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Mr David J Rowlands AC/AM  
Chair of the Petitions Committee  
National Assembly for Wales

By email: [SeneddPetitions@Assembly.Wales](mailto:SeneddPetitions@Assembly.Wales)

Dear Mr Rowlands,

Thank you for your letter dated 7<sup>th</sup> March.

With regard to the themes that you asked us to consider and comment upon, please see our responses below, and note that we have attached a copy of our commentary document that was submitted to the Health Board (and published by us) prior to their decision-making on a Clinical Strategy towards the end of 2018.

In essence, we note that the outcome of Health Board's public consultation showed a mismatch of expectation. Whilst many of the public who feared cuts to their services wanted more detail and a clear picture of how the NHS could be better in the future, the Health Board was looking to understand how the public viewed the principles within proposals, with detail to be worked out in coming years.

The answer to addressing this mismatch will be continuous engagement with the public to help shape implementation, something that we have made very clear in our expectations and that the Health Board has agreed to. Further, it is possible that there will also be a need for further consultation on specific issues or change proposals, as required.

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Chair: Mansell Bennett  
Prif Swyddog | Chief Officer: Donna Coleman

In terms of the more specific queries detailed in your letter:

***"Current and future arrangements for patients to access services in Swansea Bay University Health Board, in particular A&E and Antenatal facilities"***

This is a long-standing issue of concern for some residents on the eastern fringes of Hywel Dda. Historically patients in this area were able to routinely access services in Swansea and consequently the travel distance/time was relatively small. Following on from this, a number of patients would still prefer to access services in Swansea Bay as this may be more convenient for them.

Hywel Dda CHC's understanding is that Hywel Dda patients who present at A&E at Morriston will be seen and treated. Most other services for Hywel Dda residents are to be accessed within the Hywel Dda area. There may be occasions when there is cross border referral and treatment and this is usually for a specific reasons, for example patients accessing specialist services not available within Hywel Dda.

The CHC appreciates that most healthcare systems have borders and catchment areas to help manage population demand even if some people understandably feel these boundaries are arbitrary. We also understand that people would like to access certain services in certain areas and as a patient representative body we would support the principle of giving choice to as many people as possible.

During Hywel Dda's Transforming Clinical Services public consultation, it was clear that the topic of cross-border patient flow with Swansea Bay Health Board had been identified as different scenarios were being modelled.

The CHC was not party to any discussions between the two Health Boards and we believe this is an issue that will be looked at more closely in coming months or years in the implementation phases and that more detail will emerge.

As stated earlier, it is our expectation that the Health Board must talk to the public around any changes to the way services are accessed.

***“The services which will be available in community hubs being developed under the current health care strategy”***

In a consultation that promoted the development of care closer to home, much discussion focused on what “community hubs” could deliver. As a CHC, we noted that many people welcomed the opportunity to use NHS services in centres away from traditional hospital settings, particularly if they reduced travel, delivered safe, high quality care and embodied a patient-centred, holistic approach.

It is not yet clear which services could be provided in community hubs or what variations there might be in service provision across different hubs. The Health Board has some way to go in terms of developing the necessary infrastructure including (crucially) the issue of staffing before it can give the public more detail on this.

As a CHC, we have said that the public will need to develop confidence in using NHS services differently from the ways that they have accessed care and various services in the past. This will be achieved through effective continuous engagement and informed by examples that show the model can work. The public will also be influenced by the way that any new model responds to the things that matter most to them when accessing their NHS care and when they can tangibly see the overall benefits of these different ways of working.

This needs to be underpinned by a staff strategy and evolving picture of community care that ensures a suitable and safe platform before services are removed from hospital settings.

***"The claims that some Health Board staff were told how to respond to the "Our Big NHS Change" consultation by managers and that some managers were seeking to see copies of consultation responses made by staff prior to their submission."***

As a patient representative body, Hywel Dda CHC focused on what the public were saying about the consultation and the process itself. We also have to bear in mind that members of the public who shared their views with us would not necessarily have identified themselves as Health Board employees. It is therefore not possible for us to identify whether comments we received from the public were influenced by their employment situations.

We would have also listened to staff concerns as they arose in a general sense, bearing in mind that Trades Unions were in place to represent professional concerns and to respond to the consultation.

Understanding staff views can be problematic for CHCs as they can highlight crucially important issues that might affect patients and that we need to consider, but they can also represent a more complex mix of patient support and professional self-interest that can be hard to disentangle. However, if we had heard that staff were being pressured by managers to respond in a certain way we would have been very concerned and responded to this.

No Health Board staff approached the CHC with worries about management "railroading" with regard to consultation responses and whilst there was clearly mixed views amongst staff we did not see any views being suppressed.

I trust this addresses the issues raised in your letter and if you feel that further elaboration is needed, please do not hesitate to make contact with me again.

Yours sincerely

A handwritten signature in black ink that reads "Donna Coleman". The script is cursive and elegant, with the first letter of each word being capitalized and larger than the others.

Donna Coleman  
Chief Officer