

Your Health - Your Future

A Consultation Document of the Hywel Dda Health Board

August 2012

Care Closer to Home – Minor Injury Units

The Hywel Dda Health Board requires the views of the public on its proposals to:

‘Reprovide the Minor Injuries Services at Tenby and South Pembrokeshire Hospitals, to be delivered from GP Practices – with staff redeployed into Withybush Hospital. (once primary care services are in place)

Following a presentation by Hywel Dda Health Board members and ensuing discussions amongst nearly 100 South East Pembrokeshire Community Health Network members, there are a number of key issues that have emerged that bring into question the soundness of the planning process undertaken by the HDHB. These include:

1. GP participation has not been agreed

- Saundersfoot GP practice has indicated its opposition to the proposal. They have stated that the closure of the TCH MIU would be significantly deleterious to the health needs of the local population and indeed the visiting holiday population. Tenby GPs too have said that they share the concerns of the general public over the proposals. How can the Hywel Da Health Board ignore such medical opinions? The doctors have a nationally agreed contract which would have to be renegotiated before any changes could occur.

2. A detrimental effect on Minor Injury Unit opening hours which will be insufficient

- One of the main problems with the proposals is that the opening hours and therefore the available service will be drastically reduced from the 8 am to 10 pm, seven days a week opening that the unit has offered. The proposals for new GP surgery opening hours may include a few hours on a Saturday morning and closure for most of Saturday and the whole of Sunday. This would mean a lack of MIU provision for most of the weekend period, Bank Holidays, which are so busy and important to the local economy and also the evenings.

3. The Health Board has not researched in sufficient detail the effects of the closure on the community of South East Pembrokeshire

The proposed changes would have serious effects, especially considering the social geography of the South East Pembrokeshire area.

- The resident population within 5 miles of Tenby Cottage Hospital is now approaching 20,000 people according to census estimates. This is probably the largest concentration of rural population within the Hywel Dda Health Board area.

- The summer population increases to over 50,000 people as visitors flock to the area. As ours is a National Health Service they too require care whilst in Pembrokeshire. The MIU supports the main industry of our community, which is tourism, and the Health Board plans threaten its prosperity.
 - For most of the weekend period, the nearest minor injury service will be at Withybush Hospital, some 23 miles away, or alternatively at Glangwili Hospital 27 miles away. Of all the towns of Pembrokeshire, according to AA figures, this is the furthest to travel for a hospital service and therefore the Health Board is proposing that largest concentration of rural population in the County travel the furthest for this service. This is ironic considering the Board's aim of bringing; 'Care Closer to Home'.
 - The nature of the population SE Pembs is also important to consider. According to the latest census figures available, 25.65% is over 65 years of age: 10.9% report that they are not in good health and 22.3% report a limiting long term illness. It is these people that require a service close to home not involving complicated journeys to a hospital for minor injuries treatment.
 - The problems are compounded when other factors are considered. Car ownership is low. In the two Tenby County Council wards 40.5% and 29.6% are without their own car transport.
 - The transport system is often poor. The bus service from Tenby to Withybush takes 1.5 hours and from Amroth an additional 30 minutes. From Amroth there are only three summer Sunday services and there are no winter services.
 - A single taxi service from Tenby to Withybush costs £40 with £15 an hour waiting time. It could be possible for a hospital visit to cost nearly a £100.
 - In a recent meeting, a Board Medical Director, Mr Robertson Steel, when questioned about such problems, advised the people of this area to buy first aids kits and start saving £20 notes for the fare. Is that the level of service the Hywel Dda Health Board plans for this area?
4. **There will be a detrimental effect on this rural population, (by definition fewer than 10,000 inhabitants) which brings into question the role of the Welsh Government Rural Health Plan**
- These are situations that the WG Rural Health Plan highlights in its report, but the problems do not appear to have influenced the thinking of the Hywel Dda Health Board which appears to be creating a situation where the disadvantaged in society are further being penalised. Is there need for a Strategic Needs Assessment?
5. **The use made of the Tenby Cottage Hospital MIU has not been sufficiently considered**
- The TCH is the busiest minor injuries unit in the Health Board area. In the Technical Paper provided by the Board, are figures for the last full year of operation, 2010-2011, in which 5,324 patients were treated.

- During the enforced closure in 2012, 22.8% of admissions to Withybush A and E came from South Pembrokeshire. Not only is this not an insignificant number, but also it illustrates the numbers forced to make a substantial journey to receive minor injury treatment. According to information provided to the SEPCHN, if the Nurse – Patient ratio be compared in the two bases then the use of the TCH MIU is not inconsiderable.
 - Figure 14 of the technical paper also illustrates the seasonal nature of use of the TCH MIU, with very high figures for the summer months, illustrating once again the importance to the local tourist industry. The question arises as to how the surgeries would cope with this seasonal influx and are there sufficient facilities to cater for them?
 - Moving the service 5 yards from state of the art TCH MIU facilities to a location in the GP surgery that does not have them can only bring a diminished level of service.
- 6. What efforts are being made to train and recruit the large number of Emergency Nurse Practitioners required for this new system?**
- At the beginning of 2012, the south County units were closed because of staffing shortages at Withybush A and E. As well as a consultant shortage, there was a shortage of Emergency Nurse Practitioners, who are specially trained nurses who man the unit. The MIU 's in the south of the County were closed in order for the units' ENP's to support the A and E. Despite assurances that more nurses were to be trained for these positions, there is very little evidence that this has occurred as in its plans the Health Board envisages the nurses to be based at Withybush on a full time basis. In its plans for GP surgeries to undertake minor injury work, there are statements that all surgeries will have trained nurses for this function. Where is the evidence for the training and appointment of these vitally important personnel and what are its timescales?
- 7. The Health Board is wasting its resources by closing the TCH MIU**
- The TCH MIU has up to date facilities based in modern premises. There appear to be no plans to utilise these superb arrangements. In its plans the Health Board emphasises, 'the need to make best use of its resources'. Surely it is failing in a major way in this regard and is guilty of wasting its resources. At the same time the Hywel Dda Health Board states that one of the challenges it faces is that, '...Too many people use our emergency and urgent care departments when they could access more appropriate care through other services'. Surely by closing the TCH MIU this will mean even more people using A and E.
- 8. The HDHB has failed to consider public opinion**
- It was only nine months ago that a petition of 2,500 South East Pembrokeshire signatures was presented to the HDHB protesting at the closure of the MIU and demanding its reopening. This has been totally ignored by the Health Board.
- 9. There is a total lack of flexibility in the Boards planning**

- Why is the Board attempting to enforce one simple model for the whole area it covers? Surely there are different circumstances throughout which demand a more flexible approach. The South East Pembrokeshire and Tenby area is a unique case, which has been described earlier, and which warrants a different form of provision. The impression is given that there are individual Board members blindly tearing apart a successful working system without careful investigation of local needs. It is resulting in a 'Lowest Common Denominator' approach which will seriously damage minor injury provision in this part of the County.

10. The proposed new system will bring additional costs and not bring about savings

- The need for additional facilities and training of specialist staff in the new locations will mean additional costs. It is also very likely that ambulance expenditure will also increase. It seems unlikely there will be savings.

For these reasons the SEPCHN at its recent meeting opposed the proposed plans and demanded retention of the Tenby Cottage Hospital Minor Injury Unit. The proposal, for the reasons outlined, was unacceptable and was to be fought. The retention of the Tenby Cottage Hospital Minor Injury Unit, which performs such a valuable service, is important to our community. The proposals of the Hywel Dda Health Board will mean a marked deterioration in provision for minor injury care.

We, the members of the South East Pembrokeshire Community Health Network demand that this proposal be omitted from the Hywel Dda Health Board Consultative Plan.

With regard to the question in the consultative document, for the reasons that have detailed in this document, the South East Pembrokeshire Community Health Network strongly disagrees with the proposal to transfer the minor injuries service at Tenby Cottage Hospital to local GP surgeries and redeploy the Emergency Nurse Practitioners that work there.