CRITIQUE OF THE

HYWEL DDA 5 YEAR PLAN 2010/ 2015

"THE RIGHT CARE, RIGH PLACE, RIGHT TIME, EVERY TIME"

(The Hywel Dda Rural Health Implementation Plan)

Summary

This plan was produced during the latter part of 2010 and is designed to cover the health needs of the population residing in the counties of Carmarthenshire, Ceredigion and Pembrokeshire over the period 2010 until and including 2015. There has now been time to review what this is starting to mean to the general population.

Perhaps the key is in the title **"The Hywel Dda Rural Health Implementation Plan"**

As a plan it can be likened to a "Curate's Egg" – good in parts but lacking in the breadth of vision that the population require, ignoring the needs of large swathes of the community.

This goes directly against the assurances given by the Health Secretary for Wales and the pledges given by Hywel Dda Health Board.

From a demographic point of view the three counties of Carmarthenshire, Ceredigion and Pembrokeshire would appear to be full of rural communities but it is in fact the case, acknowledged in the Plan, that 31% of the population live in an urban environment (see below). The report states:

> *The majority of our residents live in sparsely populated, rural settings as defined in 'Health in Rural Wales Dec 08'.*
>
> *However, there also are a small number of urban conurbations in which approximately one third of our population live*

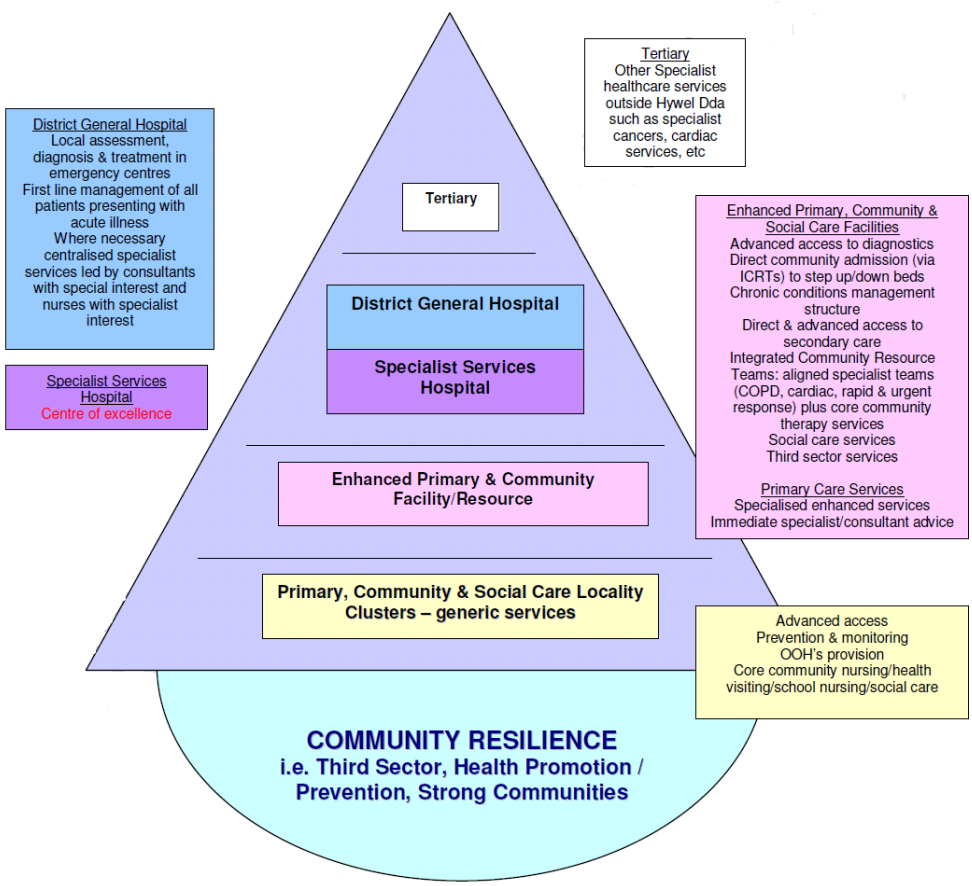
	Approximate Population Spread		
	Urban	***Rural***	
Aberystwyth	*16,000*		
Ceredigion		***61,000***	
Haverfordwest	*14,000*		
Pembrokeshire		***104,000***	
Ammanford	*13,000*		
Carmarthen	*15,000*		
Llanelli	*60,000*	***40,000***	
Carmarthenshire		***53,000***	
Totals	***117,500***	***258,000***	
Grand Total	***31%***	***69%***	***375,500***

As a solution for “Rural Communities” this is a wide ranging and comprehensive vision giving a structured and layered Health Provision with improved local delivery.

Hywel Dda Trust are to be commended with their plan in this area combining historic successes like Community Hospitals, Specialist Centres of Excellence and Rehabilitation Units with new technologies and support delivered directly into the community.

The emphasis on keeping the community healthy and in their own homes for as long as possible is also to be commended with the proviso that assessments for Residential Care are based around the needs of the patient and not financial savings.

Much of the success will be down to the correct mix of services delivered centrally and remotely. It is key that excessive travel for what could be seen as essential basic services like maternity for example will need to be minimised.



As the Plan states this meets both the needs, requirements and the changes in the population in the Rural Communities.

Unfortunately as a solution for an intensively urban area with a highly developed infrastructure this solution fails.

The very tenets that the plan purports to support (better local delivery, improved service, less travel) are being broken for towns like Llanelli to ensure that the rest of the plan fits.

We will refer to Llanelli as it better illustrates the situation that will be prevalent in all the urban areas. Llanelli already had an excellent local delivery system in Prince Philip Hospital combined with other subsidiary services.

It appears that much of this is being demolished to help pay for the rural plan and to ensure that the people of Llanelli have to use the services moved from the area.

These include Major Accident & Emergency downgraded to Minor Accident & Emergency, Emergency Surgery, Elective General Surgery, Gastrointestinal Cancer Surgery, Vascular Surgery, Major Urology, Emergency Endoscopy, reduction of ITU and HDU Beds, Histopathology, Post Mortems etc.

As can be seen Llanelli has a far denser population than any other area within the Hywel Dda area. The 60,000 residents in Llanelli live approximately 10 minutes drive time from Prince Philip Hospital this is 100% of the population.

This is totally unique in the Hywel Dda population. Within a 20 minute drive a further 40,000 people can access the services at Llanelli.

With the centralisation of Services to Carmarthen or to other hospitals the people of Llanelli are being considerably disadvantaged in the increase of travel times for their services.

This means that the plan is not fit for purpose for Llanelli and needs to be adjusted for the other Urban Centres. As the Plan states:

> *"Achieving a step change in care will require support from the Hywel Dda population, catchment and stakeholders which will be fundamental in delivering a balanced health system focused on care closer to home."*

Sadly the public are not being informed or brought along with the arguments in this report to date. It may be the case that since the production of the Plan much has been learnt and that appropriate adjustments have or are about to be made, we simply don't know.

The criticism levelled at the Plan is designed to be constructive and it is hoped that the new consultative approach that Hywel Dda have generously extended to organisations like CIHS (the new SOSPPAN), elected representatives (AMs and MPs) and other bodies like CAVS will be taken up as well as members of the public.

It is realised that the changes are meant well but we must look past but not ignore, the clinicians view point and financial constraints and scan the domino effect that changes to hospital and community services bring outside the remit of the Health Board.

If this wider picture is not embraced we as a country will have wasted millions of pounds in change that has not been thought through and leaves us all the poorer both physically, mentally and financially.

The Rural Solution

From the outset this report is designed with two main purposes:

> Firstly as a review to problematic Health Provision for the Rural Communities.
>
> Secondly as a way to cut the cost of providing high quality care throughout the Hywel Dda population.

Both of these are laudable aims and the Trust is to be congratulated on much of its thinking.

As the reports states:

> *"To enable the Health Board to deliver world class quality care it needs to do things differently and to dispense with the old models and old logic. There will be a requirement for all Partners to be bold and courageous"*

What perhaps is crucial and needs to be emphasised is that this bold action and courage required by both Hywel Dda and its partners is not at the expense of the very people who will need the care. The new solutions are in the main by their very nature unproven and to dispense with old logic in the care sector gained over many years could be seen as a risky strategy.

Many of the components of the new adage Right Care, Right Place, Right Time has been structured from certain proven infrastructures such as Community Hospitals (Cottage Hospitals), Convalescence Homes combined with high tech and modern delivery mechanisms and techniques within the Community.

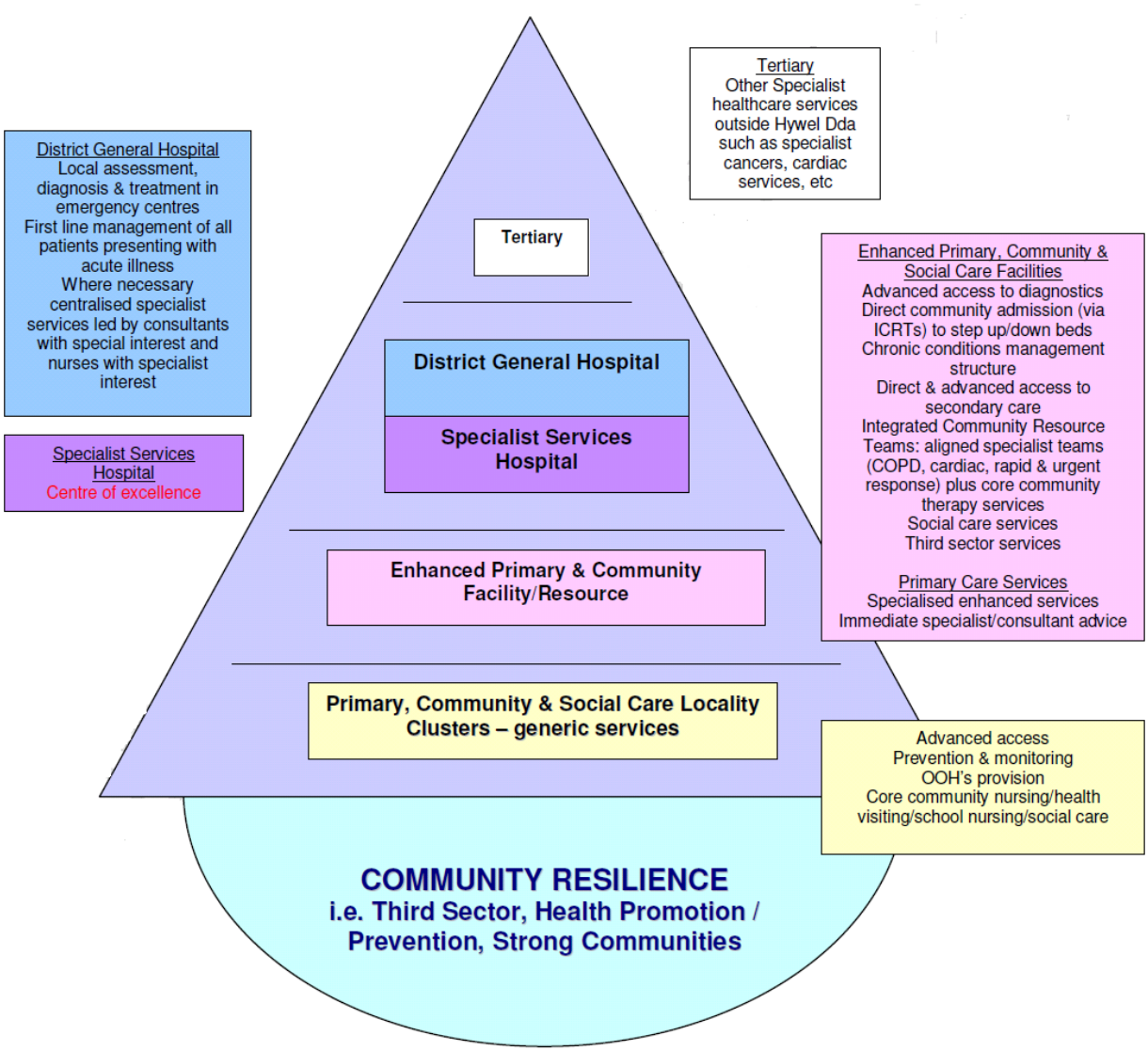
Some of the criteria used are sound where feedback from the population reveals that people wish to be treated locally certainly in the more rural areas.

> *"For many years the public and patients have told us that they want high quality services and care delivered closer to or at home."*
>
> *"Evidence shows that up to 40% of patients currently in hospital are receiving a level of care they don't need".*

The mission statement

> *"Hywel Dda will be a community led provider with more than 80% of NHS services available locally, delivered by Primary Care, Community and Social Care teams operating from modern, enhanced Community Resource Centres with full access to diagnostics and a range of ambulatory care services."*

Appears to be a well thought out solution for a rural community that requires its services delivered locally.



Of course there are no financials in this report so the cost of distributed care has not been measured against the cost of centralised care.

There will be increased capital costs as stated in the report:

> *"To support our vision for locally based services we will seek significant investment in fit for purpose primary care resource facilities and also ensure out hospitals are fit for the care of the relatively smaller number of people who require a higher level of care."*

Further to these costs there are almost definitely going to be extra costs incurred in staff travel, perhaps an increase in head count as travel time will reduce either the time spent with the patient or the number of patients that can be seen by an individual due to the travel times between appointments.

This is already a problem in domiciliary care where appointment times are being reduced and the quality of care is being reduced. This has led to condemnation of the current system.

Currently the patient travels (where possible) to the point of delivery for their treatment, absorbing the cost themselves. If the point of delivery moves to the home of the patient the cost will be transferred to the Health Board.

Some of the criteria used to justify the cases for lack of services is unsound and defeatist. To state that:

> *"There is a major recruitment problem for Doctors across all of Wales as recently stated by the Deanery. This is a particular issue in Hywel Dda. The result is that it is very difficult to maintain many services in the short and medium term. "*

shows that something is wrong in the attraction of Doctors to the Hywel Dda Health Board. In other areas within the Trust, staff are being attracted and employed.

As the areas of Carmarthenshire, Ceredigion and Pembrokeshire are some of the most attractive in the country (and some would say the world) it seems inconceivable that Doctors would not be attracted to the area, especially with the recent investments in local schools, shopping and leisure facilities and transport infrastructure that make the Carmarthenshire and Pembrokeshire area's more attractive.

This would imply that the Health Board is either not providing an adequate career path, is offering a low salary or other reasons that are within its grasp to change.

As the role is to provide Health Care Services for the local population failure to do this is of paramount concern.

One of the other areas that is of concern is the pervading reliance on the third sector without the commensurate amount of support by the funded bodies to create the environment that they can thrive in.

> *"Being bold means the greater involvement of the third sector, the public, patients and carers and staff in co-designing the future of our health community"*

Yet without the good will and the hard work of these people (typically family members or friends) neither the Social services or Health Trusts would be able to survive. It is the case that they would be overwhelmed.

Many of these people are currently at breaking point and the State benefit is paltry for a full time Carer. Their needs are great yet many of the Respite Services provided by the State or Local Authorities are either being reduced or shutdown altogether.

The Care in the Community programme mentioned here will fail if the community support services like Residential Respite, Day Centres, Libraries, Luncheon Clubs and associated free or subsidised travel is not allowed for.

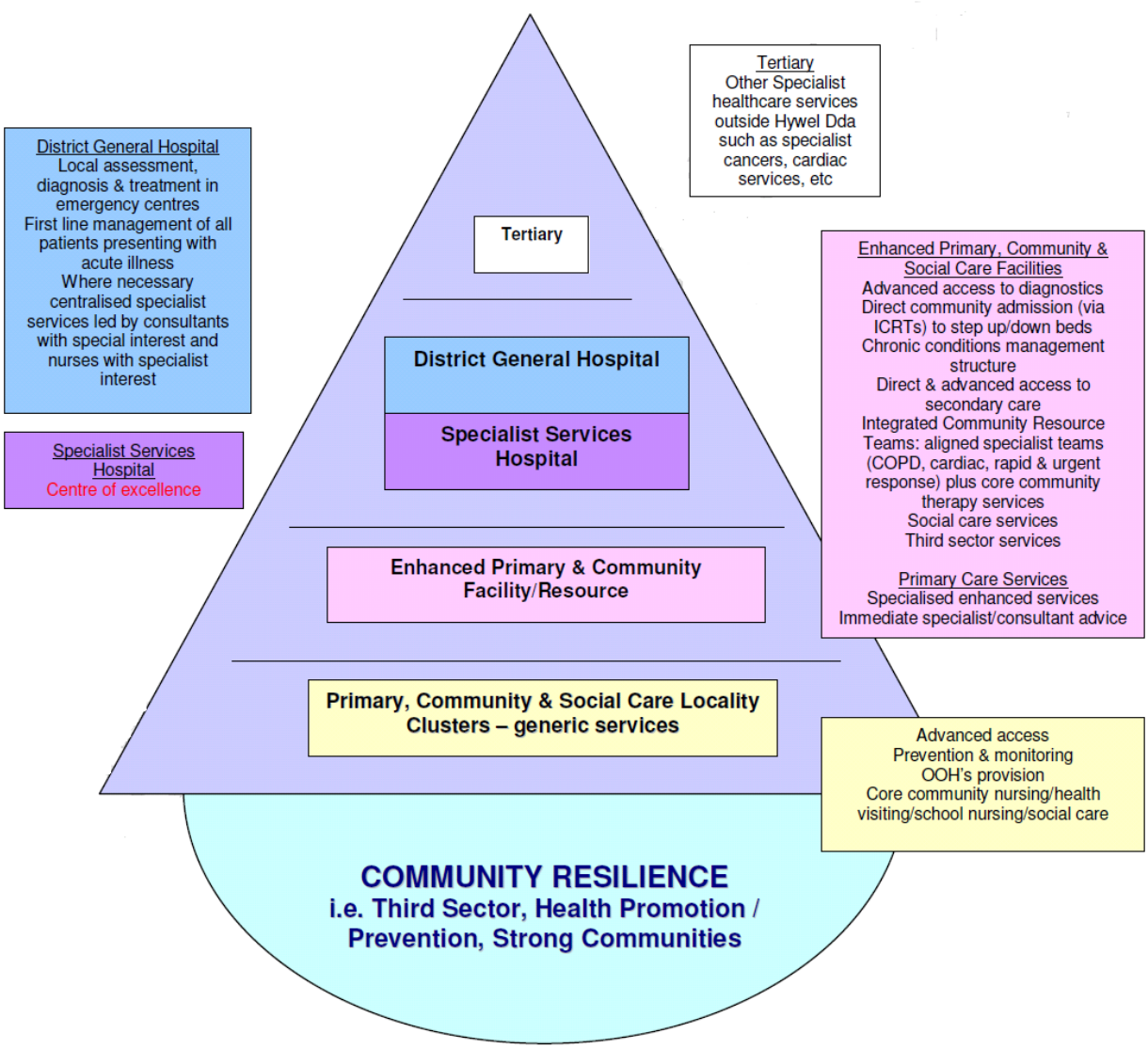
The whole idea of treating people at home further exacerbates the problems of loneliness, poor personal care, leading to the recent increase of pressure wounds where people are left in bed or in a chair for fourteen hours at a time, with no companionship which leads inevitably to dementia.

With the envisaged 5% year on year increase in the elderly population the pressure will soon reach bursting point if the solutions are not more innovative than the current "keep them in their homes all day" policy. This is being extended to include those people with dementia.

This report and therefore the 5 year policy does not address this wider issue but cannot afford to ignore it. Joint Budgets from Social Care and the Trust need to be established to ensure that their “Brave New World” can flourish within a living and vibrant Community.

The Urban Solution

> *“The essence of the plan will see a shift to primary, community and social care services away from secondary care, maximising patient independence, access and satisfaction with services. The ‘tiers’ of services can be illustrated as follows:”*



The aims are still laudable and could work for *Aberystwyth, Ammanford, Carmarthen and Haverfordwest* as long as the local hospitals are allowed to keep their basic services as they also have a large rural base which the plan works well with.

The same problems and concerns mentioned in the aforementioned “Rural Solution” still apply but are further aggravated by the failure to provide Services locally as stated.

The 60,000 people of Llanelli are to be severely disadvantaged and a further 40,000 in the local area could be disadvantaged. The area has a planned expansion of another 10,000 people as part of the Local Development Plan.

Already many services have been removed from Prince Philip Hospital to save money so that the plan can be implemented and transferred to Glangwili Hospital in Carmarthen.

These include Major Accident & Emergency downgraded to Minor Accident & Emergency, Emergency Surgery, Elective General Surgery, Gastrointestinal Cancer Surgery, Vascular Surgery, Major Urology, Emergency Endoscopy, reduction of ITU and HDU Beds, Histopathology, Post Mortems etc.

Hywel Dda Board has gone back on its 5 year plan and commitment to improve the Health Service for its population. The pledge that:

> *“We will not move any services until new services or facilities are in place and it is safe to do so”*

has been broken, as has the objective to convince people of the value of the change in service.

> *“Achieving a step change in care will require support from the Hywel Dda population, catchment and stakeholders which will be fundamental in delivering a balanced health system focused on care closer to home.”*

The public in Llanelli have not been consulted about the reduction in local services.

The failure of the 5 year plan for Llanelli is on many levels for the urban community, below are some examples that can be checked out are as follows:

1. Many Services have already been relocated to Glangwili Hospital without consultation.

    a. A considerable number of the services have already been transferred and this is causing a huge increase in travel which brings its own risks.

2. Average travel times by car will increase to 30 – 40 minutes for 60,000 and possibly for another 100,000 people although we await further details.

    a. This is a huge increase in the travel times and subsequent costs for people especially when the quality of the road infrastructure between Llanelli and Carmarthen (A484 and B4304) is vulnerable to disruption and not part of a national trunk network. New restrictions on A48 will also slow journey times to Carmarthen.

3. Travel times to Glangwili from Llanelli by public transport are at least two hours if you are not living in the centre of Llanelli and one and a half hours if you are.

    a. This is a major problem. There is no direct public transport between Llanelli and Glangwili Hospital. It should be understood that the journey could be by bus to Llanelli Bus or Train stations. The journey continues between Llanelli and Carmarthen Bus or Train Station where a further bus or taxi has to be taken to Glangwili hospital. The appointment or visit is made and a bus then has to be taken to Carmarthen Bus or Train Station, a bus or a train journey made back to Llanelli and a further bus ride home.

4. Major increase in Lost “Work Days”

    a. By whichever method of transport is available, what has in the past been a couple of hours out of the day to visit the hospital now extends to at least half and as can be seen sometimes a full day. The loss to business whether public or private will be huge.

5. Visiting by public transport becomes impossible.

    a. Where currently people from Llanelli can visit their family and friends in hospital twice a day, it is unlikely that this can continue where the travel to the patient is a 35 mile round trip.

6. Visiting by Car is at least a one to one and a half hour round trip.

    a. The increased time and costs will place an unsustainable burden on visitors who will be unable to visit. This will in turn have a knock on effect on the recovery speed of the patients due to lack of contact.

7. Taxis journeys are prohibitively expensive and beyond the reach of many.

    a. It is possible to take a taxi to Llanelli Hospital for people with mobility problems and this is affordable. The cost of two 17.5 mile taxi rides will be prohibitive. In this case will ambulances be provided?

8. Many elderly will need ambulances or third sector transport to get to Glangwili.

    a. The elderly will be particularly badly hit. They will need ambulances as methods of transport (unless the WRVS are employed). This will tie up our ambulances for at least one hour per journey where they cannot be on standby for emergencies. This is an unacceptable overhead and waste of scarce resource.

9. The plan states that Llanelli has a high level of deprivation and this relocation of services will hit the people who suffer most the hardest.

    a. It is the vulnerable who are hit the worst by this policy of service centralisation away from a centre of conurbation. How will they manage?

10. The extra car journeys alone will create a huge increase in carbon emissions per year.
    a. This solution is hardly “Green” which goes against Welsh Government principles on sustainability.

11. Increase in Ambulance journeys for the dead for their post mortems.

    a. The pathology department has been closed and all post mortems are to be centralised in Carmarthen. Again this is a waste of ambulanced time.

12. Increase in Ambulance journeys for people to be triaged.

    a. Many people are being forced to go to Carmarthen to be triaged and then being brought back to Llanelli Hospital. Again a large journey tying up valuable resource.

13. A large increase in Ambulance Journeys

    a. There will be a vast increase in ambulance usage (as previously mentioned) for a variety of reasons. This is a concern. Ambulances are already at a premium and this increase in usage will place great pressures on an already busy service.

14. The “Golden” Hour Lost.

    a. When Llanelli had its full complement of Hospital Services anyone living in Llanelli could be ensured that they would be in hospital within the so called “Golden Hour”. Although this is only a phrase the importance of speedy access to acute medical facilities has been lost.

15. Glangwili will need to expand prodigiously to take on the extra Services and population.

    a. With so much being transferred to Glangwili the infrastructure will itself need to be expanded. This is not only to take on the extra population needing services from Llanelli but also associated people from Ammanford and if the rumours are true the expectant women from Pembrokeshire. Llanelli women already attend as there is no Maternity Unit in Llanelli.

There are many other concerns including overcrowding already reported at Glangwili, the fact that paramedics are being told to take their accident patients to Glangwili and that patients are being discharged late at night with no transport provision.

These are some of the reasons that the people of Llanelli feel that the recent changes are to the detriment of their expectations and the regard they are held in.

Finally, we do not consider this proposal will go far enough in ensuring that service levels are improved in an area such as Llanelli.
Llanelli with it's high population and developed infrastructure sits well outside the definition of what could be delivered within a rural plan.

Historically, people in Llanelli have looked east when accessing goods or services not already available within their own town. In the main, residents are more comfortable in travelling to Swansea to access more complex, specialist services.

Consequently the plan does not in our opinion deliver on improving its service to a large proportion of the population that it serves.