

Talybont community Forum . 14/11/24

Report from the Health group.

The audience had already heard Carl Cooper, Chair of Powys Teaching Health Board speak about the reorganisation of community health services in Powys. He acknowledged in his talk the pressures that all health services were under and highlighted the particular circumstances of Powys, mentioning its geography, high proportion of elderly people and the fact it does not have a district hospital within the county. He described and discussed the proposed changes, presenting them as an opportunity to improve care but acknowledging that difficulties with staffing and finances were significant drivers for these changes as well.

There were questions about the absence of a county district hospital, Mr Cooper explained that the geography of the county alongside issues of staffing and accrediting small medical units made such a development impossible in the present circumstances. The group discussions reflected to some extent the audiences views having heard Mr Cooper.

There was a general feeling that Health provision across the board was suboptimal at present and real anxieties that the changes to community hospital and Minor injury units would worsen this situation. One specific anxiety being the potential increased difficulty in access for friends and family if patients were cared for in community hospitals remote from their homes. Hope was expressed that the impact of these changes would be carefully assessed and changes revised or reversed if needed.

It was accepted that there had been consultation about these changes but almost an inevitability that they would be enacted in the long term. There was a feeling of powerlessness in the groups in that Powys was suffering from all the problems of health care nationally, understaffing, poor social care liaison and provision, an increasingly elderly population but in addition had particular challenges as a county, the feeling that some fresh ideas were needed for a county in an unusual situation.

The groups were not entirely negative, some did cite individual examples of excellent care but most were sceptical that care would improve with the measures outlined.

There was a feeling that the ability to act locally to improve health care was limited, improvements being to a significant extent dependant upon national initiatives. There were felt to be some "self help" measures that might be useful. Some local transport arrangements for hospital visits/appointments either people who would be willing to help or potentially a community car for this purpose. A semi formal list of more vulnerable people who would appreciate regular visits, perhaps to help with minor tasks or simply for company, it might be that some young people could be recruited.

Action.

The further development of local support networks for the elderly or people with chronic illness being one area which could be further supported, this might include the development of a community transport system to get people to hospital and GP appointments.

Better coordination of services was also mentioned as a simple measure which would pay dividends.