RESUME OF SWAT VISIT TO HEALTH BOARD CHAIRMAN 7TH FEB 2012

Those present were Chris Martin (Chairman HDHB) Tony Chambers (Director of Operations HDHB), Chris Wright (Director of Communications HDHB), Chris Overton (Chairman SWAT), Peter Milewski (Webmaster SWAT), David Williams (Member SWAT).

The meeting commenced about 5.45 p.m.

Topics covered

Format of Health Board area

Chris Overton and David highlighted with maps of the area how it would be more effectively covered by two lead hospitals – Bronglais and Withybush – with one subsidiary hospital in Carmarthenshire, that would be served by Morriston. Chris Martin replied that that was reasonable, but unfortunately the Welsh Assembly Government had committed itself to having four main hospitals in the area – Prince Philip and Glangwili included – and, unsatisfactory though it is, that was what we had to work with.

Safety

Peter highlighted his concern with the safety of certain proposals. He indicated to the Board members that he had the impression the message had got through to them that there was no sensible alternative to retaining 24-hour A&E and Emergency Surgery services in Bronglais and Withybush, in view of the distances involved. At this point the Board members nodded in apparent agreement.

Recruitment / retention

Peter highlighted the damaging effect of delay and uncertainty on recruitment and retention, and the danger that services may have to be withdrawn by default rather than as a result of any plan. Chris Martin nodded in agreement. He asked specifically what measures were being taken to prevent the current three Locum Consultants in Accident and Emergency leaving as soon as they had gained their Specialist Registration, because of uncertainty about the future of the department. Chris Martin replied that he was aware of the issue and the need to reassure these doctors that the A&E department is here to stay, and that Withybush and Pembrokeshire are excellent locations for a permanent career. Jeremy Williams, Consultant in Accident and Emergency at Glangwili, is paying mentoring visits to them weekly.

Funding

Chris Overton asked whether account was now being taken of the rural nature of the Hywel Dda in the Scottish manner, which for years has allocated extra funding according to the degree of rurality of their health boards. Chris Martin replied that he and Trevor Purt (Chief Executive) had persuaded the Health Minister Leslie Griffiths to allocate a £50m. "rural premium" to cover three years.

Mixed messages from the Health Board

Peter asked why, if the Health Board now agrees with the need for 24-hour A&E and Emergency Surgery at both Bronglais and Withybush, there were clear signs of developments in Carmarthen preparing to centralize services there. He highlighted the opening of a new 18-bedded Critical Care Unit (CCU) at Glangwili in August which, together with the six Critical Care beds in Prince Philip, brings the total of such beds in Carmarthenshire to 24, compared with only ten in Pembrokeshire. This is far greater than necessary on the basis of the populations of the two counties. Likewise the available inpatient bed allocation in Carmarthenshire is far greater than would be predicted from the populations, even without taking into account the significant leak of patients that already occurs, from South East Carmarthenshire to Morriston Hospital, because for over 90,000 people it is closer to them than Glangwili. Tony Chambers explained the process that had occurred in developing the Glangwili CCU which went hand in hand with the development of an Adult Clinical Decision Unit (ACDU), which had fallen behind the state of the art ACDU that had already been built in Withybush. Also there is a significant intake of South

Ceredigion patients who come to Glangwili rather than Bronglais – he said about 20,000. Tony agreed to discuss this further by email with Peter.

"Rubbishing" of current services

Peter stated that any member of the public reading the Health Board's "Your Health Your Future" Discussion document would be left believing that he or she is currently the victim of a universally substandard service, and that clearly there is no option to change. Peter pointed out that, while it is accepted as anywhere that there are holes in the service – you can never be good enough – there are many areas providing a state of the art service that can be shown to be so by national audits. He advised that it was the duty of the Health Board to publicly correct this impression and to do nothing to damage services that were already good. Chris Martin acknowledged this point.

Colorectal Cancer

It was generally agreed that Colorectal Cancer could be managed at Withybush alone (since it is already an established Centre of Excellence) or between Glangwili and Withybush. Peter pointed out the need to maintain 24-hour Emergency Surgery at Bronglais and that this could be achieved through the Colorectal Cancer MDT. Suitable cases not requiring laparoscopic surgery could be managed at the discretion of the MDT by open surgery in Bronglais. It would therefore be possible to maintain surgical skills and training there, and provide for a 24-hour emergency service to support the A&E.

Orthopaedic plans at Withybush

Peter asked what all the "hoo-ha" was about for the Withybush Orthopaedic ward (1). There is apparently a plan to close it to Orthopaedics from April 2012, replacing it with some "fractured neck of femur" beds under a new ortho-geriatrician on a medical ward (because this type of patient usually has multiple medical problems) and some beds on another surgical ward for unspecified orthopaedics. Peter pointed out that if that orthopaedics did not include elective hip and knee replacement, then no surgeon would be willing to come to Withybush to deal with what remained. So the "fractured necks of femur" would be lost and all trauma. This would lead ultimately to loss of A&E and downgrading of the hospital. Peter asked for a guarantee that elective hip and knee replacement would continue. Tony replied in general terms. No guarantee was forthcoming.

Delay in plans for Renal Dialysis Unit

David highlighted the breaking news that there is further delay in the plans for the Renal Dialysis Unit. Chris Martin confirmed this, apparently the Welsh Assembly Government have stated that the current plans are too expensive, partly because of the need for car park redevlopment consequent on the siting, and demanded a rethink. He informed us that currently alternative and less expensive options elsewhere on the Withybush site are being explored.

Delay in plans for Chemotherapy Day Unit (CDU)

David asked why, when the throughput of the Withybush CDU was over one and a half times that of the Glangwili one, and charitable funding has been available for a redevelopment for over four years, we see not only redevelopment of the Glangwili unit, but also an extension of that – there was £300,000 spent on this extension that was opened in September 2011. Chris Martin replied that he was not sure why, but that there was now a plan to use the new outpatient area of Withybush (to the left of the main entrance) for a new CDU.

Allocation of charitable funding for Chemotherapy Day Unit

David asked if any charitable funding donated for Pembrokeshire use had been re-directed to Glangwili. Chris Martin replied that definitely this had not happened. However he did state that there were several categories of charitable funding, some of which were allocated for use by Hywel Dda as a whole rather than regions within.

The meeting broke up about 7.0 p.m.