

P-04-440 : Say NO to Asset Stripping Bronllys Hospital

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1. I refer to the letter dated 8th April 2013 signed by the Chair of the Petitions Committee, William Powell AM, and to our subsequent telephone conversation. I note that the Petitions Committee is considering a petition which collected 2,220 signatures and was submitted by Mr M Eccles.

For the record: 3,144 signatures were submitted. Here the CHC states that only 2,220 signatures were collected - later in the document they correct this to 3,144 signatures, and then dispute the relevance of these (see page 6 & 7 below).

2. The Petitions Committee ("the Committee") will be aware that Powys Teaching Health Board undertook engagement in 2011 with the communities of south east Powys following the publication of its discussion document entitled "New Directions for Health Care Services for South East Powys". In January 2012, the Community Health Council responded to the engagement process. In particular, the CHC informed the Health Board that it (the CHC) would require the Health Board to undertake formal public consultation about any proposals to transfer the stroke rehabilitation unit, currently provided at Bronllys Hospital, to Breconshire War Memorial Hospital. In September 2012, the Health Board published its public consultation document which indicated its preferred option to relocate stroke rehabilitation services (the stroke unit) at Bronllys Hospital to Breconshire War Memorial Hospital.

PtHB did not engage properly and were not straight with it's South East Powys Community.

- (i) The PtHB were using the "New Directions consultation" as part of its plan to get a green light for the replacement of the whole of Bronllys Hospital, with a private Nursing Home.**
- (ii) They were only supposed to consult on the Stroke Unit. However the CHC permitted them to issue a document in September 2012 which purported to be a Strategy for the Future of Health Care Services in South East Powys.(Hence our response that the process was one of "smoke and mirrors".)**
- (iii) Here the CHC is accusing the PtHB of ignoring the CHC's January 2012 response and of going ahead with the subsequent PtHB September publication document. Are you expecting us to believe that the CHC did not know that this was to be the case? And even if they did not, why was the CHC ignored by the PtHB? And why did the CHC not protest, and prevent what can best be described as a debacle?**

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- (iv) Just as the CHC used their poorly advertised and poorly attended Stakeholder Workshops as a cover to justify a switch from a two hospital solution, the PtHB were using the New Directions Consultation to close Bronllys as a NHS Hospital. And the CHC have allowed the PtHB to get away with it.
- (v) The 'Say No to Asset Stripping Bronllys Hospital' petition reflected the wishes of the community and the CHC has not stood behind this. This has nothing to do with a community just saying 'No', this has to do with the fact that neither the CHC nor the PtHB are thinking *Strategically* and are forging ahead with illogical short-term '*solutions*' which will not provide for the future requirements of the Region. [AMs should be aware that the PtHB (in partnership with the CHC) are doing this again in what they call 'The South Wales Programme'. In this instance the PtHB are proposing a Strategy for the Future of A&E Services in South East Powys on the assumption that a not yet approved £200,000,000 capital budget for an additional A & E facility will be approved and built in less than 18 months from today - (the so called Specialist and Critical Care Centre in Cwmbran - the PtHB even have picture of a 'model' of it on their brochure, indicating that it already exists!). There is no Plan B. This is *cloud-cookoo-land strategic thinking* and is a disgrace, and worthy only of a banana republic. How can anyone have confidence in a Health Board, in partnership with a CHC who does this?]
- (vi) The CHC also received over 60 'No to moving the Stroke Services' responses that we helped deliver. What is the point in eliciting a 'no' response, if you then decide that it should be ignored?
- (vii) Legitimate reasons were given for the 'no' which have not been addressed - the first was that the Brecon Hospital will not be able to adequately cope with current peak demand; the second that the Brecon Hospital option provided no possibility for expansion for known future demand; the third is that the Brecon site cannot accommodate vehicular access/parking.

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In going to the expense of publishing and distributing a 'smoke and mirrors' consultation document, then doing an 'about turn' when the strategy was rumbled, the CHC SHOULD have ensured that the consultation was declared invalid. It was not clear to the wider public, (who only had access to the confusing report), what the consultation was about, nor was it well advertised. The only reason for the quite high attendance was the informal advertising by health activists, and that had nothing to do with anything the CHC had initiated.

3. As required by the Community Health Council a period of public consultation was initiated from 24th September 2012 to 30th November 2012. Towards the end of the consultation period – on Wednesday 28th November 2012 – the CHC Chair and Chief Officer received representation from Talgarth Town Councillors and the Chair of the Bronllys Hospital and Community League of Friends requesting an extension to the period for responses to the public consultation. I must advise that the CHC did not receive similar representation from any other areas of south east Powys. However the Community Health Council responded positively to the representations made and agreed (in conjunction with the Health Board) to extend the period of consultation until Friday 14th December 2012.

A number of Councilors and Councils from the rest of the area wanted the process declared invalid. Other representatives were not present at the meeting on 28th November, as they had not been invited. And there are a number of other reasons why the CHC did not receive a request for an extension from any other areas:

- (i) Agreeing to an extension would give some sort of ambiguous validity to the consultation. A number of stakeholders decided that this was not what they wanted to imply.**
- (ii) There was so much confusion, and so little time, many of the local councils and stakeholders were unable to meet in time to respond to the 'extension' proposal.**
- (iii) Many felt that this was another CHC whitewash strategy, and that an extension would make no difference to what they perceived as a fait accompli.**
- (iv) What difference would a few extra days make in an entirely confusing process anyway?**

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The focus on gaining 'an extension' detracted from the real focus of the public which was on communicating to both the CHC and the PtHB their wholesale disapproval of the proposal.

In the case of our petition, the closing date was by that time fixed - so the CHC's extension was irrelevant.

4. In respect of the period of engagement in 2011 and the formal public consultation in 2012, the Community Health Council followed the guidance issued by Welsh Government in March 2011 to the NHS entitled "Guidance for Engagement and Consultation on Change to Health Services".

We would jolly well hope so!

However, this issue is not about ticking boxes, it is about representing the views of the people of South East Powys which the CHC has palpably failed to do. There is an institutional malaise within the CHC's culture and it is time our political representatives addressed the issue.

5. In relation to the general principles for managing service change the Welsh Government guidance advises that a CHC should: **Etc.etc.**

The CHC carried out its responsibilities in the context of the guidance.

In our view, and based on our submission above, and our comments below, the CHC has FAILED to carry out its responsibilities in the context of the guidance on the following points:

- carefully consider service change proposals and assess their benefits and risks to the community as a whole as well as particular groups
- take a strategic and "whole system" view of change proposals, and consider whether they are in the best interests of health services
- 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

The CHC has never provided the Coaching and Counselling of its stakeholders in respect to the points above. Its function is to work with the community and prepare objections which are acceptable. It is to safeguard the public from crass strategic thinking on behalf of a Health Board. It is to think on what is best for the community, aside from a Health Board's wishes, and to work with the community to voice community objections in a coherent manner.

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This CHC believes it is there to tick boxes, to support the Health Board in getting short term policies through the 'system' and to 'arbitrate' between the public and the PtHB - as though it is some sort of 'overlord'. However, it has little real interest in engaging the public (it does not even have an email list of interested members of the public, nor does it collect these as a matter of course at it's focus meetings; nor does it require that the Health Board do so at its public meetings); it does not explain the implications to the public of Health Board proposals, nor why the public might or might not wish to support such proposals; nor how any particular proposal fits into an overall strategy, no attempt is made to explain the effects of proposals on critical community statistics - effects on number of deaths a proposal may have etc.; nor does it counsel on how best to prepare objections and counter proposals; nor does it assist the public in preparation of these; nor does it undertake any sort of robust scrutiny of PhTB financial statistics either with or on behalf do the public, and finally, it shows no signs of being pro-actively in support of the community it serves.

This CHC seems to think that the opposition to the Stroke Unit move has to do with some sort of inconvenient sentimentality on behalf of those who happen to like Bronllys Hospital. This is not the case. The opposition has to do with the what appears to the public to be a crass and cynical move by bureaucrats to close a hospital that is located in the best possible location to serve the needs of the community into the future.

In short, the public are opposed to short term thinking. They have lost confidence in the checks and balances set up by government and feel they are being manipulated while their healthcare services are being dismantled and destroyed.

8. The Welsh Statutory Instrument 2010 No. 288(W.37) [The Community Health Councils (Constitution, Membership and Procedures)(Wales) Regulations 2010] advises at Schedule 2 that this Community Health Council relates to the district of Radnorshire and Brecknock which forms part of the Principal Local Governance Area of Powys. In performing its functions, this CHC must have regard to the need within Brecknock and Radnor:

(a) for systematic, continuous engagement with the local population and community groups within its district, in order to appropriately represent the

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public's view on the operation of the National Health Service within that district;

(b) to consider any proposed new service or service change within the context of such current priorities, resources and governance structures as are notified to it by the Welsh Ministers; and

(c) for constant evaluation of existing health services in its district.

In this regard, the CHC noted that of the 3,144 signatures, 82 were individuals resident in Brecknock and Radnor. The remaining signatures were resident in areas beyond the district of the CHC. Consequently I have to advise that the CHC did not have and does not have the authority to represent the views of patients and public resident beyond its area. Nevertheless, members received and considered the points submitted by the author (s) of the petition. CHC Members had to consider all the views expressed in the context of the both south east Powys and the catchment areas of the stroke rehabilitation unit, which includes much of the north of Brecknock and Radnorshire in addition to south east Powys. The Welsh Government guidance expects CHCs to *'take a strategic and "whole system" view of change proposals, and consider whether they are in the best interests of health services'*. The CHC had to carefully consider the proposals and assess their benefits and risks to the community as a whole as well as particular groups. In assessing the impact of proposed changes the Community Health Council is not permitted to take a partisan role.

Evidently, it would appear the CHC cannot read or perform simple maths. Of the 3,144 signatures they claim ONLY 82 individuals were living within the CHC constituency - but condescendingly they also state that they tolerated the submission, and go on to say that the CHC is obliged "not to be partisan". In ignoring over 2,400 of the signatories who do live within the constituency, we must conclude that the CHC has largely ignored the views of the community.

Patronizing, is perhaps the least that could be said about this paragraph. I imagine this must be either gross incompetence, or crass stupidity on behalf of the CHC. The petition was signed overwhelmingly by people who live within the CHC constituency, or by those affected by its services.

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Does this not beg the question as to the competence and attitude of the current CHC as it is currently constituted?

Is the CHC intending to mislead the Committee into believing that only 2.6% of 3,144 signatories live in the CHC's constituency? The plain fact is that almost 80% of the signatures live in the constituency, and a significant number of the remainder live in the Region, or use the local hospital services.

Here is the correct breakdown of the Petitioners figures:

Of the 2,534 signatures on the Paper petition - 2,411 live in the CHC's constituency. On the Online Petition, 82 are down as being resident in the BnR area, and significantly more are affected by the proposals as they also live in the Region, or live in areas which use the hospital's services.

We used the online petition largely to elicit signatures from visitors to the constituency or relatives of the CHC's constituents, all of whom do or have or may use the services, and of course other interested parties will have found and supported it (this is after all, the age of the internet).

So it appears that the CHC, in this instance, is unable to do simple math, or pick up improbable mistakes.

If the CHC can't even correctly analyze the results of a petition, what confidence can we have in their being able to comprehend or analyze the complex financial proposal of the PthB, or to assist the public in doing so?

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8. The Petitioners to your Committee have stated that *they* (the CHC) *created a consultation process that was all smoke and mirrors*. I should emphasise to the Committee that the CHC did not create the consultation process. The Health Board and CHC in partnership followed Welsh Government guidance concerning the public consultation process. At the first public meeting, it was evident that the Health Board's consultation document was not as clear and as straight forward as it should have been. At that and subsequent meetings the Health Board delivered a clearer presentation about its proposals. As stated above, whilst the consultation document was not as clear as it should have been, it did contain details of the Health Board's option proposals and the preferred option to transfer stroke rehabilitation services from Bronllys Hospital to Breconshire War Memorial Hospital. In its formal response to the Health Board, the CHC made it clear to the Board that future consultation documents had to be clear and understandable. In short (CHC) members expect improved quality documents that are "to the point".

We apologise for this error above and would like to make amends by stating:

"The Health Board in partnership with the CHC created a consultation process that was all smoke and mirrors."

Please refer to our response on pages 1, 2 and 3 above.

What we find unacceptable in the response in para 8 here, is the suggestion that the CHC had not had sight of either the documents the PtHB were going to present - or the full presentation - or the printed consultation document, prior to the first consultation.

The CHC here is trying to blame the PtHB. This is buck-passing at its worst. Then, rather arrogantly, it takes the 'high' ground by apparently telling the PtHB off!

Why, between BOTH the CHC and the PtHB, did they not realize that the consultation was fundamentally confused and flawed before it was even started?

How could they possibly have missed this? How could anyone not interpret what happened as both the CHC and the PtHB hiding their real agenda within a somewhat complex and wooly document in the hopes that the public would not realize what was going on?

The only conclusion is that the two 'partners' were in cahoots.

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9. CHCs listen to and consider the views expressed by public and patients and seek to reflect them in their work. If a health proposal is unpopular, CHCs are not able, simply, to say "No" and reject the proposal out of hand. The Welsh Government guidance is clear about how CHCs should respond if it cannot support a proposed service change, ie when the CHC considers the proposed change is not in the interest of the area. In the context of south east Powys members considered the Health Board's preferred option, for stroke rehabilitation services would be in the interests of the entire area.

Finally, we get to the nub of the matter. There is no question that the Health Board's proposal is unpopular. But it is not unpopular out of some sort of sentimentality. It is unpopular because it is crass, short sighted, ill thought through, and down right stupid.

Why move a renowned, successful and well established facility to a location which is not able to cope at peak times, has no growth potential, and has an insolvable parking problem? The only reason to do it is to compound a previous error - in this case, the use of capital funds wrongfully spent to provide an inadequate facility in the wrong location, when those funds should have been spent in upgrading the Bronllys site.

For the CHC 'members' to have concluded that the dismantling of the Stroke Unit in Bronllys was in the interest of the entire area just makes the public realise that the CHC 'members' themselves are not fit for purpose.

The CHC has not considered the proposed changes properly because it has not been able to answer serious concerns put by clinically, logistically and financially experienced people in it's community.

These vital questions have also not been answered by the PhTB.

We must have these answered before more people suffer and die prematurely as a result of lack of managerial competence and strategic planning. These are the questions that we feel the Petition Committee need to be asking of the PtHB.

The petition was not just about the removal of the Stroke Unit and that Consultation.

Lastly, what is the CHC doing about plans for Bronllys? The CHC makes no reference to that. They appear to be more focused on their piecemeal consultation than on the bigger picture. Yet another example of a lack of strategic thinking.