

Petition P-06-1277: 'Save A&E. Withybush General Hospital must retain 24 hour, 7 days a week, Consultant Led urgent care'

Further evidence for petitions committee to consider on 11th July

Introduction and context

Our campaign is made up of community members concerned about how access to vital services will be impacted under HDUHB plans. We feel that our concerns are not being properly addressed but instead, are being dismissed. For example, the First Minister suggested we are against change:

‘Opportunities have come and gone in South West Wales because of people’s attachment to the status quo prevented them [HDUHB] from being willing to move forward with plans that would have resulted in major investment in those services.’ (FMQ March 1st)

And the Health Minister, in her contribution to the debate regarding our petition on Wednesday 29th June 2022, brushed our concerns under the carpet with her focus solely being upon the investment of new services coming to West Wales:

‘Let me tell you that West Wales has not been forgotten. If plans to develop a new hospital were to proceed, this would represent the largest public sector investment ever to happen in West Wales.’

The first consultation report regarding the proposals for change, undertaken for Hywel Dda University Health Board (HDUHB) in 2018, reported that:

‘A recent WAO Report into Primary Care in Wales presented a compelling case for change and suggested that there needed to be more publicity that change is going to happen whether people like it or not (CHC meeting)’. (p.10)

Of course we are not against modernisation or change, and we welcome investment within our region, although we do not know to which “Opportunities” the First Minister referred. However, we feel that there is a hidden cost to the proposed changes that is not currently being addressed or discussed seriously.

This additional evidence has been compiled with some help from volunteer researchers working with the newly launched campaign group ‘Our NHS: Born in Wales’, which has been set up by People’s Assembly Wales. However, we are still a community led, and based campaign group, and as such are having to negotiate complex policy and strategy documents and political processes within which we are not professionals or experts. This evidence document builds upon the briefing paper we have circulated to all MS’s and attached for the Petitions Committee reference.

Concern number 1: A lack of Co-production throughout the engagement process

Public engagement began in 2018 with the consultation 'our big NHS change'. We cannot find a copy of the original consultation document, but the findings report documents how people responded in relation to being presented with planned changes to community hub health services and a choice of proposal A, proposal B and proposal C in relation to hospital and emergency care health services. This style of consultation presents respondents with a multiple choice of 3 options that have already been decided by the Health Board. None of the 3 options included keeping Withybush hospital as a general hospital or for consultant led emergency care and all options included building a new urgent care hospital; with 2 proposals combining the new urgent care hospital with planned care. Respondents had no choice but to agree to a new hospital and the downgrading of Withybush or request 'an alternative' to be devised. This style of consultation does not account for nuances between populations and certainly does not allow for dissent from the proposals on offer. The Well-Being Future Generations Act 2015 states that statutory organisations, including health boards, should make decisions through co-production. According to the Care Council for Wales' paper 'Planning, commissioning and co-production: Getting in on the Act' 2017, Welsh Government describes co-production as:

'the concept of genuinely involving people and communities in the design and delivery of public services, appreciating their strengths and tailoring approaches accordingly... (it) is fundamentally about doing things 'with' rather than 'to' people .' (p.2)

The business case for a new hospital has now been published, 'A healthier Mid and West Wales: Our Future Generations Living Well- Programme Business Case' Jan. 2022 and an appraisal group that includes citizens from each county area deciding the site of a new hospital in preparation for changing health services across Pembrokeshire and Carmarthenshire (last meeting May 25th 2022). This appraisal group includes 11 citizens from Pembrokeshire.

Whilst the HDUHB consultation process was held up by the Health Minister to be 'exemplar' (plenary debate 29/6/2022); this consultation, and the subsequent engagement, was not co-production and, as evidenced below, the concerns originally raised within the 2018 consultation have not been addressed or discussed. Additionally, there has been no effort made to specifically involve the populations most affected by the proposed changes. It is not that HDUHB need to repeat the consultation; but more that they need to ask different questions in a completely different way. For example; people in Pembrokeshire and north east Carmarthenshire overwhelmingly rejected proposals A, B and C. The Health Board therefore needs to go back to those populations and ask them why and what would be preferable instead and develop further conversations, thereby undertaking co-production.

Concern 2: Selected interpretation of the evidence from the 2018 consultation

The interpretation of the results from the 2018, 'Our Big NHS Changes' appears to be selective. Firstly, whilst 1,300 people are estimated to have participated within focus groups and community drop in meetings the exact characteristics of participants was not recorded. This means there is no way of knowing their gender, age, protected characteristics and other vital identities regarding if they would be most affected by the proposed changes and there are no demographics reported within the findings. This means that people without access to a car, those on very low incomes, elderly and disabled people (ie those who are most likely to be affected by the proposals) are not having their opinions disaggregated from the wider population of respondents.

However, the report is clear regarding opinion to the different proposals. Whilst there was undeniable agreement for change from both residents and staff within the consultation report, agreement was not clear cut with regards to the actual proposals being made. The report states that

'59% of NHS employees agreed with the proposed services [for community hubs] to be provided at each community hub and 55% agreed with the proposed locations (i.e. 32% and 35% disagreed respectively).' (p.11)

However, the plans for community hubs were not well received from non- NHS employees. The report states:

'over half (51%) of other respondents to the open questionnaire disagreed with the proposed services and 53% disagreed with the proposed locations ... Feedback from the workshop surveys identified a relatively even balance between residents that agreed with the proposed locations (46%) and those who disagreed (41%).'

This was particularly the case for residents of Pembrokeshire, rather than Ceredigion and Carmarthenshire. This divide between populations was even more pronounced within the report in relation to the 3 proposals suggested for general hospital provision. Our researchers have studied the map provided and come to the conclusion that residents of each local authority area chose proposals that enabled them to have the *closest* general hospital provision; with the majority of residents in Pembrokeshire and north east Carmarthenshire requesting 'an alternative' to the 3 proposals; mainly because each option left them without straightforward access to a general hospital or urgent emergency care. (maps on p.16 of 'our big NHS changes' 2018).

Given these results, we question how the plans for a new hospital in the Narberth- St Clear's area have continued, because the 2018 consultation showed *no clear support for it* within Pembrokeshire. The nature of the consultation has pitched communities and local authority areas against each other, and continuing with pre-determined plans is ignoring Pembrokeshire's residents' clear opinion that there needed to be an alternative to the 3 proposals.

Concern 3: Confusing unclear information

The 2018 public consultation states that:

‘There was a general lack of clarity and understanding about the specific proposals for community hubs and hospitals. Many questions were raised about how the proposals differed from the existing situation...’ (p.11)

This confusion has continued through subsequent publicly available information and there is no clarity on what is and isn’t being proposed to us, in three main areas:

a. The status of A and E care services during transition to the new plans

The Health minister in her response to our petition on June 29th stated:

‘Let me make it absolutely clear that A&E will remain in Withybush until a new hospital is built. We’ve got a long, long way to go and lots of hoops to jump through before we get to that point.’

However, HDUHB FAQ’s website page states:

‘We are facing unprecedented pressures, including our response to the COVID-19 pandemic and the impact this has on our staffing and how we can deliver care safely. Our clinicians and managers will continue to make operational decisions and react to changing circumstances every day to ensure we can safely treat our patients. In this context absolute guarantees are very hard to make but it is our intention to keep the existing A&Es open ahead of the new hospital.’

Similar messages regarding “no guarantees” have been given in press releases and other information pages. Even prior to covid, during a Q&A session, HDUHB said it could give no guarantees A and E would remain at WGH during any transition period.

b. What is meant within the different levels of accident and emergency care

Different words and descriptions are used to describe the different levels of A and E care. For example, accident and emergency departments have 24/7 Consultant led urgent care. An urgent care centre only provides this for adults (the current status of Withybush hospital). The proposals vary with Withybush being described as becoming a “Hub” and now a community hospital and /or containing 24/7 GP-led urgent care centre dealing with minor injuries.

c. what is meant by minor injuries and where to take patients

The description for using minor injuries units are hard to understand as a non-medical, lay person since there is an inbuilt assumption of being able to tell what is a major or minor injury:

‘minor wounds, minor burns or scalds, insect bites, potential broken bones if not badly misshaped, minor head or face injuries, or foreign bodies in the nose or ear.’ (HDUHB website guidance for taking children to different tiers of emergency care and use of minor injuries clinics)

Additionally, different hospitals have different levels of minor injuries care and are open at different times and on different days. (<https://hduhb.nhs.wales/healthcare/hospitals-and-centres/minor-injuries-units/>). We are not clear on how the plans affect our access to these units.

Concern 4: Other background reasons for the planned changes

a. Financial problems

Prior to March 2020, HDUHB was within targeted intervention measures for a range of failing services. Since March 2020, the health Board has continued to be within enhanced monitoring arrangements; due to difficulties with financial control. There is therefore a question as to whether the decisions to implement the 'Healthier West and mid Wales' strategy is being made due to financial considerations rather than health need. Additionally, given the large sums needed to build new hospitals and improve services; there is also speculation as to the motivation for the plans. Of course we understand the need to provide cost effective services; but have concerns that financial difficulties have taken precedence over Pembrokeshire's population health need.

b. Recruitment

Difficulties in recruitment have been cited by both the Health Minister and HDUHB as one of the drivers for the proposed changes. The health Board's website does not contain particular jobs but rather "attraction" videos and information on working in the Hywel Dda UHB region. There are 6 consultants and speciality doctor posts advertised upon nhs.jobs.uk; half of which are permanent. However; there is a question that we have not yet had time to research, regarding what recruitment processes have been undertaken in the past and the fact that Withybush is highly likely to be an unpopular location for work given the level of uncertainty that has surrounded health services within the hospital for so long. This was cited in the 2018 report 'our Big NHS changes' in staff focus groups:

'people won't come to work here because there has been so much uncertainty around the hospital over recent years' (p.10)

Five years on, there is still uncertainty and flux, so it is highly likely to be hard to attract staff. Recruitment at Withybush did not seem to be such an issue prior to the plans being put forward, they were more of a concern at Glangwili.

We also wonder why it is hard to recruit to Pembrokeshire given the number of new residents in the county in post covid times.

We acknowledge that there is a recruitment crisis within the NHS in Wales with £12.8 million having been given back in underspend due to capacity issues and a significant care backlog (Auditor General for Wales 'Tackling the planned Care backlog in Wales May 2022) . However, the recruitment and planned care backlog crisis should not be grounds for making decisions regarding a population's access to emergency health services and the prolonged period of uncertainty regarding the regions health care is potentially a contributing factor to the recruitment problems being faced.

Concern 5: poor infrastructure and unequal access to urgent emergency care

In the 2018 consultation report, it is clearly stated that:

‘Less than a quarter of individual respondents to the consultation questionnaire agreed that the new hospital should be built at a location between Narberth and St Clears (23%). Two thirds of respondents disagreed (66%); and of these two thirds, over half (53%) strongly disagreed with a new hospital in this location.... This represents the highest levels of disagreement to any of the proposals from individual respondents, workshop residents and NHS staff.’

However, this proposal is the one that has been carried forward. One of the main reasons for this disagreement was accessibility to the sites and poor infrastructure. The problems regarding infrastructure were raised in the 2018 consultation and have not disappeared; regardless of the Health minister’s assertion that:

‘as someone who is based in St Davids with a 90-year-old mother, I know that I would rather travel an extra few miles to see an expert quicker than spending hours on end in A&E’.

Firstly, if an elderly mother needs A and E care they may still need to wait for treatment regardless of where the hospital is. Secondly, a few extra miles to receive specialist hospital treatment may be easy for a health minister on a decent salary with access to a car.

Our research on bus times is that it is two bus journeys, from different bus companies, to get from Fishguard to Narberth (the NEAREST of the 5 sites being proposed). The T5 from Fishguard to Haverfordwest takes 26 minutes which costs £2- £4 and goes every hour. The patient then needs to get on the 381 or 322 to Narberth, cost unknown, and takes 23 minutes and runs every 2 hours or 3 a day respectively. By train it could take a patient 1 hour and 40 minutes, at a cost of between £20 and £30. Without significant focus upon infrastructure the health minister’s claim of ‘state of the art services’ and ‘being happy to travel a few extra miles’ may well be true, but not for those who do not have access to a car or family that can drive them.

There have been a number of statistics cited by HDUHB regarding getting to the proposed A and E department of the new hospital:

‘Detailed analysis undertaken by the Welsh Ambulance Services NHS Trust (WAST) identified that by placing a new hospital in the identified location: 98% of 999 calls would be able to reach the hospital within an hour, 93% of the population would be within one hour of an A&E, by car; and 91% of the population would be within one hour of a planned inpatient care hospital by car.’

However the 98% figure is contradicted within HDUHB own “Accessibility Report”, which states:

‘The ambulance travel time analysis shows that 91%, 89% and 89% of incidents **may** be accessible by an ambulance within a one hour travel time from Whitland, Narberth and St Clears, respectively.’ (p. 11 of the Accessibility Report)

However, this places a huge pressure on an already stretched ambulance service which is well documented within WAST performance statistics. We were unable to find the statistics regarding the number of people who arrive at A and E by private transport compared to those who arrive by ambulance, but our feeling is that it will be a significant enough number to warrant calling into question HDUHB assertions regarding travel times. Additionally, their assessment of travel time does not include waiting times for ambulances and extra pressure that will be placed upon the ambulance service due to longer journeys. Lastly their assessment of 93 % of the population reaching A and E services by car is questionable given that RAC statistics state that only 82% of the Pembrokeshire population have access to a car (2011 census data, cited in RAC Foundation car ownership per local authority in England and Wales. no more recent statistics appear available). Additionally, the cost of living crisis is most affecting those on low incomes and having an impact upon people's ability to pay for fuel and transport, this was not a current issue and therefore was not accounted for in 2018.

We appreciate that the proposals include the assertion that pressure on A and E services will be reduced due to more effective preventative health measures and the role of community hub health care centres.

The 2018 consultation report states that issues of unequal access to community hub health care centres were raised by Pembrokeshire residents due to a lack of consideration of local locations in the rural area:

‘Respondents recurrently suggested a number of locations which they believed that the Health Board should consider providing additional hubs. Many of these additional locations were in Pembrokeshire, where there was greatest disagreement that the Health Board’s proposed locations would provide fair access to all local communities. They included Milford Haven/Neyland, Fishguard/Goodwick and Crymych. In addition, many respondents suggested that additional community hubs should be considered in both Llandysul and Lampeter’

Issues of accessibility are discussed within the 2018 report: ‘ Issues about access to the proposed location were raised at drop-in sessions, meetings and workshops, as well as in written submissions from some residents.’

In addition to general concerns regarding accessibility, there are certain pressure points within Pembrokeshire which exacerbate the accessibility and infrastructure issue:

- Population fluctuation due to tourism. In addition to 125,000 residents, the population increases by approximately 7 million tourists annually (“Visit Pembrokeshire” report 2017-2019). Residents and tourists alike are encouraged to partake in potentially hazardous sports: such as coasteering, climbing, riding, water sports, cycling and quad biking. Pembrokeshire hosts a number of national and international sports events, which bring 1000’s of extra cyclists onto our roads. whilst HDUHB have asserted that tourists do not use A and E services significantly; there is the consideration that some of them will need to use it sometimes and this level of additional population places further strain upon roads and transport systems.

- Farming population. Pembrokeshire is a farming county and “farming is amongst the most hazardous occupations...”(Safety and Health Practitioner report). “We know that farmers face a myriad of potential hazards, from contact with machinery and vehicles, chemicals, and livestock, to working at a height, and the demanding, solitary and relentless work associated with agriculture heightens farmers’ exposure to risk.”(‘Wales Farmer’ online). A and e services need to be easily accessible for those in dangerous agricultural jobs.
- Industrial and hazardous centres within the county. There is the Valero oil refinery, 2 gas terminals, MOD firing range and 2 ferry terminals. Three of these centres are classified as COMAH (Control of Major Accident Hazards) Tier 2 sites. Accepting that some very acute casualties may be flown out of county, an A and E within county is vital given the potential for accidents within the county. We are not convinced that the suggested plans for a major accident at the Valero plant are realistic or achievable particularly given the stretched nature of existing services.

Conclusions

We want modernisations and can understand the community model being proposed within Welsh Government’s ‘Healthier Wales’ strategy. However, with regards to acute services, centralisation cannot work due to the speed needed to reach appropriate medical intervention. Whilst the ‘Healthier Wales’ strategy suggests that there will be less demand for acute services once community based hubs and tiers are in place; this does not negate the problems we have outlined for those who need emergency, acute care. By their very nature, one cannot mitigate against unforeseen accidents and emergencies. Additionally, even the plans for the community hub health centres were not agreed to by the Pembrokeshire population according to the 2018 consultation. Even if the vision is that less people will need A and E; those who **do** need A and E will need to **access it**. There are undoubtedly large challenges facing HDUHB. However, the 2018 report states:

‘There were very low levels of agreement that any of the three proposed options would successfully meet the challenges.’

and we feel that the concerns we have outlined are being passed over due to over enthusiasm for the proposals, without due attention being paid to the difficulties they create, and a proper co production process to work these difficulties through. This petition, plus one of over 40,000+ signatures in 2018 to keep A&E, signifies clearly the public strength of feeling. We are also alarmed at suggestions that we are ‘attached to the status quo’ and that ‘It’s more of a historical thing for the people of Pembrokeshire’ (p.18 our Big NHS Change 2018). We are clearly concerned about our communities’ access to acute health services and it is patronising to suggest our concerns are ‘historical’ or ‘resistant’.

The following appendix offers examples of residents’ experiences of using Withybush and highlights the urgency of getting quickly to a hospital for acute care.

APPENDIX: RESIDENTS EXPERIENCES OF QUICK ACCESSING TO A AND E DUE TO WITHYBUSH HOSPITAL'S LOCATION

- "...a friend of mine would not be here now if we hadn't been in Hwest when she had a heart attack. Luckily I was able to get her to Withybush within minutes but even getting her to Narberth would have resulted in her death. There must be many, many stories like this." (Helen)

- "...my 17 year old son had a cardiac arrest playing rugby at Haverfordwest rugby club. His coach performed cpr we are blessed he brought him back. The ambulance and police arrived promptly. He was shocked 3 times in ambulance and rushed to Withybush where they worked tirelessly to stabilise my son. He eventually went to Morryston where he had a Defib fitted. Without Withybush my son would not be here today. He got married last year and last week had his first child. That is why we need Withybush... He wouldn't have made it to Glangwilli, or Whitland or St Clears." (Vivienne)

- "...without the full services that have been needed for my husband in Withybush Hospital, he would have died 2003 and many times afterwards.

At one point, whilst in A&E, having stabilized having gone through 27 mild and other full blown seizures one after the other in just over an hour, he was resting in A&E, when he opened his eyes and then immediately stopped breathing. Luckily I was with him and called staff who immediately resuscitated him by "zapping" him as they called it, after my exiting the A&E.

The problem we are now faced with is, if an Ambulance does not arrive fast when these seizures eventually break through, I cannot keep doing CPR as it is so strenuous, that as I get older, I in turn get less strong. If there is no complete hospital system in Withybush General Hospital, I do not think my husband would survive." (Audrey)

- "This is very sad and close to my heart... I have tried to take my own life several times. I've been close to it on more than 1 occasion. One particularly is when the heddlu found me and I had taken that much of a overdose that the ambulance came and had to resus me. They blue lighted me all the way to withybush from Lower town Fishguard and within half an hour they got my heart started and saved my life. If for example withybush is removed from our area, and I tried again to take my own life, ..., I don't honestly think I will survive next time if this precious life saving facility is gone. (There hopefully won't be a next time).

Another story is of my father. He's 76 and struggles walking, breathing. If it wasn't for withybush a&e, my father wouldn't be here today. Thank you withybush for saving my life and that of my father's." (Sarah)

- "I wouldn't be here today if it wasn't for the wonderful staff at withybush. I had meningitis and sepsis shock all organs shut down they said if I'd had to be transferred to Carmarthen I wouldn't of made it." (Sheila)

- "I have asthma which is severely complicated by chest infections. I have to make visits to A and E when this becomes severely compromising to receive emergency treatment. I'm not sure what the outcome would be if I had to travel further to receive alleviating life saving treatment.....and I don't wish to test it!" (Penny)

- "My father's life was saved when he was mauled on farm by a savage bull." (Katie)

- "A&E saved my life when I was crushed on the farm by a cow" (Jo)

- "Thanks to Withybush,,Hospital ,they saved my life,,after having,LegionnairesDisease, and other complications ,,good job Withybush,,was there ,,further to go I wouldn't of made it,,, thank you Staff of Withybush Hospital..." (Joan)

- "...my son made a full recovery after about 2 weeks and is a healthy 18 yr old today thanx to the staff at withybush hospital and if it wasnt for living within 8 miles to withybush hospital this would of been a complete different story as a delay in treatment while traveling to a hospital further away would of most likely meant my son would not be here today, if it wasnt for withybush hospital as it was that touch and go." (Donna)

- "Withybush Hospital A&E department saved my life, and my Dad's life, too. My Dad has had 3 heart attacks, and I was resuscitated due to Swine Flu and pneumonia. Here is a text I just sent him - "Have joined the Save Withybush group on Facebook, because if it weren't for the A&E dept there, I wouldn't be here writing this, and you wouldn't be there reading this." (Simon)

- "Withybush A&E saved my dad's life in February last year. He took a massive stroke but was given a clot-buster drug and walked out with no ill effects. My doctor friends in London were amazed, this would only have been offered at the major trauma centres and my dad would have died or been paralysed. We need to keep this vital local resource!" (Anne-Marie Thomas)

- "i know without A&E at withybush I wouldn't be here after having 3 strokes" (Jan)

- "My husband would have died on three occasions had he not been fast tracked through A and E at Withybush" (Gillie)

- "...but my son is only alive today because we had a fully supported A&E, including 24-hour paediatrics when he needed it." (Heather)

- "Wednesday evening my best friends son got rushed to A&E he's nearly 17....the quick actions of the A & E staff possibly saved his life or the other outcome would of been he would of ended up with life changing complications had he had to wait any longer for medical intervention" (Caroline)

- "Withybush has also helped save my daughter's life. She had a ruptured appendix and peritonitis when she was 5 years old (2 years ago). A GP had misdiagnosed her but I took her to A&E where a lovely doctor suspected appendicitis." (Donna)

- "Just wanted to say thank you to the staff working in withybush hospital. I was taking to A&E last week with blood clots to lungs. I spent the night in A&E had the loveliest male nurse John who looked after me throughout the night, Demetrius my doctor was fab explained what was happening to me and made it less scary." (Anji)

- "Just over 3 years ago on 3 January my son took me to Withybush A&E. I was in septic shock and suffering from severe pneumonia. Within 30 mins I was receiving treatment which saved my life. Glangwilli is an hour away. I would not have survived if I had had to go to glangwilli. I owe my life to the kind and caring staff at Withybush." (Moir)

- *"Withybush A&E team doctors nurses receptionists I give you my utmost respect
You have been so busy today but still found time to treat people with the care they deserve
We could not survive without these people
Thank you" (Christine)*

"OUR LIVES MATTER"