



Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board

Mr William Powell AC / AM
Chair of the Petitions Committee
National Assembly for Wales
Cardiff Bay
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c/o the Committee Clerk
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Ein cyf / Our ref: GL/SB/11097/800
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Dear Mr Powell

Thank you for your further correspondence on behalf of the Committee concerning two petitions under consideration. You have asked for updates on specific aspects of the further correspondence from the petitioners.

The petitioners have raised concerns regarding transport difficulties in accessing services related to public transport for non-emergency services but also emergency transport. I will address the two points separately.

The Health Board is very much aware of difficulty in accessing health services via public transport in Gwynedd, and also in other parts of rural North Wales. In making decisions regarding the provision of services in Gwynedd, the Board had to weigh these difficulties with the need to provide a resilient service for the whole population, the difficulties in staffing many smaller units and maintaining essential nursing staff skills with a comparatively low level of activity.

The map used by the petitioners in demonstrating the challenges of public transport was one produced by the then National Public Health Service (now Public Health Wales) and used by the predecessor organisations of the BCU Health Board in evidence considered when reviewing provision of unscheduled care services.

This assessment and further, updated travel times assessments were also part of the evidence used by the Health Board in the assessment of the impact of the proposals for change under Healthcare in North Wales is Changing. Mapping of travel times by private transport was undertaken, particularly in support of the review of locality services including minor injuries services, X-ray services and community hospital inpatient services. This mapping showed that 99.6% of the population would be able to reach these services within 40 minutes' drive time if the proposals were implemented. (The principle that services should be accessible within 40 minutes' drive time was supported by 80% of respondents to the randomised household survey undertaken during the consultation and 57% of respondents in the open questionnaire survey.) It is fully accepted that it is the very remote rural areas that fall within the 0.4% of the



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population with a further travel time. For this reason, we have also retained minor injuries services at GP practices in the rural areas; this includes, in rural Gwynedd, Botwnnog, Nefyn and Pwllheli on the Llŷn peninsula; Blaenau Ffestiniog; Tywyn and Bala. We are also exploring how we may use videoconferencing to support remote areas, to give additional assurance to staff in minor injuries services and reduce the number of unnecessary journeys made to A&E departments for a second opinion.

The Health Board has been discussing with Local Authority transport officers and Community Transport providers whether there can be any collaboration to improve the transport links to health service provision, through a North Wales Transport to Health Group. This group, which includes Welsh Government officer and Community Health Council representatives, aims to improve joint working for existing services and also to ensure any impact of potential future changes to services is understood and addressed where possible. We will also be continuing to monitor activity and demand for services. This includes repeating a snapshot survey of those attending community hospitals, in order to understand better any impact of the changes which have taken place to date, including for those who may have had to travel to a different unit. We will review the position in discussion with the Community Health Council as part of our ongoing regular meetings.

Turning to emergency transport, you have referenced the “golden hour” and the impact on certain conditions. A full review of the evidence in relation to access times to treatment was undertaken as part of a paper by Marcus Longley - The Best Configuration of Hospital Services for Wales: A Review of the Evidence - Access, Welsh Institute for Health and Social Care, April 2012. For a certain few specific conditions there is a direct link between time to treatment and outcome (including some respiratory conditions.) However for other services there is clear evidence that outcomes improve where a patient is treated by a more specialised team or a team which undertakes a higher volume of the relevant procedures – even if this means that this is not at the hospital closest to the patient’s home.

The services about which the petitioners have raised their concerns – minor injuries services and X-ray services primarily – are not, generally, services for which there is a need for access within an hour, nor are they services for which emergency transport would, generally, be appropriate. However, we are mindful of the need to consider the impact of travel times and to consider the evidence on access to treatment in any review of services and any potential proposals for change. Travel and transport assessments will continue to be undertaken.

With regard to the X-ray services, you will be aware that we amended the original consultation proposals for Bryn Beryl Hospital, Pwllheli (which would have seen the cessation of the service) to continue with two sessions a week. Following further consideration, we also have retained the X-ray service at Tywyn Hospital for two sessions a week. The activity and demand for the service is being monitored on an ongoing basis and will again form part of ongoing discussions with the Community Health Council.



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P-04-466: Medical Emergency – Preventing the introduction of a poorer health service for North Wales

I believe that the response given above in relation to transport matters addresses the major concerns expressed by the petitioners in the further correspondence.

An additional matter raised is that of GP recruitment and retention. The challenges faced here are not unique to the Health Board in North Wales. Our primary care leads have been reviewing the position and considering actions to address the issues being encountered and are currently exploring new models of primary care provision on the Llŷn peninsula in particular. A presentation on the problems of recruitment and actions we are proposing to address these was given to the Community Health Council in December.

I am pleased that the petitioner had a helpful meeting with the new Chair of the Health Board, Dr Peter Higson; we will continue to monitor service outcomes and welcome any feedback from local community representatives.

P-04-479: Tywyn Memorial Hospital X-ray and Minor Injuries Service

The response given above in relation to transport and travel is also relevant to the concerns raised by the petitioners in this case.

We note the request for extension of the Minor Injuries Unit hours. The opening hours of the Unit were subject to the consultation and were confirmed by the Board at the meeting held on 18 January 2013. The decision was reaffirmed as part of the local resolution reached with the Community Health Council. (The X-ray services, as noted above, were retained as part of the local resolution.)

We have received formal approval of the business case for the redevelopment of Tywyn Memorial Hospital and co-location of the GP surgery from Welsh Government. Detailed work is being undertaken with the architects and planners and it is anticipated the work will be complete by the end of 2014/15.

I am also able to confirm that a tri-partite planning board has been established between Powys, Hywel Dda and BCU Health Boards and has met to explore how best we can collaborate to ensure that the needs of the rural mid Wales community are met.

We will ensure that the local community is kept informed of any significant developments.



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I hope that these responses are of help in your consideration of the matters raised by correspondents. Please do contact me if there is any further information you require.

Yours sincerely

GEOFF LANG
ACTING CHIEF EXECUTIVE

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