



Cyngor Iechyd Cymuned Maldwyn
Tŷ Ladywell
Y Drenewydd
Powys
SY16 1JB

Montgomeryshire Community Health Council
Ladywell House
Newtown
Powys
SY16 1JB

SIR DREFALDWYN | MONTGOMERYSHIRE

JDA/EL

P-03-318

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

Dear William,

P-03-318
CROSS BORDER MATERNITY SERVICES

1. Thank you for your letter dated 29th June 2011 concerning the petition received by your committee.
2. Your letter was discussed by Montgomery Community Health Council at its council meeting held on 14th September. As you may be aware the Community Health Council (CHC) played a significant role in the public consultation undertaken by the Shropshire and Telford NHS Trust. At the CHC's previous council meeting held on 2nd March 2011, the CHC's then Chief Officer reported concerning the three public meetings held in Montgomeryshire. A copy of the relevant minute is attached for your information. The minute advises it appeared that there was little or no support in Montgomeryshire (presumably from those who had attended the public meetings) for the changes proposed by the Trust. Concerns were expressed strongly about the changes being promoted in respect of obstetric and paediatric services. Your committee will wish to note that members of the public had voiced their desire not to have to travel to Telford or Wrexham. I hope the committee will

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William Powell AM

20 September 2011

recognise the well established west to east flow from Montgomeryshire to hospital services in Shrewsbury. This is the case both for individuals using private and public transport. Journey times, particularly for ambulance vehicles in an emergency, are shorter to Shrewsbury than to Wrexham and clearly shorter to Shrewsbury than to Telford.

3. John Howard, Chief Officer, Montgomeryshire CHC wrote on 10th March 2011 to the Shropshire Primary Care Trust setting out the response of Montgomeryshire CHC to the proposals. The conclusion of the CHC was and remains that it does not agree that the proposed movement of the obstetric and paediatric services to Telford is in the interests of patients living in mid-Wales. The CHC considered that health care in the areas of mid-Wales would be put at greater risk as a consequence of the proposed transfer of services to Telford from Shrewsbury. For ease of reference a copy of Mr Howard's letter is enclosed. From his letter, your committee will note that the CHC seeks a "better mechanism for open involvement recognising that there is, currently, a dependence upon safe services being available at Shrewsbury Hospital".

4. I am sure that your committee will wish to take many matters into consideration in relation to the petition presented to you. In our view, there remains a requirement for a continuing dialogue and engagement concerning the proposed service changes. This dialogue may need to take place at a number of levels, not least at the governmental level, as well as that involving the public and patients.

5. I trust that the foregoing will assist your committee. If you require further information please let me know

Yours sincerely

A handwritten signature in black ink that reads "David" with a stylized flourish at the end.

J David Adams
Interim Chief Officer

Encs.

4.

RESTRUCTURING OF SERVICES IN SHROPSHIRE

The chief officer reported that three public meetings had now been held in Montgomeryshire, attended by 150 people in Llanidloes, 250 in Welshpool and 350 in Newtown. Representatives from SaTH gave presentations at these meetings and explained what changes were proposed and why these changes were thought to be necessary. It appeared that there was little or no support in Montgomeryshire for these changes, concern was strongly expressed about Maternity and Services for Children. The public would not wish to have to travel to Telford or even Wrexham. Representatives including the Chief Executive from Powys teaching Health Board attended the meetings. The CHC were agreed that the meetings were very informative.

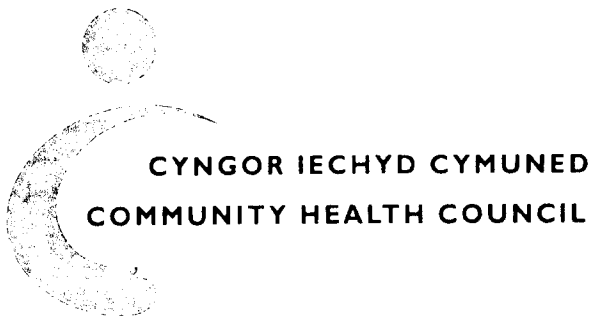
The chief officer said that it was difficult to gauge the stance of the Welsh Assembly and Powys Health Board on the restructuring proposals. The CHC and the general public they represent would not wish to lose any services from Shrewsbury and there was concern that the service may be poorer due to access issues if moved to Telford. Health services should be in the best place for patients to access. He added that services were of the best clinical quality at Telford but the additional travel time still gave cause for concern.

Members said that these issues had been under discussion for four years, their main concerns were emergency maternity and children's services, if there was no capacity for Welsh children at Wrexham where would they have to travel to then?

Adrian Osborne said that Adam Cairns was concerned about travel times and wanted the whole journey to be as quick as possible.

The chief officer said that services in Wrexham and Bronllys were to be maintained.

Mr Osborne informed members that the Trust would continue to meet representatives of other organisations concerned to discuss the ongoing debate. Plans were being made for a cross border rural symposium possibly in June, it was hoped to maintain as many rural services as possible.



**CYNGOR IECHYD CYMUNED
COMMUNITY HEALTH COUNCIL**

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SHREWSBURY | MONTGOMERYSHIRE

10th March 2011

Reconfiguration of Hospital Services
Oak Lodge
William Farr House
Shropshire County PCT
Mytton Oak Road
Shrewsbury
SY3 8XL

Dear Sirs

Public Consultation – Keeping Hospital Services in Shropshire, Telford and Wrekin

Montgomeryshire Community Health Council has statutory rights to represent the views of local people within the NHS. Consequently, we write in response to the public consultation document “Keeping it in County” on behalf of the 60,000 residents in Mid Wales that use services in the Shrewsbury and Telford Hospital NHS Trust.

There are over 20,000 individual appointment/treatments of Welsh residents at an annual cost of £21m. Between 700 and 800 people attended the public meetings in Mid Wales and there was no indication of support for the proposals whatsoever.

The CHC would like to congratulate the producers of the consultation document for its clarity and straightforward style. It is an easy document to read.

The CHC recognises the difficulties faced in Shropshire and the desire to minimise the drift of services into the West Midlands conurbation with its better resourced hospital network. The title of the document and its focus on Shropshire’s needs fails, in our view, to recognise the established historic link with Mid Wales.

The coming together of the Princess Royal and Royal Shrewsbury Hospitals was supported by the people of Mid Wales as it created a more sustainable product. We did ask that consideration be given to recognition of the contribution Mid Wales made to the new unified Hospital; this seems to have been ignored.

We are not convinced that these new proposals will strengthen the case to retain services in Shropshire as we see that, the more specialist services become, the greater the catchment area needed to support that service, both in numbers and financial terms. We already see patients being turned away from the Royal

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Shrewsbury Hospital in ambulances, being directed to Stoke or Wolverhampton, with no hope of achieving the time target for cardiac care. Such decisions have been made without consultation or information.

With the proposed changes in NHS England and the abolition of PCTs we cannot see Shropshire's hospital health economy growing and, by taking decisions that make Mid Wales review its commissioning, further compound the issue.

We are pleased that you have considered the clinical implications and propose that a better outcome should be available by creating single units. We would suggest, however, that patients have to arrive in a saveable condition before your excellent clinicians can perform their miracles. Extending access, distance and time could be fatal.

During the course of the public meetings, there was a focus primarily on obstetric and paediatric issues, with very vocal concerns about the extended travel distance to Telford. There was a general opinion that these services would be a higher risk than the current ones.

An option that has been suggested is that the midwifery unit at RSH could be transferred to another building in Shrewsbury (8 bedroomed detached buildings with ½ acre of land are available for £700,000) and that vacated unit be developed/transformed to accommodate the specialist maternity unit.

There is a view that, should an unexpected incident arise during a low risk birth, a travel time of up to 90 minutes may be problematical. Llanidloes is some 60 miles from Telford and has a journey time of 90 minutes. The statement in the Assurance Panel Report that the maternity pathway appears to offer better outcomes for a greater number of the population fails to continue with potentially worse outcomes for others. On neonates, to improve benefit for those reaching the consultant unit within 20 minutes, which seems to exclude most of rural Shropshire let alone all of Mid Wales.

We are very concerned that there has been no whole system approach to the financial costings, only limited costs have been considered without inclusion of additional cost to the Welsh commissioners, patients, potential insurance claims, etc. Should someone have extensive impairment which could be attributed to the extended journey, is the settlement figure worth considering? Accepting now that some people will be disadvantaged could open considerable complex legal issues and liabilities.

The report makes a case for a single unit but not for the siting of it. This decision seems to be based on finance. It seems to the CHC that a facility should be based where most people can access it. No evidence has been given reflecting this access on road network or travel times etc for the catchment area as a whole.

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The CHC has concern about the demands that will be made on the ambulance services in Wales which can impact on emergency category A calls.

We appreciate that, since the start of the consultation process, there has been better communication between all NHS parties concerned, we regret this did not happen earlier so that the public would be able to know all the options that are available and that potential problems could be minimised. An underpinning conclusion by the majority of people attending the public meetings in Wales was that this was a done deal with no room for movement, it was information not consultation, and sent signals of 'consider options elsewhere'. The CHC has grave concerns over such a way forward which could result in significant changes to patient pathways and the resultant disruption to services, etc.

Conclusion

The CHC does not agree that the movement of obstetric and paediatric services to Telford is in the interest of Mid Wales patients and, consequently, healthcare in these areas will be put at greater risk. We are concerned over other changes which have not been consulted and ask that there be a better mechanism for open involvement recognising that there is currently a dependence upon safe services being available at Shrewsbury Hospital. It is no use having the best services in the world if you cannot reach them.

Yours sincerely


An John Howard
Chief Officer
Montgomery CHC