

P-04-479 Tywyn Memorial Hospital X-ray & Minor Injuries Unit Petition Unit Petition – Correspondence from the petitioner to the Committee, 20.11.2013

To: The Petitions Committee.

Re:

At the meeting in Prestatyn you asked us what we want you to do. In response I have compiled the following.

As per the original petition request

1. Ensure fair treatment for patients in Tywyn & District.
2. Ensure that the Minor Injuries Unit in Tywyn Hospital is able to operate for longer hours (e.g. 8am to 8pm) to serve the local rural population and to cover outside the normal Doctor's surgery hours.
3. Ensure that the skilled staff are treated fairly & are offered reasonable contracts of a reasonable length (they are currently only for 6 months), including appropriate training to make good decisions about assessment, appropriate treatment or referral needed by their patients. (Morale has been severely affected).

As acknowledged at the meeting on the 11th November 2013

The MIU situation in Tywyn & District needs to be seen as part of a larger problem in the region involving General Hospitals, A&E departments, Out of Hours Service, Ambulance Service and transport generally. Therefore the following are suggestions-

4. Create a mid-Wales health area centred on Aberystwyth to act as a hub for rural services. Urban solutions do not fit rural areas. Bronglais Hospital, as part of a Health Board based in the South but serving an area West, South & North of Aberystwyth cannot compete against demands from more populated areas in the South of the Hywel Dda area, especially when Hywel Dda does not consider South Meirionnydd to be in their area. Clearly define the mid-Wales area & population to be covered including North Powys, Ceredigion & South Meirionnydd. A mid-Wales coordination group was promised but does not seem to be happening.
5. In rural areas - ensure satellite local facilities and trained staff nearer to patients and origin of need for **Unscheduled Care Services** to check, assess, treat or refer as necessary. (At present nurses with the required training & experience are being stopped from doing this). These satellite local facilities, in our opinion, are key to a satisfactory service in rural areas. They can be seen as outriggers to the A&E departments filtering out the minor problems which do not need A&E specialist skills or equipment. The vast majority of Minor Injuries do not need to go beyond this level. Cases where the assessment is that A&E specialist skills or equipment are needed should be referred and transported quickly.

Doctors' practices do not normally provide this service. Ideally they should, but no doubt it would be difficult and take a long time to renegotiate contracts.

Community nursing is essential for "closer to home" treatment but does not provide this unscheduled service.

Result:

- reduced A&E workload

- reduced “Out of Hours” service requirement.
 - increased patient satisfaction & early availability of treatment.
 - minimum transport required
 - patients transferred to A&E or specialist sites only when required
 - avoidance of patients delaying treatment because of perceived or real difficulty of access to medical opinion & consequently the condition becoming much more serious.
 - ambulances (including Air Ambulance) called less frequently; only when required to transport patients to A&E or other medical services. (Because there is limited early assessment & check available now, patients are being transported (sometimes by helicopter) to General Hospitals & being discharged the same day. (Source: local nurse).
 - reduced carbon emissions by patients, relatives & friends
 - reduced cost to the Health Service and the patient. (Patients taken to A&E have to pay for the journey home. Bronglais to Tywyn taxi in late evening / night costs £70. (Actual example: elderly patient (80+) with heart problem discharged late at night after receiving treatment. Fortunately he had a credit card!)
 - reduced inconvenience & cost to relatives & friends.
6. Improve or change the **Out of Hours Service**. Insufficient doctors are available (only 20% of doctors in North Wales are willing to do out of hours work) and at such distances from the patient that assessment & treatment is not quickly available. (We have several examples following implementation of reduced MIU availability on 1st October 2013). Public transport is not available to patients. Ideally doctors, or groups of doctors, should be on call to deal with their own local areas & patients. However I’m sure there will be considerable resistance to changing their contracts to include this.
7. Improve **transport** to medical facilities of all kinds if possible. It not feasible in a rural area to ensure that sufficient ad hoc usage of public transport for medical reasons is economical. It may be possible for special mini-buses or cars to be used in some circumstances (some have been provided in the past) to transport patients who need regular checks or treatment but would need much coordination. Public transport improvement for unscheduled care is probably not realistic.
8. Improve the **Ambulance Service**. Ensure that the ambulance service is not understaffed and aim for those providing emergency care to be staffed by two people in rural areas. Often two people are needed to lift or care for a patient being transported, and, in that circumstance, if an ambulance attends with only a driver, another ambulance has to be called. With long distances being involved there is potentially much wasted staff time & vehicle time. In urban areas this may not be such a problem since backup ambulances do not have so far to travel and take so much time doing it.

Brian Mintoft

Secretary, Tywyn & District Health Care Action Group.

Attachments:

1. Map showing travel times to Unscheduled Care Services in North Wales as shown at the Petitions Committee Meeting 11/11/13.

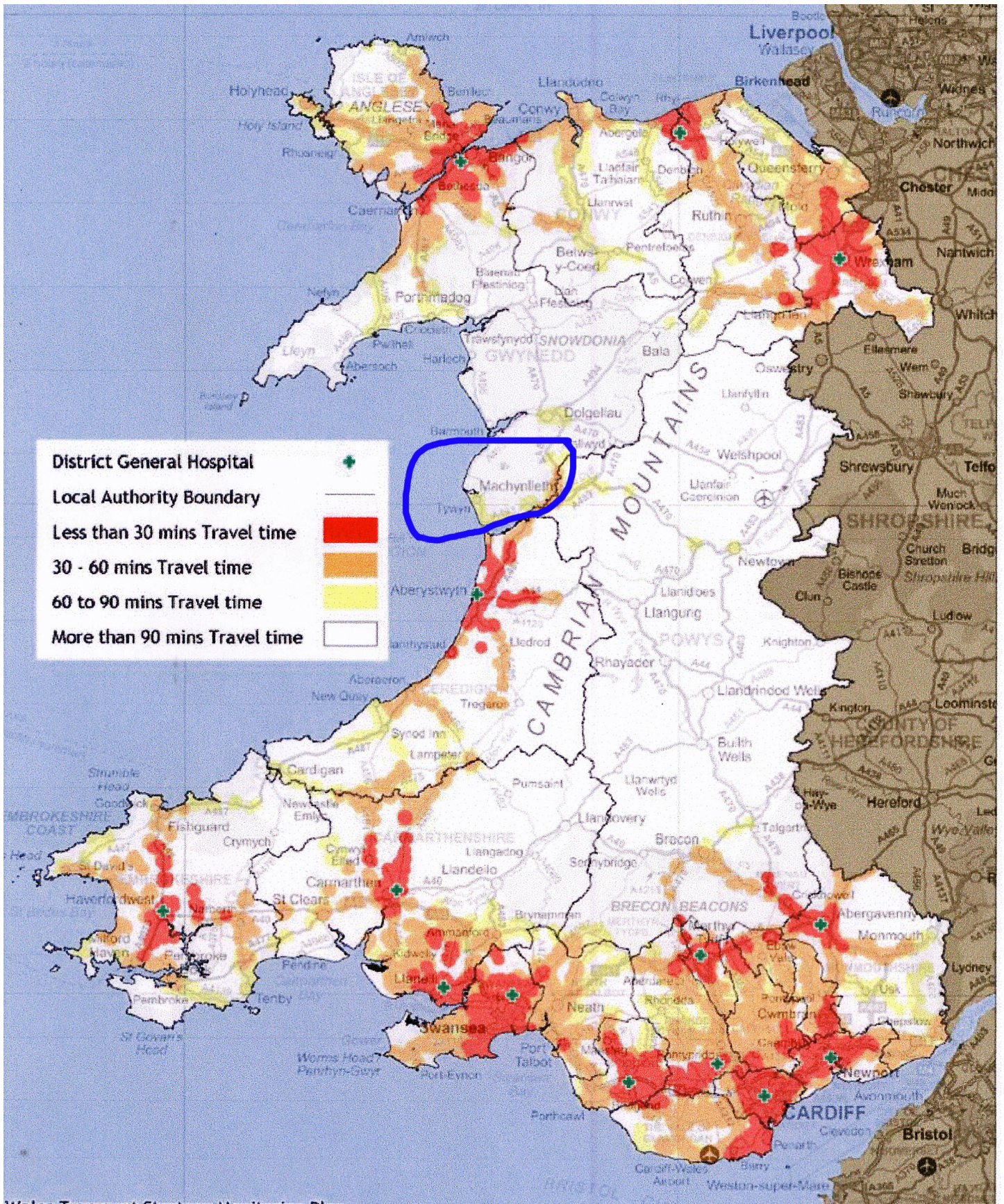
Source:

National Public Health Service for Wales Rapid Review of Hospital Element of Unscheduled Care Services in North Wales

Author: Margaret Webber Date: 29/4/09 Status: Final

Version: 1 Page 13 of 13 Intended Audience: Expert & Stakeholder Groups

2. The text of a 5 minute presentation we had expected to use at the Prestatyn meeting to be followed by questions. **“Downgrading of local unscheduled care services (MIU) in Tywyn & District”**.
3. A letter to the Petitions Committee from Jennie Windsor, Petitioner, who was present at the meeting on the 11th November 2013, regarding some of the issues raised by the Committee at that meeting.
4. A document outlining the weakening of services offered at our nearest General Hospital, Bronglais, Aberystwyth, which is managed by the Hywel Dda Health Authority, and the shift South to Carmarthen of some of the services. **“Some facts about Bronglais Hospital.”** 8/11/13. Any downgrading of services available to us in this area is of great concern.



Wales Transport Strategy Monitoring Plan

Downgrading of **local unscheduled care services (MIU) in Tywyn & District.**

Thanks to Petition Committee for interest & being willing to allow us to talk to them. (11/11/2013)

Two words I want to emphasize right from the beginning are –

Availability Accessibility

In general, the focus in Health Care at the moment is on reduction of cost, improved quality of service & outcomes, which we all want. **However, excellent facilities without availability & accessibility to the patient are no good.**

1. The petition.

In Tywyn Hospital **X-ray facilities** have been saved from closure & I can report that the morning session is fully utilised & the afternoon session well utilised.

The minor injuries unit reduced the hours of availability from 1st October & we are already seeing problems for patients. Opening times for 6 months of the year have been reduced to 10am to 6pm with no availability at weekends.

2. The Context:

I think I need to briefly outline the context of our area to understand the importance to us of local **unscheduled** care services.

Prestatyn is 75 miles from Tywyn; Over 2 hours travelling by car to get there! Technically our area is part of Gwynedd & considered as North Wales.

In logistical terms we are better considered as being in Mid-Wales as can be seen from the map. Our nearest General Hospital is Bronglais at Aberystwyth which is 35 miles (one hour) away. It can be reached by public transport but needs careful scheduling to get there and back. Other General Hospitals are at

- Wrexham 130 miles round trip (over 3 hours),
- Bangor 140 miles round trip (just under 4 hours)
- Carmarthen 160 miles round trip (4hrs 40 mins)

(I include Carmarthen because it is obvious to us that Bronglais Hospital facilities are largely being moved to Carmarthen and without surgical backing the A&E will probably be downgraded).

Excluding Bronglais, These are the nearest A&E facilities. (Except Shrewsbury hospital is nearer).

We have no dual carriageways within 60 miles.

For comparison Cardiff to Carmarthen round trip is 132 miles (less than 2.5 hours), Cardiff to Hereford is less than 120 miles round trip (2.5 hours). Imagine A & E depts. being that far away!

In our area the Golden Hour target is largely not attainable. It can be achieved occasionally using the Air Ambulance (known by local nurses & doctors as the Tywyn taxi) which is not even an NHS provided means of transport.

3. In this context the Minor Injuries Service (unscheduled care) in South Gwynedd (South Meirionnydd) is vitally important.

- i. **We note the aims of BCUHB from their Equality Impact Assessment published in January 2013 (P18) “The proposals aim to provide equality of access and service provision across the region”. We believe this not to be achieved in the case of Tywyn & District.**
Actual achievement: Worse services provision to the community.
- ii. ***NB. Tywyn hospital investment is intended only for re-homing of the existing Tywyn Health Centre & provision of care for the dying & rehabilitation beds in a new ward. No change for X-ray or minor injuries treatment (unscheduled care) is planned. It is a capital project – unlikely to lead to staff & services increase).***
- iii. We wish to acknowledge the dedication, skill & willingness of doctors & nurses to provide necessary treatment wherever & whenever they can. One exception is the “Out of Hours Service”.
- iv. We do not have the same confidence in managers within the Health Board who often seem to go for short-term cost cutting & as a result do not demonstrate joined up thinking & benefits for the patients & their relatives.
- v. Front line staff is not valued, morale is undermined, training & skills are wasted. Only 6 month contracts are being offered to nurses in Tywyn. Shorter hours have already been implemented and the future is uncertain. Recruitment therefore becomes a problem.
- vi. The model of health care being implemented may suit urban environments but it does not suit rural ones. **The NHS aims to provide higher quality in fewer places with poorer accessibility & availability.** Care in the Community is the aim but for minor injuries we have to travel further to get unscheduled care outside “normal” hours during the week and any time at weekends for 6 months of the year.
- vii. There is no dispute about **specialist** services being concentrated in fewer locations to improve experience & skills of surgeons & nursing staff & outcomes for the patients.
- viii. We do dispute over withdrawal of local minor injury examination, assessment, diagnosis, possible treatment & speedy referral when required. Nurses with training & years of experience in diagnosis are now being stopped from doing that. New, 6 month contracts being offered do not include any such training. The result is more pressure on A&E Depts.
- ix. Joined up thinking should look for local speedy contact, examination & diagnosis using appropriate equipment, using telemedicine if necessary, to deal with the maximum number of patients close to home & the place of the accident/incident. More serious or difficult cases can be referred quickly to specialist

centres. The benefits are a reduced need to deal with patients in more expensive specialist centres as well as **speedier appropriate treatment**.

- x. The Health Minister statement of July 2013 about reduced MIU hours states “..... *so that people can be confident that they will get the minor injuries service they need from GP surgeries, the out of hours service and their community hospitals*”. GP surgeries do not provide for unscheduled minor injuries care, are available only 4.5 days per week and close for treatment at 5pm. They do not open at weekends. The “out of hours” service, because of lack of personnel (**sometimes only one doctor between Bangor and our area**) & distances involved will frequently refer people to A&E services or Alltwen (80 miles round trip). There are only 20% of North Wales doctors willing to work “out of hours”.
- xi. Patients who receive no treatment, have to travel long distances or have to wait many hours to obtain treatment, are not monitored by the NHS. We aim to set up some systems to let patients report these instances using social media. Reduced footfall will eventually lead to more reduction & even closure of the facility.
- xii. **What differences would we see if there were targets for door to door treatment? Waiting times door to door would be very revealing!**
- xiii. Can we learn from the Australian Health Service which has enormous rural areas to cover & various methods to cope with this?

Instead of providing equality of access and service provision across the region, we believe the situation has been made much worse.

To: National Assembly for Wales Petitions Committee 16th November, 2013

Evidence Sessions P-04-479 Tywyn Memorial Hospital X-Ray & Minor Injuries Unit Petition (page 152)
Brian Mintoft, Lead Petitioner Jennie Windsor Petitioner

Thank you for your kind attention to details of this petition which we were given the opportunity to convey to you at the meeting to which we were invited to attend on the 11th of November at Prestatyn High School, North Wales. As we were asked to confirm the points which we felt required further consideration I am now writing in this respect;

The Chairman asked whether we were satisfied that the Government had made adequate attempts to provide transport services in relation to accessing unscheduled services.

A pilot scheme has been put in place for six months from the 21st of October 2013 for an increased bus service to Dolgellau departing from Tywyn at 18.50 hrs and 21.00 hrs respectively. Although the advertisement of this route suggests that we can access hospitals through the use of the service, general hospitals cannot be accessed without considerable planning of connections to other transport services. More importantly the fact that the minor injuries unit at Dolgellau closes at 8pm limits the use of the service, in order to access the nearest available minor injuries to Tywyn (20 miles away), to the one bus which departs from Tywyn at 18.50. This is the only attempt to provide improved transport services to other areas which the group is aware of.

The Chairman asked what contribution we felt that the Community Health Council had made towards the provision of Services in this area.

The group would like to refer the Petitions Committee to a letter written on the 4th March 2013 to Lesley Griffiths, Minister for Health and Social Services from Christine Evans, Chair of the Community Health Council which states that *'the CHC cannot support the health boards proposal's for minor injury services as they are not in the interest of the people who use the service because they limit people's access to the services to an unacceptable degree and do not take into account the needs of people living in rural areas which represent a significant reduction in the level of service provided to the people living in Gwynedd'*

This is further explained in a letter to Mark Drakeford A.M. written on the 22nd of May 2013 by Gordon Donaldson, Chair of North Wales Community Health Council, which states that what is meant by the previous statement is *'that the cornerstone of a good quality service is that people can get to it when they need it-this is the definition of 'access'. People living in South Gwynedd now have to travel significantly greater distances to get to routine services. This is not just a matter of convenience limited access to service means that people may delay asking for investigations or treatment and this can lead to less effective and more expensive care in the longer term which is more likely for people living in rural communities'*

Appendix 1, the Summary of information and evidence from the Community Health Council to the Minister states that *'Getting to the right sort of care, quickly is very important. We are not persuaded that GP's provide a service during most of the day and the 'out of hours service' covers the night. We are concerned that people, living particularly in South Gwynedd, will not have access to the same level of service as people living elsewhere in North Wales'* A written Statement of the 17th of July 2013 by The Welsh Government in which The Minister refers to the CHC agreement that revised hours of the Minor Injuries Service should continue and that any amendments to the Service should be discussed through the Service Planning Committee contains a recommendation from the Community Health Council that *'the Health Board will need to have plans for implementing and communicating its proposals so that people can be confident they will get the Minor Injuries Services they need from G P's surgeries, out of hours services and community hospitals'*

The group are not aware, as yet, of the communication or implementation of any of the proposals relating to this recommendation. The current situation is that the reduction of the Minor Injuries Service exactly coincides with the closure, at the weekend of G P surgeries, so that rather than having access to either one or the other we are left with no service at all and the alternative of an 'out of hours' emergency service which is under considerable pressure with no more than two G P's on call at any time who are expected to cover the huge and not easily accessible areas of North Wales.

Frequently there is no allocated Ambulance Service on call in this area and consequently Emergency Services are despatched from outlying districts distances of 40+ miles away. Earlier in the year we were informed that there would be the formation of a Mid-Wales Planning Board in which a committee of

representatives from Powys teaching Health Board, Betsi Cadwaladr Health Board and Hywel Dda Health Board would direct issues in which services may be found to overlap the boundaries of different areas. The group have not been informed of any further development of a Mid-Wales Planning Board.

The Chairman asked what could improve the 'out of hours' service in this area.

In answer to this the group would like to suggest that the Health Board would inform us what action it has taken to bring the 'out of hours service' in line with its proposals and provide equal access to Minor Injuries Services in this area particularly during the time in which both the Minor Injuries Service and the G P's surgeries are closed. It has been suggested that perhaps both of these services could provide minor injury cover for each other when one or the other is unavailable rather than expecting people to travel with such difficulty in order to access services from other areas when all the equipment needed and a long standing expert team of highly trained staff are already available in this location.

One of the main concerns of the Staff at the Minor Injuries Unit is that the monitoring of the service cannot be undertaken effectively while, at times, the service is unavailable and that the unavailability of the service may eventually become its downfall.

Jennie Windsor

Five years ago in Bronglais Hospital there was a ward called Owain Glyndwr which had 32 surgical beds. A couple of years later it was to be refitted, half the ward was closed at a time. Reassurances were given that it would reopen fully once the refit was completed, but Llewellyn ward (orthopaedics) moved onto one half "while they were refitted." They never did return to their ward, 16 surgical beds were lost and the ward was renamed Ceredig.

Due Mr Jackson and Mr Edwards retiring there were rumours that colorectal and urology surgery would move down south rather than employ more surgeons. Due to pressure by various groups wanting to maintain health care provision in Bronglais and mid wales, more surgeons were employed and surgery continued. However, despite new surgeons being employed urology and colorectal surgery has been forced down south – it was all part of 'the plan' to downgrade Bronglais by Hywel Dda. In their 'consultation' time they inferred that they wanted to provide only day case surgery in BGH, downgrade A&E to level 2, maternity to become midwifery led and close ITU; orthopaedics, colorectal and urology were to move south. Pressure from staff was so great that they back tracked almost immediately and said 'nothing had been decided, it was only 'consultation'. It was then agreed to continue colorectal surgery as new surgeons were now in place, although reduced numbers of urology patients would have surgery there.

In the mean time, nursing staff had left from Ceredig ward (both qualified and support staff) but not replaced over a period of 3 years or so, leaving staffing levels depleted, not helped by the staff/patient ratio that had been concocted that has turned out to be woefully inadequate and does not consistently even meet minimal staffing requirements set by NHS.

Money has only just been released to employ more qualified nurses, by which time they needed 7 full time qualified nurses and 9 support staff. Unfortunately not all these posts have been filled and half the ward has now closed, losing 16 more general and orthopaedic surgical beds. Hywel Dda got what they wanted – no planned major surgery in BGH, colorectal and urology surgery have been moved to Camarthen and Haverfordwest and planned orthopaedics has been cancelled or moved elsewhere. Initially staff were told it would be for a month, now it is to be closed for 3 months. Only emergency surgery will take place, this means the surgeons will soon lose their registration as they have to perform so many 'sessions' to maintain their skills and so be licensed to operate by The Royal College of Surgeons, skilled doctors and nurses will be de-skilled further wasting valuable NHS resources.

The impact of this could mean that A&E at level 3 is under question if there are not any surgeons available to operate. A&E could therefore be downgraded (despite millions of £ being spent on the new facilities) and be used as a stabilisation area before patients would be transferred south, ITU and general surgical beds would not be required either, so reducing the quality of care provided in mid Wales, so much for "Right care, right place, right time, every time."

(<http://www.wales.nhs.uk/sitesplus/862/page/50337>)