General comments

The CHC endorses Cwm Taf Health Board’s engagement process on the SWP proposals. We feel it was robust and wide-ranging, including local communities, patients, the third sector, Local Authorities, staff and the CHC itself. CHC Members and Staff were present at a significant number of these engagement events, including the two rounds of Public Fora. We feel that these events have given very good opportunities for the public to make their views known.

The CHC also welcomes the time and input from the Health Board in engaging with the CHC on the SWP issues at a number of Full Council and Service Planning Committee meetings.

As the existing Welsh guidance for engagement and consultation on changes to health services and the 2010 CHC Regulations set out, it is essential that LHBs should explore proposed service changes through engagement with CHCs and others; this should precede any process of formal public consultation on changes to health services.

The CHC is happy that the 12 week period of engagement on the South Wales programme within Cwm Taf was certainly sufficient and in line with the requirements of the Welsh Government guidelines on Engagement and Consultation, and that the questions and observations raised at the public meetings were recorded.

The engagement process has generated a frank and open debate about the SWP proposals; as well as the positive comments, there have been some areas of concern raised, which any consultation document will need to address. To a certain extent, this summary tends to focus more on the issues and questions that we feel will need to be addressed and answered in consultation to enable solutions to be agreed.

As the LHB will be aware, CHC Members provide an informed and extremely important lay voice on any proposals. The CHC held a Workshop on 14 December to discuss the issues and feedback emerging from the engagement process and also to hear Members own views and comments. Both are reflected in this summary.

As this was an engagement process and not a formal public consultation, the CHC has not come to a formal position on any proposals. What this response attempts to do is feedback and highlight what we have heard thus far from the public fora, and also highlight Member’s own views and comments.
2 Options and the case for change

Options: The CHC recognises and heard the considerable and extensive support emerging from the engagement for the 5.2 option, with Royal Glamorgan Hospital (RGH) and Prince Charles Hospital (PCH) forming a key part of the future shape of services. In particular, members felt three issues raised strengthened the strategic case for Option 2:

- The planned work on developing further the A465 Heads of the Valleys road
- Any changes in Aneurin Bevan which involve movements in patient activity flows related to the new SCCC
- The potential demand from South Powys in light of changes in Aneurin Bevan
- The pivotal role RGH plays for the Rhondda valleys given the geographical environment
- The key support that RGH provides for the University Hospital of Wales when that hospital is experiencing high levels of demand

Similarly, the feedback heard was that RGH provides the critical support for both Rhondda Cynon Taff and for UHW when demand is high. These factors need to be taken into account in any consultation document.

At the same time, any consultation document will need to be very clear about any other options outside those set out thus far in the South Wales Programme, and the feasibility and desirability - or otherwise of other options.

The case for change: There was significant recognition in the public meetings of the case for change and the significant pressures being experienced by health services in South Wales. At the same time, we recognise there have also been some very strong concerns expressed about the robustness and permanence of the case for change – especially in the area of medical staffing – and this will need to be picked up through the work on the consultation.

We also recognise there were questions raised over whether the work has been done by the SWP to show either a 4 or 5 solution is sustainable in terms of services, workforce and finance. Again, the consultation will need to be underpinned by robust evidence in these areas.

2 Ambulance services

The feedback indicated the considerable and critical role the Ambulance services would have in supporting the options outlined. There were major and substantial questions raised on the capacity and capability of ambulance services currently, as well as their ability to support any future shape of services.

A number of specific issues were raised:

- the ability to deliver the necessary travel times
- the ability to respond to emergencies across South Wales
- how to balance and deliver the needs of emergency and non-emergency transport
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- how to ensure effective public information and education about the appropriate use of ambulance services
- the role and capabilities of ambulance services in clinical delivery
- their policies for transporting to DGHs

Again, these are issues that will need to be addressed in any consultation document and the All-Wales Review of Ambulance services.

3 Access

There were very strong concerns expressed on the need to ensure that patients would still be able to get timely access to the services they need, including:

- The need to ensure that patients are able to get to definitive treatment in a timely fashion if services are more centralised
- How will the geography, traffic and winter months impact on this?
- Cwm Taf contains some the most deprived areas in Wales, with high levels of ill-health, and where access to services is a major challenge

Consultation would need to address these issues.

4 Medical staffing

This issue has aroused considerable discussion and debate, especially within the CHC. It is recognised that the issues and concerns around medical staffing and training represent a crucial element of the case for change. As a CHC we therefore feel this issue is a key one; we heard arguments both for and against the evidence in relation to this.

The issues raised include:

- We recognise that there have been notable difficulties in medical recruitment and staffing in a number of areas, especially A and E
- At the same time, there have been hard questions raised about whether the medical staffing issues are permanent, merely short term or possibly subject to change over time
- The SWP needs to be able to demonstrate that the evidence base is robust. In particular, there needs to be a very clear and specific view expressed by the Deanery, Royal Colleges and BMA. As a CHC, we felt the current evidence coming from these bodies in relation to the SWP is ambiguous and there is a need for a clear position from the relevant professional organisations
- Are there alternative recruitment or other options that are being, or could be pursued to tackle medical staffing problems over and above the options laid in the SWP? This was an issue raised in a number of discussions

The consultation document will need to address these issues both clearly and explicitly.
5   Site capacity

There was clear and very strong support in Cwm Taf for a five-centre model, which includes both RGH and PCH. There were questions asked as to whether the sites in the 5 option have sufficient space to develop what is needed, the supporting infrastructure and whether there would be sufficient capital funding available; the cost of the Aneurin Bevan SCC will have an impact on this.

6   Relationship to other LHBs

It is recognised that decisions and patient flows in other LHBs will have an impact. A number of clear messages emerged from the engagement process and Member discussions:

- This is especially the case in relation to Powys and the proposed changes in Aneurin Bevan. Members felt that there would need to be clarity and openness about the activity, patient flow and finance assumptions of the SCC in Aneurin Bevan and whether they needed to be revisited in the light of the SWP
- PCH has a strategic importance for South and Mid Wales, both for access and health need
- RGH provides critical support for Cwm Taf and UHW – will UHW be able to provide the specialist services appropriately?
- What are the pros and cons of the various options, especially in relation to catchment populations, accessibility and travel times?

At the same time, there was clear support for the need to ensure we look and plan on a more regional basis where appropriate, maintaining a balance between local accessibility and clinical safety and quality.

7   Service profile

One issue that has been raised is that of the service profile and role of hospitals who are not one of the 4 or 5 designated centres. There are some issues that will need to be addressed in consultation:

- What will their services include and how will they differ from current services
- How will their services change?
- The impact on their ability to recruit, retain and remain sustainable

The CHC would certainly not want to see a position where recruitment and retention of key staff at these hospitals falters as this could have a negative impact on the services these hospitals are able to provide, and potentially have a knock-on impact on services in other, larger centres.

Similarly, the CHC felt there was a need for the SWP to reflect more the inter-relationship of the major hospitals with other elements of the service, including primary and community care, as well as community hospitals and social care. We believe that these relationships – and the whole-systems approach - will be critical
in delivering any future shape of services, focusing on increased support in home and community settings.

8 Capacity

There was a strong recognition expressed of the significant pressure that all DGHs across South Wales are experiencing. There was also enormous appreciation of the excellent work staff do in managing these demands. At the same time, a number of key questions emerged:

- Will these proposed change options serve to further reduce capacity to manage these pressures?
- Reassurance and figures need to be available to show there will be enough capacity to manage pressures in the options set out in any consultation document
- Will patient safety by compromised or put at risk by accepting either of the 4 or 5 centre solutions?

9 Patient safety and good outcomes

These are critical and must be the key driver for change. Cwm Taf has major problems in terms of ill health and deprivation and the services need to reflect this.

There was discussion of the pressing need also to ensure that services are able to recruit and retain key clinical staff across the board – not just medical - but including nursing, therapy and other staffing. The CHC feels there is value in the whole systems approach to staffing and skills development, and recognises the work Cwm Taf has undertaken in this respect.

10 Conclusions

The CHC welcomes the open, honest and frank discussions that the engagement has generated, and we hope this feedback echoes this. The level of support for services in Cwm Taf and the future role of RGH and PCH in the region have been clear to see. Equally, the SWP options raise a number of issues and areas to be tackled in more detail, and this will be a task for the consultation document and process.

We recognise that there are potentially some complex and testing challenges to be faced. At the same time, we look forward to continuing our work and dialogue with the Health Board in this process in ensuring we safeguard the health needs of the patients and public of Rhondda, Cynon, Taff and Merthyr.

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