across boundaries

## **Producing the report**

Colette Neal (CVSC) used the material gathered at the workshop to compile this comprehensive report of the potential health impacts of the Conwy Primary Care Estates Strategy and recommendations as to how adverse effects could be minimised and beneficial effects maximised.

The report was shared with the individuals present at the stakeholder workshop for comment before being finalised and submitted to Conwy Local Health Board to take forward the recommendations.

## **The Next Step**

The aim of this rapid Health Impact Assessment was to identify the potential health and wellbeing impacts of the proposed Conwy Primary Care Estates Strategy and make recommendations as to how project delivery could be modified and enhanced in order to remove or minimise negative or harmful health and wellbeing impacts, and maximise positive or beneficial effects upon health and wellbeing.

Once the report is submitted to the Local Health Board it would be appropriate for those responsible for the Estates Strategy to reply stating how the information gathered will be used. It would be particularly helpful to have feedback on which of the recommendations they have implemented and which they haven't. Mindful of the fact that the Conwy Primary Care Estates Strategy is still evolving and the details of the plan are still emerging it would be helpful to have feedback on how the information contained in this report is shaping the emerging strategy.