

	Question	Answer
1	Please disclose the " <i>buildings condition report</i> "?	Attached
2	In what respect does the Cwmllynfell property " <i>not meet current health standards for General Practices</i> "?	<p>The current recommended health standard for General Practice is Welsh Health Building Note 36 (WHBN 36) General Medical Practices in Wales (2017). Taking account of the standards in chapter 3 of this document Cwmllynfell does not meet current design standards due to the following issues:</p> <ol style="list-style-type: none"> (1) The building is not located centrally within the village (2) There is no directional signage to the surgery (3) The main entrance is not signed and the building is difficult to find for patients with limited local knowledge (4) There is no car parking (5) There is no drop off space within 50 m of the entrance. (6) There is limited tactile paving to highlight the difference between road and pavement for the visually impaired (7) There is no entrance lobby (8) There are no automatic doors (9) There is no trolley access or ambulance parking (10) There are no guard rails to prevent children running into the road (11) The waiting room is not visible from the reception desk or staff offices (12) There is no fire proof post box (13) There is no door bell (14) The reception desk has privacy and confidentiality issues as telephone conversations can be heard by patients (15) The reception desk is located in a separate room from the waiting room so it is difficult for the receptionist to monitor patients moving around the building and entering /exiting toilets and consulting rooms. (16) Floor finishes are not slip-resistant

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| | <ul style="list-style-type: none"> (17) The reception desk does not comply with the equality act as it has no wheelchair access (18) Wheelchair access to the reception desk is limited. (19) The reception desk is not screened and is too narrow at less than 900mm wide to prevent staff being assaulted. (20) The reception is between 900 to 1000mm high which is not compliant with current standards (21) There is no task lighting on the reception desk to aid lip reading. (22) There is no escape route for reception staff (23) There is no panic alarm on the reception (24) There is no interview room for confidential patient discussions (25) The waiting room is not adjacent to the waiting area (26) There are no baby change or baby feed facilities (27) The disabled toilet should have wheelchair access from both sides (28) There is only one toilet for all patients (29) There is no screening of patient toilets (30) Treatment and consulting rooms have no acoustic screening creating privacy and confidentiality issues. (31) There are no 'in use signs' on the consulting and treatment room (32) There is limited wayfinding signage to the consulting and treatment room (33) There are no panic alarms in the consulting and treatment room (34) Clinical Wash Hand Basins in the consulting and treatment rooms should be in compliance with WHBN 00-10 Part C:2014 Sanitary assemblies (35) Wall storage cupboards are not full height (36) Worktops should be smooth, jointless, impervious, washable, have bull-nosed lip and have coved rear upstands. (37) There is no dirty utility (38) There is no future proofing (39) There is no bariatric facility (40) There is no phlebotomy room (41) There is no specimen WC (42) There is not a separate cleaner's store (43) There is no clinical waste store (44) There are limited storage spaces (45) Reception and administration spaces are not co-located (46) There are no secure staff areas (47) There is no staff meeting room (48) There is no resource room (49) Staff common room is poorly designed and has limited facilities |
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		<p>(50) Staff areas are not isolated from patient areas</p> <p>(51) There are no staff changing facilities</p> <p>(52) There is only one staff WCs and no staff disabled WCs</p> <p>(53) Circulation routes are not easily supervised by staff</p> <p>(54) There is no separate staff entrance / exit</p> <p>(55) There is no CCTV</p> <p>(56) GPs and staff have to pass through public areas when moving between reception, administration and consulting areas</p> <p>(57) There is no IT hub room</p> <p>It should be noted that the list above does not include building and maintenance standards.</p>
3	Does the ATP Pontardawe premise " <i>meet current health standards for General Practices</i> "?	No
4	What are the " <i>Health & Safety concerns for patients and staff at the Cwmllynfell Surgery</i> "?	<p>A number of these issues are detailed in the response to query 1 above. The following should also be noted:</p> <p>(1) The majority of the mechanical and electrical systems at the site are operating far beyond their recommended CIBSE (Chartered Institute of Building Service Engineers) guidelines</p> <p>(2) The building is in poor condition and has been subject to a large number of leaks in the recent past.</p> <p>(3) There is damp issues in the consulting and treatment rooms leading to wall and floor damage creating infection control issues.</p> <p>(4) Building materials are far in excess of their recommended lifespan.</p> <p>(5) There is no fire alarm system on site</p> <p>(6) The staircase to the first floor is not fit for purpose. It is only 750mm wide and very steep (step height and depth is 230mm)</p> <p>(7) Majority of doors are 750mm wide. Recommended minimum door width is 775mm for existing buildings. 800mm is preferred for new builds</p>
5	Are there similar concerns that apply to the Pontardawe Surgery?	Yes

6	In what way has <i>"the quality and safety of care being provided from the premises in Cwmllynfell"</i> been compromised and for how long has this been going on?	Site issues are detailed in the responses to questions 1 and 4 above and 8 below identified in the attached building conditions report in 2017.
7	What was the rationale for the Board taking a two year lease on the Cwmllynfell Surgery in 2017?	An original extension was sought for a 1 year extension but was not agreed.
8	There are two clinical rooms in the premise. In what way are "the majority....very restricted due to poor design"?	<p>(1) The consulting room is 3m x 4.1m which is less than the recommended size of 15m² for GP consulting rooms. The room layout does not match the recommended room layout detailed in WHBN 36. The room is basically the front room of a domestic house.</p> <p>(2) The treatment room, whilst of sufficient size, is poorly laid out. It forms part of the secondary fire escape route to the site but the fire escape route is not clear of obstacles. This a major fire risk.</p> <p>(3) The treatment room is tiled, leading to infection control issues and there is no artificial ventilation.</p> <p>(4) Entries to both rooms have door widths of 750mm wide (recommended minimum door width is 775mm for existing buildings or 800mm for new builds). There is no turning circle for wheelchair users.</p>
9	In what respects <i>"has it not been possible to improve the layout of the rooms"</i> ?	Whilst the individual room layouts could be improved the high number of other site issues, detailed in queries 1, 4 and 8 above, has made the site unfit for purpose
10	What are/were the costs to undertake the reburb.	This is not held.
11	Was any proposal for the refurbishment of the Cwmllynfell made under THE NATIONAL HEALTH SERVICE (GENERAL MEDICAL SERVICES – PREMISES COSTS) (WALES) DIRECTIONS 2015 (as amended)?	No, as the site is not fit for purpose, and difficult to reconfigure.

12	What as the rationale for the Board seeking a one year lease on the Cwmllynfell Surgery in 2017? What was envisaged at the end of this period?	As the refurbishment work in the Welfare Hall did not progress the extension was required to enable the Amman Tawe Partnership to consider future arrangements for delivering general medical services to the population.
13	The Cwmllynfell Surgery was on the open market for £125,000 in 2017. Why did the Board and/or the Amman Tawe Partnership not purchase the premise when the opportunity arose?	The Health Board is unable to respond on behalf of Amman Tawe Partnership. The Health Board did not consider a capital development for the reasons specified in question 2.
14	In what way are there " <i>no facilities for people with disabilities</i> " at the Cwmllynfell site?	<ul style="list-style-type: none"> (1) Consulting and treatment rooms have limited turning space for wheelchair users (2) The existing disabled toilet at Cwmllynfell does not meet the recommended sizes for disabled users. It is 1400 x 2200mm. Recommended minimum size is 2000 x 2200mm (Document M) as it is the only patient facility. (3) Disabled toilet door location is not ideal making access difficult (4) The toilet is not accessible from both sides. (5) The toilet does not have an emergency assistance alarm. (6) The toilet does not have a drop down rail (7) The corridors, which range between 850mm (first floor) and 1000mm (ground floor) wide do not meet the minimum recommended width of 1200mm for wheelchair users. (8) The doors at 750 mm wide do not meet the recommended minimum width of 775mm for existing buildings. 800mm is preferred. (9) Doors do not have 300mm clear width at pull side to enable access for wheelchair users (10) Doors do not have visibility panels. (11) Main entrance doors are not automatic (12) Number of doors are accessed at right angles without sufficient turning spaces for wheelchair and disabled users (13) There are no lifts. (14) There is no disabled parking. (15) There is no disabled 'drop off' spaces within 50 m of the main entrance. (16) The site is located at the top of a steep hill making pedestrian access difficult for disabled users. (17) Footpath access is limited with a maximum width of 680mm in parts

		<p>(18) There is no disabled access to the first floor.</p> <p>(19) The reception desk has no wheelchair access.</p> <p>(20) The reception desk does not have a recommended clear manoeuvring space of 2100mm by 1400mm</p> <p>(21) The main staircase at the site is not suitable for either disabled or able-bodied users. The step rise is 230 mm. The step going is 230 mm. The recommended maximum rise is 170mm and the minimum going is 250mm for easy access stairs (Document K)</p> <p>(22) Building decoration does not have recommended contrast differences to help the visually impaired.</p> <p>(23) Signage is limited and does not have braille</p> <p>(24) There are no bariatric facilities</p>
15	Please disclose the results of any disability access audits carried out on the Pontardawe and Cwmllynfell Surgeries since 2016.	No disabled access audits have been completed at either site since 2016.
16	What are the "facilities for people with disabilities" at the other practice sites that are not available at the Cwmllynfell site?	<p>Noting that each site is different the following facilities are relevant:</p> <ul style="list-style-type: none"> - Appropriately sized disabled toilets. - Ramped access - Disabled car park spaces. - Appropriately sized corridors and doors - Level access from car park to building - Sites either single storey or equipped with stair lift - Wheelchair spaces in waiting rooms - Car parking spaces adjacent to site. - Staircases matching current regulations - Consulting rooms match recommended room sizes
17	Is there a wheelchair-accessible toilet in the Cwmllynfell premises?	Yes but it is difficult to access, does not match recommended sizes and has a limited turning circle for wheelchair users
18	Is there a wheelchair-accessible toilet in the Pontardawe premises?	Yes
19	Are patients, domiciled in the Cwmllynfell locality, regularly directed to attend sites	Information not held, please contact Amman Tawe Partnership

	other than Cwmllynfell to access General Medical Service?	
20	If so, why is the Cwmllynfell Surgery closed completely on two days?	Information not held, please contact Amman Tawe Partnership
21	What are the numbers/proportions/details of patients who are directed to other sites because there is no service in Cwmllynfell?	Information not held, please contact Amman Tawe Partnership
22	Please disclose the most recent Health Board/Community Health Council inspection reports for the Cwmllynfell, Ystalyfera and Pontardawe ATP premises?	Inspection report for Cwmllynfell attached – see question 1 The inspection reports for Ystalyfera and Pontardawe are not currently available. Please contact the Community Health Council for inspection reports that they may hold.
23	For each site, how many on-site parking bays are there at the Pontardawe, Brynamman, Ystalyfera, GCG and Garnant, specified into staff, disabled and general	Pontardawe – No spaces on site Brynamman – 30 staff and general, 5 disabled Ystalyfera – 5 staff and general, 1 disabled GCG – 5 staff and general, 1 disabled Garnant - 5 staff and general, 1 disabled
24	How many on-site parking bays for car-using patients without Blue Badges are there at the Brynamman site?	Thirty located in the centre owned car park across the road with 5 disabled car parking spaces directly adjacent to the main entrance.
25	How do public transport users from Cwmllynfell access the Ystalyfera Surgery?	The Health Board does not hold this information.
26	What is the public bus frequency from Cwmllynfell to Brynamman?	The Health Board does not hold this information.

27	Is it necessary for car users without Blue Badges to cross the A4063 to access the Brynamman Surgery from the designated car park?	Yes, but it should be noted that traffic flow is much slower than at Cwmllynfell due to the adjacent roundabout and there are drop off and disabled spaces located at the main entrance to Brynamman.
28	What is the specification of the proposed "community transport options"?	This information is currently not available.
29	In what way will the range of services be improved by closing the Cwmllynfell premises?	The Health Board is unable to respond on behalf of Amman Tawe Partnership
30	Will the Partnership provide a Minor Surgery service on closing the Cwmllynfell premises?	The Health Board is unable to respond on behalf of Amman Tawe Partnership
31	Please disclose the "Health Board Capital Planning Team" documents relating to the re-development of the Cwmllynfell Welfare Hall.	As the scheme was not developed into a full capital scheme there are limited documents available.
32	On 21 st July 2016 the Director of Corporate Governance stated that the Health Board has advised the Partnership with regard to the feasibility of relocating to the Miners' Welfare Hall in an advisory capacity. What was the advice?	We do not hold any written communication. Advice provided to ATP would be in relation to the NHS GMS Premises Costs Wales Directions 2015.
33	Was an application for the development of the Miners' Welfare Hall to provide General Medical Services made under the NATIONAL HEALTH SERVICE (GENERAL MEDICAL SERVICES – PREMISES COSTS) (WALES) DIRECTIONS 2015 (as amended)?	Yes but funding to the level required exceeded the amount allocated by Welsh Government.

34	<p>Please disclose Health Board determinations under Direction 10 of the above legislation? You clarified on the 26th May 2019 that by 'determinations' you mean to what end did the Board "satisfy", "enquire", "have regard to", "ascertain", "consult" and "seek professional advice" on those matters laid out in Direction 10 of THE NATIONAL HEALTH SERVICE (GENERAL MEDICAL SERVICES - PREMISES COSTS) (WALES) DIRECTIONS 2015?</p>	<p>Swansea Bay University Health Board Capital Planning provide the Professional DESIGN advice. In this instance Capital Planning employed external Consultants, both an Architect and a Mechanical & Electrical design consultant.</p>
35	<p>Under Direction 12 the proposal would have committed the Contractor to a minimum lease of six years without grant repayment costs by the contractor. What was the value of the quote from an "approved contractor"?</p>	<p>The budgeted cost for the scheme was £280,000. The scheme was not formally tendered.</p>
36	<p>Why was only one quote received from an "approved contractor"?</p>	<p>Contractor was chosen from the ABMU Construction framework, the ABMU Construction framework was based on a rotational selection of single approved contractor to carry out the any works</p>
37	<p>What constitutes an "approved contractor"?</p>	<p>A contractor on the approved ABMU Construction framework for which a tenderising exercise had previously been completed.</p>
38	<p>How many tenders were sent to other "approved contractors"?</p>	<p>None -the ABMU Construction framework was based on a rotational selection of single approved contractor to carry out the any works</p>
39	<p>Were there obstacles to developing premises owned by third parties? (Cwmllynfell Surgery and Miners' Welfare Hall)? If yes, what were they?</p>	<p>Yes, the existing premises referred to in the query are old and difficult to reconfigure due to the existing building structure making them unsuitable for refurbishment</p>
40	<p>A search of the Neath Port Talbot County Council web site does not reveal a planning application for a surgery in the</p>	<p>NPTCBC informed the Health Board Architect that planning permission was not required for a <i>change of use</i> to a surgery, however a planning application was required for the insertion of two windows to the side elevation. This application was made and approved by NPTCBC</p>

	<p>Cwmllynfell Miners' Welfare Hall. Why was an application not made? http://planning.npt.gov.uk/results.asp accessed 28.04.2019</p>	
41	<p>The "<i>Engagement Document</i>" states "<i>There are no alternative premises in the Cwmllynfell area that will enable the Practice to transfer their services to</i>". What is to prevent the Practice/Health Board from developing a new purpose built surgery in Cwmllynfell?</p>	<p>The practice and health board can develop a business case to develop a new surgery in Cwmllynfell but this needs to be considered against a range of strategic priorities by the health board and the Welsh Government and identification of suitable land/premises. At all times value based healthcare needs to be considered.</p>
42	<p>Please disclose the relevant "<i>estates strategy</i>" for the Cwmllynfell locality referenced in Regulation 10 of THE NATIONAL HEALTH SERVICE (GENERAL MEDICAL SERVICES – PREMISES COSTS) (WALES) DIRECTIONS 2015 (as amended)</p>	<p>The Swansea Bay University Health Board Primary Care Estates Strategy is presently in draft format and as a result we are unable to provide a copy. This is in line with Section 22 of the Freedom of Information Act which states that information is exempt if it is intended that the information held by the public authority will be published at a future date.</p>
43	<p>In what way will the health services at Ystalyfera and Brynamman be increased?</p>	<p>Information not held, please contact Amman Tawe Partnership</p>
44	<p>According to the Director of Corporate Governance, the Amman Tawe Partnership made a commitment to the Health Boards assessment panel of July 2015 to maintain and improve on the ten GP sessions being held between the Cwmllynfell and Ystalyfera sites. The previous contract</p>	<p>Information not held, please contact Amman Tawe Partnership</p>

	<p>holders were providing seven GP sessions in Cwmllynfell and five in Ysalyfera.</p> <p>Given that the proposed takeover of the "Cwm" practice by the Amman Tawe Partnership specified full-time medical and full-time nurse practitioner cover for the two sites, how does the Board explain that there are now only three GP sessions in Cwmllynfell and no Nurse Practitioner sessions at all?</p>	
45	<p>For which other providers of General Medical Services is the locality of Cwmllynfell within their designated Practice Area?</p>	<p>There are no other Swansea Bay University Health Board GMS contract holders with Cwmllynfell included within the practice boundary. The Health Board does not hold this information on behalf of other neighbouring Health Boards.</p>
46	<p>Do patients in the locality of Cwmllynfell have a right of access to GMS services including home visits from providers other than the Amman Tawe Partnership?</p>	<p>Patients are able to register with GMS providers if they are living within the practice boundary specified by the GMS contract.</p>
47	<p>Amman Tawe Partnership submitted a "Co-production at Cwm 2014" "model" in its takeover bid for the Cwm Practice. In what way does this transfer of services provide "improved sustainability of the practice model"?</p>	<p>The Health Board does not hold this information please contact Amman Tawe Partnership</p>
48	<p>The opening line of "Co-production at Cwm 2014", the application to take over the existing Cwm Practice, stated under the heading "The Model" the phrase "Putting frail and vulnerable service users first". In what way has the Partnership</p>	<p>The Health Board does not hold this information please contact Amman Tawe Partnership</p>

	put the needs of " <i>frail and vulnerable service users first</i> "?	
49	In what way does the transfer of services from Cwmllynfell put " <i>frail and vulnerable service users first</i> "?	The Health Board does not hold this information please contact Amman Tawe Partnership
50	What is the evidence that the Partnership currently provides " <i>first class health services</i> "?	This is the same question asked in your FOIA 19-D-029, this will be responded via 19-D-029.
51	What are the improved facilities at the other sites?	See response to question 16
52	Which health professionals are available at which others Practice sites that cannot be available in Cwmllynfell and when are they available at the other sites?	The Health Board does not hold this information please contact Amman Tawe Partnership
53	What would be the financial implications to the Amman Tawe Partnership in maintaining services in Cwmllynfell?	The Health Board does not hold this information please contact Amman Tawe Partnership
54	What will be the consequences if the Board rejects the application to close the GP Surgery in Cwmllynfell?	If the Board rejects the application to close Cwmllynfell Surgery, the Amman Tawe Partnership will be required to continue to deliver services from the premises.
55	I put " <i>Public Board of the Health Board</i> " into the search engine of the Swansea Bay University Health Board web site and got over 200 hits. https://sbuhb.nhs.wales/search-results/ accessed 28.04.2019. The 11 th hit was the " <i>Engagement over Cwmllynfell Surgery</i> "	The Abertawe Bro Morgannwg University Local Health Board (the LHB) is a statutory body that was established on 1st June 2009 and became operational on the 1 October 2009 under The Local Health Boards (Establishment and Dissolution) (Wales) Order 2009 (2009/778 (W.66)), "the Establishment Order". The Establishment Order was amended in 2019 to reflect the Local Health Boards (Area Change) (Wales) (Miscellaneous Amendments) Order 2019 which changed the areas of Cwm Taf University Local Health Board and Abertawe Bro Morgannwg University Local

	<p>but I couldn't find any other reference to "<i>Public Board of Health Board</i>". What is "Public Board of the Health Board" and what is its statutory status?</p>	<p>Health Board and also changed their names. The principal local government area of Bridgend transferred from Abertawe Bro Morgannwg University Local Health Board and forms part of the area of Cwm Taf University Local Health Board from 1 April 2019 onwards. Abertawe Bro Morgannwg University Local Health Board was renamed Swansea Bay University Local Health Board and Cwm Taf University Local Health Board is renamed Cwm Taf Morgannwg University Health Board. The Amendments giving effect to these changes were made to the Local Health Boards (Establishment and Dissolution) (Wales) Order 2009 and the Local Health Boards (Constitution, Membership and Procedures) (Wales) Regulations 2009.</p> <p>Meetings of the Health Board are held in public.</p>
56	<p>When and where will "<i>Public Board of the Health Board</i>" convene?</p>	<p>We hold board meetings regularly, usually every other month. Patients and the general public are welcome to attend and observe. Details of the Board Meetings are available on the Health Board website.</p>
57	<p>Who will be convened onto the "<i>review panel</i>"?</p>	<p>Independent Board Member – Vice Chair Director Primary & Community Services Medical Director – Primary & Community Services Community Health Council Local Medical Committee</p>
58	<p>Will opponents of the closure be given an opportunity to consider the supporting information available to the "<i>review panel</i>" and present a case to "<i>Public Board of the Health Board</i>"?</p>	<p>No. The engagement report will be produced and presented to the branch surgery review panel for consideration. Board Members will receive the recommendation from the panel.</p>