

Keith Davies AC/AM

Llanelli

Via Email

Your Ref:
Our Ref: KD/MT/OfCconsult

29 October 2012

To whom it may concern,

Response to 'Your Health, Your Future' consultation

I am writing in response to the 'Your Health, Your Future' consultation on the future of health care services in the Hywel Dda Health Board area.

As the Assembly Member for Llanelli, my response will naturally reflect the views of constituents who have made representations to me on the services they have received and their views on how the LHB describes service provision in the future, as well as my own conclusions from reading the consultation document and technical supporting evidence.

- **Community Services and Primary Care**

I have received several representations from local residents of the Gwnedraeth Valley who are strongly opposed to the closure of the Mynydd Mawr.

I am aware of the benefits of bringing dementia care into one location where diagnostics could also be carried out thus reducing the need for patient transport. Prince Philip Hospital already has established public transport links with the communities which it serves.

However, I am concerned at the loss of any bedded facility within a community setting. I would expect the Local Health Board continues discussion with patients, staff, the Community Health Council and other interested parties to ensure that any alternative location offers at minimum equivalent care and ultimately improved facilities for patients locally and from the wider community.

The intention to provide new community and primary care services based at Cross Hands is to be welcomed. I have sought clarification from the Local Health Board on how the development of this service may be impacted by the recent 'call-in' of the planning application for the new supermarket at Cross Hands. I understand the new health centre is part of that application.

- **Women's and Children Services**

Whilst Prince Philip Hospital does not provide in-patient care as defined by the consultation document, I would urge that should the Health Board proposed option of Glangwili Hospital becomes

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the finally agreed position, then women and children should have equal access to Glangwili hospital and the Swansea hospitals depending on their circumstances.

Many families – especially those on low incomes find it extremely difficult to access services in Carmarthen. Transport features little in the consultation document; neither was it properly discussed during the consultation events held locally. It must be noted that access to services must be weighted equally with the safety and quality of services as I believe they are closely linked. I will discuss transport further in my response on *Emergency Care* below.

- **Emergency Care**

There is significant concern amongst those I represent about emergency care, the current level of provision at Prince Philip Hospital and ambulance transfer to Glangwili for those patients who require more specialist emergency treatment.

Within the supporting documentation provided by the LHB, Annex A states that the preferred option of A&E provision in Prince Philip Hospital will allow 'Emergency medical admissions 24/7, but no 'surgical admissions 24/7'. If the objective is to clarify to the Llanelli population what's there, then how is the preferred option any clearer. Where is the evidence that calling it a 'Local Accident Centre' or any other name is any clearer than the current signage.

I am concerned that throughout the consultation, the LHB has referred to the **Local Accident Centre** at Prince Philip Hospital as 'nurse-led' provided by skilled emergency nurse practitioners. In more recent conversations between the LHB and my office, this term appears to have been revised to 'nurse-delivered, consultant-led (remotely)'. Whilst the latter description may have been the intended offer by the LHB throughout, it has not been clearly communicated within the shortened version of the consultation document which accompanied many hundreds of response forms circulated in my constituency.

Whilst I appreciate there would be a difficulty in returning a full accident and emergency centre to Prince Philip Hospital, I do not accept that it would be impossible to continue providing the service that is available there now.

Hywel Dda Health Board covers a mainly rural area with a primary focus to serve rural needs. I would urge the Local Health Board to recognise the distinct needs of urban localities such as Llanelli.

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In the Longley Report, published April 2012, *Figure 14 - Services required to support an emergency department* shows that such a service could continue to operate at Prince Philip Hospital as the majority of services not on-site can be accessed at the next nearest hospital site.

The current Accident and Emergency department performs consistently well in achieving Welsh Government targets – better than those of the larger departments across the Hywel Dda area. Therefore, I continue to hold the view that in order to meet the needs of the local community it is essential that the current consultant/doctor led service remains at Prince Philip Hospital and the service continues to receive the full support of the Hywel Dda Health Board.

- **Planned Care**

Clearly I welcome planned improvements for Prince Philip Hospital and the development of a short stay surgical unit providing a centre of excellence within Hywel Dda.

I endorse the need to undertake such surgical interventions at a unit that can minimise hospital acquired infections. However, there was a lack of clarity concerning the current level of activity for orthopaedic surgery at Prince Philip Hospital and how that compares against other hospitals and then how that situation will change should the proposals be approved.

- **In Conclusion**

Through the engagement process and again during the consultation phase, constituents have contacted me concerned that their views will not be listened to. The dismissal of the petition and disinterest in meeting community representatives has provided little reassurance to those whom I represent.

Whilst the consultation document carried some of the overarching vision for 'care in the community', there has been insufficient detail in quite how such pathways of care might work in practise. This concerns me and quite obviously the wider community who are confused about how services are delivered now and how that might be any different or better in future. There is a perception amongst the wider community that care closer to home is the poorer relation in terms of health care delivery. They look to their own experiences of accessing GP appointments or securing a place at an NHS dentist as evidence of the difficulties in what many have suggested to me as an overstretched community and primary care sector.

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The use of out-dated data sources within the technical notes accompanying the consultation document is particularly disappointing. These statistics were produced prior to the economic downturn and do not capture the social and economic difficulties residents in my constituency are currently facing.

Several wards in Llanelli are recognised as areas of deprivation, where income is limited, families are reliant on public transport and where chronic, long term health conditions are prevalent. As is well documented, Llanelli has the highest population centre in the Hywel Dda area.

For financial and environment reasons it would seem sensible to base services here so that they are accessible to a larger community. Rural dwellers, on the whole, are less concerned at the distances they need to travel to access services and on the whole have one or more cars available to them. The consultation document makes little reference to the poor transport infrastructure between Llanelli and Glangwili or takes into account the practicalities of accessing services during the evenings or at weekends. In fact, it takes 3 buses to get from Llanelli to Glangwili. The timetable is such that visitors from Llanelli cannot make the evening visitor hours at Glangwili hospital. It is disappointing that this issue has not been highlighted more prominently.

Neither does the consultation document adequately address increased transport costs for ambulances which will travel further distances, increasing the amount of time ambulances are unavailable to deal with emergency calls. I would have welcomed further detail on the costs associated with ambulance transfers between Llanelli and Glangwili hospital and the inclusion of evidence from the Ambulance Trust, that the Hywel Dda preferred option is sustainable and financially viable.

I must base my response on the impression provided by the consultation document as received and therefore oppose both Option A and B as suggested by Hywel Dda.

The overwhelming view held by my constituents is that there should be no reduction in the availability of doctors at Prince Philip Hospital ready to deliver treatment in an accident and emergency setting.

The July meeting of the South Wales Programme Board, which includes the 'hands-off' input of Hywel Dda Health Board, concluded that 'All local hospitals currently offering Accident and Emergency services should continue to offer unscheduled care services. These should be linked to out of hours primary care services.'

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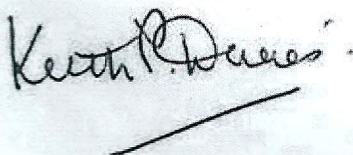
I would suggest that regardless of the outcome of the consultation, serious consideration be given to improve the range of services at GP practices and to work more closely with GPs to encourage them to create a greater number of emergency or last minute appointments. There must be greater promotion of the doctors on call service based out of Prince Philip Hospital also.

I wish to express my disappointment that Hywel Dda Health Board has not chosen to work more closely with the South Wales Programme Board. In the meeting of May 2012, the meeting noted that *'Hywel Dda... has already developed and begun consultation on its own plans'*. We are now in a position where services close to the Llanelli area, but administered by a different Health Board could change significantly following their engagement and consultation processes.

In the current economic climate, the Health Board must create a plan that is deliverable, affordable and sustainable and communicate the detail of that plan. Before any changes can be implemented, I believe that the Local Health Board will need to communicate in further detail the business case for making such changes to health care services in the future.

With Best Wishes,

Yours Sincerely,



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