

BRYCHEINIOG A MAESYFED | BRECKNOCK & RADNOR

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Chairman: Mrs Delcie Davies

6 November 2007

Steve George Clerk to the Committee Assembly Parliamentary Service Cardiff Bay CARDIFF CF99 1NA

Dear Mr George

I have pleasure enclosing comments received from members of the Brecknock and Radnor Community Health Council to your "Call for Evidence" inquiry.

These are individual opinions that have not been presented or agreed by the CHC.

Yours sincerely

Bryn Williams Chief Officer

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16th October 2007

Bryn,

Enclosed are comments on the <u>Inquiry into Health & Social Care</u> Workforce Planning that you requested.

I have sent out copies to others in the Crickhowell Focus Group so you may get some more sent directly to you.

It is interesting to note that this inquiry looks into the provision for both the Health Service and Social Care in Wales. It has long been thought a more joined-up approach ensuing a total package of appropriate care is needed for many, especially elderly people. A budget to cover both health and social needs should be combined, not separated – often producing a prolonged wrangle over responsibility – to give the right individual care.

Shortages of staff among professionals can often be caused by poor work management with little job satisfaction. Among social care staff; those care assistants who are actually doing the personal care of needy people, are among the most poorly paid employees and therefore don't feel their worth. This job is the most important one and should be recognised as such with a decent wage, rising with extra training. We may all need this service one day and would want committed and competent carers, I'm sure.

With regard to Welsh speakers and ethnic minorities; some areas would benefit having staff who speak Welsh or who are of other nationalities, but not to have these qualities just for the sake of it and fewer staff because no-one is available. Let common sense prevail!

Agency staff are always more expensive and less committed as they are just temporary. This service may be required to fill holes but with a happy, well paid, permanent workforce, this should not be needed often.

The need for effective and trained management is paramount. Good managers are like gold dust and should be greatly encouraged.

Peggy Evans

I suspect these observations are too simplistic and idealistic!

Llewellyn Ward Bronllys Hospital.

Llewellyn ward is in the community hospital of Bronllys. It is a generic ward with Consultant beds and GP beds.

The ward has gained an excellent reputation for the care of Palliative care patients and stroke patients.

There is a designated area for the palliative care patients. Two of the local GP's have completed their diploma in Palliative medicine. Patients can be admitted for pain and symptom control receives complementary therapies, come in for day care and also have terminal care. The advantage of a small unit close to home is that relatives can spend time with their loved one, be part of their care, and are in the hands of GP's who know not only the patient and family. There have been many positive comments that they were glad that their loved one was so near to home to die. A young mother of three little children died on the ward last year, the children spent those last precious days sat on the bed with their mother and she was able to see them regularly before she died.

Similarly Dr Ailsa Dunn, Consultant in the care of the elderly has developed an excellent stroke unit with a committed multi-disciplinary team to care for and rehabilitate the person who has experienced a debilitating stroke.

Families are encouraged to be part of the team in care giving and this has taken away the fear of the stroke person going home from hospital. It takes a long time to develop a committed team but this has been achieved.

Small community hospitals play a large part in rehabilitation care of patients; similarly they are able to give that individual care for palliative care patients. They may not have the kudos of a big DGH but their usefulness is immeasurable.

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