

**P-05-826 Pembrokeshire says NO!! To the closure of Withybush A&E!,
Correspondence – Heather Scammell to Committee, 21.03.19**

To The Petitions Committee,

Thank you for the opportunity to provide further comments on the latest position with regard to P-05-826 Pembrokeshire says NO!! To the closure of Withybush A&E!, You will perhaps be unsurprised to hear that Hywel Dda continue to ignore all opinions which run counter to their narrative whilst promising ever more 'jam tomorrow' on what seems to be aspirational and unsubstantiated evidence.

A recent attempt to call for Hywel Dda to be put into special measures by a member of PCC led to a further scrutiny session which was held behind closed doors. As a result of this, a number of Councillors appear to have been 'reassured' that there will be 'no reduction to A&E until the new build is ready.' But in the January Hywel Dda Board Meeting, it had already been determined that as part of the development of a trauma network across South Wales, trauma for Hywel Dda will be 'temporarily' centred in Glangwili; this will entail trauma cases which do not merit transfer up the line to a larger regional centre, but are of sufficient concern, being transferred to Glangwili until such time as the New Build is ready. Given that we have been led to believe that the New Build site has not been secured and that funding, plans and associated permissions have yet to be obtained, 'temporary' suddenly seems a very long time indeed. It is perhaps unfortunate that PCC seemed unaware of what was already in the pipeline; it is unrealistic to pretend that making Glangwili the focus for trauma (subject to an Impact Assessment on Bronglais, Withybush did not merit a mention,) will have no impact on Withybush A&E. Last year, the CEO of Hywel Dda intimated to us that he would like to see Trauma at Withybush. Shortly before Christmas, he also informed my group that they 'hadn't anticipated' the knock on effect on A&E when they centralised Maternity and Paediatrics – if that is true, it means that they totally discounted all the medical opinions from the Withybush Clinicians, who spelt out the probable consequences in some detail; their decision to ignore local clinical opinions confirms their bias against our County. It should be noted that the January Board meeting took

place in Haverfordwest and was rushed through in order to beat the forecast inclement weather; Board members did not want to be 'stuck in Pembrokeshire,' but our sick children and pregnant women still had to get to Carmarthen for treatment or to give birth; their needs were obviously of less consideration than those of Hywel Dda Board Members.

The dissemination of 'misinformation' seemed to be a characteristic of last Summer's 'Drop Ins,' where individual members of the public were encouraged to come and discuss Hywel Dda's Utopian vision with members of the Health Board. Unfortunately, attendance at a number of these events revealed that different members of the Health Board had rather different views as to what might characterise a 'Community Hub,' so members of the public were coming out with quite different ideas as to what services would be available. Moreover, the Board were happy to admit that they were refining their ideas throughout the consultation period, completely oblivious to the fact that someone who completed a questionnaire on the back of an early Drop In might have been acting on information that was later to be modified rendering their response invalid (although still included.) Hywel Dda have also acknowledged since the completion of their 'Consultation' that their tag line of 'Safe, Sustainable, Accessible and Kind' may not be deliverable in its entirety. We would dispute a definition of 'safe' based on staff numbers alone, because one of the major issues as far as we are concerned is the safety of patients and families travelling too far whilst under stress – I know from my own experience how traumatic this is and know someone who decided to cease treatment for a frail husband after a traumatic journey to Glangwili during the early hours of the morning because Withybush (which is five minutes from her home) was not accepting admissions – he died not long afterwards.

I have been taking a close interest in the machinations of Hywel Dda since 2010 and I am firmly of the opinion that they do not act in the interests of the people of Pembrokeshire. Their adherence to a numbers game, discounting tourism or proximity of the bulk of the Carmarthenshire population to Swansea is skewing delivery of services to what amounts to an Urban Health Service and because Bronglais is ring fenced, it is Pembrokeshire which is suffering the most. The bulk of Hywel Dda's

clinicians are now Carmarthen centric and do not seem interested in the impact of their centralist agenda on our County. On their watch, we have seen a steady outflow of services to Carmarthenshire and an associated collapse in Primary Care. They have steadfastly ignored all opinions which run counter to their narrative and there is an alarming culture of intimidation of staff. I know that Hywel Dda will deny this, but I can substantiate the claims that I make. Nowhere is this more clear than in the field of mental health. It so happened that when they launched their 'Transforming Mental Health' Consultation, I was part of a small group of volunteers undertaking ground maintenance on the Withybush sites (Hywel Dda had not even cut the grass for two years and did not seem to see the link between the obvious neglect and their difficulties in attracting recruits.) This meant that we happened to be working on the grounds of the Mental Health unit and were engaging in conversations with staff, patients and visitors alike whilst the 'Transforming Mental Health' Consultation was taking place. What we have encountered is universal horror at the proposed changes which run completely counter to the Board's zealous assertions that 'everyone' is on board – the only people with whom I have spoken that seem to be 'on board' are those members of senior management who have been to Trieste; the consensus from those on the ground – including people from Pembrokeshire MIND, Dyfed Powys Police, WAST and St John Ambulance is that the removal of Psychiatrist led acute adult in-patient beds from a purpose built unit (which only opened in 2005) to a new build in Carmarthenshire is very bad news indeed. I have been reliably informed that the Community Model requires three times as many staff as an in-patient facility and there is no evidence that they are recruiting anything like the number of staff required. They determined that our expensive, purpose built acute Adult Inpatient unit, which opened in 2005 is 'obsolete' and will be 'remodelled' as a Community Facility with a small number of nurse led 'crisis beds' whilst patients requiring hospital admission will be moved to Carmarthen (or now the New Build;) a business case will be forwarded for a new building there, which seems a massive waste of a very good facility which happens to be in the 'wrong County' for the Carmarthen based lead Psychiatrist. Quite how removing our most vulnerable patients to the next County is supposed to 'reduce the stigma of mental health' eludes me. Having railroaded their

proposals through on a tiny response (because many were unaware that it was happening,) they then used the outcome to apply leverage to their 'Transforming Clinical Services,' determining that we will all be treated in our own homes, so will not require the number of beds – even though Withybush has been consistently over occupied since the number of beds has been drastically cut in recent years. There seems to be a huge move towards 'volunteers' and the Third Sector, with no consideration of where they are all to come from as that pool diminishes. People are much less likely to retire to an area without a good hospital and young retirees who have moved to the area, along with a substantial pool of retired nurses, seem to be key to current Charitable enterprises in Pembrokeshire. Certainly access to services has become hugely problematic as services increasingly migrate eastward under Hywel Dda's jurisdiction. – and again 'volunteer drivers' are expected to plug the gap. I am also tired of being told that Hywel Dda 'cannot recruit to Pembrokeshire as though the fault lies with the County and has nothing to do with Hywel Dda – even now, they tend to advertised short fixed term contracts and locum positions for Withybush, yet full time posts for Glangwili.

When Hywel Dda first tried to persuade us that we would be 'better off' with a hospital in Whitland, it was resoundly rejected by the people of Pembrokeshire for reasons that I still believe to be valid, key of which is the Pembrokeshire infrastructure; Withybush is in Haverfordwest because that is where the roads meet. We do not have dual carriageways in our County and St Clear's (which many believe to be the likely location for the New Build) is ten minutes from Carmarthen along excellent roads, but half an hour along a non-dualled, frequently blocked road from Haverfordwest. Many Pembrokeshire residents have journeys of 30–40 minutes to get to Haverfordwest. Carmarthen is only around twenty minutes along dual carriageway/ motorway from the soon to be expanded Morriston Hospital and it is still questionable as to whether Hywel Dda's new build will actually achieve their stated aims, because it will never be able to rival the range or scope of services available in Swansea. Increasingly, Doctors seem to be taught in training that they can only 'safely' deliver services in Large Urban units, so why would anyone want to be a GP who does not have the 'family

Doctor' relationship with a patient because much of the work is done by Physics, paramedics etc, but is more of an overseer, with the only hospital back up in the next County? No wonder Primary Care now has 'recruitment issues' in Pembrokeshire! Although both Withybush and Glangwili are supposedly due to be 'repurposed,' it is quite clear that they have a greater commitment to service delivery in Carmarthenshire, whilst Pembrokeshire becomes the unwilling laboratory for their experimental 'never tried anywhere before on this scale' Transformation of services by a Health Board which has systematically failed to deliver any of its promised 'improvements' to date. Nothing was supposed to move until Glangwili was ready. We are still waiting for the improvements, but essential services moved in 2014. Instead of resolving Glangwili's over dependence on locums and agency staff, it created an additional recruitment crisis in Withybush; very few of our midwives remained at Glangwili because working practices there were more autocratic and less amenable than in the excellent unit (level 2 in all but staffing) that was sacrificed at Withybush. The Royal College 'Review' failed to pick up on this because it was the Health Board who funded the review and set the parameters, which meant that some of us who had been promised the opportunity to meet with the team and express our concerns were denied that meeting. Indications are that perinatal mortality has at least doubled since August 2014, but it is very difficult to access accurate information, or indeed to prove whether outcomes would have been definitively different under other models of delivery.

It is a recognised Hywel Dda trick to conflate criticisms of their decisions on social media, or in the press with criticisms of individual staff, which is unfair on so many levels. They have created closed FaceBook groups for new mothers at each hospital, which means that information does not always reach the public domain and the 'fact' of negative publicity is stated as a Truism. I have to say, it is extremely rare to see express criticism about individual employees, but there is huge dissatisfaction at the way Hywel Dda shows a cavalier disregard for our county's health. This is particularly true when that County is one of only five to make a net contribution to the Welsh Economy and two of the linch pins of our economy are Tourism and The 'Silver Pound,' yet there is good empirical evidence that both these sectors

suffer when a hospital is downgraded. One clear example of the indifference of Hywel Dda is that David Williams, who pioneered the Voluntary GroundForce scheme in tribute to a good friend and fellow campaigner managed to secure sponsorship to revamp the garden of Withybush Creche. The Creche had been begging Estates for help for twenty years, but David persuaded Willmott Dixon to do in the region of £20,000 worth of improvements and the place has been transformed. The Health Board decided to celebrate the start of improving maternity services at Glangwili – which is still a hugely controversial issue since it has caused so much heart ache in Pembrokeshire – by filming in Withybush Creche! Not only that, but they don't understand why that was so totally inappropriate – to celebrate controversial developments in Glangwili with a film made in Withybush which has been decimated by Hywel Dda on a site that the Health Board had neglected, so had been Transformed by Sponsorship thanks to the efforts of a Volunteer. That is what Hywel Dda thinks of Withybush! Nor do they seem to understand that telling us that we should be 'pleased' that services which used to be available in Pembrokeshire, but have ripped away, to be replaced by a less good, less accessible service in Carmarthen are supposedly coming 'closer to home' in the new build (which will almost certainly still be in Carmarthenshire if it ever happens.) It would seem that those who claimed that we would be punished for objecting on principle to services being taken away, by being obliged to travel even further until we accept what was once an anathema, are being proved right. Pembrokeshire will always lose out to Carmarthenshire in a 'numbers game' because the millions of Tourists who flock to our County do not have votes. Nor do we have the political clout of Llanelli, even though we have well recognised pockets of deprivation and the concentration of COMAH sites within Hywel Dda – indeed until recently, the Major Incident Plan made it perfectly clear that Withybush had twice the capacity to deal with seriously injured patients following a major incident as other Hywel Dda sites (notably Glangwili,) but this observation has mysteriously disappeared. It is worth noting that Withybush is the second youngest of the four hospitals in Hywel Dda, it is the cheapest to run and the only one to meet the basic energy requirements, but they determined to 'repurpose' it for reasons that would seem to be more political than medical.

It gives me no pleasure to say that, but it is the only conclusion left when everything is examined in depth.

In the meantime, the CHC which used to be our voice, has been 'reconfigured' and is now adopting a 'more consensual approach,' working 'with Hywel Dda' to improve service delivery – which means that they no longer act as the patient voice. Hywel Dda is busy 'engaging with our stakeholders' on the new service delivery – so I was very concerned to learn that at least some of those 'stakeholders' are Third Sector organisations who are in receipt of payments from Hywel Dda – in which case, how can they be impartial in their deliberations? Furthermore, the supposed 'independent' Board members, whose job is to provide scrutiny, are appointed by the Cabinet Secretary, whose policies the Chair and CEO are appointed to implement.

It is hard to escape the conclusion that Hywel Dda is the medical equivalent of 'Dyfed' – very much to Carmarthenshire's benefit at Pembrokeshire's expense. We do not have the well-oiled opposition of Llanelli campaigners (but they have been encouraged by small 'victories' along the way that have been denied to Pembrokeshire.) It seems that we have neither the political clout nor the benefit of numbers and it feels as though we are being treated as expendable. This is compounded by the lack of independent scrutiny at all levels. But our County makes a significant contribution to the Welsh Economy and Health Care is a significant part of our Well-being. Hywel Dda has proved itself as an organisation that is either unwilling or unable to deliver the Healthcare that we need and there is genuine concern that unless it can be stopped – and preferably disbanded – that primary care in our county is set to implode.

Heather Scammell,