From:	Wyn Thomas (BCUHB - Primary and Community Care)
To:	Wylfa Newydd
Cc:	Sally Baxter (BCUHB - Planning); Teresa Owen (BCUHB - Corporate Office); Siobhan Adams (Public Health Wales); Mark Wilkinson (BCUHB - Corporate Office); Viv Vandenblink (BCUHB - Finance); Guto Gwyn (BCUHB - Primary and Community Care)
Subject:	BCUHB Representation and Response to ExQ1
Date:	04 December 2018 19:55:38
Attachments:	image001.png BCUHB Response to ExQ1-4.12.18.docx BCUHB Wylfa Newydd Impact Statement -Final.docx Wylfa demand modelling (working draft).pdf

Dear Sir/Madam,

Please find attached the Health Board's written representation to the proposed Wylfa development; data modelling paper and our response to the Examining Authority's written questions.

Wyn Thomas

Cyfarwyddwr Cynorthwyol - Gofal Cychwynnol (Gorllewin)
Assistant Area Director Primary Care (West)

Bwrdd iechyd Prifysgol Betsi Cadwaladr/ Betsi Cadwaladr University Health Board

Eryldon, Caernarfon

01286-674243 (swyddfa/office)
07715 177261 (Symudol/Mobile)
Wyn.Thomas@wales.nhs.uk

Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board

WYLFA NEWYDD NUCLEAR POWER STATION

Written Representation

4th DECEMBER 2018

1. Introduction

This paper sets out Betsi Cadwaladr University Health Board's (BCUHB) position with regard to the potential impact of the Wylfa Newydd development on health and health services during the development stage 2020-2033.

2. Background

Betsi Cadwaladr University Health Board (BCUHB) is responsible for the planning, provision and commissioning of health services for the permanent and temporary residents of North Wales.

For the area mainly affected by the development, Anglesey, health services are provided by:

- 11 independent GP practices, under contract to the Health Board
- 12 independent dental practices and
- 13 community pharmacies.

Community and secondary care services are directly provided by the Health Board from Ysbyty Penrhos Stanley, Holyhead, Cefni Hospital, Llangefni and Ysbyty Gwynedd in Bangor.

Currently primary, community and secondary health care services in North Wales face significant challenges in terms of service pressure, clinical staff recruitment and retention, demographic changes, physical estate capacity and finance. In this context a sudden and sustained increase in the population of a relatively small geographic area will have a significant impact on service provision unless appropriate mitigation measures are planned and implemented.

BCUHB has responded to PAC1 in 2014, the informal consultation undertaken in January 2016, PAC2 in October 2016 and PAC 3 in July 2017. These responses have consistently highlighted our concerns about;

- The potential adverse impact on local primary, community and secondary care services of the significant increase in the population during the building phase
- The negative financial impact on the Health Board due to a significant increase in the temporary resident population during the building phase
- The potential loss of staff from health and social care services to Horizon Nuclear Power (HNP) jobs
- The lack of detailed information to support the planning of health services

In responses to Horizon the Health Board has highlighted the fact the resource allocation formula in Wales does not take account of the impact of temporary residents in allocating resources, and therefore the increase in the population of around 7,000 will require additional resources to meet the health needs of these people, where they are not directly provided for by HNP. It is important to note that the current male population of Anglesey

between the ages of 35-49 is 5,961, so therefore 7,000 additional men is a 117% increase in this population cohort. (Source Public Health Observatory)

We are of the opinion that all additional costs associated with the development should be funded by Horizon and we aim to secure a commitment to this as part of the DCO process.

3. Health Impact Assessment (HIA)

An independently chaired HIA Steering Group, convened in 2011, has provided advice to Horizon Nuclear Power, to develop the methodology used to complete the HIA Report. The HIA Steering Group comprised of BCUHB, PHW (including Wales Health Impact Assessment Support Unit (WHIASU), Welsh Government, IAAC, Project Liaison Group and Horizon. The group has given advice on the assessment methodology and provided feedback on drafts of the reports.

It is agreed between both parties that the level of participation by the HIA Steering Group in the development of the HIA has been satisfactory, following the opportunity to comment on the September 2017 draft of the draft HIA and final HIA Steering Group meeting prior to submission on 24.1.18 (the 14th HIA Steering Group meeting).

However, BCUHB would wish to record that the HIA Steering Group members were not given the opportunity to comment on the final HIA report before its publication. BCUHB's position is that the scope of the HIA does not fully reflect the change in workforce accommodation strategy since PAC2 (i.e. to include the Site Campus). On this point BCUHB and Horizon disagree and this has been documented in the draft SoCG document. BCUHB, however, wishes to acknowledge that constructive discussions are ongoing about the mitigation needed to ensure that there are no adverse impacts from the Site Campus.

4. Temporary Workers

The non-home-based workforce are those people who move to the Isle of Anglesey, or to the mainland, to take up employment on the Project. This non-home-based workforce can be divided into two groups according to where they live: those who choose to reside in temporary workers' accommodation at the proposed Site Campus (circa 4,000 workers at peak); and those who make their own provision and use other housing stock on the Isle of Anglesey and on the mainland (circa 3,000 workers plus an estimated 285 partners and 220 dependants).

There is currently no detailed information or agreement about the range of health services and functions that the workers may need to access. The Health Impact Assessment document states that occupational healthcare, occupational hygiene, GP services, minor injuries and initial trauma care facilities will be provided on site. No estimates have been provided to date on the activity that will access this onsite service or how many workers will access primary care services off site.

The Health Board were pleased to see that the onsite accommodation proposal includes a commitment to providing a bespoke medical centre on the Power Station site and that 'Horizon will deliver a health and welfare programme to all of its workers whether they reside in the Site Campus locally or travel to Wylfa Newydd from the wider area' (page 161); there

is, however , a lack of detail about how these services will link in with the wider NHS in terms of accessing and getting reports on a number of diagnostic services which normal primary care has to use to manage patients effectively.

While it is laudable that Horizon is aiming for resident and off site accommodated workers to access healthcare services on site, we believe that given up to 3,000 temporary residents will be housed across the Anglesey and Arfon area, there will undoubtedly be workers who will seek to access health services in GP practices or hospitals in their immediate communities, which will impact on these services in terms of demand and finances as well as an effect on services off site to include a range of community, mental health, and hospital and out of hour's services.

In addition we believe that there will be a further impact on health services arising from the cumulative impacts of the proposed National Grid development on Anglesey with a further 500 workers. Whilst Horizon cannot be held responsible for the impact of other developments, the Health Board must consider the overall impact on health infrastructure of projected growth in population and consequent demand.

5. Impact on NHS Services

a. Primary Care Services

For the area mainly affected by the development, Anglesey, health services are provided by 11 independent GP practices, under contract to the Health Board, 12 independent dental practices and 13 community pharmacies.

In terms of GP services on Anglesey the provision is by 11 independent contractor practices providing health services under the General Medical Services (GMS) contract for the Health Board. The registered population as of 1.10.2018 is 65,744. There are 49 GPs, which equates to 40.67 full time equivalents, making an overall ratio of 1 full time GP to 1,607 patients. Across the 11 practices there is a range of between 1: 2,308 and 1: 1,039 full time equivalent GPs to patients. Horizon in the HIA has quoted a ratio of 1: 1,333; we believe this is based on the GP headcount rather than full time equivalent which overestimates the available GP capacity.

It is worth noting that the second highest ratio, 1:2,112, is the Amlwch practice which provides services in the area immediately adjacent to the development and may be considered to be the most likely to be affected by demand if workers do not access the onsite services, when they are fully operational, and will be affected for the initial three year period when Horizon are not planning to have the full on-site provision up and running. The practice is already dealing with increased demand for services and has limited or no scope to expand the physical space available to provide for this additional demand. (There are also recruitment difficulties and the practice currently has 1 GP partner vacancy)

Regardless of the level of health provision on site, we believe there will be an increased demand from workers and their families across the island and beyond for access to core primary care services, that will impact on access to services by the resident population. Additional investment in staff and accommodation for the Holyhead and Amlwch areas to meet this potential increased demand will be required.

In terms of dental services there is some NHS provision in the Anglesey area, with a total of 12 practices providing NHS dental services. There is a concern that if temporary workers

access these services it will crowd out services to the local population. We understand that by way of mitigation, Horizon may seek to contract directly with a local dental service through a private contractual arrangement; however this is yet to be confirmed.

In terms of community pharmacy services, prescriptions are free of charge in Wales and therefore unless robust free prescription arrangements can be provided by Horizon and mandated for workers on the campus, there is a significant risk of potential financial impact on the Health Board if the temporary workforce instead seeks to be provided with prescriptions by local GPs.

The HIA does not assess the factor or take into account the effect of the turnover of the workforce which does create more pressure on health and care services in terms of initial assessments, new treatment plans etc which impacts on the potential skill mix and number of health staff required.

b. Secondary Care Services

Horizon has made an assessment of the impact of the development stage on NHS services based upon the approach used in the HIA of Hinkley Point C, which is reported to be based upon data from the construction of the Olympic Park. This estimates that **4.1%** of the non-home-based workforce would be treated at the occupational health facility. In turn **5.9%** of this cohort would be referred on to the NHS. This suggests that **0.24%** of the non-home-based workforce would be referred to the NHS. **Based on the Project's workforce profile, this would equate to the greatest demand created by the non-home-based workforce as being 17 patients per year during the peak years of the construction stage**. The document does say that the forecast of a peak referral of 17 patients per year should thus be approached with some caution. If the calculation is taken to be broadly accurate it would suggest that, if mitigated appropriately, the Project would not adversely affect health services.

Horizon has said that some workers would move to the area with family and dependants. These family and dependants would be expected to register with local NHS services. They would not have access to on-site healthcare. GP funding follows the population so Horizon will discuss any voluntary contributions to BCUHB for any lag in funding for incoming partners (at peak 285) and dependants (at peak 220) of workers as well as any non-home-based workers who register with a Welsh GP off-site.

Horizon state that the residual significance of potential health and well-being effects (Demand for Medical and Healthcare Services) **is thus considered to be negligible** for the general population across Anglesey and north Wales. People who require regular health care could experience minor to moderate adverse effects if some of the construction workforce opt to use community NHS services. Some moderate beneficial effects can be expected if the Project aligns with the NHS to build local capacity. This relates to the potential for the NHS to provide some of the services at on-site medical and healthcare services at the Wylfa Newydd Development Area (i.e. in-reach services).

The Health Board asked Public Health Wales to look at the evidence of the potential impact of the development based on the demand on health services of males 35-49 years old (and 20-59 years old). Based on this data there would be 1,672 (1,793) attendances at accident and emergency department and 440 (446) emergency, 100 (103) non-emergency attendances and 4,282 (4,340) outpatient appointments at the peak construction stage. The Health Board accepts that the proposed health centre on the campus should mitigate some of the above; however it is likely that the actual impact on hospital services will be far greater than the 17 quoted by Horizon and will need mitigation in terms of capacity and funding. (A copy of the Public Health Wales document is included for information.)

In addition to local service provision for emergencies, patients could be transferred to the Major Trauma Centre in Stoke under the Health Board's contractual arrangements, and there could be an increase in referrals and consequent increase in cost. For such cases we would propose monitoring on a case by case basis.

c. Other Issues

The Health Board has concerns about the impact the significant increase in road traffic will have on a range of issues including increased road traffic accidents and delays for emergency and routine travel to health care facilities both on and off the island for patients, emergency services and staff. We note that fuller transport impact assessments are being undertaken and we will work with Horizon and other partners to ensure appropriate mitigation is put in place.

There are specific concerns about the proposed temporary accommodation on the site for up to 4,000 workers; at peak level the number of workers will mean an approximate 10% increase in the population of Anglesey. As a crude measure, we would therefore expect to see at least a similar rise (i.e. 10%) in numbers of cases of communicable disease, given that these infections (e.g. food poisoning, respiratory illness, etc) are indiscriminate in whom they can affect. Although it is unlikely that the development will lead to significant increase in numbers of communicable diseases, lack of early warning and or limited access to health services by the construction workers could pose a threat for spread of diseases.

The proposed changes to housing workers on a site-campus model could increase the likelihood of transmission of disease among this population. The influx of workers from outside the region may introduce novel strains of disease into the worker population as well as the local community. Vaccination rates are similarly varied depending on the population – recent large scale measles outbreaks across Europe for example have highlighted the risk from this. Communicable diseases spread rapidly in semi-closed environments. Housing large numbers of workers in blocks together increases the risk of outbreaks of disease such as influenza and GI illness. The implications of such outbreaks need to be considered and whilst some of this may be managed by the in-house medical team, there are statutory duties outlined in the Public Health (Control of Disease) Act and the Health Protection (Wales) Regulations 2010 that will mean further action is required by both the local authority and PHW in the health protection team.

A further point for consideration relates to the epidemiology of many infectious diseases where new and novel strains cause illness when introduced into an immunologically naïve population (i.e. people who migrate into an area bring with them strains of disease that the native population have not been exposed to previously and therefore have no natural immunity to). We see this regularly in university students for example where cases of invasive meningococcal disease arise.

The Health Board has noted its wish to understand more regarding the potential risk of air quality deterioration, how the developer will ensure risks are mitigated, and how impacts on air quality (short or long term) will be monitored. We note that this aspect will be covered in the impact assessments of partner organisations and that this will be addressed through the proposed independently chaired Health Group and therefore will work with Horizon and other partners to address this.

We note that Horizon is developing a Community Safety strategy in response to concerns raised by a number of organisations with regard to safeguarding of children and vulnerable adults, the potential for increase rates of prostitution or trafficking. Without sight of any details of the Community Safety Strategy we cannot confirm that the controls and mitigation proposed are adequate. We have requested that Horizon work with the Regional Safeguarding Board to develop the Strategy and mitigating actions to address any identified risks.

We support the proposal to establish a Health and Wellbeing monitoring group but believe that this should be established and chaired by either the Health Board or PHW to provide more assurance to the local residents.

6. Addressing Our Concerns with Horizon Nuclear Power

Health Board officers, along with other public service bodies in the area have been meeting with officers of Horizon or their agents for a number of years leading up to the submission of the DCO.

From the Health Board's position there has until recently been a lack of detail available about Horizon's plans for meeting the health needs of the workers on site and how they intend to mitigate the activity and financial impacts on the Health Board's services. This has been frustrating to the Health Board as we have been eager to support Horizon's planning and to understand the risks to health services of the resident population.

In recent months more information has become available to enable a better understanding of the likely risks and issues that will arise. Further work is required to:

a) Understand the plans for the provision of primary health care services to the temporary workforce before the opening of the on-site health facility planned for year 3 onwards.
b) Estimate the impact of workers not utilising the on-site primary care centre
c) Proposals for pharmacy and dispensing services, given free prescriptions in Wales.
d) Proposals for meeting the dental service needs of the workers
e) Estimate the impact of workers in terms of emergency and elective services at Ysbyty Gwynedd
f) Estimate the impact of workers on mental health services
g) Estimate the impact of dependent s and families on primary, community and secondary care services.
h) Agree the mitigation measures and associated resource implications for the above.

7. Mitigation Measures

The Health Board's position is that the development should not adversely impact on its ability to provide services to the population that it is responsible for, either operationaly or financially.

To this end we wish to see the development of an effective onsite health service to meet as many of the needs of the workforce as possible to reduce demand on local services. We are concerned about the potential delay in establishing the full service of up to three years and would ask that Horizon reconsider this timescale.

We are aware that Horizon is considering options for dental and pharmacy services that reduce the impact on the Health Board and we are supportive of such approaches, but reserve the right to seek funding where this does not fully meet the needs of the workforce.

We believe there will be workers and their families that will access the broad range of NHS services in the area and we will seek financial support to ensure the services can meet the needs of the local population and the temporary workers.

The Health Board is not yet in a position to quantify the operational and financial impact over the project's lifetime, as there is not yet clarity and certainty regarding the detailed specification for the on-site medical service. Horizon has proposed an overall formula based approach which we do not support and we are actively working on building up a more sophisticated model that looks at the impact on key sectors of health services to include;

a) Primary Care
b) Emergency Department
c) Emergency in-patient activity
d) Elective in-patient activity
e) Outpatient activity
f) Mental Health & Substance Misuse Services
g) Community Services
h) NHS Dental activity
i) Prescribing of drugs.
j) Safeguarding
k) Public Health Functions

As an indication of potential costs it is worth considering that at its peak the additional workforce of 7,000 is some 1% of the overall population that the Health Board serves. Based on the current budget of £1.2 billion this would equate to £12 million per annum. We note this for absolute comparison, and note that we agree that the actual impact will be less than this figure, dependent on the final level of services provided by Horizon directly on site, or through private contractual arrangements.

8. Conclusion

The Wylfa Newydd development is the largest infrastructure project ever to take place in North Wales and provides significant opportunities and challenges for the area during construction and operational phases.

The most significant impact for the Health Board is in assessing, planning and meeting the needs of the large temporary workforce that will be required to construct and develop the power station and ensuring that the adverse impacts on the local population are minimised.

This paper has already highlighted that the temporary workforce will increase the equivalent population of Anglesey by some 117% and the overall population of North Wales by 1% and that without mitigation in place will require access to the full range of health services available to the local population.

The Health Board has not yet completed its modelling of the potential effects, nor does it fully understand Horizon's plans for the provision of services on site and the extent to which these will reduce or increase demand elsewhere in the health system.

We are engaged in discussion with Horizon and are confident that we can arrive at an agreed position and mitigation strategy by the February 19th,. deadline.