CYNGOR IECHYD CYMUNED
COMMUNITY HEALTH COUNCIL

HYWEL DDA

Hywel Dda Community Health Council's Commentary on the "Transforming Clinical Services" Consultation

September 2018

Contents

Introduction

The Community Health Council (CHC) has been closely involved in the service change process surrounding Hywel Dda University Health Board's "Transforming Clinical Services" programme and the corresponding public consultation titled "Our Big NHS Change". This document sets out how the CHC has met its duties as the statutory patient voice in relation to this service change. It also sets out our recommendations, following public consultation, to provide a balanced commentary on the issues and themes that were identified during the consultation.

It is important that that the points raised in this document do not overshadow the real public appetite for change, but we must also represent the concerns we have heard within our conclusions, because they relate to a population that wants to see the best possible NHS care but is also understandably concerned about what change would mean for them, their loved ones and their community.

We will continue to represent the views of the public through the next stages of this programme and continue to welcome comments and views from the public as we do so. During the public consultation we have considered hundreds of different sources of information that were made available to us or that we gathered ourselves through drop-in events, meetings our members attended or other feedback. We welcome any further contribution from the public should people feel that we have missed anything.

Consultation

Section 183 of the National Health Services (Wales) Act 2006 requires Health Boards, with regard to services they provide or procure, to involve and consult the public in:

- planning to provide services for which they are responsible
- developing and considering proposals for changes in the way those services are provided; and
- making decisions that affect how those services operate.

Welsh Government expects that when a service change is deemed to be a substantial change this should be the subject of formal consultation.

Our Statutory Duties

Community Health Councils have a particular role regarding NHS planning which is set out in Welsh Government Regulations (2015)[1]. This specific role has been subject to more detailed Welsh Government guidance which addresses the roles of NHS organisations and CHCs in relation to the processes of service change and public consultation[2].

On the general subject of service change the guidance states;

"In dealing with service changes, a CHC should:

- *carefully consider service change proposals and assess their benefits and risks to the community as a whole as well as particular groups*
- *work with the NHS body to seek views and foster debate*

[1] The Community Health Councils (Constitution, Membership and Procedures) (Wales) (Amendment) Regulations 2015
[2] Guidance For Engagement And Consultation On Changes To Health Services (2011) http://gov.wales/topics/health/publications/health/guidance/engage/?lang=en

- *take a strategic and "whole system" view of change proposals, and consider whether they are in the best interests health services*
- *work with the NHS to address major and immediate concerns about safety and sustainability where urgent action is needed*
- *ensure that objections to change proposals are based on sound arguments in terms of how safe and sustainable services can be provided from within available resources*
- *propose alternative solutions for providing/maintaining safe and sustainable services within available resources*
- *recognise that maintaining status quo is not an acceptable response if safe and sustainable services cannot be maintained within the available resources*

In its dealings with NHS bodies on such issues of sensitivity, recognise the importance of due governance, including maintaining confidentiality, in line with the requirements set out in the CHC Member Code of Conduct"

On the specific topic of formal consultation the guidance states;

"…the primary task of CHCs is to assess the impact of proposed changes on health services, not to take a partisan role. If a CHC considers that there are other options to the proposal to be consulted upon by the responsible NHS body it should inform the NHS body at the earliest stage. The NHS should provide assistance to the CHC in considering such options.

At the end of the consultation period, the CHC should have the opportunity to consider all comments received and record its own observations on them.

If the CHC agrees to the proposals in the consultation, the NHS body may proceed to implement its proposals subject to any other approvals or consents that may be required. The Welsh Assembly Government, local Assembly Members, the local council(s) and local Members of Parliament should be informed of this and a notice inserted in the local press informing the

public that the proposals are to be implemented following CHC agreement. In normal circumstances it is considered that this stage should be reached within 4-6 weeks after the end of the public consultation period.

Where a CHC is not satisfied that proposals for substantial changes to health services would be in the interests of health services in its area or believes that consultation on any such proposal has not been adequate in relation to content or time allowed, it may take further action…"

How we have been involved

As our involvement in the Transforming Clinical Services programme spans nearly 18 months, it is important that we set out what we have done in this time.

Scrutiny in our own meetings

Services Planning

Our Services Planning Committee is a statutory meeting of the CHC and the Health Board. It allows us to talk with Health Board representatives who are overseeing future plans. We have met with Health Board representatives a number of times as they planned and completed the engagement and consultation phases.

Executive Committee

This is the overall decision-making group for the CHC and has a similar membership to the Services Planning Committee. Transforming Clinical Services has been a regular agenda item for discussion and review at each meeting since the planning phases of the consultation with a number of attendances by Health Board representatives.

Locality Committees

In each county there is a locality committee which provides scrutiny for NHS services at the local level. These committees have seen discussion around Transforming Clinical Services plans and in some cases presentations from the Health Board. The public can attend these meetings and we have heard a number of comments on this topic during the last year, which we have then included in our own scrutiny.

Scrutiny in other settings

Transforming Clinical Services Design Steering Group

This group was set up by the Health Board to oversee and lead progress on the Transforming Clinical Services programme. The CHC has been a member of this group from the outset.

Communications and engagement Group

These were generally informal meetings where the development of the consultation plan in terms of specific issues relating to communication and engagement were discussed.

Option development

As part of our scrutiny we attended two workshops that explored how the Health Board might weight different factors as it tried to narrow down options. This was in order to understand the process that the Health Board was following. The CHC chose not to attend any sessions where options were scored. Members felt that this would prejudge what public might want from the consultation and make it difficult to be neutral.

Consultation

CHC members and officers attended a wide range of events across Carmarthenshire, Ceredigion and Pembrokeshire, which were organised during the initial engagement period and the subsequent consultation. This helped us understand the background to the programme and people's views about the future of local NHS services.

Drop-in events within Hywel Dda

The Health Board organised a range of drop-in events across the three counties. CHC members and officers attended each one of these events. We sat down with people who wanted to speak with the Health Board to listen to what they had to say.

Some people also wanted to speak with the CHC specifically.

Town Councils

Although these meetings were not wholly organised to discuss the Health Boards proposals we timed a number of meetings with Town and Community Councils to fall within the public consultation period in order to raise awareness of the consultation and take the opportunity to understand what Councillors were saying. We were invited to attend meetings in each of the three counties.

Engagement activities

CHCs have a duty to engage with the public and we regularly attend events or speak with people in busy public settings. As above, we did not carry out engagement purely to discuss the consultation but we were keen to raise awareness, encourage people to take part and listen to any views that the public wanted to share.

ORS Focus Groups

Opinion Research Services were commissioned by the Health Board to undertake an analysis of the public responses to the consultation. As part of their methodology they opted to run focus groups to see what people said about the Health Board's proposals on a randomised controlled basis. The CHC attended one of these groups to observe and noted that ORS ran the groups on a balanced basis and without bias. The Health Board was absent for these sessions although it was noted that occasionally, some questions raised by participants could not be answered as fully by ORS representatives compared to when people spoke to Health Board representatives. Generally members were positive about the way the group they attended was run however.

Correspondence and social media

The CHC received a limited amount of correspondence by email at the start of the consultation with concerns from people particularly in Pembrokeshire. We noted what was said and encouraged people to take their views forward via the consultation questionnaire or at drop-in events.

The CHC also raised awareness of the consultation regularly via social media and on our website.

What we thought about the Engagement and Consultation Process

In our own local scrutiny of consultation planning the CHC made comments to the Health Board around how it felt as a member of the public to take part in the consultation and our volunteer members fed back from their communities. We had some mixed views on the consultation process but in essence we were generally satisfied. In drop-in sessions and meetings we saw a commitment to giving people time to discuss complex issues at length and this was positive. We also raised concerns or questions during the consultation process that were fed back to the Health Board and we felt that these concerns were largely listened to and acted upon. It is not the CHC's role to make formal judgements about consultations from a legal and best practice basis.

Consultation; the approach

We were generally reassured that the Health Board was following relevant guidance to get people involved and engaged in the consultation through a variety of ways, whether face to face, through traditional news media and with a marked

increase in the use and monitoring of social media. The Consultation Institute have had close involvement with the Health Board around the process and we understand they are satisfied. In our experience, where people wanted to have in-depth discussions, often with senior clinicians and managers about the proposals, this was facilitated. Overall we felt that Health Board staff were sincere in their approach to talking with the public and explaining different aspects of the proposals.

- There was much discussion around where public drop-in events should be held. The CHC felt that more events should be held as did local groups and representatives of different communities. We were pleased to see that the Health Board had made allowances for developing a greater spread of events and were responsive to requests. We are aware that not every area or individual who requested a Health Board presence received it, but given the resources available the coverage was good.

- Where we raised issues or made suggestions we found the Health Board were generally receptive and responsive.

- Despite the substantial efforts made by the Health Board too many people seemed unaware of the consultation or ways of contributing. There was a clear imbalance between the numbers of people signing petitions and the numbers of people who completed questionnaires or attended drop-in events.

- At times the CHC felt that the design phase of the consultation was carried out to tight timescales, sometimes with short deadlines. There were occasions where we needed to challenge the Health Board to allow more time for members to (for example) consider

consultation documentation from a lay perspective. We would expect that future engagement and consultation to strike a better balance between pace and thoroughness.

- A criticism that we made of the Health Board was around the availability of consultation materials in key areas, in particular places where people were accessing NHS services. Our members told us that too often, consultation documents and questionnaires were not visible in GP practices, hospital receptions and waiting areas during the earlier phases of the consultation period. The Health Board did improve the situation to some degree as the consultation continued but we feel this was a missed opportunity to maximise people's engagement with the process.

- During the drop-in events some CHC members felt that Health Board representatives presented the proposals and ideas inconsistently, whilst some were more effective at discussing the changes than others. It is something that has to be managed carefully in future.

Equality

As mentioned previously, it is not the CHC's role to make formal judgements around consultation practice, but it is important to highlight that the CHC was largely satisfied with the Health Board's approach to engaging with groups that are more vulnerable or underrepresented. For example, at our request the Health Board sent representatives to talk with a group of people with a learning disability who we had been working with at Clynfyw Care Farm. On a more negative note a member of the public who was seeking consultation information in an accessible format due to their sight impairment reported their disappointment to us that the Health Board was slow to

produce a spoken-word version of the consultation document, although ultimately it was able to do so.

Consultation scale and complexity

In absorbing what people have said during the consultation our most significant concern relates to the overall complexity that the consultation sought to discuss and the ambiguity around what services might or could look like. This includes the intricacy involved in the case for change across an entire local NHS system. Due to lack of detail it was difficult for members of the public to understand how some of the changes would work, particularly around what community services, community hospitals and community hubs might deliver. Whilst this doesn't undermine the importance and value of the discussions we witnessed we do feel that the Health Board must engage further with the public and undertake further consultation on more specific topics as more concrete detail arises.

The main messages from consultation and our conclusions

At the start of the public consultation the CHC agreed that the case for major change was strong. This view has come from our work in recent years, listening to the public who have used the NHS, understanding their stories, listening to the positives and negatives from their experiences. It is also based on our scrutiny of NHS services, through meeting with Health Board clinicians and managers as they have tried to improve services or deal with problems or crises as the NHS faces more challenges and rising demand. People are worried about a worsening position for many aspects of the NHS. Although most remain positive about their NHS experiences we also continue to hear frustrations, e.g. at waiting times, delayed operations, concerns about access to primary care and to urgent and Out of Hours care: experiences that cause patients and their families distress. These issues are common to many areas of the UK but more locally, people have told us that the largely rural nature of Hywel Dda remains a barrier to accessing care, whilst others feel that across such a large geographical area some people have better access to healthcare than others. With such a wide set of problems, a system-wide set of solutions are needed.

Following the end of the public consultation we still believe that the case for change is strong, but having absorbed what many people and organisations have said as part of this process, the way forward will be complex and many people are worried that they will struggle to access the care they need.

Looking at the responses of partner organisations such as Welsh Ambulance Service Trust (WAST), neighbouring Health Boards and the Local Authorities within the Hywel Dda area, it is clear that they would be heavily affected by these changes

whilst also being crucial to enable their implementation. Until more work is done to illustrate how each component of the new system could operate more clearly, the public cannot be expected to accept change uncritically where concerns remain.

The overall view of the CHC is that the Health Board should continue to plan for system-wide change, however we do not feel that the consultation has given the Health Board a mandate to take final decisions at this point, as much more needs to be done to explore the feasibility and safety of different (and controversial) elements within the proposals. This would allow for further engagement and consultation with the public over the coming years with a more specific focus.

Inevitably, this raises the question of which option the Health Board should pursue in order to start developing plans. The CHC has noted the analysis of consultation responses and absorbed a large amount of views and opinions on the options presented. In acknowledging that there seems to be more support for options A and B, (alongside alternatives that have been proposed) the CHC feels that it cannot support any single option, as different people have tended to favour different options (or no options at all) often depending on where they live. (Appendix A summarises the three options.)

Given that the CHC must represent the views of all people in the three counties, it would be wrong to support any single option. Instead we feel that in its decision-making and planning, the Health Board must adhere to certain principles with further opportunities for public involvement as draft plans develop.

A&E closures

It was clear that the main source of interest and worry from the public came from the proposed A&E closures, potentially happening at Withybush and Glangwili hospitals. Concern from Pembrokeshire people towards the west of the county was clear

and formed the basis of a petition opposing such a closure with over 40,000 signatures. Similar concerns were described by a range of people in other areas including parts of north Carmarthenshire and south Ceredigion. The main issue was that people felt that the distance they would have to travel in a health emergency was too far to be safe. Information on transport provided by the Health Board clearly states that for some, travel times to A&E would increase. Many cited terms such as "the golden hour" which is a traditional term relating to safety and the amount of time it takes to be treated in an emergency. This illustrates the need for further discussions with the public regarding modern urgent care practice, (e.g. the role and remit of the paramedic).

In Pembrokeshire we also heard views that local industry created health risks with the potential for mass casualties whilst some felt that it might be a development that would damage tourism or put people who live outside Pembrokeshire off moving to the area for work.

Concerns about the limitations of local road infrastructure and the related impact for ambulances were raised by members of the public from the three counties, an issue that many felt was important but not within the Health Board's control.

The CHC feels that these fears are understandable and must be respected and recognised by the Health Board. We also know that emergency care in Hywel Dda is facing demanding and complex problems which means that future services need careful thought. The Health Board is finding it difficult to run all of its A&E departments and the risk of any of these departments collapsing could be very unsafe for people who need care urgently.

Ultimately we feel that any final decision on the future of any A&E department must be based on a full and clear case consisting of all the necessary supporting detail required; a

case that is not currently available. The CHC cannot support A&E closures without this detail. We feel that the public must have the opportunity to be involved in this process through further engagement and consultation and that the Health Board is obliged to facilitate this. As a CHC we would seek to understand the developing views of important partner organisations. WAST has stated that they need to do detailed work to understand the implications for ambulance services. There is also no clarity currently on when the Emergency Medical Retrieval and Transfer Service (EMRTS, a doctor-led service providing critical care with the Wales Air Ambulance) will be a "24/7" service. Clearly, these issues are central to the feasibility of any changes.

Recommendation 1:

For all services we expect the Health Board to ensure that no service change can take place which would lead to care that was less safe or of a lesser quality than existing services.

Recommendation 2:

We expect the Health Board to assure the public that no final decisions on removing specific services will be made until a fuller case is developed.

Recommendation 3:

We expect the Health Board to engage and where necessary consult further with the public on specific changes as a clearer picture of how new services would run emerges

Foundations for a new model

Having looked at consultation responses, spoken with many people who have accessed local NHS services in recent years

and having worked with the Health Board as it tries to deal with difficult problems, it is clear that those problems overlap and are related to some common issues. Therefore the CHC feels that certain "foundations" need to be in place for any of the proposals to be implemented.

Primary Care

In recent times one of the issues that the public has shown most concern around is primary care or more specifically, the sustainability of general practice. The CHC has worked with the Health Board on numerous problems that have arisen at individual practices with the threat of closure or substantial change for patients. These problems have occurred mainly through not enough GPs or advanced practitioners being available to fill vacancies or to keep practices running if partners retire. Despite working hard to support GPs being successful in keeping struggling practices going in different areas, there is still evidence that GP services within the Health Board are in a deteriorating position. Many people who attended public drop-in events who had experienced problems as patients of struggling GP practices highlighted their frustration and concerns at this issue.

This situation is problematic for system-wide change that puts more care into community settings, as it is clear that a more stable and robust GP structure is a vital foundation for Transforming Clinical Services. Consequently, we feel that systemic change must include a demonstrable improvement and robustness in general practice. We'd also need to see stable out-of-hours services and an effective implementation of the 111 system.

Recommendation 4:

We expect the Health Board to ensure that plans are in place that put GP practices in a better long-term position as systemic change is developed.

Transport

An issue that the public raised regularly during the consultation was transport and being able to access NHS services. For some it was an overriding issue, with one saying;

> *"I don't care where the hospitals are, if I can't get there it doesn't matter"*

For the CHC it is certainly a "foundation" issue that is critical to the success of the proposals being made by the Health Board. It was clear during the consultation that regardless of whether service changes would require more transport capacity in the future, many people felt that the current provision doesn't meet their needs now. People were also worried that transport infrastructure was not currently sufficient to support the logistical challenges of many people accessing a new hospital west of Carmarthen.

The CHC feels that whilst there has been much discussion around the financial investments needed to build a new hospital or increase community services, the Health Board must look at patient transport strategically and innovatively with a commitment to invest appropriately. We note that the Health Board uses a "plurality" model of providing non-emergency patient transport. It will be important that looking to the future, this model is based on a sound understanding of transport needs as service changes develop and that providers of transport services are put on a sound footing to meet those needs.

Recommendation 5:

We expect the Health Board to make a clear commitment to placing transport at the heart of its strategic plans with a willingness to innovate, a clear understanding of need, and appropriate funding to meet those needs. Transport providers including third sector providers need to be closely involved with planning.

Community Focus

One of the central topics within the Health Board's proposals is increasing care which is available in community settings, making more care available closer to home and reducing the need for keeping people in hospital beds when they shouldn't be there. The CHC noted that many who took part in the consultation agreed with this aim in principle, but raised a range of concerns and uncertainties. The CHC noted that some were worried that increased community care would be funded and staffed via cuts to local hospital services, with the risk of reducing those hospital services before it was safe or appropriate to do so. Others were concerned that integration with social services would need to improve to make community focused NHS services work. We also saw responses from local third sector organisations who are keen to be involved in a new NHS system but struggle with their own sustainability.

With carers being central to the overall picture of wellbeing and resilience in communities, there needs to be specific attention paid to how future services will support and integrate with them. This will require targeted engagement with carer groups to co-produce more detailed plans.

The CHC feels that developing a greater community focus for its services is essential and is a "foundation" required for a new system. However, with such a strategic change it will be crucial

to plan for this change as an urgent priority, given that this cultural shift will take time to develop and must be showing demonstrable progress towards working effectively and lowering the need for hospital beds before capacity can be reduced.

Proposals to develop community hubs that would reinforce the shift of care into communities clearly drew a good deal of interest and public curiosity. We saw positive reactions but there was also uncertainty around how these would work and how they might change the way that people use NHS services. As a fundamental part of the Health Board's plans we feel that it would be helpful to develop a functioning "prototype" hub early on to help the Health Board's working development, whilst giving the public a "show home" example of how hubs would contribute to a new picture of care as part of ongoing engagement and co-production.

Whilst many welcomed more care being brought closer to (and into) vulnerable people's homes, we are also clear that safety and the quality of care will be harder to monitor and manage than in traditional hospital ward environments especially where care is delivered across different sectors. Consequently the CHC feels that measures that assure quality and safety keep pace with new practice and innovative ways of working.

Recommendation 6:

We expect the Health Board to prioritise the development of community services given the strategic importance of this change to making further hospital changes.

Recommendation 7:

We expect the Health Board to demonstrate how it will achieve better integration with social care, the third sector and carers, working with them to help develop more detailed plans.

Recommendation 8:

We expect the Health Board to show how it will monitor quality and safety experience of people's care comprehensively as care moves away from traditional hospital settings and into the community.

Recommendation 9:

We expect the Health Board to demonstrate a clearer picture of how community services would work for the public, including the possible early development of a community hub to help achieve this.

Workforce

Although staffing and human resources issues are not the main focus of CHC work, the public were clearly aware of workforce issues as being key to current problems and future solutions to those problems. They were also concerned that the proposals were assuming that clinicians would be attracted to work in the new system.

With so much interest in the "Our Big NHS Change" consultation we feel that the Health Board needs to demonstrate how it would develop and shape the workforce

necessary to make its proposals work. Any workforce plan would need to be put together quickly as there is a lag time between beginning to train or develop staff and being available work in their new roles. This would be an important foundation in developing public trust given the scepticism some people voiced around the Health Board's commitment to more care in community settings.

Recommendation 10:

We expect the Health Board to develop workforce plans that illustrate how the changes would be supported by enough appropriately qualified staff to ensure services would be sustainable and of high quality.

Future Co-production and flexibility in implementation

A final "foundation" issue for the CHC is the Health Board's continued commitment to co-produce more detailed plans and maintain flexibility in its approach.

By using the term flexibility we feel that planning attitudes must be flexible (continuing a co-production approach) and the services designed must be flexible, (for example, allowing hubs and community hospitals to be adaptable as the model develops or population needs change over coming years). During the consultation, some people felt that planning assumptions (e.g. numbers of beds provided) were arbitrary.

It is not the role of the CHC to judge whether technical planning assumptions are right or wrong, and we cannot predict whether any model will definitely work or not. However, we would not be able to support a decision to implement a model without commitment from the Health Board that it would rethink or modify its approach if evidence suggested that changes were leading to poor experiences of care. Accepting all

the positives around providing more care to people closer to home, if more beds are needed or if geographical distances prove to be an enduring problem, the Health Board must address these issues.

Recommendation 11:

We expect the Health Board to make a clear commitment to continue a co-productive approach and build flexibility into its planning.

County Commentary

The CHC exists to represent all people in the Hywel Dda area and cannot favour one part of the population over another, which as discussed earlier has led to our position of not favouring any specific option.

It is important to recognise that people living in different areas did highlight different views as well as some views that were consistent across the three counties.

There was concern in parts of Carmarthen around changes proposed to Glangwili hospital and Prince Philip hospital with petitions arising in relation to both.

There was also concern around changes to Amman Valley hospital with a petition relating to worries about beds being removed.

In Llanelli an alternative model titled "Option B+" was developed which set out what some local people felt the role of Prince Philip Hospital should be.

Across the north and east of the county we heard concerns around longer travel times and difficulties people could have in accessing NHS services, this was complicated by the fact that people in the east of the county were uncertain as to whether

Morriston hospital in Swansea could be a future destination for them if they needed hospital care.

There was clearly a great deal of passion amongst many in the county, particularly in Llanelli where many people feel that Prince Philip hospital has lost services that are important.

Recommendation 12:

We expect the Health Board to give due consideration to the alternative proposal put forward and note the concerns of people in relation to Prince Philip and Amman Valley Hospitals.

It was interesting to note that drop-in events in Ceredigion were generally well attended particularly in areas that are served by Bronglais Hospital which is likely to retain all of the services it has now. We felt this highlighted concern and interest reflecting the strategic importance of Bronglais noted by the Health Board across mid Wales. Many perceived a threat to the hospital, looking back to previous years where it was felt Bronglais was being downgraded to strengthen hospitals further south.

In Cardigan and south Ceredigion there were similar concerns as seen in parts of Carmarthenshire around difficulties accessing services (particularly A&E) that have traditionally been accessed in Glangwili hospital.

Some people highlighted that Lampeter seemed well placed to host a community hub but had not been included in the list of hub venues.

Others were concerned that the Health Board's proposals could affect the catchment area of Bronglais and this needed clarification.

Recommendation 13:

We believe the Health Board should give due consideration to Lampeter as a community hub venue and that the strategic future of Bronglais hospital needs to be set out in a detailed plan which shows Ceredigion people and those in neighbouring counties (Powys and Gwynedd) how the hospital will develop in coming years.

Many people in Pembrokeshire were very vocal in voicing their concerns at the Health Board's proposals. Many of those views have already been captured in conclusions highlighted on previous pages. Given past changes to women and children's services and that a number of services have been removed from Withybush hospital, we heard a robustly made argument from many that the county had experienced inequitable changes and the proposals would increase this inequity. A significant proportion of respondents didn't agree to any option and favoured an alternative model.

We heard concerns that northwest Pembrokeshire had no community hub, an area where people were already disadvantaged in terms of travel times to the proposed new hospital.

Recommendation 14:

Given the concerns we heard from people in Pembrokeshire we feel that the Health Board needs to carefully consider healthcare equity across all areas as it looks at developing draft plans further, linking with Conclusion 1 around maintaining safety and quality through service change.

Recommendation 15:

We think that the Health Board should consider developing a community hub in the north west of Pembrokeshire.

Risks of large scale change

It was interesting to note the views of some who felt that proposed NHS changes on such a large scale created additional risks. Research was cited that suggested implementing major service change could affect the ability of NHS organisations to manage their current operational pressures and day to day work. In the CHC we are aware that there are currently a number of challenges to services in each of the 4 hospitals through staffing shortages. As previously noted the primary care team is heavily involved in urgent work to maintain GP services. We are concerned that developing long term plans across the whole local system with clinicians and managers who are also heavily involved in a highly pressured system carries substantial short and medium term risks for services that the public use.

Recommendation 16:

We believe that the Health Board needs to show how delivering such large scale change will not impact on its day-to-day ability to manage current and future problems that may arise.

Cross border NHS care

An important part of future planning assumptions will be the need to understand flows of patients who cross organisational boundaries to access care. Hywel Dda decision-making may impact substantially on capacity in neighbouring Abertawe Bro Morganwg Health Board if increased numbers of people travel to Morriston hospital for care. Our colleagues in ABM CHC have asked for a clearer picture of likely impacts as they already have concerns around local capacity and need.

Many people in Llanelli also want to know if they will be able to access services in Swansea given potentially longer distances to travel to a new hospital west of Carmarthen.

Correspondingly, our colleagues in Powys CHC are keen to understand how strategic planning at Bronglais and Glangwili hospital will affect Powys patients.

Clearly, agreements and discussions around these topics must begin to deliver more clarity as soon as possible, as Health Board decision-making must only take place on the basis of plans that are feasible and jointly agreed with partner organisations.

Recommendation 17:

We expect the Health Board to be mindful of the importance of cross border issues as it develops its plans, for its own residents and those living in other health board areas who could be affected.

Mental health services

The Health Board's 2017 public consultation on Mental Health services "Transforming Mental Health" has led to the early stages of implementation. The consultation saw good levels of involvement from sections of the public and third sector organisations with a clear way forward for co-producing better services.

Transforming Clinical Services is likely to impact on the development of this work in coming years. These impacts are potentially positive as any new or repurposed buildings, better community services infrastructure and transport developments could be opportunities to improve the picture of care for people with mental health issues further.

Stakeholders involved in the Transforming Mental Health implementation might also feel that there is also the potential for the Transforming Clinical Services programme to undermine the agreed way forward.

Recommendation 18:

We expect the Health Board to show clear linkages with the "Transforming Mental Health" implementation and ensure that Transforming Clinical Services adds value to this process.

Closing Comments

Despite substantial scope of the Health Board's "Our Big NHS Change" consultation, at this stage this document has intentionally discusses high level principles and expectations as we feel that the Health Board has significantly more detail to develop in coming months and years to support the implementation of plans. At that point, CHC views and comments will need to consider more specific information and complexity.

As the Health Board rightly asks the public to be open minded and balanced about future plans, it must also keep an open mind about its direction and a balanced approach to the views of the public. We expect the Health Board to continue its commitment to continuous engagement and co-production with more public consultation as this is required.

Although this commentary document highlights a wide range of concerns that must be given due consideration by the Health Board we are keen to restate that this process marks a major opportunity to make a truly positive change to local NHS services at a time when there are such widespread stories of problems and difficulties across the NHS in Wales.

The CHC will continue to represent the patient voice throughout the forthcoming planning process and the implementation of any changes that follow in the coming months and years. We are clear that whilst this document discusses the outcomes of a public consultation period that has finished, the CHC is looking towards a much longer journey that is about to begin.

Our Thanks

Looking back over the engagement and consultation periods we would like to thank the Health Board for their openness and helpful approach throughout.

We would also like to thank our members who have volunteered their time freely and attended a wide range of events and meetings. Without their help we would be unable to represent the voice of the public.

Above all, we would like to thank the public who have taken the time to get involved and share their views. They have played a crucial part so far in the Transforming Clinical Services programme and we hope they will continue to make their voice heard in coming years as plans are discussed further with them.

Appendix A: Summary of Health Board Options
(Reproduced from Health Board Consultation materials)

Proposal A

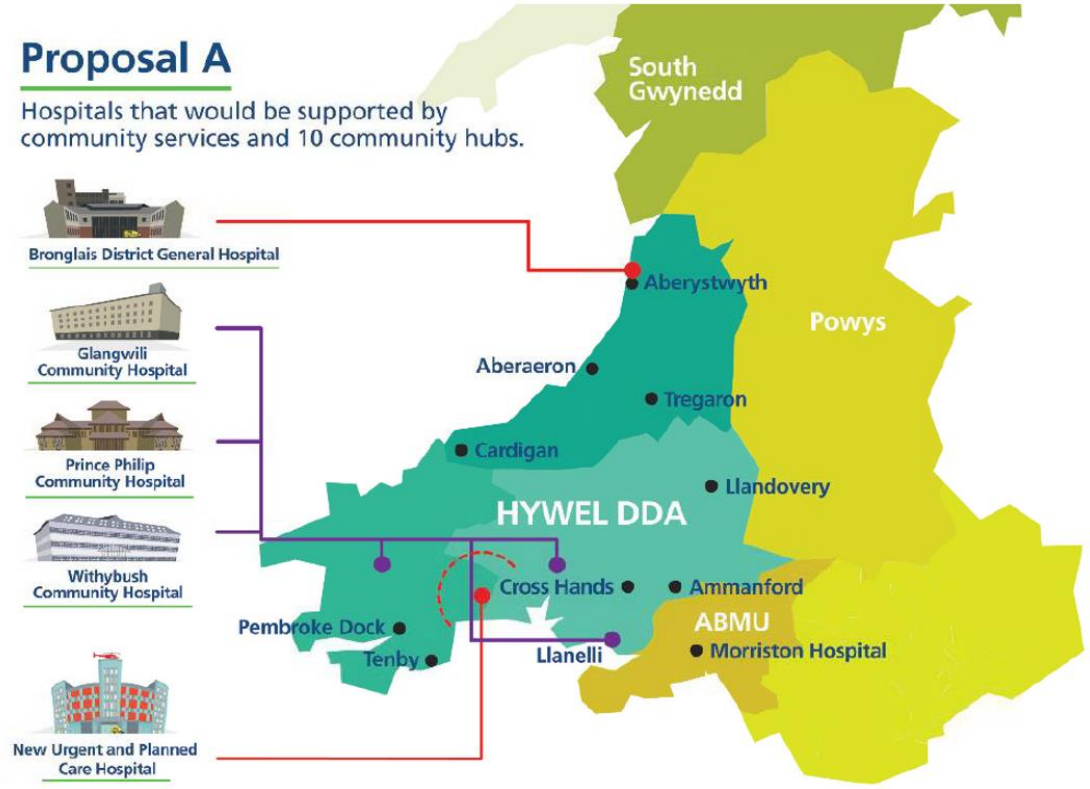
Two main hospitals

- A major new urgent and planned care hospital centrally located somewhere between Narberth and St Clears, with all planned and specialist care centralised on a single site.
- Bronglais District General Hospital would continue to provide services for mid Wales.

Three community hospitals

- Glangwili in Carmarthen
- Prince Philip in Llanelli
- Withybush in Haverfordwest

Ten community hubs (Please note Amman Valley does not have beds in this proposal due to availability of community beds in Glangwili and Prince Philip)



Proposal B

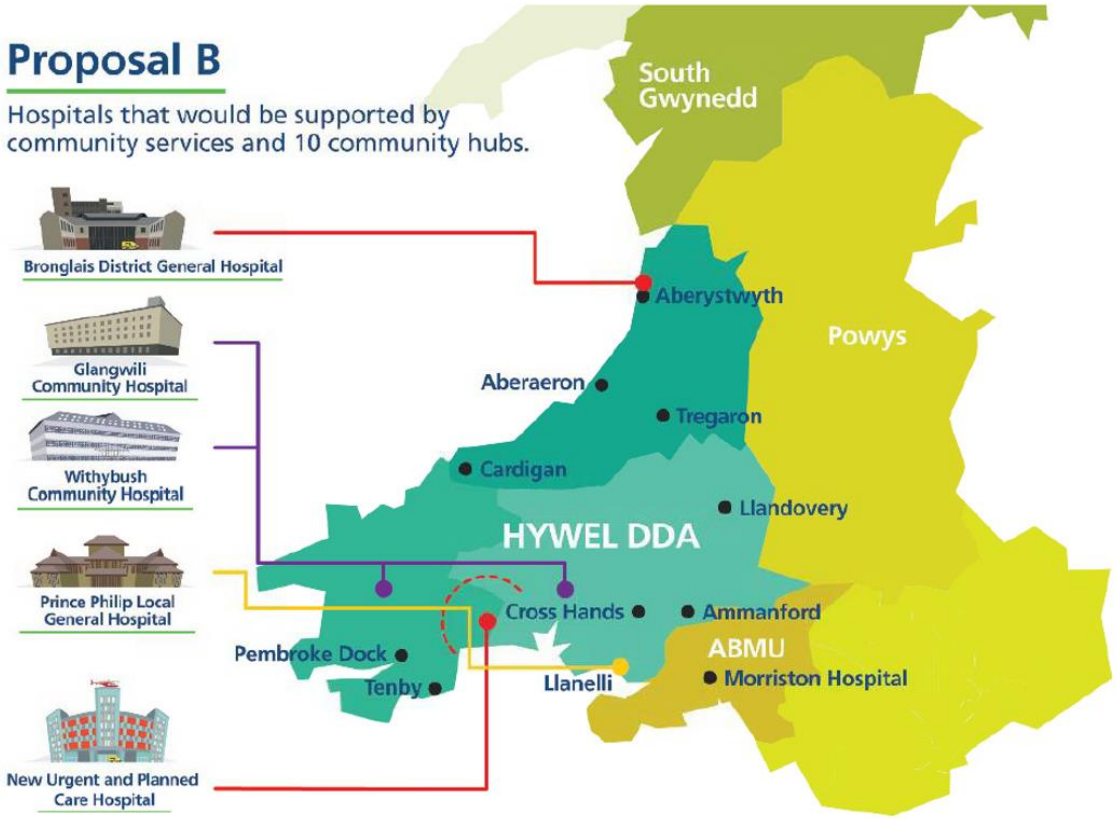
Three main hospitals

- A major new urgent and planned care hospital centrally located somewhere between Narberth and St Clears, with all planned and specialist care centralised on a single site.
- Bronglais District General Hospital would continue to provide services for mid Wales.
- A general hospital on the existing site at Prince Philip, Llanelli.

Two community hospitals

- Glangwili in Carmarthen
- Withybush in Haverfordwest

Ten community hubs (Please note Amman Valley does not have beds in this proposal due to availability of community beds in Glangwili)



Proposal C

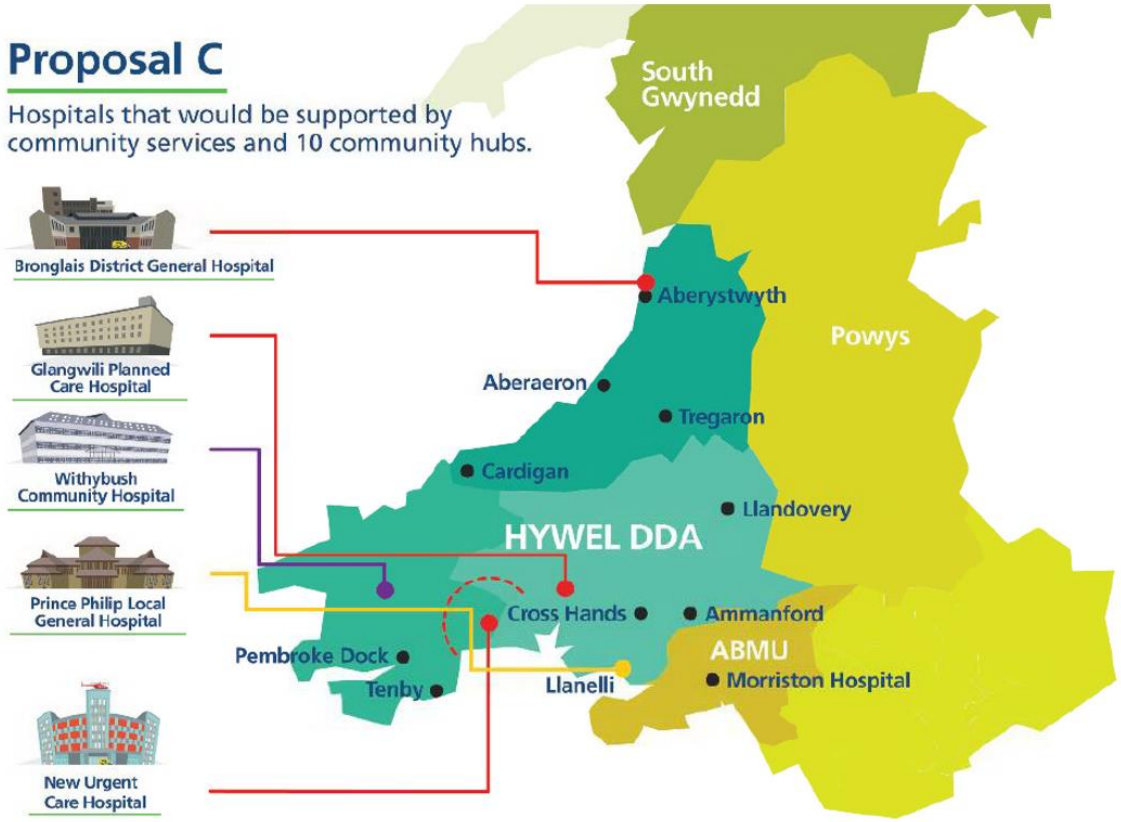
Four main hospitals

- A new urgent care hospital centrally located somewhere between Narberth and St Clears
- Bronglais District General Hospital would continue to provide services for mid Wales.
- A general hospital on the existing site at Prince Philip, Llanelli.
- A planned care hospital at the existing Glangwili Site, Carmarthen

One community hospital

- Withybush in Haverfordwest

Ten community hubs (Please note Amman Valley has beds in this proposal as there are no community beds in Glangwili and Prince Philip)



Appendix B: Summary of CHC Recommendations

Recommendation 1: **For all services we expect the Health Board to ensure that no service change can take place which would lead to care that was less safe or of a lesser quality than existing services.**
Recommendation 2: **We expect the Health Board to assure the public that no final decisions on removing specific services will be made until a fuller case is developed.**
Recommendation 3: **We expect the Health Board to engage and where necessary consult further with the public on specific changes as a clearer picture of how new services would run emerges**
Recommendation 4: **We expect the Health Board to ensure that plans are in place that put GP practices in a better long-term position as systemic change is developed.**
Recommendation 5: **We expect the Health Board to make a clear commitment to placing transport at the heart of its strategic plans with a willingness to innovate, a clear understanding of need, and appropriate funding to meet those needs. Transport providers including third sector providers need to be closely involved with planning.**

Recommendation 6: **We expect the Health Board to prioritise the development of community services given the strategic importance of this change to making further hospital changes.**
Recommendation 7: **We expect the Health Board to demonstrate how it will achieve better integration with social care, the third sector and carers, working with them to help develop more detailed plans.**
Recommendation 8: **We expect the Health Board to show how it will monitor quality and safety experience of people's care comprehensively as care moves away from traditional hospital settings and into the community.**
Recommendation 9: **We expect the Health Board to demonstrate a clearer picture of how community services would work for the public, including the possible early development of a community hub to help achieve this.**
Recommendation 10: **We expect the Health Board to develop workforce plans that illustrate how the changes would be supported by enough appropriately qualified staff to ensure services would be sustainable and of high quality.**
Recommendation 11: **We expect the Health Board to make a clear commitment to continue a co-productive approach and build flexibility into its planning.**

Recommendation 12: **We expect the Health Board to give due consideration to the alternative proposal put forward and note the concerns of people in relation to Prince Philip and Amman Valley Hospitals.**
Recommendation 13: **We believe the Health Board should give due consideration to Lampeter as a community hub venue and that the strategic future of Bronglais hospital needs to be set out in a detailed plan which shows Ceredigion people (whole catchment area of mid Wales) and those in neighbouring counties (Powys and Gwynedd) how the hospital will develop in coming years.**
Recommendation 14: **Given the concerns we heard from people in Pembrokeshire we feel that the Health Board needs to carefully consider healthcare equity across all areas as it looks at developing draft plans further, linking with Conclusion 1 around maintaining safety and quality through service change.**
Recommendation 15: **We think that the Health Board should consider developing a community hub in the north west of Pembrokeshire.**
Recommendation 16: **We believe that the Health Board needs to show how delivering such large scale change will not impact on its day-to-day ability to manage current and future problems that may arise.**

Recommendation 17: **We expect the Health Board to be mindful of the importance of cross border issues as it develops its plans, for its own residents and those living in other health board areas who could be affected.**
Recommendation 18: **We expect the Health Board to show clear linkages with the "Transforming Mental Health" implementation and ensure that Transforming Clinical Services adds value to this process.**

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