

GIG  
CYMRU  
NHS  
WALES

Bwrdd Iechyd  
Cwm Taf  
Health Board

Your ref/eich

cyf:

Our ref/ein

AW/KB

cyf:

Date/Dyddiad:

14 February 2013

Tel/ffôn:

01443 744803

Fax/ffacs:

01443 744889

Email/ebost:

Allison.Williams4@wales.nhs.uk

Dept/adran:

Chair & Chief Executive

Mr William Powell AM  
Chair  
Petitions Committee  
National Assembly for Wales  
Cardiff Bay  
Cardiff  
CF99 1NA

Dear Mr Powell,

### **Petition – Royal Glamorgan Hospital**

I refer to your letter dated 6<sup>th</sup> February regarding the above.

This petition relates to the South Wales Programme process, in which Cwm Taf Health Board is working with the other health boards in South Wales – Abertawe Bro Morgannwg, Aneurin Bevan, Cardiff and Vale and Powys – to look at the future of four specialist hospital services, consultant-led emergency care, inpatient paediatrics, obstetrics and level two and three neonatal care.

The South Wales Programme has been clinically-led. In a series of discussions last year, more than 300 clinicians considered the issues facing these four services, in particular ensuring patients receive the same high quality care around the clock and meeting the challenges in medical recruitment. They concluded these services should be concentrated on four or five hospital sites across South Wales.

The five health boards engaged extensively between September and December on the ideas put forward by our clinicians and on the possible location of these hospital services.

The potential for changes to these four specialist services at the Royal Glamorgan Hospital was part of this extensive engagement exercise that concluded on 19<sup>th</sup> December 2012. I attach a copy of the summary of the engagement process for your information together with a leaflet that was used as part of the process.

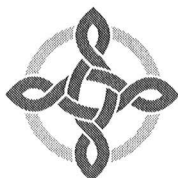
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#### **Return Address:**

Ynysmeurig House, Navigation Park, Abercynon, CF45 4SN

Chair/Cadeirydd: Dr C D V Jones, CBE

Chief Executive/Prif Weithredydd: Mrs Allison Williams



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All the engagement responses have been published by the health boards and are available in full on our website [www.cwmtafwb.wales.nhs.uk/southwales](http://www.cwmtafwb.wales.nhs.uk/southwales). Hopefully this will assure you that the engagement has been comprehensive and that there are options being considered that could result in the enhancement of services at the Royal Glamorgan Hospital.

I am somewhat disappointed that this petition has been lodged as we are in the middle of a very open dialogue about what the future might hold. Whatever the outcome, we are very clear that there is a positive future for this hospital serving its community. That said, we also understand that change is difficult and the issues are complex.

The output of the engagement process will inform the development of proposals for consultation – this process will again be led by our clinicians and will take into account the results from the engagement process. There will be a formal public consultation commencing later in the spring with a final decision late summer.

Please be assured that we will continue our discussions with the community and provide what reassurances we can.

Yours sincerely

**Mrs Allison Williams**  
**Chief Executive/Prif Weithredydd**  
**Cwm Taf Health Board/ Bwrdd Iechyd Cwm Taf**

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Cwm Taf Health Board is the operational name of Cwm Taf Local Health Board/Bwrdd Iechyd Cwm Taf yw enw gweithredol Bwrdd Iechyd Lleol Cwm Taf



# South Wales Programme—an update

The five health boards in South Wales—Abertawe Bro Morgannwg, Aneurin Bevan, Cardiff and Vale, Cwm Taf and Powys—have been talking to NHS staff, the public and stakeholders about a series of ideas put forward by our clinicians about the future of a range of specialist hospital services: consultant-led inpatient paediatrics, neonatal care, obstetrics and A&E care.

These ideas have been put forward in response to the challenges facing these services, including ensuring we have the highly-skilled and trained clinicians we need to provide care to the sickest and most seriously-injured patients at all times. This will ensure that the small number of patients who need this specialist care are able to receive it, wherever they live, when they need it.

The ideas put forward by our clinicians include concentrating this expertise on fewer hospital sites—four or five—across South Wales. The 12-week engagement to debate these ideas finished on December 19.

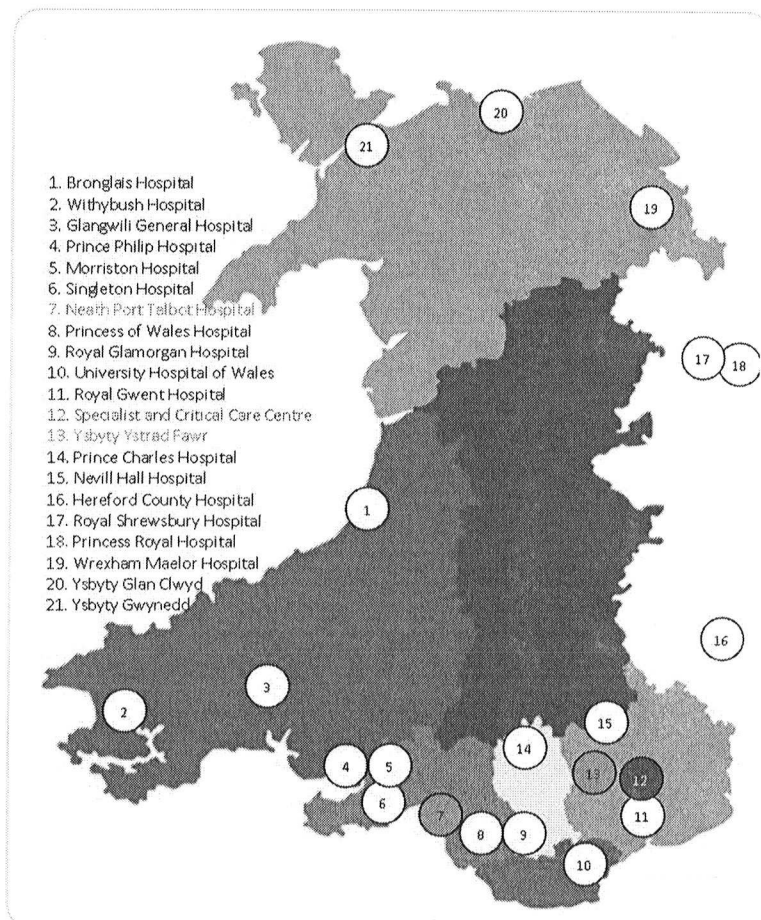
Each of the health boards held an extensive range of events to discuss the South Wales Programme with NHS staff and the public and received a wide range of responses, the majority of which supported the need for change.

The formal written responses included:

- Hundreds of letters and emails
- A number of petitions in support of retaining services at certain hospitals, signed by thousands of people
- More than 1,220 questionnaire responses received by ORS.

All these responses have been analysed, together with verbal feedback and comments in engagement events, and will help the health boards prepare for a formal public consultation later this year. The responses, which have been published online, have also been discussed by clinicians across South Wales, at a conference on February 1.

You can view the engagement responses and emerging themes on your health board's website.





A number of prominent and common themes have emerged from both the engagement events and the written responses the five health boards received between September and December. These include:

- **Access, ambulance and public transport** – Concerns about accessibility, travel times and the ability of the ambulances to respond to patients in an emergency; the need to ensure timely emergency and non-emergency transport; a widespread feeling ambulance and public transport services need to improve;
- **Deprivation**—will the impact of service changes be greatest on people living in deprived communities?
- **Medical staffing and training** – Are there other options, which could be explored to overcome the current and predicted difficulties?
- The importance of **primary and community-based care**
- **Sustainability**—will the new model for specialist hospital services be sustainable in the long term?
- **When** will change happen?

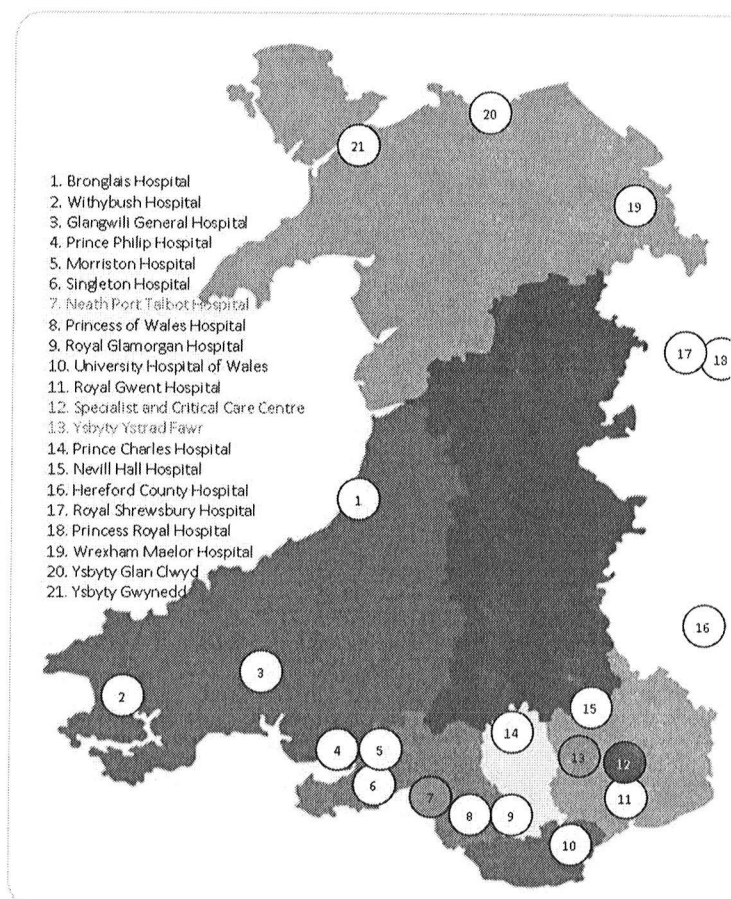
More than 1,200 ORS questionnaires were returned during the 12-week engagement period. The results show a majority - 55% - of respondents either strongly agreed or tended to agree with the ideas for the future pattern of the specialist hospital services put forward by the South Wales Programme; 16% said they tended to disagree and 18% said they strongly disagreed.

A lot of detailed and intense work is now being undertaken by the health boards as part of the South Wales Programme to prepare for a formal public consultation, which is likely to be held later in the Spring.

This includes work underway by the South Wales Programme team, which involves the Welsh Ambulance Service, to develop the clinical service models further for the specialist services—obstetrics, paediatrics, A&E and neonatal care. The health boards are also working on what services could be available from those hospitals which may not be specialist centres in the future.

Clinical reference groups, made up of experts in each of the specialist services under consideration have also been set up to help with this detailed service planning work collaboratively across the five health boards.

The health boards will continue to update the public and NHS staff as more work is completed.



# Emerging themes from South Wales Programme engagement events September-December 2012

A summary of the main themes from South Wales Programme engagement events and written responses to Abertawe Bro Morgannwg, Aneurin Bevan, Cardiff and Vale, Cwm Taf and Powys health boards

## Emerging themes from South Wales Programme engagement events September-December 2012

January 2013

<b>EMERGING THEME</b>	<b>IDENTIFIED IN EVENTS RUN BY:</b>
<p><b>TRANSPORT</b></p> <ul style="list-style-type: none"> <li>• Concern the public transport infrastructure is not sufficient for the proposed new service model (for example, will road networks be upgraded to allow faster travel to specialist centres?)</li> <li>• Travel costs</li> <li>• Concerns about impact of adverse weather on some main routes</li> <li>• Role for a Park and Ride scheme between hospital sites?</li> <li>• Concerns about longer distances/travel times to access specialist services and to visit relatives/loved ones</li> </ul>	<p>Abertawe Bro Morgannwg UHB; Aneurin Bevan Health Board; Cardiff and Vale UHB; Cwm Taf Health Board; Powys Teaching Health Board</p>
<p><b>AMBULANCE SERVICE</b></p> <ul style="list-style-type: none"> <li>• Emergency transport is critical to success of plans but widespread concerns about current ambulance response times and ability to cope in the future (many personal experiences of long waiting times were raised in engagement events)</li> <li>• WAST must be an equal partner in the plans</li> <li>• Will additional investment in the ambulance service be required to cope with these service changes?</li> <li>• Importance of skilled staff for emergency transport</li> <li>• Air Ambulance – should central funding be made available for a properly-resourced and coordinated helicopter retrieval system across Wales?</li> </ul>	<p>Abertawe Bro Morgannwg UHB; Aneurin Bevan Health Board; Cardiff and Vale UHB; Cwm Taf Health Board; Powys Teaching Health Board</p>
<p><b>ACCESS TO SERVICES</b></p> <ul style="list-style-type: none"> <li>• Need to explain what services will be available on which hospital sites in the future</li> <li>• Concerns about the impact on UHW and access to possibly displaced local services for Cardiff and Vale of Glamorgan populations</li> <li>• Changing demographics and housing plans need to be taken into account</li> </ul>	<p>Abertawe Bro Morgannwg UHB; Aneurin Bevan Health Board; Cardiff and Vale UHB; Cwm Taf Health Board; Powys Teaching Health Board</p>

## Emerging themes from South Wales Programme engagement events September-December 2012

January 2013

<b>EMERGING THEME</b>	<b>IDENTIFIED IN EVENTS RUN BY:</b>
<p><b>ACCESS TO SERVICES continued</b></p> <ul style="list-style-type: none"> <li>• Are there patient safety issues as a result of travelling further?</li> <li>• Concerns in ABMU events about impact on A&amp;E at Morriston Hospital and access to trauma services</li> <li>• Concerns raised in ABM events about access to key services if Princess of Wales Hospital, Bridgend is not a specialist centre</li> <li>• Residential and other support required for families who have to travel further to see relatives receiving specialist care, especially paediatrics/neonates</li> <li>• Need to improve parking at hospitals, including more blue badge parking</li> </ul>	<p>Abertawe Bro Morgannwg UHB; Aneurin Bevan Health Board; Cardiff and Vale UHB; Cwm Taf Health Board; Powys Teaching Health Board</p>
<p><b>DEPRIVATION</b></p> <ul style="list-style-type: none"> <li>• Will the impact of service change be greatest on people living in deprived communities?</li> <li>• Health needs are greater in areas of deprivation and the ongoing economic crisis, coupled with coming welfare reforms are likely to increase dependency on health services</li> </ul>	<p>Cardiff and Vale UHB; Cwm Taf Health Board</p>
<p><b>CONFIGURATION OF SERVICES</b></p> <ul style="list-style-type: none"> <li>• Preferences for particular hospital configurations have been expressed: Cwm Taf residents prefer a model including Prince Charles Hospital and Royal Glamorgan Hospital; Powys residents said Prince Charles Hospital needs to be one of the specialist centres; ABMU events highlighted preference for a model including Princess of Wales Hospital and Prince Charles Hospital.</li> <li>• Feedback from Aneurin Bevan events supports a three-centre model for neonatal intensive care.</li> <li>• Concern the proposed Specialist and Critical Care Centre will not be commissioned until 2018 (subject to Welsh Government approval and support) – what will happen to fragile services in the interim; can current service models be sustained, and if not will interim solutions be acceptable to the population. What plans are in place, should the SCCC fail to materialise?</li> </ul>	<p>Cwm Taf Health Board; Powys Teaching Health Board; Abertawe Bro Morgannwg UHB; Aneurin Bevan Health Board</p>

## Emerging themes from South Wales Programme engagement events September-December 2012

January 2013

<b>EMERGING THEME</b>	<b>IDENTIFIED IN EVENTS RUN BY</b>
<p><b>WORKFORCE ISSUES (inc TRAINING)</b></p> <ul style="list-style-type: none"> <li>• Will these changes to services resolve training/staffing issues?</li> <li>• Why not attract/train more medical staff rather than reconfiguring services?</li> <li>• Is it realistic to assume that staff will be willing to move with services?</li> <li>• Will these changes affect recruitment to non-specialist hospitals?</li> <li>• More doctors need to be available at night, including home visits</li> <li>• Medical and specialist training needs to improve</li> <li>• Why aren't doctors required to work where they are trained?</li> <li>• Shortages of GPs and community-based staff, not just hospital-based ones</li> <li>• Other staff groups in NHS are experiencing shortages, not just doctors</li> </ul>	<p>Abertawe Bro Morgannwg UHB; Cardiff and Vale UHB; Cwm Taf Health Board; Powys Teaching Health Board</p>
<p><b>PRIMARY &amp; COMMUNITY CARE</b></p> <ul style="list-style-type: none"> <li>• Will the proposed changes only work if primary and community care infrastructure is in place?</li> <li>• More services should be provided locally or elements of service eg pre and post-operative assessments to prevent the need to travel (particular concern in Powys)</li> <li>• Concerns about access to GP services at present and knock-on effect on A&amp;E</li> <li>• Need to invest in community, primary care and voluntary sector services</li> </ul>	<p>Abertawe Bro Morgannwg UHB; Aneurin Bevan Health Board; Cardiff and Vale UHB; Cwm Taf Health Board; Powys Teaching Health Board</p>
<p><b>REPATRIATION</b></p> <ul style="list-style-type: none"> <li>• Patient repatriation pathways need to be strengthened to ensure patients treated in hospitals outside their area can return home or to a hospital closer to home as quickly as clinically appropriate</li> </ul>	<p>Aneurin Bevan Health Board; Abertawe Bro Morgannwg UHB; Cardiff and Vale UHB; Powys Teaching Health Board</p>
<p><b>FINANCE</b></p> <ul style="list-style-type: none"> <li>• Are these plans being driven by the need to make savings?</li> <li>• If proposed service model costs more, where will that money come from?</li> </ul>	<p>Abertawe Bro Morgannwg UHB; Cardiff and Vale UHB; Cwm Taf Health Board</p>



## Emerging themes from South Wales Programme engagement events September-December 2012

January 2013

<b>EMERGING THEME</b>	<b>IDENTIFIED IN EVENTS RUN BY:</b>
<b>SUSTAINABILITY</b> <ul style="list-style-type: none"> <li>• Is the proposed service model sustainable?</li> <li>• How sustainable are the non-specialist sites?</li> </ul>	Cardiff and Vale UHB; Cwm Taf Health Board
<b>TIMESCALE</b> <ul style="list-style-type: none"> <li>• When will change take place/what's the timescale?</li> <li>• What's the point of engaging – a decision has already been made</li> </ul>	Abertawe Bro Morgannwg UHB; Cardiff and Vale UHB; Cwm Taf Health Board
<b>MATERNITY SERVICES</b> <ul style="list-style-type: none"> <li>• Women must continue to have choice about where to give birth, including midwife-led units and home births</li> <li>• Strong support for a specialist centre for medically assisted deliveries</li> </ul>	Abertawe Bro Morgannwg UHB; Aneurin Bevan Health Board

## Matching the Best in the World—Challenges Facing Hospital Services in South Wales

Patients in South Wales deserve to have access to the best healthcare. But the way some specialist hospital services are currently organised means patients are not always getting the best possible or highest quality care or enjoying the best results.

This means we can no longer carry on as we are—we have to change the way some specialist hospital services are provided if patients are to get the best care all of the time.

Most hospital care is provided during the working day, Monday to Friday, and, generally speaking, outcomes are very good. But there is some evidence to suggest quality of care and outcomes can vary at night and at weekends.

We want patients to have access to the same standard of quality care wherever they live and whatever day of the week it is—we want you to have access to consultant-led care around the clock and the best possible outcomes all of the time.

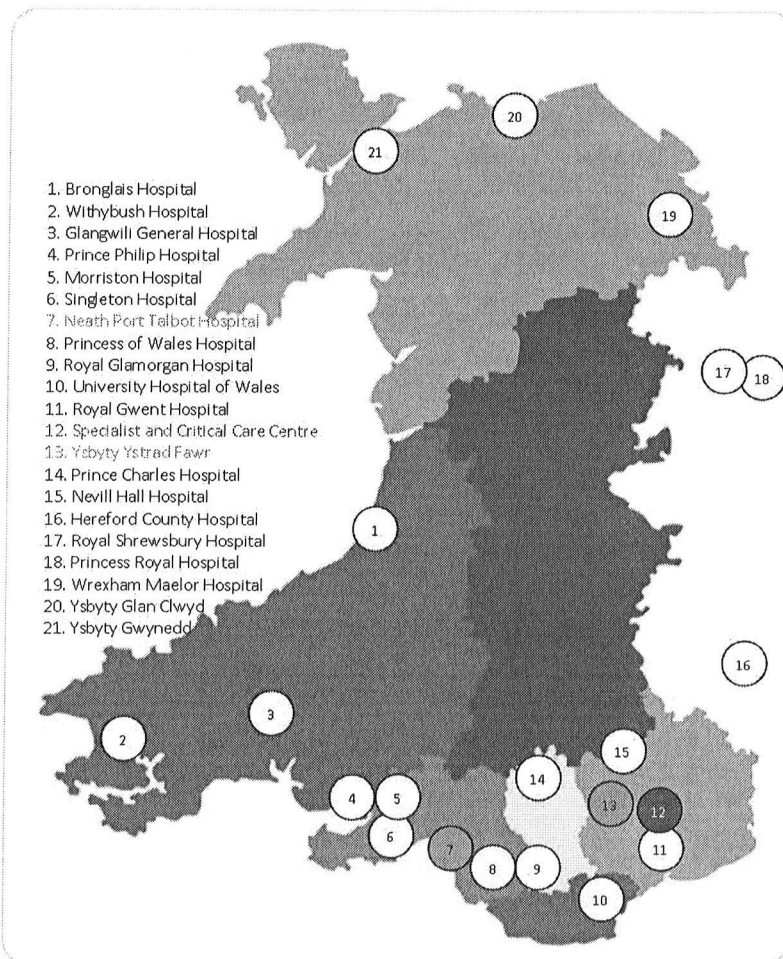
Wales, like the rest of the UK, is struggling with a shortage of doctors in some key services. Some of these problems are longstanding and are difficult to solve because of the way our hospital services are organised.

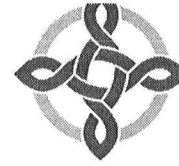
Changes in the way doctors and other healthcare professionals are trained have also had an impact on the availability of key staff and on patient outcomes.

We are now facing the prospect that there may not be enough doctors with the right specialist skills available to treat patients. We cannot allow such a situation to develop.

The NHS has already had to take emergency action to make urgent changes to services because of a shortage of medical and clinical staff—in the most recent case, emergency medical care has been stopped at Neath Port Talbot Hospital.

We want to create stable, safe and sustainable health services, which care for patients today, train tomorrow's healthcare staff, including doctors, and meet the future needs of people living in South Wales.





## What can we do to make services stable, safe and sustainable?

Our doctors, nurses, midwives, therapists and managers have been discussing how the NHS responds to these recruitment and financial problems at the same time as improving the quality and standard of care across South Wales.

More than 300 clinicians have met regularly at a series of clinical summits and conferences since the start of 2012. They believe some specialist hospital services need to be concentrated on fewer sites if we are to ensure everyone has the best care and the best possible outcomes, whatever time of day or day of the year.

They believe access to 24/7 consultant-led accident and emergency care, paediatric and neonatal and obstetric services is critical to ensure patients get the best quality care. They also believe these services should be concentrated on either four or five hospital sites in South Wales.

We have further work to do to test whether the same range of services would be available on both the four and five-hospital site models. **Any changes to these specialist hospital services will only affect a small proportion of patients — the sickest and most seriously injured — the majority of people will continue to receive care in their local hospital.**

## What could this look like?

The possible scenarios for concentrating 24/7 consultant-led paediatrics, obstetrics, neonatal and A&E care on four or five hospital sites are:

Scenario 4.1	Scenario 4.2	Scenario 4.3
UHW/University Hospital Llandough	UHW/University Hospital Llandough	UHW/University Hospital Llandough
SCCC *	SCCC *	SCCC *
Morrison Hospital	Morrison Hospital	Morrison Hospital
Prince Charles Hospital	Princess of Wales Hospital	Royal Glamorgan Hospital
Scenario 5.1	Scenario 5.2	Scenario 5.3
UHW/University Hospital Llandough	UHW/University Hospital Llandough	UHW/University Hospital Llandough
SCCC *	SCCC *	SCCC *
Morrison Hospital	Morrison Hospital	Morrison Hospital
Prince Charles Hospital	Prince Charles Hospital	Princess of Wales Hospital
Princess of Wales Hospital	Royal Glamorgan Hospital	Royal Glamorgan Hospital

\*The Specialist and Critical Care Centre (SCCC) is planned near Cwmbran to replace specialist services at Royal Gwent and Nevill Hall hospitals

**No decisions have yet been made. We want to know what you think about the issues facing the NHS and the possible scenarios for concentrating 24/7 consultant-led care in South Wales.**

✉ South Wales Programme, Cwm Taf Health Board, Ynysmeurig House, Abercynon, CF45 4SN

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🐦 @CwmTaf #NHSSWP

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