

P-04-479 Tywyn Memorial Hospital X-ray & Minor Injuries Unit Petition – Correspondence from the Petitioner to the Committee, 03.12.14.

Dear Kayleigh, Thank you for your information regarding the next hearing of this Petition on the 9th of December.

In response to the latest correspondence received regarding this petition from Prof Trevor Purt, Chief Executive, Betsi Cadwaladr University Health Board I would raise the following points; I am pleased that the closure of the Minor Injuries Unit at weekends has not been overlooked and would like to thank Mr Purt for responding to previous correspondence. We understand that the proposals for limiting the hours of availability of the Service were due to increasing challenges in maintaining staffing in the smaller Minor Injuries Units due to low levels of demand and potential loss of clinical skills because of the small number of patients seen. Now that the proposals are in effect it is possible to evaluate the situation.

At the consultation stage the Health Board indicated that, so as not to confuse the public, the opening times of the Minor Injuries Units should be standardised across the board although this idea was not implemented and the public here are confused regarding hours of availability which in all probability contributes to the lack of utility of the service. The hours of availability of the Minor Injuries service in Tywyn were reduced to 10am until 6pm seven days per week from late April until October and five days per week from October until late April which is unequal to the more extended Service provided by other community Hospitals at Dollgellau and Alltwen, although the populations and demand for the service are potentially at equally low levels. In January 2013 the Community Health Council argued that they were 'not persuaded by the Board's argument for Minor Injury Services for people living in rural Gwynedd' and reluctantly agreed to the reduction in Minor Injuries Services at Tywyn Hospital only with the recommendation that 'the Health Board would need to have plans for implementing and communicating its proposals so that people can be confident they will get the Minor Injuries Service they need from GP's Surgeries, Out of Hours services and Community Hospitals.'

The provision of cover for Minor Injuries, when the Unit is closed at the Hospital, is supplied by the GP's surgery from Monday to Friday between the hours of 8am and 10 am. Apart from this when the Minor Injuries Unit is closed the GP's Surgery is

also closed. The alternative Out of Hours provision for Minor Injuries that the Board has implemented as an 'enhanced service' may be from a Doctor on call who may have to travel miles to tend to a Minor Injury during the evening or the weekend while the Service is unavailable locally.

People needing Minor Injury treatment may also feel pressured to call the emergency services and request an ambulance or attend the nearest Accident and Emergency department requesting treatment. During the winter time people may have to travel 40 or 60 mile round trips to other areas in order to access Minor Injury treatment during the evening or at the weekend while there is hardly any availability of public transport. Alternatively people may leave getting treatment for a Minor Injury because there is no Service available which may potentially lead to more extensive treatment being required in the long run.

Would the Health Board agree that none of these alternatives are as convenient to the population or as cost effective as providing the Minor Injuries Service from an already established and dedicated Unit?

As far as the suggestion of the potential for loss of skills is concerned, it seems obvious that the most direct way to impact loss of skills would be to limit the hours, which in turn limits the number and range of cases, for which the skills could be needed and in which they could be practiced. The Minor Injuries Unit was created to support the Out of Hours service and over a ten year period the staff, some of which remain in the Unit, have refined their skills to include the diagnosis and treatment of minor illness as well as minor injuries. During this time span they have earned the respect and trust of the General Practitioners and have often saved patients from having to make long and arduous journeys for treatment elsewhere.

Tywyn is often cut off from other hospital services and by the same token is inaccessible to other emergency services due to adverse weather conditions during the Winter months. Surely it makes sense in every conceivable situation for the patient to be able to obtain treatment at their first point of contact in the locality where they reside.

Tywyn Hospital Redevelopment alone cannot supply an equal Minor Injuries Service in accordance to the Service which is available in other rural areas. If the hours of availability are not enhanced along with the redevelopment all that we will still have is a new Hospital which is closed to the public during the evening and at the

weekends because the Minor Injuries Service is unavailable and the GP's are off duty. Consequently people will still be expected to access Services elsewhere.

I am pleased that Professor Purt refers to the Mid Wales Healthcare Study and that the issues raised within the Report are acknowledged.

It is hoped that the future development and delivery of Services is tailored to the response to the report by Barbara Wallace in which she states that, 'We feel we must ensure that decision makers take on board the conclusions of the Report, implement the recommendations of the report and make their decisions based on clinical rather than solely financial reasons. Proposals from Health facilities and patients should be listened to and Health Boards should do more to reduce the impact of travel on patients. Changes should be made in order to make Services more sustainable rather than as stepping stones to withdrawal. All of these points are mentioned in the report. In agreement with us the report concludes that Mid Wales presents an unusual set of opportunities and challenges but that future provision must be defined by Accessibility, Quality, Safety and Sustainability.