

Cyflwynwyd yr ymateb i ymgynghoriad y [Pwyllgor Iechyd a Gofal Cymdeithasol](#) ar [Cefnogi pobl sydd â chyflyrau cronig](#)

This response was submitted to the [Health and Social Care Committee](#) consultation on [supporting people with chronic conditions](#).

CC 01 Ymateb gan: | Response from: Unigolyn | An Individual

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- **Dear Senedd Health**

In response to your request for views regarding supporting people with chronic conditions , I make the following , personal comments.

- **RE NHS and social care services**
- Access to essential services and ongoing treatment, and any barriers faced by certain groups, including women, people from ethnic minority backgrounds and disabled people.
- My big issue, & major concern , is access to single sex wards. When I was admitted as an emergency ,with gastrointestinal problems, I was very unwell, scared & vulnerable. I was the ONLY female in a side ward of 5 beds on a number of occasions ( including overnight) during the admission. I didn't feel safe. There have been reports recently about the number of sexual assaults in our hospitals & one way to reduce this risk is to ensure single sex care. I would look round the ward to try & "risk assess" the situation. I needed to sleep but was too wary to get any meaningful rest. I felt safer trying to sleep during the day when staff were more visible, but that was when various checks were being carried out on me , so that was not easy. Intimate , personal care should be available by someone of the same sex. I am also desperately worried that should self ID happen, that predatory males ( & I accept its just a few not the majority) will access female only wards claiming they are women. Female only wards were created , inpart , to protect vulnerable women, & this removes this protection.

**RE Multiple conditions**

- The ability of NHS and social care providers to respond to individuals with multimorbidity rather than focusing on single conditions in isolation.
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I have Ulcerative Colitis along with other digestive disorders , joint issues as a result of my ulcerative colitis & glaucoma as a result of steroids used to treat my ulcerative colitis. I regard myself as a well person but I have to manage my health, and I have periods when I am very unwell ( fortunately these are rare but can require admission to hospital). Accessing the medication I am now on was a nightmare. I had to stop oral immunosuppressants, & the protocol was for me to relapse before I could start on injected biological medication. Rheumatology could have started me without this, but wouldnt, so I had to wait until my inflammatory markers rose significantly & hope I didnt become so unwell that I would need to be admitted to hospital. Bonkers.

**RE Impact of additional factors**

- The impact of the pandemic on quality of care across chronic conditions.
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Glaucoma checks were delayed but did happen

Rheumatology saw me when needed

Gastroenterology have not seen me since before the pandemic. However the nursing support by phone has been exceptional, and medical treatment on admission, was good

**RE Prevention and lifestyle**

- Effectiveness of current measures to tackle lifestyle/behavioural factors (obesity, smoking etc); and to address inequalities and barriers faced by certain groups.

As I mentioned above, women are losing the right to female only wards, the safety, dignity & privacy of women is being compromised.