

### **HYWEL DDA HEALTH BOARD**

# WELSH GOVERNMENT PETITIONS COMMITTEE 17 JULY 2012

## SUPPORTING WRITTEN EVIDENCE

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#### **BACKGROUND**

On 29 May 2012, the Petitions Committee considered Petition P-04-394: **Save our Services – Prince Philip Hospital** raised by Prince Philip Action Network, together with Petition P-04-367 relating to the same issue. The Petition stated:

We the people of Llanelli, the town with the largest population within the Hywel Dda area demand Prince Philip Hospital be restored to a fully functioning District General Hospital with the return of major elective surgery, including gastrointestinal, vascular, urology, gynaecology and trauma, with support from the original 5 ITU beds fully staffed, which would support a fully staffed, consultant led Accident and Emergency Department, providing support for the physicians.

The Committee considered this petition and agreed to, inter alia, write to the Chair and Chief Executive of Hywel Dda Health Board to share the premise of the consultation with the Committee in an oral evidence session. This session will take place on 17 July 2012. The Chief Executive, Trevor Purt is pleased to accept the Committee's invitation and as the Chair, Chris Martin, is unavailable on that date, the Vice Chair, Sian-Marie James, will attend the Committee on his behalf.

The Committee will be aware of the Wales Audit Office Report: A Picture of Public Services 2011, which identifies that transformational change is essential if public services are to deliver improved outcomes for the people of Wales. The Welsh Government's 5-Year vision for the NHS: Together for Health, (November 2011) sets out the strong case for reform and outlines the scale of the challenge and actions needed to ensure the NHS is capable of delivering world class performance and outcomes in the future.

In response to these strategic documents, for the past 18 months Hywel Dda Health Board has been leading a planning process to build a high quality, integrated health and social care system for our population. This has included an extended period of clinical, stakeholder and population engagement.

Section 183 of the *National Health Service (Wales) 2006* (the 2006 Act) requires Health Boards to involve and consult citizens in, inter alia, developing and considering proposals for changes in the way services are provided. Schedule 10 to the 2006 Act provides for the Community Health Council in the Health Board's area to represent the interests in the health service of the public.

Ministerial Guidance: Guidance for Engagement and Consultation on Changes to Health Services (March 2011) (ML/EH/016/11), states that where substantial change or an issue requiring consultation is identified (as we consider applies in this case), the Health Board should use a 2-stage process:

(i) First, to undertake extensive discussion with citizens, staff, staff representatives and professional bodies, stakeholders, Third Sector and partner organisations;

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(ii) Secondly, after that process has been completed, to undertake a focused, formal consultation on fully evaluated proposals emerging from the discussion phase.

#### **STAGE 1: LISTENING AND ENGAGEMENT PHASE**

There has been an ongoing programme of engagement with stakeholders on Hywel Dda Health Board's own 5-Year Framework: *Right Care, Right Place, Right Time ..... Every Time*, which initially commenced in August 2010. The aim was to engage clinicians, stakeholders and our population on the case for change and our vision.

The pre-consultation listening and engagement programme process undertaken between December 2011 and April 2012, known as *Your Health, Your Future*, was intended to raise awareness of the challenges facing the NHS both locally and nationally, and to put forward a number of scenarios for potential future service reconfiguration that were safe, sustainable and deliverable and would address the medical recruitment challenges the Health Board faces. This information included a reference to the provision of services at all 4 of our District General Hospitals, including Accident and Emergency Services.

These scenarios had been developed by our clinical teams over an eighteen month period before being subjected to an appraisal process against a number of key criteria e.g. Quality and Safety, Deliverability, Workforce etc.

Our engagement process was supported by a range of information and communication materials and a number of channels for providing feedback. The activity undertaken during the pre-consultation engagement phase is provided in detail at **Appendix 1.** 

You will note from **Appendix 1** that on 14 February 2012, the Health Board held a Listening and Engagement event in Llanelli, and the Health Board Chair and a team of Executive Directors have met with SOSPPAN (the local group leading the Petition) on 2 occasions; during the engagement phase (25 January 2012) and at the end of the process (1 May 2012).

All feedback received during that period from the public, staff, stakeholders and partners has been analysed and will inform the next stage, which is a 12-week period of formal consultation. The full feedback report, analysed independently by a market research company, is attached at **Appendix 2** and incorporates the Petition now being considered by the Committee.

#### **STAGE 2: CONSULTATION PHASE**

Following receipt and consideration of the feedback report (**Appendix 2**), Hywel Dda is proposing to start the formal public consultation phase on 6 August 2012, for a twelve-week period.

In accordance with the Ministerial Guidance, the Consultation Document will present the final service options for a high quality, safe, sustainable and deliverable healthcare

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system in Hywel Dda. It will refer to the feedback received from our population and stakeholders during the engagement phase. It will also incorporate detailed clinical evidence to support each potential option, clinically preferred options and other potential deliverable options to the issues being faced by Hywel Dda.

We are working with the Consultation Institute and the Hywel Dda Community Health Council to develop a comprehensive consultation plan that is inclusive and incorporates best practice. The plan will include a wide range of communications materials and engagement activities and will be approved and monitored by the Board to ensure that Ministerial Guidance and Participate Cymru advice is met.

Ministerial Guidance is clear about the process for consultation and the consultation needs to be allowed to reach a conclusion. Within the process there is a clear route for any decisions in relation to service reconfiguration ultimately reached by the Board to be challenged through Welsh Ministers.

At this point in time assurance can be given to the Committee that the views expressed within the petitions has been taken into account by the Health Board and further debate will be undertaken with the population of Llanelli through the consultation programme.

We feel it would not be appropriate for the Health Board to discuss any specific proposals to change services, including those services to be provided at Prince Philip Hospital, until such time as the formal consultation has been launched.

We are of course happy to discuss the engagement and consultation process with the Committee.

#### **Attachments:**

Appendix 1: Pre-Consultation Activity Report
Appendix 2: ORS Analysis of Feedback Received During Pre-Consultation
Phase