

## **Response from Nia Griffith MP to the Hywel Dda Health Board Consultation October 2012**

(response presented in the order of the questions in the consultation questionnaire)

### **Mynydd Mawr hospital**

I have had representations from local residents wanting to keep open Mynydd Mawr hospital. The key issue here is what will happen to the sort of patients who are currently at Mynydd Mawr. Whilst it is highly desirable for patients in the convalescent or rehabilitation phase to be near their homes, so that family and friends can support, it would be worrying if patients were sent home prematurely and left very isolated in their homes. There will be a continuing need for convalescent and rehabilitation facilities – the current EMI and residential care facilities provided by the local authority are not the same as facilities required by patients whose condition is expected to improve. Furthermore, in the consultation document, there is strong emphasis on the desirability of treating patients nearer their homes in the community, but there is still a lot to do to upgrade what is available in the community before the number of hospital beds can be reduced. **The consultation document talks about redefining community beds and providing them in different settings, so rather than waste the facilities available at Mynydd Mawr, the Health Board could consider whether Mynydd Mawr could provide some of that redefined community bed provision.**

### **Women and children services**

I welcome the plan to develop a Paediatric High Dependency Unit and a Level 2 Neonatal Unit, co-located with a Complex Obstetric Unit. It would make sense to put these within easy access to the greatest number of people, so, although I would prefer to see such services available in Llanelli, of the options offered, Glangwili hospital would be preferable to Withybush. Likewise, if paediatric services could only be offered in either Withybush or Glangwili, then I would prefer to see them in Glangwili.

### **Emergency care**

People understand the need for very specialist services to be centralised, so for example, they understand about going to Morriston for major heart surgery or to Singleton for some cancer treatments, but the major concern that people have is not getting help soon enough in an emergency.

#### **1. Pressure on the ambulance service.**

The most frightening time for patients and their loved ones in an emergency call-out situation is the time they are waiting before an ambulance arrives. No matter how good the paramedics and their equipment are when they arrive, current statistics confirm that there are too many occasions when the ambulance response time is longer than it should be. If there are going to be changes, which mean that more patients are going to

be taken to Glangwili rather than to Prince Philip Hospital, thus tying up more ambulance time (not to mention other changes elsewhere),

- a) what calculations has the Hywel Dda Health Board made about the additional workload for the ambulance service? Have such calculations been discussed and agreed with the ambulance service? Will the ambulance service be able to meet the increased demand from existing resources or will it need extra resources?
- b) As I understand that the use of ambulances in emergencies is funded separately from the Hywel Dda Health Board, has the Hywel Dda Health Board discussed with the ambulance service what the extra costs might be, and have the figures been presented to the Health Minister, Lesley Griffiths AM?

**It would be totally unacceptable and irresponsible to implement any changes in emergency care arrangements which put an additional burden on our already stretched ambulance services, without ensuring that additional ambulance services could and would be made available. The Health Board needs to give a clear indication, in conjunction with the ambulance service, of the strategy and the costs involved in meeting this additional need.**

## **2. Risk assessment**

On page 31 of your consultation document, you state that “None of the proposed changes will take place until it is safe and appropriate to do so, without any reduction in the levels of care our patients receive.” **What risk assessment has been undertaken of the proposals, particularly the Board’s preferred options?**

**The risk of delays in obtaining the appropriate treatment is highlighted in the report by Marcus Longley, and the Health Board needs to do a full risk assessment on the effect of its proposed changes on the risk to people living in the Llanelli area.**

## **3. The view from my constituents, the physicians and Prof Marcus Longley**

**Physicians** from Prince Philip Hospital have recently written a letter in which they not only highlight the fact that their training of junior medical trainees was the best in Wales this last year, but they **state that they are not prepared to support a nurse-led A&E and that the Hywel Dda Health Board proposals are UNSAFE. They quote the Longley report as stating that the service required to support an emergency department can consist of onsite 24 hour access** to acute medicine, Level 2 critical care, non-interventional CCU, essential services laboratory, diagnostics radiology, **together with 24-hour local multi-hospital access (not necessarily onsite)** to emergency surgery, trauma and orthopaedics, paediatrics, obstetrics and gynaecology, mental health, supervised surgery and interventional radiology, **and that this is precisely what is available at PPH now.**

This is not asking for every service to be available in PPH, but is following the Longley report guidelines. It echoes the feelings of the large numbers of my constituents who have contacted me on this matter. I am concerned at the report in the press of response from the Health Board to this letter, stating that they are “disappointed”. **I would urge the Hywel Dda Health Board to reconsider their response, and to listen to the physicians, Prof Marcus Longley and the people of Llanelli.**

#### **4. The additional load of Morriston and Glangwili**

If the Health Board decides to go ahead with option B, an emergency medical admission unit and a nurse-led Local Accident Centre, some people who have access to a car will take patients to either Morriston or Glangwili, with the likelihood that many will choose Morriston because it is nearer.

The Health Board have implied that there are people who turn up at A&E who should go to their local GP. The reality is that local GPs’ surgeries are not necessarily geared up to be walk-in centres, even in daytime hours, nevermind 24/7 and may not have the equipment that a hospital has. The implication is that some patients are turning up inappropriately at A&E. The problem is that patients do not necessarily know that something is minor; patients and their families naturally want to check out that there is nothing seriously wrong, particularly if the patient is particularly frail or has underlying health problems. If the message goes out that the service in Prince Philip is nurse-led, those patients who have access to a car may well decide to self-present at Morriston or Glangwili. **What calculation has the Board made of the additional numbers likely to self-present or be taken by ambulance to Glangwili or Morriston if they implement the options they outline, and what additional staffing is planned in those hospitals to cope?** I have been told by staff in Prince Philip Hospital that there have been times when patients have been directed to PPH from Glangwili because of pressure on facilities at Glangwili.

#### **5. Police time**

It has been pointed out to me that if police officers in Llanelli have to take a person in their custody to Glangwili rather than PPH, this will tie up the time of two officers for much longer than if they were going to PPH, and taking them away for much longer from other duties. As there is the greatest concentration of population in Llanelli, the numbers held in custody by the police are therefore likely to be higher in Llanelli than in the vicinity of the other hospitals in the Hywel Dda area, so best use of police time would be achieved by having the fullest range of services in PPH.

#### **Proposals for planned care**

I would like to see the Orthopaedic Centre of Excellence in Prince Philip Hospital. From patients who have had such surgery, I have heard reports of very empty wards. This seems rather surprising, given the waiting lists for orthopaedic surgery.

### **Human rights / Welsh language issues**

The risk of delays in obtaining the appropriate treatment is highlighted in the report by Marcus Longley, and if the Health Board goes ahead with proposals that will increase the time taken for people from Llanelli to access emergency care – because they are being ferried to hospital which are further away, they will increase the inequality of access between residents of Llanelli, a greater number of whom come from low-income households, and the residents of Carmarthen, a smaller number of whom come from low-income households.

Furthermore, visiting sick relatives who have to stay some time in Glangwili is very expensive for low-income families. If they are lucky enough to know someone with a car, the cost of petrol to visit every day for several weeks can be prohibitive. For those without access to a car, the bus journey, often involving 3 buses, is very time-consuming, and, for those who are not old enough for bus passes, it can also be unaffordable. The Evening Post recently highlighted the case of parents on benefits from Briton Ferry who found the fares to Singleton to visit their sick baby unaffordable.

**Therefore, the more services that are available only in Glangwili and not in Llanelli, the greater the impact on low-income families living in the Llanelli area, and the greater the inequality of access between them and more affluent residents living near Carmarthen. Given the health inequalities already documented between low income households and more affluent households, and the Welsh Government's policy and determination to tackle these inequalities, the Hywel Dda Health Board needs to reconsider some of its proposals in order to ensure that it does not increase inequality of access to services by low income families, who are more numerous in the Llanelli area than any other part of the Hywel Dda Health Board area.**