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20 April 2018

David J Rowlands AC/AM  
Cadeirydd/ Chair  
National Assembly for Wales Petitions Committee

Sent via email [SeneddPetitions@assembly.wales](mailto:SeneddPetitions@assembly.wales)

Dear Mr Rowlands,

**Petition P-05-768 A call for the return of 24 hour Consultant led Obstetrics, Paediatrics and SCBU to Withybush DGH**

We're grateful for the opportunity to contribute to this important topic which is being considered by the Petitions Committee.

The CHC has been involved in the service changes relating to Women and Children's services for over 5 years. This work has involved scrutiny of plans, involvement in consultation, implementation, public engagement, visiting, report writing, complaints advocacy, as well as contributing to an independent review.

We remain involved in both informing and scrutinising the continued development of these services.

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Since the service changes, our CHC's commentary on their impact has been broadly reflected in our November 2015 report to the Royal College of Paediatrics and Child Health which is attached.

Our report was produced to support an invited visit of the Royal College to review the Health Board's arrangements for Women and Children's services following the service changes. It sets out our involvement on this topic prior to that date, the actions we took and what we concluded. To bring out one key point:

“Hywel Dda CHC in representing the interests of patients and the public wants the delivery of safe, high quality healthcare as close to home as possible. Any expert or technical judgement on the clinical safety of services must, necessarily rest with others”.

With an enduring focus on patient safety, which lies at the heart of both sides of this argument, it remains an important message. Following our report, the Royal College returned to Hywel Dda in September 2016 to follow-up progress on the recommendations in its own report.

Immediately prior to this we undertook our own hospital visits to hear directly from new mums, dads and families to understand their views and experiences. In essence we saw services that were settling and becoming more established following the changes but with continued concerns around facilities and accessibility for people who lived longer distances from Carmarthen.

We undertook further visits to speak with the public in summer 2017 and more recently in March of this year. These visits showed significant praise for staff and improvements on certain issues that we had raised, but also showed that maternity and paediatric units could become very busy which unsettled parents.

We didn't pick up substantial concerns around safety. However, what was clear hearing from parents in PACU at Withybush hospital was their understandable frustration at seeing their unwell child being subjected to an enforced journey to Glangwili hospital after a few short hours in a large and well equipped unit.

Accepting this, we did note that parents tended to praise the smooth handover between hospitals if a transfer was necessary.

It was also noted that the PACU unit was underutilised at times given that it was more child and family “friendly” compared to the A&E department. We attach the 2017 report. The March 2018 report will be available shortly.

To conclude our current outlook for the Committee’s consideration:

- In the longer term (and depending on the outcome of the public consultation launched yesterday), the emergence of Hywel Dda Health Board’s “Transforming Clinical Services” programme is important.

With 3 options being discussed (including a potential new-build hospital sited between Carmarthen and Haverfordwest), and a broader discussion looking at system-wide change within Hywel Dda, to some extent it supercedes the Glangwili versus Withybush centralisation debate.

- There is a continued sense of loss and inequity amongst many people in Pembrokeshire following the 2014 changes. Whatever the outcome of the public consultation, in the interim, we see Women and Children’s services which are under pressure:
  - Despite its continuing efforts to recruit new staff, the Paediatric Ambulatory Care Unit (PACU) in Withybush continues to operate on reduced hours due to further Paediatric Consultant shortages. The Health Board needs to find a sustainable solution to this. Parents are understandably frustrated by a unit which is new and well thought of, but open too briefly.
  - The “Phase 2” building works planned for Glangwili hospital, which earlier this week received approval of funding, could partially reduce the concern that people travelling to the hospital report around poor or makeshift facilities and parking.

The overall question as to whether 24 hour Consultant led Obstetrics, Paediatrics and SCBU should return to Withybush DGH is bound by the complex practicalities of clinical staffing.

The original stimulus to move services was initiated by the Welsh Deanery's decision-making relating to requirements for training junior doctors.

The Deanery removed all paediatric junior doctors and obstetric and gynaecology junior doctors from Withybush hospital leaving a workforce gap that the Health Board said it could not fill.

As a lay organisation, the CHC does not have the clinical or technical expertise to determine what a realistic staffing solution to allow services to return to Withybush hospital would look like. The Royal College of Paediatrics and Child Health did not identify this as a realistic possibility in its review.



We understand the continued sense of inequity and inconvenience that many local people feel.

There is:

- A need for improvements to be made in existing services in the short term to medium term (as referred to in the attachments)
- An immediate opportunity through the current public consultation "Our big change" for people to have their say and influence the health board's decisions around whole-system changes to the NHS in Hywel Dda for the long term. This includes women and children's services.

We hope this is a helpful summary and would be pleased to answer any further questions should members of the committee have any queries related to CHC scrutiny that has taken place since 2014.

Yours sincerely,

Sam Dentten Alyson Thomas  
**Joint Chief Officer**