

TIMING

SOSPPAN Claim:

Multi million pound expenditure had been committed before the 'consultation' even started

HEALTH BOARD Response:

We are unsure what SOSPPAN specifically refer to but if it relates to our major emergency capital schemes investment, this is driven by a significant need to modernise these emergency department facilities. This would have happened irrespective of consultation process.

SOSPPAN Claim:

Building work at Withybush, Bronglais and Glangwili was already well advanced whilst, in parallel, services and beds were being stripped out of Prince Philip Hospital.

HEALTH BOARD Response:

The Health Board has on numerous occasions been called upon to address the issue of services removed from Prince Philip Hospital by campaigners. Often the list of services presented as evidence is misleading. Many are provided at Prince Philip Hospital, some have never been provided from the hospital and others are provided to the local population through community services or other healthcare locations nearby.

For example, acute medicine (including cardiology) and orthopaedics are provided directly from Prince Philip Hospital. Indeed the hospital is the county's main provider of elective (planned) orthopaedic surgery. A full range of diagnostic, outpatient services and day and short stay surgery remain. Consultant led antenatal, paediatric, ophthalmology and ENT clinics are also available in the community of Llanelli.

Investments and new services have also been brought into the hospital, for example the world-class breast care centre; thrombolysis and stroke rehabilitation, and the repatriation of a dedicated rheumatology unit.

Building work to develop a new Renal Unit at Withybush; a new Front of House at Bronglais to develop much needed modernisation for the only hospital in Mid-Wales; and a Critical Care Unit and new Clinical Decisions Unit at Glangwili has been ongoing and is about individual hospital modernisation and this is not related to Prince Philip Hospital.

None of these builds are connected to or would have affected consultation outcome. We would not commit to hefty financial investments if they may no longer be needed or in the wrong location.

In parallel there has been significant investment in Prince Philip Hospital in the last five years. This has included:

- a state-of-the-art expansion to the Breast Care Unit, arguably one of the best facilities in the UK
- two new state of the art MRI and CT scanners the only Hywel Dda hospital to receive both and providing diagnostics only previously available at a University hospital
- a new Rheumatology Day Unit allowing Carmarthenshire patients to receive the treatment they need closer to home having needed to previously travel to Swansea or Bridgend
- o a rapid access lung cancer clinic
- an Atrial Fibrillation (AF) Clinic which is held up as a flagship model for the care of patients in the UK
- a state of the art centralised Hospital Sterilisation and Decontamination Unit and endoscope decontamination unit at a cost of £500,000 – only the 2nd in Wales.
- Potentially life changing research will be taking place at the Clinical Research Centre at the hospital, increasing the amount of research currently undertaken within the health board. The new facility has two research laboratories, a patients' waiting area, a clinical room where patients and research subjects can be seen in private and a clinical trials office for Research Nurses and Trial Coordinators

PROCEDURE

SOSPPAN Claim:

The distribution pattern of questionnaires was designed to marginalise the population of Llanelli and district by skewing the 'random' distribution and deliberately asking questions relating to specific local situations to a wide uninvolved population to dilute the impact of negative responses. The procedure involved distributing questionnaires 'randomly' across the COUNTY areas of Carmarthenshire, Pembrokeshire and Ceredigion

HEALTH BOARD Response:

The Health Board has used the expert services of Opinion Research Services (ORS) who are highly reputable and independent. We are satisfied the consultation was carried out in a professional way. The Health Board has been working with Consultation Institute to achieve compliance with best practice standards for consultation. The Institute has recently signed off the following aspects of the consultation process:

- Reviewing the documentation of the project plan
- Conducting a mid-consultation review

Conducting a closing date review
The Institute continues to monitor additional processes currently being completed.

SOSPPAN Claim:

This marginalised the major population centre of Llanelli which received only a tiny proportion of the questionnaires it would have received if the distribution was done in terms of hospital catchment populations. The resulting imbalance is clearly illustrated in the tabular analysis of the 'overwhelming' support for Option B shown on page 53 of the ORS report: the support is clearly from those in the Withybush, Bronglais and Glangwili catchment areas and the opposition is equally clearly from the Prince Philip catchment area but with a weighting which vastly diminishes the impact it deserves through the huge relative population affected. Questionnaires were distributed in every county.

HEALTH BOARD Response:

Llanelli was absolutely not marginalised and had the same opportunities to contribute as every other community.

High profile campaigns by both SOSPPAN and local media made the whole process of consultation very visible in Llanelli for a long period of time and we would not understand any claim that someone interested in contributing to the process could not access the documents to do so.

At every opportunity the Health Board, through local media, meetings and many more engagement processes repeated how every citizen could access the questionnaires and supporting documents, whether it be online, or phoning or writing to us for copies.

This was our most accessible document ever produced with numerous versions, including large print, easy read, youth friendly and Braille, as well as supporting questionnaires, in English and Welsh available free of charge. This document was distributed to all key stakeholders in hard copy by numerous methods and available at all public and staff events. It was also made available at every GP surgery in Llanelli, libraries and even the Llanelli Star office.

The fact that they petitioned for a full A and E was very well recognised and was considered by the board.

The health board has used the expert services of ORS who are highly reputable and independent. We are satisfied the consultation was carried out in a professional way.

EXCLUSION

SOSPPAN Claim:

The design of the questionnaire was such as to make the key issues unintelligible to a large section of the population.

HEALTH BOARD Response:

The health board has used the expert services of ORS who are highly reputable and independent. We are satisfied the consultation was carried out in a professional way. The Health Board strongly rejects these claims. We

made every effort to ensure that the questions asked represented the potential changes under consultation and worked with ORS to ensure that there were balanced.

Each question had an open comment box to allow responders to freely articulate their personal views on each of the themes raised within that question.

SOSPPAN Claim:

Many contributions from elected representatives were ignored: from AMs, our MP, and several local authorities.

HEALTH BOARD Response:

Once again, the Health Board would like to make it unequivocally clear – <u>all</u> consultation feedback was duly considered. No feedback was ignored.

SOSPPAN Claim:

The concerns of the CHC have been ignored.

HEALTH BOARD Response:

We do not recognise this claim. Hywel Dda CHC informed the Health Board on a number of occasions that they were satisfied with the consultation process. The Health Board is happy to consider any specific issues the CHC may have about the next steps and we are also working with them in the post consultation stage.

SOSPPAN Claim:

The overwhelmingly negative and hostile responses of their own 'focus groups' in the Prince Philip catchment area have been ignored.

HEALTH BOARD Response:

The Health Board would like to make it unequivocally clear – <u>all</u> consultation feedback was duly considered. No feedback was ignored. The Health Board took the feedback of clinicians very seriously and is working with them to design the clinical model. Their feedback was certainly not ignored.

SOSPPAN Claim:

The statement from their own clinicians at PPH that the proposed changes are 'unsafe' was not only ignored but was misrepresented by referring only to an earlier statement endorsing the plans at that time.

HEALTH BOARD Response:

The Health Board would like to make it unequivocally clear – <u>all</u> consultation feedback was duly considered. No feedback was ignored.

SOSPPAN Claim:

The largest petition in the history of the Welsh Government was ignored: 26000 signatures in a united public voice were not even granted the courtesy of acknowledgement, let alone respect.

HEALTH BOARD Response:

The Health Board's Chief Executive and Vice Chair attended the Welsh Government's Petitions Committee in July 2012 to discuss the petition at length. We do not understand how SOSPPAN continue to believe it was not acknowledged.

The Health Board would like to make it unequivocally clear – <u>all</u> consultation feedback was duly considered. No feedback was ignored.

This petition was not received during the consultation phase but was submitted during the listening and engagement phase of the process and the options put forward for consultation were changed as a result of this feedback. The consultation document also made it clear why the demands for a full A&E service with the necessary supporting services could not be delivered.

SOSPPAN Claim:

Votes of non-confidence from Llanelli Town Council, Llanelli Rural Council and Burry Port Community Council, representing over 55,000 people were ignored: again without even the courtesy of acknowledgement.

HEALTH BOARD Response:

The votes of no confidence were made five months before any formal proposals were put forward for public consultation at a time when the Health Board was engaging with the local population to ensure understanding of the case for change.

No formal proposals were in place at this time and in response the Health Board at the time clarified that this was not a consultation document but a discussion document designed for the purpose of openness and transparency. It shared our potential options in reshaping health services for the future and we were actively seeking feedback on the document.

During the launch of the formal consultation period the Health Board made it very clear that we had reflected on the concerns raised during the listening exercise and refined and shaped our proposals in light of what we heard so there concerns are not ignored.

SOSPPAN Claim:

Displays of opposition from all the Llanelli based Carmarthenshire County Councillors were ignored as were the concerns raised over the implications and feasibility of Primary Care being funded by the County Council before any hospital changes can be made.

HEALTH BOARD Response:

The Health Board would like to make it unequivocally clear – <u>all</u> consultation feedback was duly considered. No feedback was ignored. An Implementation Board will be set up to ensure that there are robust arrangements in place, and clinicians are satisfied, before any changes are made.

SAFETY

SOSPPAN Claim:

The implication that the public will be required to self-diagnose as to which hospital they should present themselves appears to be inherently unsafe and an abrogation of the Trust's responsibility, being contrary to the main reason for having a hospital altogether, which is to diagnose and treat patients.

HEALTH BOARD Response:

We have never said, nor implied, that anybody will be required to selfdiagnose and wholly reject this claim.

NHS Direct Wales is in place to ensure patients access the most suitable care they need – whether this be in the community via their pharmacist or GP as well as the hospital setting. The advice in any life threatening situation is to call 999 and inline with the Welsh Ambulance Service Trusts protocol they will be taken to the most appropriate hospital.

SOSPPAN Claim:

The question remains unanswered: 'If a nurse-delivered accident centre is a safe option for the large socially and economically deprived urban area served by Prince Philip Hospital, why is it not an equally safe option for any of the other Hospitals?'

HEALTH BOARD Response:

One proposal put forward for formal consultation was indeed to only have one full A&E department for Carmarthenshire, Ceredigion and Pembrokeshire. Prince Philip Hospital has not had emergency surgery, to deal with all emergency patients since 2007.

SOSPPAN Claim:

Why is it that no independent robust risk assessment has been offered to support the proposal to downgrade the accident provision at PPH?'

HEALTH BOARD Response:

The current arrangements are of highest risk to the health board and patients and this is recorded in the risk register. We are working with clinicians on a model which will still provide the large majority of emergency patient care in Prince Philip Hospital and to raise awareness of services which are available.

SOSPPAN Claim:

The proposals for change to the emergency provision at PPH have been denounced as 'unsafe' by all interested stakeholders from the clinicians at the hospital, patients, elected public representatives and the CHC.

HEALTH BOARD Response:

This is not the case. All interested stakeholders have not denounced the proposals as unsafe.

Following feedback during the consultation process the board agreed that the emergency and urgent care service in the Llanelli area will require new models of clinical care which will be implemented over the next two years.

These models will be based on the work of clinically led groups based in Prince Philip Hospital which will re-design the emergency services at the hospital.

These groups include representatives from primary care, psychiatry services (both community and secondary care), community care and patients and the work is being fully supported by the physicians in the hospital.

The Health Board has not officially been informed by the Hywel Dda CHC of their intentions to refer this decision and therefore it would be inappropriate to speculate at this time