

Betsi Cadwaladr University Health Board's Written Response to

The Examining Authority's written questions and requests for information (ExQ 2)

Question Reference	Question	Response
Q2.4.51	<p>Q In the long term there would be an increase in revenue from Council and Business Tax should the DCO be consented. Would this be used to fund additional services required as a result of the development? At the ISH on the 7 January it was indicated that this would be reflected in the S106 as a number of the contributions sought would be for short term and/or interim measures to cover any shortfall in service provision that might arise before the increase in revenue could be delivered. Indicate which contributions this would apply to.</p>	<p>The Welsh Government receives funding from the UK Government based on the Barnett formula, which allocates changes to the Welsh budget in proportion to changes to the budget for equivalent services in England, based on relative population levels. Therefore, the Welsh Government will receive consequential changes to its budget following additional funding allocated by the UK Government to the NHS in England. However, the Welsh Government Cabinet determines how this additional consequential funding is used to meet its priorities for Wales. Welsh Government has treated NHS funding as a priority, and in recent years has allocated more to the NHS in Wales than has been received in consequential funding from the UK Government.</p> <p>Welsh Government is responsible for allocating funding to the seven health boards in Wales – including BCUHB – for them to fund healthcare for their residents. Health board revenue allocations are based on historical levels of funding, updated on an annual basis for new funding, including funding to meet cost growth such as inflation and pay awards. The distribution of the new additional funding (but not the</p>

Q2.10.31

Where a contribution is being sought to cover an existing service long term, why would this be necessary?

historic baseline) is undertaken by applying a formula which is derived from population levels adjusted for relative health need. The current formula used for distributing new funding has not been updated since 2014 – pending a review of the formula.

Population changes will be taken account of in future updates and revisions to the distribution formula, but will impact only in relative terms. Whilst BCUHB may attract a higher proportion of the overall level of new funding to be distributed across Wales as a result of a significant increase in population linked to the Wylfa Newydd development, this would a) be dependent on the methodology used to arrive at the population estimate and b) be taken into account alongside population changes in other health board areas and may not therefore result in an actual increase in funding. The assertion that funding for BCUHB will increase as a result of the increase in population is therefore not accurate.

Following from the above BCUHB's approach has been to secure additional funding from Horizon to meet the additional costs it will incur from the non-resident population accessing a full range of NHS services including primary, community secondary and tertiary care that will not be reflected in any changes to the funding formula under current arrangements. In addition the Health Board has identified an impact on services of dependants and has reached an agreement with Horizon for a contribution towards the costs of their jealth care.

Is there an early year's strategy in place to ensure that current levels of local health service provision (including ambulance services) could be maintained in the absence of provision on site.

There is no 'early year's strategy in place. Discussion have recently commenced between BCUHB, Horizon and the local GP practice for Amlwch/Cemaes to discuss what support and potential impact would be seen in the local area in the time before an on site provision is in place.

Q2.10.32

- 1) Detail what health services would be provided on site and what would be out-sourced to local providers.

BCUHB understanding is that the on-site provision in summary would be as follows;

In the short- to medium-term, from start of construction to opening of site campus medical centremost occupational health services will be on-site.

From opening of Site Campus Medical Centre to end of construction;

- to deliver occupational health services on-site
- to provide emergency care (minor injuries and trauma) on site prior to transfer to hospital
- to deliver primary care services at the Site Campus Medical Centre via a walk-in centre to contract for pharmacy services at the Site Campus Medical Centre via a local pharmacy
- to contract for laboratory services via a private provider

The Health Board's understanding is that primary care services pre the opening of the Site Campus Medical Centre would be provided by GP contractors. Primary care services would also be provided to dependents and a proportion of non-home based workers throughout.

In addition where on site provision was either not in place or not geared up to provide more specialist services that the Health Board would provide community services, including mental health, sexual health substance misuse etc, as well as emergency and elective secondary care services from Ysbyty Gwynedd, Bangor.

- 2) What hours would the service operate, how would workers on night shifts access services and what provision would there be for

NHS GP services are provided 9-6.30 pm, Monday to Friday. Outside of these times the GP Out of Hours Service meets the needs of primary care.

Community services are generally provided Monday to Friday, daytime

out of hours emergencies?

hours, with emergency and out of hours access dependent on the service. A Minor Injuries Unit is available at Ysbyty Penrhos Stanley between 8am and 6pm daily

Emergency services can be accessed 24/7 from Ysbyty Gwynedd.

Out of hours access to emergency services would be via ambulance transport where clinically indicated.

3) What number of health staff would be employed on site and would this be reflective of the NHS staff: patient ratios?

Horizon to respond in respect of on-site services.

4) Would health services be available in Welsh?

The Health Board has a statutory duty to comply with the requirements placed on the Health Board under the Welsh Language Standards, Section 26 of the Welsh Language (Wales) Measure 2011.

This legislation gives the Welsh language official status in Wales, and reinforces the principle that the Welsh language should not be treated less favourably than the English language in Wales, including in provision of services.

We would expect Horizon to endeavour to provide services through the Welsh language wherever feasible.

5) How would the transfer between on-site and NHS services work?

Further work is required to agree the protocols and pathways for patients to be transferred between services.