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12th July 2013

Darren Millar AM
Chair
Public Accounts Committee
National Assembly for Wales
Cardiff

Dear Mr Millar

Public Accounts Committee – Governance Arrangements at Betsi Cadwaladr University Health Board

Thank you for your letter of the 3rd July 2013, relating to the Public Accounts Committee inquiry into the findings of the recent joint report from the Auditor General for Wales and Healthcare Inspectorate Wales on '*An Overview of Governance Arrangements - Betsi Cadwaladr University Health Board.'*

The North Wales Community Health Council ('CHC') is willing to co-operate in providing evidence for your inquiry and I trust that the following will provide the Public Accounts Committee with a detailed view of the CHC's position relating to the public consultation '*Healthcare in North Wales is Changing'* and the CHC's response to the joint report.

For ease of reference, the evidence on behalf of the CHC is provided in several parts. All documents are listed in chronological order on the relevant indexes:

- Appendix A - Healthcare in North Wales is Changing (response and press releases)
- Appendix B - Correspondence with the Minister for Health and Social Services
- Appendix C - Action following publication of the joint report '*An Overview of Governance Arrangement – Betsi Cadwaladr University Health Board'.*

Following Ministerial direction, the CHC and the health board have reached a local agreement in accordance with the National Guidance for Engagement and Consultation on Changes to Health Services in Wales. A joint letter dated 3rd July 2013 (copy included in Appendix B) has been submitted to the Minister's office and confirmation of receipt acknowledged on the 5th July 2013. The CHC has been advised that the joint letter *'is*

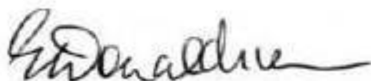
receiving attention' and a response should be received *'within 17 working days i.e. by 30th July 2013'.*

As a result of the formal consultation 'Healthcare in North Wales is Changing', the health boards 'Community Services Review – Implementation Project' has established a structure to implement the Community Services Review recommendations approved by the health board on the 18th January 2013 (copy of the Project Governance Framework included in Appendix A). A number of workstreams have been set up as part of this Project to produce detailed plans to inform the re-provision of services. CHC representation is part of the core membership of the workstreams, with representatives of the CHC attending meetings as observers with speaking rights. This enables the CHC to closely monitor the work of the Project and to ensure that the CHC's concerns and serious reservations brought to the Minister's attention on the 4th March 2013 are addressed.

In light of the joint HIW/WAO report, the CHC has recently agreed a robust Action Plan to deal with the issues raised and in particular is considering how the CHC monitors the quality of infection control practice in North Wales hospitals. Further I have, through my Chief Officer advised the Health Board that the CHC can no longer have confidence that the information supplied to us by the Health Board is a fair and accurate representation of what is happening at either Board or ward level. With this in mind, the CHC has withdrawn from the Health Board's Annual Quality Statement process for 2012-2013 (copy correspondence included in Appendix C).

I note that the Public Accounts Committee will be meeting on the 18th July 2013. Mr Geoff Ryall-Harvey, Chief Officer for the North Wales Community Health Council, together with Ms Cathy O'Sullivan, Acting Director for the Board of CHC's in Wales have confirmed their availability to attend on this date in order to present the enclosed evidence, if this would be of benefit to the committee.

Yours sincerely



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Gordon Donaldsdon
Chair, North Wales Community Health Council

GUIDANCE FOR ENGAGEMENT AND CONSULTATION ON CHANGES TO HEALTH SERVICES

SECTION 1: INTRODUCTION

1. This guidance replaces the interim guidance on NHS changes and consultation issued under Ministerial Letter EH/ML/016/08 *Shaping Service Locally*, which itself replaced WHC(2004)084). That guidance was prepared to reflect changes since 2004 but was issued on an interim basis, pending the conclusion of the NHS reforms.

2. The most important point in the interim guidance was the emphasis on the need for a new approach to change based on continuous engagement, rather than perfunctory involvement around specific proposals. It indicated that the Welsh Assembly Government would expect organisations in the reconfigured NHS to pay considerably more attention to continuous engagement to ensure that all organisations are responsive to the needs and views of their citizens. That expectation remains.

3. A new phase for the NHS in Wales is beginning and it is clearer than ever that the status quo in the NHS is not an option. A number of studies and policy initiatives presented below make it clear that change is needed if Wales is to have safe and sustainable services that meet modern standards at a time when resources are severely constrained. The NHS structures now in place should make that easier. The new integrated Local Health Boards (LHBs) will be expected to break down traditional barriers and move decisively in the direction of fully integrated health and social care services. The NHS Trusts will also move in this direction. There must be active partnership working with, citizens, staff, staff representative and professional bodies, stakeholders, third sector and partner organisations in developing innovative services for citizens.

4. This new guidance reflects a further rebalancing between continuous engagement and formal consultation, with an even stronger emphasis on the former. The new NHS bodies and reformed Community Health Councils (CHCs) must work together to develop methods of continuous engagement which promote and deliver service transformation for their populations. It is not necessary to consult formally on every change that is required. Some changes can be taken forward as a result of effective engagement and widespread agreement.

5. However, in cases where substantial change or an issue requiring consultation is identified, the NHS should use a two-stage process where extensive discussion with citizens, staff, staff representative and professional bodies, stakeholders , third sector and partner organisations is followed by a focused formal consultation on any fully evaluated proposals emerging from the extensive discussion phase.

Note for readers on terminology: Although the words "involve and consult" appear together frequently in the legislation, the question of when **formal** consultation is required needs further explanation and this is provided later in the document. This document uses the terms "engagement/engage" to mean the continuous involvement of, or informal consultation or discussions with citizens, staff, staff representative and professional bodies, stakeholders, third sector and partner organisations regarding plans or changes. The terms "consultation/consult" are used to describe the more formal, focussed consultation which is to be employed if substantial or controversial changes are under consideration.

SECTION 2: CONTEXT OF THIS GUIDANCE

The legal background

6. Section 183 of the *National Health Services (Wales) Act 2006* requires LHBs, with regard to services they provide or procure, to involve and consult citizens in:

    - planning to provide services for which they are responsible
    - developing and considering proposals for changes in the way those services are provided; and
    - making decisions that affect how those services operate.

    Section 242 of the *National Health Service Act 2006* extends this requirement to NHS Trusts.

7. Under the *Community Health Councils (Constitution, Membership and Procedures) (Wales) Regulations 2010*, CHCs are allocated a particular role regarding NHS planning, in essence comprising the right to –

    - be involved by the relevant LHB in the planning of services, the development and consideration of proposals for service changes, and decisions affecting the operation of services and be consulted at the inception of and throughout any planning, development, consideration or decision-making process in accordance with government guidance (Reg. 27(1))
    - be consulted at inception and through the process on any proposal for a substantial development of the health service or for a substantial variation in service (except in creating a new body or where delay might cause harm; in the latter case this must be explained – see section 6 below) (Reg. 27(3,4,5))
    - comment on any proposal consulted on (Reg. 27(6))
    - report to the Welsh Ministers if dissatisfied about the content or time allowed in a consultation, about not being consulted at the inception, about the frequency of involvement throughout the proposal and decision-making process, or about the adequacy of the explanation for not being involved (Reg. 27(7))
    - refer a proposal it believes not be in the interests of the health service in its district to the Welsh Ministers for a final decision (Reg. 27(9))
    - receive information on planning matters from NHS bodies (Reg. 28).

8. The LHBs have strategic responsibility for ensuring safe and sustainable services. It is vital that LHBs and CHCs work together to achieve this across the whole of their area, and for more specialist services across

organisational boundaries, within the resources available. The Regulations establish a framework to help CHCs and the NHS work together in the management of planning issues –

- each CHC must appoint local committees for each local authority area with responsibility for monitoring and keeping under review the planning and provision of NHS services in their district (Reg. 17)
- each CHC has to appoint a services planning committee to liaise with the relevant LHB on the planning and development of, or proposals for changes to, the delivery of health services within the Council's district (Reg. 18)
- the membership of the services planning committee must include the director or directors who have responsibility for the planning of services for the LHB (Reg. 18(c))
- the LHBs and CHCs are required to meet each other on a regular basis (Reg. 30)
- the CHC has to consider any proposed new service or service change within the context of current priorities, resources and governance structures as notified to it by the Welsh Ministers (reg. 26(2)(b)); this will help ensure that consideration takes place in the light of the broader background.

The policy context

9. A number of studies and policy initiatives have reinforced the conclusion that the status quo in the NHS is not an option:

    - work done on preparing a Five-Year Service, Workforce and Financial Strategic Framework for NHS Wales clearly indicated the need to shift the balance from secondary to community and primary care and develop integrated models of health and social care;
    - this was strongly reinforced by the strategy document *Setting the Direction*, which set out the Primary and Community Services Strategic Delivery Programme for Wales;
    - responding to a wide spectrum of evidence and issues, the *Rural Health Plan* signals the need for fundamental change to the approach to providing healthcare in rural parts of Wales;
    - services will need to reflect developing requirements around the training of clinical staff and emerging evidence on what constitutes best practice, and the need sometimes arises to reorganise services across a wider geographical area;

- the *1,000 Lives Plus* initiative puts quality of care at the top of the agenda and the need to root out harm, waste and unjustified variation across the NHS;
- the financial outlook re-emphasizes the need to accelerate the development of partnership working particularly in the public sector and the importance of harnessing the challenge to 'adopt or justify' (accepting best practice or proving its irrelevance) as the basis for driving innovative service improvement and change.

10. In the light of these challenges, a new approach is necessary.

SECTION 3: GENERAL PRINCIPLES IN MANAGING SERVICE CHANGES

The interlocking responsibilities of the NHS and CHCs

11. The NHS is responsible for ensuring that safe and sustainable services are available for the citizens of Wales, within the resources made available by Government.

12. In a number of areas, the NHS has struggled to maintain safe and sustainable services, even with resources which grew year on year. This task will become much more difficult in the years ahead. This is not just a financial issue; junior doctor recruitment, demographic change, new drugs and technologies rising expectations and a range of other factors all combine to present significant challenges for the NHS.

13. The NHS must be more innovative and be able to transform services quickly. Service change must be evidence-based, aim to achieve the best levels of performance and be supported and led by clinicians.

14. CHCs represent the interests of the public in the health service in Wales. The need to secure safe and sustainable services and access for all to best practice within available resources is equally of concern to the NHS and its users and something which CHCs must work with the NHS in Wales to achieve.

15. CHCs must therefore work with LHBs and Trusts to develop continuous methods of engagement which promote and deliver service transformation for citizens.

Overarching Principles for the NHS and CHCs

16. When considering service changes, therefore, a number of principles should apply. Some are the primary responsibility of the NHS, others of the CHCs.

17. When managing service changes, an NHS body should:
    - engage with citizens, staff, staff representative and professional bodies, stakeholders, third sector and partner organisations at the earliest opportunity when it is considering service changes
    - ensure safe and sustainable services can be provided/maintained within available resources
    - communicate, explain and listen to views from across the LHB area
    - set out a clear rationale for change, supported by a clinical case which demonstrates the benefits of change and the risks of remaining the same and where possible, identify and seek views on options which could deliver the required outcomes

- provide relevant information including financial information on a proposed change to enable the CHC to carry out informed scrutiny of the proposal
- provide equality impact assessment/screening information on the proposal
- consider and offer feedback on alternative courses of action proposed by the CHC, citizens, stakeholder groups, advisory forums or partner organisations which could deliver the required outcomes
- ensure a reasonable timescale for comments, their consideration and responding to those who participated and the community more widely about the decision or outcome
- take urgent action if services are unsafe/unsustainable and present a risk to patients, and explain why it needs to act rapidly and the consequences of failing to do so
- In the case of WAST and Velindre NHS Trusts, liaise with the Board of Community Health Councils on appropriate arrangements around continuous engagement and service change.

18. In dealing with service changes, a CHC should:

- carefully consider service change proposals and assess their benefits and risks to the community as a whole as well as particular groups
- work with the NHS body to seek views and foster debate
- take a strategic and “whole system” view of change proposals, and consider whether they are in the best interests health services
- work with the NHS to address major and immediate concerns about safety and sustainability where urgent action is needed
- 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
- propose alternative solutions for providing/maintaining safe and sustainable services within available resources
- recognise that maintaining status quo is not an acceptable response if safe and sustainable services cannot be maintained within the available resources
- In its dealings with NHS bodies on such issues of sensitivity, recognise the importance of due governance, including maintaining confidentiality, in line with the requirements set out in the CHC Member Code of Conduct. .

19. Both for continuous engagement and in regard to specific consultations, NHS bodies must ensure that all local interests are addressed, and that responsibilities with regard to equality and diversity and the Welsh Language are met, including impact assessment. Arrangements should address all geographical areas, cultural and linguistic needs and also ensure the involvement of children and young people. In addition, NHS bodies should also meet their responsibilities with regard to sustainable development and the Wales Spatial Plan.

SECTION 4: CONTINUOUS ENGAGEMENT

20. Continuous engagement on services must be part of the core business of the NHS in Wales. The NHS must establish and sustain continuing engagement with citizens, staff, staff representative and professional bodies, stakeholders, third sector and partner organisations not only when changes are at issue, but also on a routine basis. It should give people the opportunity to understand its aspirations and achievements, and the challenges it faces, and to influence decisions about changes in direction and specific services developments. This should help it to provide relevant, high quality services, services that the public want and value.

21. The NHS should only seek to implement planned changes when it is satisfied that they have explored the issues first through effective engagement. This approach should be central to the development of health services. Resourcing and supporting this process along the various stages should be viewed as an integral part of the work of the NHS in Wales. A key aim must be to ensure the promotion of equality of opportunity of involvement, and NHS bodies must apply their efforts to achieve this.

22. All NHS bodies should develop a strong public information and engagement approach, based on transparency, evidence, and positive leadership. As paragraphs 7 and 8 above make clear, there is a strong requirement for the NHS and CHCs to work closely together in promoting effective engagement. A lead officer for citizen engagement should be identified by each LHB and Trust. LHBs and Trusts dealing with cross-border services will need to consider how best to manage issues relating to neighbouring areas including England.

23. Services will be better designed and more acceptable to citizens if their views are understood and taken into account. Listening and responding is the key to improving and developing healthcare services. NHS bodies should routinely:

    - listen to citizens' views
    - work with citizens, stakeholders and partner organisations to plan and frame any changes
    - explain and communicate effectively issues and opportunities; and
    - produce a full range of easily accessible information on services and possible future developments, in a range of formats, taking into account the opportunities offered by new media and also utilising engagement avenues provided by other agencies.

24. The third sector can make a particularly important contribution to effective engagement. Services provided by illness/condition-specific organisations help people to engage with their care on a better-informed basis. Self-help groups, such as carers groups, and support groups for people who may have a rare condition and feel isolated from mainstream services, address

health issues in communities. Many voluntary organisations are therefore able to identify and represent the views and priorities of users and carers and provide a direct link with service users across a range of conditions. In shaping services locally, it is important that the LHB has a Local Compact with the third sector and that it is involved and engaged routinely and, when changes are considered, is enabled to bring its contribution and to support an enhanced role for citizens in the decision-making process. The Welsh Assembly Government will expect that NHS bodies will link into the Building Strong Bridges Health and Social Care Facilitators, as well as local and national third sector health and social care networks. CHCs are also encouraged to make these important links to the third sector.

25. Healthcare Inspectorate Wales will monitor the effectiveness of NHS bodies in light of the requirements set out above in taking forward their involvement and consultation responsibilities as part of its regular reviews, paying particular attention to equality of opportunity of involvement. When HIW reviews the annual self-assessments that LHBs undertake against the standards for health services in Wales, it will, as part of its routine checks, review the responses in respect of engagement to see the extent to which the LHBs have complied with this guidance. HIW will ensure that suitable action plans are in place, where necessary, to ensure continuous engagement is maintained.

26. HIW will work with the CHCs to ensure there is a common understanding of the expectations of continuous engagement.

27. LHBs will share good practice, assessment tools and performance measures to help improve the effectiveness of continuous engagement.

SECTION 5: SUBSTANTIAL CHANGE

Considering changes

28. Section 4 outlines the continuous engagement that must take place whether or not any changes are being proposed, and sets out the expectation that that this will be the normal mechanism through which service changes are taken forward.

29. Alongside this, NHS organisations must also manage the relationship with and pay due heed to the statutory right of CHCs to consider change proposals. This is particularly important in determining whether a change should proceed to more formal consultation – i.e. the second stage mentioned in paragraph 5. In considering change proposals, it will be important for CHCs to take into account the views expressed by the advisory mechanisms established by the NHS Reforms (Stakeholder Reference Group; Professional Forum and Partnership Forum)

30. Not all changes will automatically proceed to formal consultation. As indicated above, most issues should be dealt with through the process of continuous and effective engagement and every effort should be made to reach agreement resulting from that process.

Formal consultation

31. There may be some cases where, exceptionally, the view is that a more formal consultation is required. A key issue to be determined as to whether formal consultation is required is whether the change is substantial or not. In general substantial change should be the subject of formal consultation though it may not be appropriate where the proposal is not controversial. It may also be appropriate that a change, although not substantial, ought to be the subject of formal consultation. LHBs, with their CHCs, should develop a local protocol for dealing with this. It is expected that staff who lead on citizen engagement will work closely with their counterparts in other LHBs and the Trusts to promote consistency in dealing with such cases. As part of this analysis, the CHC and other stakeholders, in assessing proposals and participating in discussions about consultation, should be conscious of the potential to compromise the LHB's ability to maintain a full service for the whole population it serves.

32. Where it appears likely that a formal consultation could take place, it is proposed in future that this should be conducted on a two stage basis. The first stage is for NHS organisations to undertake extensive discussion with all the key stakeholders, to include:

   - the Stakeholder Reference Group
   - the Professional Forum
   - the Partnership Forum
   - the Community Health Council

- the Local Service Board
- staff and their representative bodies
- other key partners as appropriate.

33. The purpose of these discussions will be to explore all the issues, to refine the options and to decide and agree on which questions will be set out in the consultation. Only when it is satisfied that this first stage has been properly conducted, should the NHS organisation proceed to formal consultation.

34. Following the first stage described above, a formal consultation period of a minimum of 6 weeks should be sufficient in most cases if the issues have already been fully explored during the first stage and if the CHC agrees.

35. A number of issues should be considered right at the start, because they will impact on decisions to be taken at various stages throughout the formal consultation process. These include:

    - what is the respective responsibility of each of the local NHS organisations?
    - has there been any previous consultation carried out on the same or a previous related or similar issue, e.g. for local authority services?
    - who should be consulted, on what and how?
    - will these issues affect users of other NHS services in particular those with sensory loss and disabilities?
    - are there issues affecting other Welsh or English areas?
    - what resources are needed and available?
    - how will any conflict/complaints be dealt with?
    - how will the outcome feed into the decision making process?
    - when and how will decisions be made?
    - how will results be fed back to patients, staff and citizens who have been involved, either directly or indirectly? will they be published through the media to inform a wider public?
    - what evaluation of the consultation is going to be undertaken, and how?
    - when to complete a full equality impact assessment
    - what is the timetable for both the involvement and consultation process?
    - what is the impact on associated services?

36. In managing the process, the Welsh Assembly Government will expect that:

    - senior clinicians will take a lead role in presenting and supporting the proposed change;

- the NHS body leading the consultation will work in partnership with its counterparts in other local NHS bodies
- NHS bodies will invest sufficient resources to manage the process from start to end effectively, openly and transparently; and
- the Local Service Board partners will be fully involved to ensure that proposals are seen and addressed within the context of the "whole system" of public service provision.

37. Consultation documents should:

- explain why change is necessary and provide clear evidence;
- include a clear vision of the future service;
- explain the consequences of change or of maintaining the status quo, on quality, safety, accessibility and proximity of services
- include information on outcomes for patients and service users;
- in the case of changes relating to hospitals, demonstrate how services will in future be provided within an integrated service model;
- set out clearly evidence for any proposal to concentrate services on a single site;.
- include the evidence of support from clinicians for any proposed change;
- in the case of changes prompted by clinical governance issues, show how these have been tested through independent review;
- show which options were considered during the engagement phase - the NHS needs to ensure that, if a preferred option is specified, this will not be seen as a 'fait accompli';
- explain any risks and how they will be managed;
- give a clear picture of the financial implications of the different proposals;
- spell out who will be affected by the proposed changes and how their interests are being protected;
- explain how any change and benefit will be evaluated after implementation;
- be available in a range of formats, such as "Easy Read", large print, Braille and BSL or audio;
- be signed off by the Board
- set out how sustainable staffing levels are to be achieved.

38. The NHS body should develop media contacts and work with them to explain the changes and their impact in ways in which citizens will understand. The process of consultation should be genuine and transparent. There should be an open discussion with citizens, NHS staff,

staff representative and professional bodies, stakeholders, third sector and partner organisations right through the process.

39. The NHS body planning consultation should seek the views of opinion formers and the leaders within the community such as Assembly Members, local and community councillors, patient groups, professional organisations and relevant voluntary groups and those who may be affected by possible changes.

40. Individually and collectively, the primary task of CHCs is to assess the impact of proposed changes on health services not to take a partisan role. If a CHC considers that there are other options to the proposal to be consulted upon by the responsible NHS body it should inform the NHS body at the earliest stage. The NHS should provide assistance to the CHC in considering such options.

41. At the end of the consultation period, the CHC should have the opportunity to consider all comments received and record its own observations on them.

42. If the CHC agrees to the proposals in the consultation, the NHS body may proceed to implement its proposals subject to any other approvals or consents that may be required. The Welsh Assembly Government, local Assembly Members, the local council(s) and local Members of Parliament should be informed of this and a notice inserted in the local press informing the public that the proposals are to be implemented following CHC agreement. In normal circumstances it is considered that this stage should be reached within 4-6 weeks after the end of the public consultation period.

43. Where a CHC is not satisfied that proposals for substantial changes to health services would be in the interests of health services in its area or believes that consultation on any such proposal has not been adequate in relation to content or time allowed, it may take further action as set out in Section 7 below.

44. NHS bodies should consider with CHCs how well the consultation process worked and whether it met the expectations of those who participated in it. They should assess this against the measures identified at the planning stage. They should also give feedback to stakeholders about the results of consultation.

SECTION 6: URGENT SERVICE CHANGES

45. As indicated in paragraph 7, special arrangements apply where an NHS body believes that a decision has to be taken on an issue immediately in the interests of the health service or because of a risk to the safety or welfare of patients or staff. In such a case, the relevant NHS body may not be able either to engage or consult but has to notify the CHC immediately of the decision taken and the reason why no consultation has taken place (Reg. 27(5,7(d))).

46. If this occurs, good practice is that:

    - the NHS body must make every attempt to inform all relevant interests of the new arrangements prior to the change;
    - the NHS body must provide information to the CHC about how patients and carers have been informed about the change to the service, and what alternative arrangements have been put in place to meet their needs as part of good practice; and
    - the service provider must initially lead all discussion and action.

47. If dissatisfied with the reason given for not undertaking a formal consultation, a CHC may report in writing to the Welsh Assembly Government which may require the NHS body to carry out a consultation, or further consultation with the CHC, as it considers appropriate. These arrangements apply whether the case is one of substantial change or not. Where further consultation is then required, the relevant NHS body shall, having regard to the outcome of such consultation, reconsider any decision it has taken in relation to the proposal in question. Only CHCs have this right to refer matters to the Welsh Assembly Government; procedures to be adopted in such cases are set out in Section 7 below.

48. To avoid difficulties arising over such emergency decisions, NHS bodies should take precautionary action as follows:

    - contingency plans should be prepared for services viewed as at high risk and shared at an early date with relevant NHS organisations, the CHC (where such matters should be discussed at the Services Planning Committee on a "forward look" basis), the County Voluntary Council (for the third sector), the local Partnership Forum and the local authority where relevant; all contingency plans should have a risk assessment undertaken for options; and
    - information that services may be at "high risk" should be shared with the relevant CHC(s), LHB(s), County Voluntary Council, the local Partnership Forum and the local authority where relevant at the earliest possible stage; risk analysis should be comprehensive and weighted appropriately.

49. In responding to unforeseen service change the LHB and/or Trust should take urgent steps to bring the change process in line with the

requirements that normally apply and put in place a comprehensive consultation process. The expectation would be that service changes should be dealt with as public business on the Board agenda of the relevant NHS body where a report on the change and its impact should be given and on any actions planned to mitigate any potential adverse impact.

SECTION 7: OBJECTIONS BY CHCs

50. It is important to state at the outset that the power of referral to the Minister should not be used lightly. Local resolution must be sought wherever possible.

51. If the CHC is not satisfied that —

    (a) engagement or consultation on any proposal has been adequate in relation to content or time allowed; or
    (b) engagement or consultation on any proposal has been adequate with regard to a CHC being consulted at the inception of any such proposal; or
    (c) engagement or consultation on any proposal has been adequate in relation to the frequency with which a CHC is consulted throughout the proposal and decision-making process; or
    (d) in a case where an health body has, in the interests of the health service or because of a risk to safety or welfare of patients or staff, taken a decision without allowing for engagement or consultation, the reason given by the relevant health service body are adequate,

    it may report to the Welsh Ministers in writing and the Welsh Ministers may require the relevant Welsh NHS body, and request the relevant English NHS body to carry out such engagement or consultation, or further engagement or consultation, with a CHC as they consider appropriate (reg. 27(7)).

52. If the CHC has an issue under paragraph 49 above, it should in the first instance submit a constructive and detailed response to the relevant NHS body. The NHS body should extend to the CHC all reasonable assistance in formulating a response. The NHS body should formally and fully consider the objections raised. <u>Only if no agreement can be reached, and the CHC maintains its objections, should the matter be referred to the Minister.</u>

53. Where further engagement or consultation has been required under paragraph 49, the relevant Welsh NHS body must, having regard to the outcome of such engagement or consultation, reconsider any decision it has taken in relation to the proposal in question.

54. In any case where a CHC considers that any proposal under consideration would not be in the interests of health services or service users, it may report to the Welsh Ministers in writing and the Welsh Ministers may make a final decision on the proposal and require the relevant LHB to take such action, or desist from taking such action, as the Welsh Ministers may direct (reg. 27(9)).

55. In such a case, the CHC should in the first instance submit a constructive and detailed response to the relevant NHS body. The NHS body should extend to the CHC all reasonable assistance in formulating a response.

The NHS body should formally and fully consider the objections raised. If the original proposals are modified to meet CHC objections, there is no need for the NHS body to engage or consult again on the modified proposals. The proposal may then be implemented. Only if the matter remains unresolved and the CHC remains dissatisfied with the consulting body's response to its objections, should the matter be referred to the Minister.

56. In referring a matter to the Minister, the CHC should make clear the grounds on which it has reached its conclusion. Where an objection is made to the Minister by a CHC, a copy of the letter to the Minister must be provided by the CHC to the NHS body responsible for the consultation and to the Chief Executive of the NHS.

57. These referral powers relate only to engagement and consultation with CHCs by the NHS and not to engagement and consultation with other stakeholders. Section 183 of the *National Health Services (Wales) Act 2006* in relation to LHBs and section 242 of the *National Health Service Act 2006* in relation to NHS Trusts require more wide-ranging involvement and consultation, but there is no referral power in relation to that wider duty.

Together for Health - NHS Service Change Plans

Referrals from Community Health Councils (CHCs)

General Duty of Cooperation

1. The Welsh Government expects all organisations in the NHS to ensure they are responsive to the needs and views of their citizens. Local Health Boards and Community Health Councils must work together to develop methods of continuous engagement which promote and deliver service transformation for their populations. Full details of the responsibilities on Local Health Boards and CHCs are given in the *Guidance for Engagement and Consultation on Changes to Health Services* ('The *Guidance')* and in *The Community Health Councils (Constitution, Membership and Procedures) (Wales) Regulations 2010* ('The Regulations').

Public Consultation Period

2. It is not necessary to consult formally on every change that is required. Some changes can be taken forward following effective engagement and widespread agreement. However, in cases where substantial change or a [contentious] issue requiring consultation is identified, the NHS (in line with paragraph 5 of the Guidance) should use a two stage process of:

- extensive local engagement, followed by
- focussed formal consultation on any fully evaluated proposals emerging.

3. The primary task of the CHC is to assess the impact of proposed changes on health services. It is important they do not take a partisan role (paragraph 40 of the Guidance). To ensure consideration takes place in the light of the broadest background, the CHC must consider the service change proposals within the context of current priorities, resources and governance structures as notified to it by Welsh Ministers.

Post Consultation Period

4. At the end of the formal consultation period, CHCs should be given the opportunity to consider all comments received by the LHB and record its own observations on them. In accordance with paragraph 18 of the Guidance CHC's must then submit a constructive and detailed response to the relevant Local Health Board within following parameters:

- CHCs must recognise that maintaining the status quo is not an acceptable response if safe and sustainable services cannot be maintained within available resources;

- Any objections must be based on sound arguments in terms of how safe and sustainable services can be provided from within available resources;

- Alternative proposals for providing/maintaining safe and sustainable services must be put forward where CHC objections are being raised.

5. The Health Board must formally and fully consider the CHC response and decide whether to modify its proposals to meet the CHC concerns. In normal circumstances, it is expected that this stage will be reached within 4-6 weeks after the end of the public consultation period. The Health Board will then publish its final plans or announce a further period of consultation to consider the alternative proposals suggested by the CHC.

Referrals by CHCs

6. Where a CHC is not satisfied proposals for substantial changes to health services would be in the interests of health services in its area or believes that consultation on any such proposals has not been adequate in relation to content or time allowed, it has unique power of referral to the Welsh Government (paragraph 43 of the Guidance).

7. The CHC power of referral should not be used lightly and local resolution must be sought wherever possible (Section 7 of the Guidance). Only if matters remain unresolved following the process described in paragraphs 4 and 5 above and the CHC remains dissatisfied with the Local Health Board's response to its objections, should the matter be referred to the Minister for Health and Social Services. A further 6 weeks period (from the date the Local Health Board publishes its final plans (section 5 above)) will be allowed for CHCs to consider whether it would be appropriate to use its power of referral to the Minister.

8. In referring a matter to the Minister, the CHC should make clear the grounds on which it has reached it conclusion (see Section 27 (7) of the Regulations). Where a referral is made to the Minister by the CHC, a copy of the letter to the Minister must be provided by the CHC to the Local Health Board responsible for the consultation and to the Chief Executive of the NHS (paragraph 56 of the Guidance).

Consideration of CHC Referrals

9. The Minister expects any referrals to be well defined and to have already received a formal detailed, point by point, response from the Local Health Board. It will be a joint responsibility of the CHC and Local Health Board to ensure the Minister is furnished with copies of all relevant correspondence exchange between them on the point(s) of objection or disagreement.

10. Welsh Government officials will first conduct an initial assessment of the all documentation to ascertain whether there are any immediate issues requiring clarification by either CHC or Local Health Board. Depending on the nature of the objection, a service change Scrutiny Panel will be established under the chairmanship of the Chief Medical Officer and comprise a minimum

of 3 members with appropriate clinical or service reconfiguration experience outside of Wales. Members of the Scrutiny Panel will be selected so as to reflect the central issues raised in the CHC referral and collectively the Panel will agree key assessment criteria based on ensuring compliance with national standards and best practice in appropriate fields and disciplines.

11. The Scrutiny Panel will examine all available documentation and may itself seek clarification on issues from CHC or LHB either in writing or in person, as necessary. The Panel may also seek clarification and advice from other relevant bodies or individuals as it deems appropriate.

12. The Scrutiny Panel will consider and generate appropriate advice on every point raised by the CHC in its referral. Detailed advice will then be put to the Minister along with a recommendation on whether or not the CHC objection should be upheld, either wholly or in part.

13. The Minister's decision will be final and will be reported back to the CHC on a point by point basis, copying the Local Health Board. In accordance with Section 7 of the Guidance, the Minister may direct the relevant Local Health Board to take such action, or desist from taking such action, as deemed appropriate. The Minister may require the Local Health Board to carry out further engagement or formal consultation on any given proposal. Where further engagement or consultation has been directed, the Local Health Board must, having regard to the outcome of such engagement or consultation, reconsider any decision it has taken in relation to the proposal in question.

14. It is expected a decision on any CHC referral will be made within 4 to 6 weeks from the date the referral is made.

Welsh Government
December 2012

The North Wales Community Health Council (also known as the Betsi Cadwaladr CHC)

NHS Service Changes 2012

Response to Betsi Cadwaladr University Health Board's consultation document

November 2012

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Index

		Page
Introduction: The CHC's contribution to this consultation about health services changes		3
A	**Summary**	5
B	**The consultation**	
	1 The consultation document - what people told us and our assessment	6
	2 The consultation process – what people told us and our assessment	7
	3 The Health Board's consultation with the CHC	12
C	**What people told us about the health board's proposals**	
	1 Primary and community health services	13
	2 Community hospitals	17
	3 Older people's mental health services	29
	4 Neonatal intensive care services	31
	5 Vascular surgery services	36
	6 Other issues raised with the CHC	38
D	**The CHC's assessment of the proposals**	
	1 Introduction	39
	2 Comments which apply to all the proposals	41
	3 Primary and community health services	42
	4 Community Hospital Services	44
	X-ray and minor injury services	45
	Flint Community Hospital	50
	Llangollen Community Hospital	52
	Ffestiniog Memorial Hospital	53
	Tywyn Hospital	56
	Services in North Denbighshire	57
	Comments about all the boards proposals for community hospitals	58
	5 Older people's mental health services	59
	6 Neonatal intensive care services	61
	7 Vascular surgery services	63
E	**Recommendations and suggestions**	65

Appendices

1 People who spoke to CHC members or contacted our office
2 Documents read by CHC members and staff
3 Questions asked by CHC members and staff of health board managers and clinicians
4 Information about population, population density, single person households and access to private transport in North Wales

Introduction

This is the North Wales Community Health Council's (also known as the Betsi Cadwaladr CHC) response to proposals for change in health services made by the Betsi Cadwaladr University Health Board. The health board published its consultation document 'Healthcare in North Wales is changing' on 20 August 2012. We refer to the organisations as 'the CHC' and 'the health board' throughout this document.

The CHC is a public body with the responsibility to act as the local NHS watchdog. Its 72 members are appointed by Welsh Government, the local authorities and local voluntary sector organisations. We also co-opt members of the public with an interest in specific areas of health to work alongside CHC members.

The CHC must take part in consultations about major changes in local health services in three specific ways. These are set out in law and Welsh Government guidance. We must:

- Help make sure that people know about proposed changes and that they can say what they think about them
- Look closely at every aspect of the proposals
- Tell the Minister if we object to any or all the proposals because they are not in the interest of people who use services, or of the health service.

At the start of the consultation process in August, CHC members put up posters and distributed flyers in as many places as possible which told people how to get more information about the changes proposed by the health board, and how they could make their views known. They also gave people information sheets about the way services might change in their own local area.

During the consultation CHC members and staff asked more than 1800 people how the changes might affect them. The CHC analysed what they said, and what 250 other people said when they wrote to, telephoned and emailed the CHC office. Information about the people who we spoke and had contact with is in Appendix 1. CHC members and staff also attended 30 meetings and other events, large and small, so they could hear in person the questions people asked – and the answers given by the health board.

At the same time, CHC members were reading documents produced by the health board and others. We then asked the health board questions about the proposals themselves and about background information on, for example, finance, staffing and transport plans.

This response takes account of all we heard and read. It falls into five main sections.

Section A Page 5	The summary of our response says what we think about the consultation process and our views and conclusions about each of the health board's proposals. It is published as a separate booklet alongside this document
Section B Pages 6-	This section says what people told us about the health board's consultation document and the way it went about the consultation

12	process. The section also covers what the CHC thinks about the board's consultation with the public. It then goes on to say what we think about the way the health board consulted with us as the NHS watchdog.
Section C Pages13-38	Section C sets out what the people in all the areas we cover - Anglesey, Conwy, Denbighshire, Flintshire, Gwynedd and Wrexham - told us about the proposals and how they might affect them.
Section D Pages 39-64	Our assessment of each of the proposals is in this section. We say whether we think each of them is or is not in the interest of people who use services, or of health services, or whether we cannot tell one way or the other – and why .
Section E Pages 65-66	The final section of our response says what we think the health board could do to make its proposals work better for people, or what it could do to give people – and the CHC – more confidence that its proposals will serve their interests.

We thank all the people and organisations who took time to speak with and write to us.

Thank you / Diolch yn fawr

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Section A – a summary of the CHC's response

Introduction

A1 The CHC has produced a bi-lingual summary of its response to the health board's proposals.

A2 The summary is a separate booklet published alongside this document and is available on the CHC's website – www.bcchc.org. Copies are available from the CHC's office. The address and telephone number are on page 4.

Section B – the consultation

B1 The consultation booklet

B1.1 What did people tell us?

During the early part of the consultation several people said they had read in the press that there were proposals for NHS changes but they did not know where to find the consultation document. Some then told us they had problems with downloading the consultation booklet from the health board's website. Others said that it took some time to get copies of the booklet from other places, for example their GP practice or library.

On the document itself, people said they wanted more information about how the health board had developed its proposals together with examples of how services would improve:

> '*The consultation document provides no concrete evidence of how services will improve. Definite plans for future services and how they will be financed…..need to support statements which are made.'*
>
> *'There is a lack of data to support any of the proposals'.*

Some said that that the information given about the proposals was vague and that more information was needed about how they would work in practice:

> *'The only definite seems to be … (about) proposals to remove or close (services).'*

Several people said that this did not feel like a genuine consultation because the health board did not ask them to comment on options for change. They offered only one proposal for each group of services.

Some people told us they had difficulty with some of the medical terms used in the booklet – particularly about vascular surgery.

B1.2 The CHC's view

The consultation booklet was hard to come by in the early part of the consultation period. We agree that people needed more practical information about the likely effect of proposals and that the health board could have made some of the sections easier to understand.

We made exactly these points after the health board showed us an early draft of the consultation booklet, and asked us to comment on the style (not the content) of the document. We also said that the booklet should include information about the board's plans on an area-by-area basis, so that people did not have to unpick the consultation booklet to understand what effect all the proposals might have on them.

The health board decided not to do that, but we prepared information sheets for each county which were welcomed by the people we reached.

> *'I found the CHC's information sheets very clear – the information in the media was just confusing.'*

We believe that the document did not reach some of the standards suggested by Welsh Government guidance because information about the following was either missing or unclear:

- How services will be delivered
- Important details which would help people understand the effect some proposals would have for them
- Who might be affected (eg any knock-on effects of the proposed changes in services)
- How the board would manage risk and how it would protect the interests of those affected.

We think that the format and language used was very much better in the final version of the consultation booklet than in an early draft, which was sent to the CHC at the beginning of August.

Documents to support the consultation were only available on-line or by asking the health board for a copy of the papers. A section of the health board's consultation website was called 'Resources' and began with the words: *On this page you will find links to all the necessary information you need to help you put forward your views and thoughts to the consultation.* The section covered only a selection of documents, very few of which were written with the public as an audience in mind.

The board told us it would produce an easy read version of its proposals, and then did not do so until very late in the consultation period. We are very concerned about this, not least because it meant that we could not provide an easy read version of our materials.

B2 The consultation process

B2.1 What did people tell us?

People told us about five aspects of the consultation process

- the health board's questionnaire
- the information leaflet it posted to every household
- the public events organised by the health board
- the way the board publicised the consultation
- the focus groups organised by Opinion Research Services on behalf of the health board.

B2.1.1 The Health Board's questionnaire

Some people told us that they thought the health board's questionnaire did not ask the right questions and that the questions it did ask were '*heavily biased in favour of the changes'*.

Others were sceptical about completing a questionnaire to give their feedback:

> *'The questionnaire, which has been excellently produced, is unsafe to answer truthfully on the information given, because if you do, you will sign a blank cheque for the Health Board to do what they like … I would advise ... sending a letter to say that more concrete proposals are required.'*

B2.1.2 Information leaflets

People from different areas told us that the information leaflets posted by the health board had not been delivered to them. Others commented on the content and lack of detail in the leaflet:

> *'A bit more information would be useful - like the reasons why things are changing as the leaflet I just read looks like change for change sake.'*

> *'This information could only be gleaned by downloading (or telephoning to request) the consultation document. Perhaps it would have been better to have listed the times, dates and venues of those public meetings on the brief notification leaflet so that all would have the earliest opportunity to plan attendance at their nearest public meeting?'*

Towards the end of the consultation period, and an investigation by Royal Mail, Royal Mail acknowledged that it had not delivered the leaflets to some areas. The health board arranged for Royal Mail to undertake additional leaflet drops to those affected areas to compensate for that. We welcomed this move.

B2.1.3 Public events

Most of the comments people made to us about the consultation process were about the way that the health board's public events were advertised and organised.

Some said that more details could have been included in the leaflet posted to everyone. Some who read the leaflet said that they could not attend because the notice of the meeting was too short:

> *'… given that the notification leaflet was delivered 20 August and the 10 week consultation commenced on that day, it seems an undue haste and rather short notice for the only public meeting scheduled for the whole Isle of Anglesey to be in Llangefni in just 18 days from delivery of that leaflet…'*

Several people were unhappy that they had to call the health board to book a place at a public event. Some found it difficult to get through on the freephone telephone number provided but most of the comments were about having to book at all.

> *'… the requirement to pre-book was clearly a deterrent to numbers…'*

> *'Making people book … feels like you are taking people's names and vetting them … It is … disgusting that I have to make an appointment to go to the meeting to say what I feel … asking 40 people in a room at time is not being democratic. They spend money on postage and admin to write you a letter confirming that you can indeed go to this so called PUBLIC MEETING- then you have to take your letter to the venue at your allotted time to get in to have your say.'*

Some people said that the places used for the meetings were not suitable. For example Plas Menai is some way outside Caernarfon and is not on any public transport route.

On the other hand, several people told us that they thought the events were well organized.

> *'The room was adequate for the meeting … Welsh translation was available and used … the venue was appropriate … sound systems audible.'*

Some people said they were disappointed about the low – and sometimes very low - numbers attending the events.

> *'Most of those attending were staff or members of the League of Friends.'*

> *'The majority of people in attendance seemed to be people who had connections to the Health Service, members of voluntary organisations, councillors (those who were likely to know how to go about booking a place).'*

> *'I have spoken with several people at the weekend saying how disappointed they were (about) attendance. Many have said that they do not get home from work until early evening so could not come.'*

Some people told us that they would have liked to have seen more input from the Welsh Ambulance Services Trust at the Health Board's public events:

'There was no representative from the Welsh Ambulance Service…… I was surprised and disappointed that there was no direct contribution from the Welsh Ambulance Service, whose workings are crucial to this remote area. There were only promises of co-operation and aspirations for a fast medical retrieval services based on North Wales Air Ambulance.'

People told us several things about the content and style of the meetings. Some told us that until they had attended the public events they found it difficult to understand the possible effects of the proposals. Hearing consultants and other clinicians speak

meant people got a better understanding of what the proposals would mean in practice.

> *'It was a robust and fair-minded meeting. … Presentations were well given and the meeting was chaired well … The meeting was very friendly … Every question was answered. There were so many experts present – someone could be found to address every issue raised.'*

Some had reservations about the purpose of the meetings:

> *'I spoke to several people after the meeting – the general feeling was that the Board is going through a token consultation process, is not really listening and will implement changes regardless of well- founded local concern.'*

People who had attended a number of different events felt that some of the health board managers and clinicians speaking were not as well-briefed or as clear as others. This made it difficult for some people to get a full understanding of the proposals.

B2.1.4 Information and publicity about the proposals

Throughout the consultation people – and some voluntary sector organisations - told us that they did not know anything about the proposals until CHC members spoke to them. Some needed information which would help them understand what the proposals might really mean for them. Some also thought that there was not enough background information about how the proposals had been developed and wanted to know who had been involved during the discussions which led up to the proposals. Several said that the proposals were not specific enough for them to tell what their effect might be.

> *'…who has been consulted – have the GP's been involved? Has the Welsh Ambulance Service Trust been involved? Communication is very poor. Community people should get more involved.'*

Other people said they were pleased to have the chance to comment:

> *'I am very glad to have had the opportunity to give my views about this.'*

Some were more negative about the process and questioned whether their views would be taken into account:

> *'They have not sold their good ideas from the start – I fear that the NHS will not really listen and will go ahead with its plans anyway.'*

B2.1.5The focus groups organised by Opinion Research Services

Towards the end of the consultation some people told us that they were confused about why the health board employed Opinion Research Services to run focus groups. Some said that the meetings which were held during the consultation

allowed a cross section of people from communities to attend – it appeared that people were 'cherry-picked' to attend the focus groups:

'I am astonished…. to hear that on the 18th October, Opinion Research Services were canvassing for a meeting in Flint. They were, by face to face contact, inviting those they considered to be a cross section of the community to put their views forward about the proposals in a meeting in Flint that evening. Each would receive £30 for taking part... this to me creates an unhealthy situation and corrupts the whole ethos of consultation.'

B2.2 The CHC's views

We were concerned to find out that even people who were already interested in the consultation process found it hard to get the information they needed. We understand that even well-made plans (for example with the leaflet mailing, printing the consultation booklet and the website) can go wrong. We will speak with the health board about other ways of telling people about consultations in future.

We agree with the people who said that the health board's questionnaire was phrased in a way which meant that people could not always say what they wanted to about the proposals. We were disappointed by the way the questionnaire was structured.

One of our main concerns is about the way the board organised the 'public' events which were an important part of the consultation process. We spoke with health board managers about this before and during the process. We warned that making people book in advance would put many off attending at all and that it would be seen as a way of limiting contact with the public. We were pleased, however, that the health board acted upon our recommendation to provide a freephone number to make it easier for people to book a place.

We note that where there was a big demand for places the health board lifted the limit of 40 people for each meeting. The meeting places in Blaenau Ffestiniog and Flint were not big enough to hold all the people who wanted to attend the meeting. We were told that speakers from the health board went outside to speak to people who could not get in and others who were part of organised 'protest marches'. Some felt that this was a welcome gesture by the health board. Additional meetings were set up at the request of AMs and other interest groups. We note, too, that the health board moved a meeting in Tywyn to another venue at short notice in response to concerns raised by local people and the CHC.

We understand why the health board chose this approach to its public events and we know that this is a routine and accepted way of consulting with people. Indeed, many people told us that they found the meetings helpful. However, we strongly believe that the health board should not have planned this as the only way it made direct contact with members of the public.

B3 The Health Board's consultation with the CHC

The Welsh Government guidance on engagement and consultation says that the health board should:

- provide relevant information including financial information on a proposed change to enable the CHC to carry out informed scrutiny of the proposal
- explain any risks and how they will be managed
- give a clear picture of the financial implications of the different proposals
- set out how sustainable staffing levels are to be achieved.

Our comments on the content and timing of consultation with us are below.

We were involved in all but a few aspects of the health board's early work on its plans for changing services, and we do not have any significant concerns about this part of the process.

During the consultation the CHC made requests for further information in order that we could scrutinise the proposals properly. Our initial requests for essential information were met in part but sometimes over a period of several days. We were told that 'technical' information about the financial and workforce aspects of the board's proposals would be published, and then that it would not. We wrote to the health board's chief executive with our concerns about this. As a result, we met with senior managers who agreed to provide 'what was reasonable' in terms of our request by the end of September (ie week six of a ten-week consultation).

Some additional information was provided at that time, and a little more in response to specific requests some days later. We proposed a face to face meeting with board managers and clinicians so that we could discuss more detailed questions with them, and sent information about our questions in advance. The meeting took place a week before the close of the consultation period. Many of our questions were answered, but some were not. We are particularly concerned about the lack of financial and staffing information available for discussion with us.

Section C What people told us about the health board's proposals

C1 Primary and community health services

The comments we collected about community health services fall into two areas. The first is about services which could be provided locally, in community hospitals and GP practices, and not at the three district general hospitals. The second is about the enhanced care service which the health board tried out in North Denbighshire in 2010-11 and has since introduced in Ynys Môn.
Many people made one comment which applied to both sets of proposals. They said that the consultation booklet was not clear enough about how the new services would work. They could not agree or disagree with the proposals until they either had more information or were able to see them working.

> *'The idea sounds good – but how will it work in practice?'*

> *'I don't think that any of the proposals are bad, but can understand how people living close to facilities which are due for closure or scaling down would think that. Provide more balanced information on the services that will be closing or reducing, explaining why and focussing on how it will in fact improve our community health services.'*

C1.1 Moving services from district general hospitals to community hospitals and GP practices

There was a mixed response to the proposal to move some services from hospitals to the community:

> *'Surely it is easier to treat/train/rehabilitate a group of people in hospital … rather than treat them individually, in isolation, driving to remote locations … pushing patients out of hospital too early - I'm unsure if the proposals are a good idea. Moving services further away from communities creates stress and disadvantages.'*

> *'I think services provided in 'hospitals' are better than spread in the community. I feel very sceptical about care in the community, it is an excellent idea in fact, the 'ideal practice' but given past experiences in practice 'care in the community' is just not there.'*

> *'The idea of services coming to the patients as opposed to occupying hospital beds is a good idea - reduces travelling time, car parking etc. and is less stressful.'*

Others welcomed the idea for a greater role for GPs.

> *'Services moving to GP practices is a good idea considering the distances people in North Wales have to travel to the district hospitals. … Availability of*

some services transferred to GPs … may benefit rural communities which are a long way from district general hospitals. Some services in local GP surgeries sounds OK but may mean they become too busy.'

'Proposals are a good idea if GP's offer more services at the surgery … GPs could easily do more.'

And many said they like to see more tests done at GP surgeries:

'If more GPs did blood tests – that would be good – easier to access and more efficient.'

Several people who wrote to and spoke with us questioned whether GPs had the time, staff and other resources to deal with more work:

'Nothing that centralises services away from the community is good. Anything that gives more services to GP practices is good as long as the GPs are given the resources to cope… If this is to be successful resources need to be adequate to cope with demand.'

'Some of the proposals are good, with more outpatient services in community hospitals and GP practices. However the proposed cuts contradict this … moving work out to GPs when you already have to wait a week for an appointment is a concern.'

'...GPs must be ready to accept people with all needs …'

'The local GP practice is short on staff and it is very difficult to arrange an appointment… waiting times will be longer if GPs are treating more people. Will GPs extend their hours – can the out of hours service cope?'

People also told us that they liked the proposals for improving local services in community rather than hospital settings:

'A positive move in respect of travel for older people and infirm patients … the proposals are a good idea. Outpatient clinics, blood tests, scans … being available at local hospitals and GP practices. Not being a car driver and having to rely on the bus services or walking, the nearer the better. Thank you. Please keep up the good work of trying to make people's lives less painful and less worrying for the families and carers. …The minor tests can be of great concern to people – especially the elderly.'

Many asked whether there were enough trained staff to make the proposals work, particularly when they believed that there were problems with recruiting staff to the health service:

'The theory of community health services is good, but it is dependent on having the right and sufficient staff in the community… Any proposal which makes better use of staff and facilities and better use of financial resources is to be welcomed.'

People commented that they felt that staff working in community settings now are over stretched and vacancies were not being filled. People also asked whether staff would be spending more time travelling rather than caring.

Others said that the different organisations which provide care have to work together.

> *'It's a good idea to get everyone joint working for the benefit of the patient … We need to change the culture of care in the community. … Community services may be too thinly spread. At present it is difficult to get a visit from a GP. Strong links between all locality health partners is paramount, if we are seriously working towards a mostly self-sufficient 24/7 locality based health care service. Efficient locality health services is the only way to free up our larger district hospitals to provide the specialist care they are intended for'.*

C1.2 Care at home – the enhanced care service

Most people told us that they supported the idea of caring for people in their own homes rather than in hospitals – in principle.

> '*Being able to stay in your own home with adequate support is preferable than having to go into a home. I already receive care and have nothing but praise for the help I have received. Older people would prefer to be at home- they get confused in hospital.'*
>
> *'Enhanced care at home is a good idea because of all the hospital acquired infections and lack of sleep. … however some prefer to stay in hospital for part of the care. There is not enough care in the community - this must be increased before it works. I would like to see this up and running.'*
>
> *'If I don't have to go into hospital - then that is better for me. As long as I can get help when I need it that's all that matters … Elderly people need to be in their community and not taken from their surroundings.'*
>
> '*I look after a very disabled mum with no outside help however the proposals will affect me as this will now be offered.'*

More information about how the enhanced care service would work in practice would have been particularly helpful:

> *'I am concerned that elderly people will not get a proper service in their homes – the proposals are too vague and there is no information from the social care sector. Is there actual proof that this is working and where is the funding coming from?'*

People told us that they wanted to know how enhanced care at home would be staffed and financed:

> *'Where will the extra staff come from to make sure that patients are looked after at home?'*
> *Care at home would not be properly covered for 24 hours if there were staff shortages.'*
>
> *'Home care has been reduced - how on earth do you propose to finance 24 hour care again in peoples' home?'*
>
> *'To offer care in this way you need to ensure that the best use of resources is made from those that are available eg staff, specialists and buildings.'*
>
> *'Care at home is a good idea but people are at home throughout the night. Who will be there to support them after 8 at night? The worry is agency link up, how will the sectors work together- know their jobs?'*
>
> '*Who is going to pay for the care of my mother at home?'*

Some people wanted to know how the standard of care provided at home would be monitored.

> *'Providing the care package is sufficiently staffed, then these proposals may work, but consideration must be put to things such as travel costs, cleanliness and work conditions.'*
>
> *'… as long as the standard of care is very high and the services are well monitored and effective for the patients and their families I think that these proposals are a good idea.'*

Others said that they were worried about the impact on the well-being of patients and their carers:

> *'I am not in agreement with all the proposals for home care. More respite is needed for carers… care at home would put stress on your carer. I would want to be in hospital if I was really poorly with people who are there all the time.'*
>
> *'I worry about social isolation. Many elderly people here are worrying about who will care for them… am also very concerned about the vulnerability of elderly people as they will let anyone within their home. They need to know who will be visiting them.'*

Some people supported the proposals as they had experienced home care in practice, however they had further suggestions as to how the care could be improved:

> *'We have an elderly relative living in an enhanced care facility and have concerns about the lack of co-ordination between the hospital services and*

the local care services run by the local authority-much more is needed to offer a seamless service!'

'Through family experience local carers are not always available, are pushed for time and if supplied from several miles away would have to travel … how much more practical are these proposals for rural communities.'

C2 Community hospitals

Most of the people we spoke to made comments about the proposals for community hospitals and raised many different points with us. This part of our response sets out what people had to say about

- the proposals in principle
- the proposals about setting up 'hub' hospitals
- the impact the proposals may have on other health related services
- the effect on local communities and the people within those communities
- travel, transport and access

We then go on to report how the views of some people gave particular emphasis to the impact of the proposals on their communities. This part of our response is set out on a county by county basis.

C2.1 The proposals in principle

Several people told us that they supported the proposals in principle:

'Proposals are a good idea as most minor injuries can be treated at home or at the doctors … I'm glad that specialist units will be available and that local hospitals are part of the restructure… Proposals are necessary if the public is to be served properly by the NHS. I agree with the proposals, let BCUHB get on with improving the NHS.'

'Some of the proposals will make better use of limited facilities therefore are a good idea … It should improve greatly. Change can be good.'

'They should get on and shut some of the small hospitals. They are hopelessly out of date – to the point of being dangerous – after years of neglect. I think the proposals are a good idea in respect of updating equipment and providing modern facilities.'

'The proposals will hopefully lead to a better and more accessible blood sample clinic which gives access to working people! Easier access to clinics and out-patients is a brilliant idea – but as I work, will the appointment times suit me better?'

'If MIUs are not being used enough then I understand the need for the proposals.'

'I personally do not value MIUs and so would not be too bothered to see them close. I have found if the injury is serious enough to warrant a hospital visit there is not the expertise to deal with it at minor injuries.'

Some people agreed with the proposals in principle but were concerned about the consequences:

'I believe the changes are necessary but will have devastating consequences on the old needing to travel. We will just have to wait and see how the changes develop.'

'Personally I won't miss the MIU, but others will, especially the non-drivers …proposals are a good idea – will save wastage of staff time, however will be hard for people without cars.'

'Not sure if the proposals are good or bad – depends on the outcomes.'

C2.2 Hub hospitals

A number of people commented on the proposals to set up 'hub' hospitals:

'Community hub hospitals are a good idea. Healthcare is changing, we must embrace it.'

'Services will suffer dramatically by cutting hospital facilities, however hub hospitals are a good idea as they will at least give local residents some contact.'

'The move to 'hubs' can only be helpful.'

'The idea of 'hub' hospitals is contradicted by the fact that they will almost all be around the perimeter of North Wales with none in … the hub!'

'Hubs – up to 40 minutes' drive for 99.6% of the population - that's almost 2hrs travelling time- even longer for those having to use public transport – this is not acceptable.'

C2.3 The impact on other services

People were concerned about the effect of the proposals on other health related services and A&E Departments and the Ambulance Service in particular:

'…lack of a local minor injuries unit will cause even more pressure on A&E … our Minor Injuries Unit is friendly and you are seen quickly – it

saves waiting hours in A&E… More stress and discomfort particularly with a long wait at A&E.'

'I can see A&E departments being overrun with minor injuries… they are already overstretched and very busy… we will have longer waiting times… there will be bigger queues. Attending A&E in feels as though you are in the third world with stressed staff fighting against the odds.'

'… closure of minor injuries units will have a big influence on the ambulance service, call volume will increase dramatically and resources will not be available to deal with many incidents, which will cause patients having to wait for pre-hospital care.'

'Closing community hospital beds is a very bad idea. Patients who need continuing care, after a stay in an acute unit need somewhere to go. These patients will 'block' beds in acute hospitals if there are fewer beds in the community.'

C2.4 The effect on local communities and the people within those communities

Many people were concerned about the effect of the proposals on their communities. The loss of a local facility drove many people to comment:

'Proposals are not a good idea because it will be cutting services to our local hospital… Not good to lose local services … centralising means losing local staff local knowledge and local needs.'

'Closing minor injury units will always affect the local community… it is a necessary local service … loss of local services are not well calculated especially in rural areas, loss of local amenities. MIU is a valuable service for the community.'

'We are a rural community and to reduce the facilities will have a drastic effect on the whole community … to lose local services on our doorstep is always a bad idea especially in an emergency.'

People were also very worried about the effect of the proposals on local people:

'Patients need good treatment close to home in local hospitals … we must have more local hospitals… keeping local treatment is important. Losing a local MIU will make it hard for elderly people to receive treatment locally… minor injuries unit is invaluable for serving the elderly population we have here.'

'This will create stress in particular for the elderly when visiting a strange hospital in a strange locality and coping with car parking etc in unfamiliar surroundings.'

'Patients needing nursing care will still need nurses. Where do patients go if there are no community hospitals?'

C2.5 Transport, travel and access

Most people who gave us their views also commented on the issue of travel and transport:

> *'Moving facilities away from community causing patients to travel long distances for services can never be a good thing.'*
>
> *'I'm against the closure of local hospitals and the services they provide. People will have to travel further to access services currently provided in the community…, it is a local service at present. We are local people and worked hard to get our hospital and value its services. It won't be a local service if we have to travel… I do not want to travel when amenities are already on our doorstep…We need services close to home not having to travel 30 minutes plus for MIU.'*
>
> *'If you have no transport it will cost more and be more difficult to reach MIU. …Many older people do not drive or have access to local bus services and to travel far would be a worry to them…it is not right for the elderly – it is so debilitating!'*
>
> *'I think all community hospitals should be left open. Many people rely on public transport … Do they really think we should be putting the ill and vulnerable on buses and in taxis?'*
>
> *'It may help the health authority to save money but will incur extra travelling costs for the public. Travel will be a problem especially if no cash.'*
>
> *'We do not have our own transport and are less likely to seek help as it is too far away… What happens if I have to go to hospital at 9pm when there is no transport? – I don't have a car. For many people without cars and those on low incomes with less cash to spend on taxis and transport, it is difficult and sometimes impossible to get to hospitals some distance away.'*
>
> *'Centralising services makes parking impossible.'*
>
> *'Many local people and visitors will have the worry of an extended journey time along the A55 to either Bangor or Glan Clwyd. It is a problem at peak times.'*

C2.6 Local views about local services

The views of many people were strongly influenced by where they lived. They told us about the characteristics of local geography and communities and the way the health board's proposals would affect them.

This part of our response sets out what people told us in the six counties of North Wales: Conwy, Denbighshire, Flintshire, Gwynedd, Wrexham and Ynys Môn.

Conwy

Many people commented on the proposals to close the Minor Injuries Unit at Colwyn Bay Hospital. Some people explained that the due to the size of the town and the facilities it provided a minor injuries unit was required:

> *'Colwyn Bay is the largest coastal town in North Wales with the elderly forming a sizeable portion of its population. The town has a rapidly expanding number of sporting facilities which could be easily be the scenes of injuries needing rapid attention: … on the sea-front a new modern 'Sea-sports' Centre will soon be operational ...there are also two large schools in the vicinity of the Eirias Park area. It therefore seems only common sense to have a Minor Injuries Unit just minutes away from all these various activities which contains a high potential for a huge variety of injuries.'*

> *'Colwyn Bay is a large holiday town and at present you can get immediate treatment there… hope Colwyn Bay stays because of the large population **…** MIU is vital in a holiday area and we are told that the numbers of tourists to this town will increase.'*

Others commented on the problems they might face in travelling to a Minor Injuries Unit elsewhere:

> *'to be obliged to travel fifteen minutes at best to either Glan Clwyd or Llandudno or well over an hour by public transport is not acceptable … there is not enough public transport… people in Colwyn Bay don't want to go to Ysbyty Gwynedd and Llandudno is not the centre of the universe… I support the MIU in Colwyn Bay staying open – Llandudno has enough to do with its own MIU.'*

Others, however did not feel that travelling would be an issue:

> *'Proposals to shut Colwyn Bay MIU would not be a bad thing as Llandudno is not too far.'*

> *'The public should be pleased to have such a health centre here in Colwyn Bay – but it is ridiculous to have two within a 5 mile radius.'*

Some people commented on their fears for the future of the Colwyn Bay Hospital:

> *'If MIU is closed in Colwyn Bay is this a steady decline in the hospital and will it mean closure of it in future? How do we know it won't close?'*

'When the MIU at Colwyn Bay was closed and then reopened after 4 months, we were promised it wouldn't close again – someone does not keep their promises!'

We also heard that some people supported the proposals about Colwyn Bay Hospital:

'Why can't the GP surgery do minor injury units led by nurses? I think the proposals are a good idea as savings are necessary. However a bad idea as travel for the elderly and homeless is expensive.'

'Proposals are a good idea. Pleased that x-ray department in Colwyn Bay is to remain open.'

Denbighshire

People told us their views about the Royal Alexandra Hospital in Rhyl, and Prestatyn Community Hospital (Chatsworth House).

'*In the Prestatyn and Rhyl area we have lost a huge number of patient beds. 2 wards at the Alex … all the beds at Llys Nant and now they want to close Chatsworth . … we will lose all these beds and they want to give us just 30 (beds) in Rhyl to cover a growing need for patient care as well as a huge influx of caravan owners who live here most of the year.'*

'Prestatyn Community Hospital would be a better alternative than the Alex although there are good points about the latter.'

'What about the older people in Prestatyn, how do they get to and from Rhyl?'

People said that the proposals about the Glan Traeth Unit were not clear:

'If the Rhyl Hospital is built, then mental health patients are to be moved there from Glan Traeth … what is not clear is, will this be into a separate ward, or will this utilise the Community Care beds. If this is the case, it is better to keep the two existing buildings. With the facts given that there approximately 11,000 Dementia patients in North Wales and only 30% have been diagnosed, even with more care in the home, better diagnosis will bring an increase in the number of beds required. … the BCUHB is only giving half of the story, with no concrete proposals with dates etc.'

Many people asked what would happen between closing one set of services and opening another:

'I would like assurance that the Glan Traeth service will continue until the new community hospital is open and operating for those who need it.'

'There is no guarantee that the Rhyl Hospital will be open before the Prestatyn one is closed, so there is a good chance that the Prestatyn one may not even be replaced once the land has been sold.'

Others supported the proposals:

'I agree with the proposals to create community services in the Royal Alex as long as any refurbishment remains sympathetic to the current building and that services are funded effectively.'

'Proposals for Alex are good ... handy for family to visit… new community hospital is good- keep things close.'

'I think the proposals re closure of Chatsworth House is a good idea.'

People in Llangollen talked about different aspects of the proposals. Some welcomed the plan for a new primary care centre, but wanted more information about the services which would be provided there. Others commented on the suggested site for the new centre:

'I think the proposal for a new health centre is a good idea but more definite information needs to be available about exactly what services will be there and how they will be staffed and financed. I think that there should also be provision for at least some inpatient beds.'

'The proposed health centre already has barriers in fulfilling its aim as the access has been described by the BCUHB as inappropriate, the building itself has been outlined for demolition and rebuild for this Centre. They thought to enable access to the Health Centre to River Lodge is to build a bridge over the river! Imagine the vulnerable, frail, disabled that have to make this trek in all weathers!'

'I would have preferred that the new health and social care services centre be up and running before closing the present system. Where is this to be located?'

Others told us of their concerns about the proposal to close Llangollen Community Hospital:

'Llangollen Hospital – we have an ageing population needing respite care (not major nursing) near to friends and family.'

'The closure of units like Chirk and Llangollen can only mean deterioration in the service offered. In the community I live in I have often heard the elderly express a desire to be moved to the cottage hospitals to be nearer home. '

'Closing Llangollen Hospital before a replacement is in place. Proposals should be in place before any changes are made.'

'It is a shame that the community hospital in Llangollen will close, but I'm pleased it is being replaced with other services.'

‘If something is closed and nothing is put in place at the same time, we are going to be affected. Newer premises are great but unless they are ready as the old one closes – problems will arise.’

People also commented on the proposal about Ruthin Community Hospital:

‘Holywell and other community hospitals are too far as I do not drive and my husband is disabled. My family work so cannot take me to clinic.’

Flintshire

Many people told us their views about the proposal to close the Flint Community Hospital. Most said they were opposed to the plan:

‘Many promises have been made to improve Flint Hospital but nothing is ever done. Once the hospital closes what guarantee do we have that a health centre will be built. Closing down Flint hospital and taking away beds which are necessary in such a big town as Flint ‘Flint is a big town and needs a big hospital. – need to improve MIU at Deeside as they send you to Mold who then send you to Wrexham.’

‘Flint is too large a community to be left with no in town hospital facilities. We have three blocks of high rise flats (and therefore a large older community), we have 8 schools (and therefore a larger than average young community five days a week) and two industrial estates. These facts on their own should raise concerns about closing our minor injuries unit, replacing a trip to 'the Cottage' with an out of town journey to Holywell.’

‘Flint Cottage provides much needed phlebotomy services which is a constantly busy service and …its inpatient beds. These are a vital service which Flint must not be allowed to lose. It makes no sense to think that the loss of these 10 or 14 beds (depending on how many are operating at the time) is acceptable.’

‘Seeing as Holywell will be housing all of Flint's in patients should Flint be allowed to close, I am just wondering how on earth you think this scenario is going to play out? There will be a whole host of elderly patients, who are not sick enough to warrant a place at Glan Clwyd but who are not well enough to go home, and are just waiting with no dignity or proper standard of care in Glan Clwyd A & E.’

‘Today, Flint Cottage Hospital beds are full to capacity. Holywell Cottage Hospital is full to capacity. How does closing beds make the standard of care currently being offered in North Wales better? … care at home proposals will never live up to its promise and will never replace a bed at a community hospital. Older people deserve dignity - good nursing care is a right not a privilege to be enjoyed by the few who are lucky enough to get a bed.’

We heard people express concern about the fact that the town of Flint is the furthest town in Flintshire from a District General Hospital and that this warranted keeping a hospital within the town:

> *'It is a long way for people to travel from Flint for treatment to Deeside … need to keep services local as I can't drive. However proposals are a good idea if the new health centre has everything in it … . Woe betide those who don't have access to a car or funds to pay a taxi as a bus journey and brisk walk awaits them - that old term the walking wounded springs to mind!'*

People also commented on the proposals for a new primary care resource centre for Flint

> *'While there is strong support for a new primary care resource centre, the lack of a plan, a site, a timetable and demonstrable commitment to such a centre has fuelled mistrust in the Board, which is seen as insincere in its talk of a new centre, and incompetent in seeking to remove the community hospital before an alternative is even on the drawing board.'*
>
> *'It is a good idea re the health centre for Flint – but we've heard all of this before.'*
> *'a health centre is no alternative consideration.'*
>
> *'I think a new health centre in Flint is an excellent idea – the current hospital is not fit for purpose.'*

A number of people told us about their views to close the Minor Injuries Unit and x-ray services at Mold Community Hospital:

> *'To use Holywell or Deeside as hubs is madness … all the migration of workers/shoppers from Holywell and the villages between there and Mold is one way. I invite you to be at Mold bus station first thing in the morning to see the people pouring off the Holywell bus and then return in the evening? Why is this? Mold has a Theatre, County Hall, County Library, Law courts and 2 secondary schools with approx. 2000 plus pupils between them and another secondary school with 500 pupils within its postcode … we will be expected to travel to another hospital which already has its own area to cope with.'*
>
> *'The proposals are terrible for every person living in Mold. The proposals do not take into account the growth in population in Flintshire. Whoever made these proposals does not know the area … Mold school campus is the largest in North Wales – it needs a MIU close by. Mold serves a catchment area of 50k as a natural hub.'*
>
> *'Mold and surrounding areas are large enough to warrant the retention of x-ray and MIU services.'*

Others told us about the problems people in Mold would face if they needed to travel to Holywell, Deeside or Wrexham for minor injuries or x-ray services:

'Those living in the hinterland west of Mold would find Deeside very inconvenient to reach. Mold area has a large enough population to justify an MIU, we are not certain how important the x-ray unit is however. To get to Deeside Hospital would increase the time needed to travel. If you have some kind of minor injury the idea of waiting at a bus stop for transport to Deeside Hospital and then walking a good way when you get off, public transport to Deeside is poor. 2 bus journeys to get to Deeside. … Transport to Deeside is bad. There are no buses from Mold to Deeside hospital.'

'Some older people do not know where Deeside hospital is and Wrexham is too far out and it would increase their workload.'

'If all these services being transferred to Wrexham and patients/ residents have to travel to Wrexham, how is that providing services close to where we live? No matter what age you are the last thing you want when you are ill, in pain or discomfort is to have to travel, especially if using public transport which does not operate frequently or not at all in the evenings.'

We heard people ask why these proposals had been made regarding Mold Community Hospital and others asked what the future plans would be for the hospital:

'Why close services in Mold for minor injuries and x-ray. Health services in the south of Flintshire will be worse off or even non-existent if the changes are brought in…'

'It is easy to see why (the Health Board) is taking this option as Mold is a Community hospital –built by the Community for the community – unlike Holywell or Deeside which were built by the Health Board – it is obvious .. that the Health Board is going for the cheapest option.'

'What happens to Mold hospital after these services have been removed?' I am afraid that these closures will lead to others and the eventual foreclosure of the hospital.'

'Why couldn't the Mold x-ray facility be upgraded and remain in Mold?'

Some people told us their personal experiences of using Mold hospital:

'Mold losing its x-ray and MIU but staffing in Mold is limited. We have to wait for doctors to come from Wrexham anyway. Will this increase waiting times at the Wrexham Maelor, will the Board pay for taxis, ambulances will be stretched, can Deeside Hospital care parks cope?'
'I can't get to any other hospital. This is convenient for blood appointments, x-rays etc. Don't close this department as it is used by many. It is convenient and accessible.'

A number of people living in Flintshire told us about the services they had had at the Countess of Chester Hospital. Some were worried that the health board's proposals

would mean they would lose that service. Some also told us they were unhappy about travelling to Wrexham rather than Chester:

'My closest and most convenient hospital is Chester……it is the only place in the whole of the area where I can turn up between 9-5 to have my monthly blood test. In even my doctor's surgery, the local community hospital or the nearest Welsh hospital in Wrexham, you have to make an appointment.'

'I feel I need to move over the border. Repatriation is a bad idea as it reduces choice. Some sound thinking going on pending transitions managed carefully and Flintshire should keep access to the Countess of Chester.'

'Chester is my most convenient hospital… on my last visit to Chester I was told that Welsh patients were being transferred to Wrexham in the future… this is further away. There is also a problem with GPs refusing to send patients to the Countess of Chester Hospital where it is easier to get to by public transport … I would be happy to stay with the Countess.'

Gwynedd

People in Gwynedd told their views about proposals for closing the Memorial Hospital in Blaenau Ffestiniog. Very few supported the health board's plans and raised many concerns about access to services for the very substantial local population:

'They promised faithfully years ago that if Bron y Garth would close, Blaenau would stay open. I was at the meeting. They really need to listen and compromise.'

'Proposals are terrible, people having to travel all the way from Blaenau Ffestiniog to Porthmadog for emergency out of hours and then also having to travel to Bangor especially when we have a hospital in Blaenau Ffestiniog which can or has provided us with the same service. How will we do it without transport and when the hospital is far away? I know we have to move with the times but to close such a good hospital which provides fantastic care is ridiculous.'

'Understand they need to change services, but they need to do more with what we've already got.'

CHC members and staff met with representatives of the Ysbyty Ffestiniog Defence Committee twice during the consultation period. The committee has sent its own response to the health board's proposals. We acknowledge, but do not repeat here, its views about the health board's proposals.

We heard from others with regard to the proposals for Tywyn Hospital, in particular concerning the proposals to close the x-ray services:

'There needs to be an x-ray department serving Tywyn and its district. Many people of an old age live here and have falls etc. Tywyn is on a bike route (injuries) there are schools in the district and the chance of injuries from playing

rugby, football, hockey and so on – there are also dangers from water sports in the sea. We have many visitors here and the population of Tywyn is increasing.'

'I don't think the proposals are a good idea especially closing the x-ray service because that will result in consultants refusing to come to hospitals without x-rays and that will be a loss in the future. Why make away with the x-ray dept in Tywyn after they have spent so much money on the unit in the hospital. I would have to travel over 35 miles from the village to the hospital.'

'Travelling 35 miles for an x-ray when in pain is not good, rather than 5. Any reduction in this area is very worrying as there have been reductions already. The thousands of people in this area are increasingly concerned that their medical facilities are being eroded leaving them vulnerable. Moving services further away delays diagnosis and treatment which could be fatal.'

'Was it not proposed to refurbish the x-ray unit at Tywyn with new equipment? So what happened to this proposal?'

Others expressed their concern that services to the South of Gwynedd and the Llŷn Peninsula were being lost and that this would mean that many would have to travel further to receive health services:

'Tywyn is far from the centres such as Wrexham, Glan Clwyd and Bangor. People of South Gwynedd already suffer unfairness.'

'*Cannot believe they are going to close community hospitals – what are people in the south going to do?'*

'The suggestion is that Bryn Beryl would be 9am-5pm and (Ysbyty) Alltwen would close at 8pm. I'm concerned that any patients requiring this service after 8pm would have to travel to Bangor which is a very long way for people living on the Lleyn Peninsula. I feel that the new hospital in Porthmadog is a waste of resources when the Dwyfor area in particular will be left with such minimal service, other areas have far more provision than Gwynedd and that seems inequitable.'

'Reduction in services locally may be life threatening. Tywyn is a long way from the 3 DGH's and with Bronglais services under threat, Tywyn is left with unacceptable levels. Need longer hours at Tywyn MIU.'

'MIU should be the same in each hospital in the health board's area. It would appear that the further south in the area one resides the shorter the hours and the poorer services provided. It is a bad idea to close x-ray in Tywyn and reduce MIU hours. Would be good if GP surgery in Tywyn moved to the hospital.'

In other parts of Gwynedd, people commented further about the proposals to close x-ray services:

‘Closing Eryri x-ray will mean further to travel and longer waiting – don’t know if my GP can do more.’

Wrexham

People in the county of Wrexham were concerned about the proposals for Chirk Community Hospital:

‘Closure of Chirk MIU is a bad idea it is a valuable service for the community. Will have impact on the local community, Needs to be extended – to 7 days a week to take pressure off Wrexham Maelor Hospital.’

‘No MIU at Chirk will mean cost and time spent travelling to Wrexham – unacceptable for retired and /or disabled. Parking for cars is either non-existent or at a considerable distance from the main hospital.’

Ynys Môn

In Ynys Môn people welcomed the proposals about Ysbyty Penrhos Stanley:

‘YPS should be a dedicated ‘hub’ hospital. It has excellent facilities and more use should be made of them including doctors and staff should be more available. Mores services should be carried out at surgeries and community hospitals as out-patients.’

‘YPS not being used to its best advantage – good idea to have more out-patients clinics, blood tests and scans done at local hospitals, rather than having to travel to one of the 3 DGHs.’

C3 Older people’s mental health services

Once more, several of the people who spoke with us wanted more information from the health board about how its proposals would work in practice. The lack of details meant they could not really tell how they or family members might be affected.

That said, some welcomed the idea of more services at home and in local communities where people could be cared for in familiar surroundings. Care at home meant less confusion for patients and less travel for everyone. It was particularly important that all the people and organisations providing care worked together:

‘Some mental health services may benefit from home delivery and it is a good idea … can the service be robust and seamless?’

But people also told us about their concerns. How could a service like this be financed and delivered?

'(There is) …no mention of financial support provided for home care. I have concern that those with a mental illness may not get the right level of care at home because of financial and support constraints.'

And can older people who live on their own be cared for properly at home?

'I am concerned about people with a mental illness being cared for at home. This can be very worrying and demanding for their family especially if there is only one person living with them.'

'Older people with a mental health illness do not benefit from care at home due to the isolation of living in a rural community.'

'*The news of plans to treat more elderly people with mental health issues at home is extremely concerning and depressing when there should be more facilities to treat them in hospital.'*

People's views on the proposals were also influenced by where they lived.

In Ynys Môn people asked:

'*If the numbers of those with dementia is increasing – why is it a good long term plan to reduce the number of beds at Cefni?'*

People living in Meirionnydd (south Gwynedd) were worried about the long distances that people would have to travel if an in-patient stay was needed and questioned why facilities already in place could not be used.

'Ysbyty Cefni is not local to Meirionnydd patients with dementia. There has been a strong reaction after we were told 3 months ago that Uned Meirion was closed due to staff shortages, however now there are staff working in the community. There are already facilities at Uned Meirion for four respite beds that could be used for dementia patients.'

'Why can't 2 dementia care beds be put into Blaenau Ffestiniog so that travelling is curtailed?'

We were told about people who were well enough to go home from hospital, but could not do so because no-one could provide the right care they needed where they live. We were also told about elderly relatives who travelled regularly from Meirionnydd to Ynys Môn to be close to a patient at Ysbyty Cefni, and about the travel, and sometimes overnight accommodation, cost that involved. In patient stays could last for several months.

Finally, on the issue of providing more care at home, people said that more respite care is needed – both during the day (including weekends) and for short overnight breaks. There were no detailed proposals for this.

People also talked about providing inpatient services at each of the district general hospitals. They supported this idea if it meant that people would be cared for by staff with the right experience and specialist training.

C4 Neonatal intensive care services

People's views about the proposals for neonatal intensive care cannot be divided simply into those who told us they agreed with the proposals and those who told us they did not. The picture is more complex than that and people raised many issues with us. Some came out of the fact that the health board's consultation document did not explain its proposals very clearly. While health board staff gave more and better information at the meetings they held, and put an explanatory note on its website in early October, these additional details could not reach everyone.

This part of our response to the proposals sets out what people had to say about the advantages of treating some newborn babies at Arrowe Park and then the problems and concerns they raised about

- The effect of travelling such a distance on the newborn babies and their families
- Separation from family and friends
- The effect on single parents, working parents and caring for other children and family members
- Services at Arrowe Park: standards, Welsh language, accommodation for parents
- Impact on local staff and services

We then go on to report the views of people who are opposed to the proposal in principle.

C4.1 Many people thought that caring for some very ill newborn babies at Arrowe Park Hospital is a good idea:

> *'Sick new born babies to be treated at Arrowe Park would seem an excellent idea; centres of excellence are very important.'*
>
> *'I think proposals re neonatal care plans are good – so long as there would be accommodation for the family.'*
>
> *'Dedicated intensive care for neonatal care is in my opinion an improvement.'*
>
> *'There are many good points – use of the best facilities even if it means going beyond the borders. Although the particular expertise will be centralised maybe it will be more effective than a diluted expertise locally.'*
>
> *'Despite the distance, it is a good idea, (from my recent experience) for sick babies and children to be taken to a specialist hospital.'*

C4.2 Most of the people who contacted us, including some who generally agreed with the proposal, said they were very worried about the distances that babies, mothers and families would have to travel.

The first group of concerns is about the babies themselves:

> *'Very sick babies (especially when premature) don't travel very well. These vital services should be closer to home to improve the chances of survival to neonates. Bring specialists to them – not the other way round.'*
>
> *'What is the mortality rate when sick babies are travelling such distances?'*
> *'I understand the rationale but not the distance.'*

The second group was about the cost and pressure for parents who would have to travel long distances:

> *'People should not have to be paying for petrol and other costs and this service should be kept local. It will put many parents in an impossible situation …it would cause more strain on families at an already difficult time.'*
>
> *'We were fortunate enough that we could drive each day to see (our child in the neonatal intensive care unit at Ysbyty Glan Clwyd) and when we did want to stay we had the wonderful facilities in Ty Croeso, but many mothers had to rely on relatives, catch the bus or even the train followed by a bus journey, how would these parents cope (if the proposals were implemented)?'*

A third group of comments was about the likely pressure on ambulance services:

> *'I am concerned that ambulance services would not be able to cope transporting patients the longer distances and that the service would be under greater pressure.'*

C4.3 Several people told us that the proposals would separate parents and babies from friends and family – people they relied on for support at a difficult time:

> *'I am concerned that … babies could be separated from parents and it will put pressure on other members of the family. Support … needs to be taken into perspective and can be stressful for families as they have to travel away from their local area. Will very ill mothers be separated from very ill babies?'*
>
> *'I was lucky …I'm from Anglesey and Glan Clwyd was far enough away from my family - but Liverpool would have meant that no one could be there to help and support us.'*
>
> *'Asking people who are already vulnerable to travel long distances and stay away from home, loved ones and their support network is a very bad idea. I*

believe that removing people from their area causes untold stress, not only on the patient but on their families. The costs of this stress are not taken into account.'

'Please keep the neonatal unit in Ysbyty Glan Clwyd - I spent 5 months there - having family close by when you have a child born at 25 weeks is essential, you are scared, confused, away from home. Families were our small lifeline as to the outside world, money was very tight as you have to keep a home and your new hospital accommodation going. Family were there to help with bringing food, doing your washing, bringing your post and even helping out with money. I could not imagine them being able to help as much if this was based in Liverpool.'

C4.4 People described the sort of problems that might affect single parents, working parents and for parents caring for other children at home:

'Intensive care for Bangor is already delivered for these babies at YGC who provide wonderful accommodation for these parents but they still find it very difficult travelling home when needed - especially when they have other children.'

'The suggestion … is out of all reasons – worried parents would have to travel all that way to visit the child and may need to go there after work … they may be tired with the long journey and could then be involved in an accident. How on earth do they expect people from Holyhead or Pen Lleyn to travel to the Wirral?'

'Very stressful for families living far away and also for patients feeling away from local area. Money issues for families on low incomes and emotional issues for parents with child in hospital and other children at home – also for lone parents.'

C4.5 People told us that they did not understand why the health board was proposing to use Arrowe Park and had several concerns about this.

They were not convinced that the service would be better for babies and families there than is provided now in North Wales:

'Who says the standard and level of care is better than what is being provided in North Wales? Do we really know this as a fact or is it just a convenient to say the standard here is not satisfactory. Arrowe Park does not have the expertise.'

'AP is so much busier than YGC and the parking is a nightmare!'

'Does Arrowe Park meet the care standards of the Welsh Government? I support the proposals if we can be assured that Arrowe Park will be able to meet the national standards in all areas quicker than North Wales and also that these standards will be evaluated and monitored.'

‘I believe that if transferred the quality of service will NOT be better than it is now and patients experience will not be better I understand that it is ration of 1:1 nursing at Ysbyty Glan Clwyd but only 1:2 in Arrowe Park.’

‘Arrowe Park already provides a service to a significant area – including Chester and Crewe. The only other level 3 hospital in that area is Liverpool Women’s Hospital – so if Arrowe Park reaches capacity – neonatal babies will be moved further out of the region.’

Another concern was that there would be no Welsh-speaking staff at Arrowe Park – and that this could be very important to people in difficult times:

‘On top of travelling they will be getting a service in English only and this can be difficult during a traumatic time … It does nothing for the consideration of the Welsh language aspect of healthcare.’

‘How many staff in Liverpool understand Welsh? … I very much doubt you would find a Welsh speaking nurse’

‘There were many Welsh speaking staff at YGC and I found it a comfort that they were able to communicate with me in my chosen language.’

People raised two other particular concerns about caring for babies at Arrowe Park. Some thought that it was poor that a woman, because her baby would be born very early, could not give birth in her own country. Others were worried that patients from England would have priority over those from Wales.

We also heard people question how families would be accommodated at Arrowe Park and some asked at what cost this would be:

‘I would like to know can parents stay with their babies?’ Is there a guarantee that families from North Wales who wish to stay will be provided accommodation? Is there a means to provide financial assistance to help the financial burden for families?’

C4.6 Several people were worried about the effect of the proposals on staff, services and expertise within North Wales:

‘I have a concern about people continuing to stay/live in North Wales – proposals could remove employment possibilities outside of Wales to North West England. We need to keep the expertise here. Not only will the current staff begin to lose their expertise should ‘level 3’ be taken away, but what staff and specialists (who want to progress with their careers) would want to work or stay in North Wales should this level of care be taken away?’

‘The effect on the maternity services will be bad … I do not believe that BCU Health Board have thought through their proposals and was extremely interested to learn that they have gone against the views of Health Commission North Wales (who in 2005 recommended that there should be one level

Neonatal Intensive Care in North Wales and three such units in the south) and also clinical specialists who favours a centralised unit based at Ysbyty Glan Clwyd. Should the Health Board continue with their plans, I believe it would also be of detriment to the staff at the hospital.'

'Would North Wales be able to develop a NICU in future if these proposals went ahead? If the Health Board becomes dissatisfied with the service provided by Arrowe Park… would we still have the expertise and skills here? There are national difficulties with recruitment in this field.

'Would it compromise the establishment of three SCBUs (special care baby units) of the right standard at the three district general hospitals? Would it make it harder to recruit and retain specialist nursing staff? Would it compromise medical staff training? Are there any plans to take the SCBU and high dependency baby units away from the 3 DGHs? Will SCBU remain on the three DGH sites?'

C4.7 Some people told us that they were against the proposals in principle, and others asked about how much it would cost to keep or develop such a service in North Wales:

'It is totally unacceptable not to keep the new born baby facility at Glan Clwyd. It is of great concern to me that treatment and special care for babies is moving to England.'

'Baby unit is vital to North Wales and Glan Clwyd. I work there and should know. Centralising is only a short term approach to a long term problem.'

Why is it that South Wales has two intensive care units when the proposal is we can't even have one in North Wales? Are we the second class citizens. …Special care baby unit is needed in the district …We need to add to services not to take them away.'

On this issue of costs people asked:

'What savings will there be if there are still 3 neonatal units? Would like information on the 36 patients per year – are they short term or long term? What is the percentage of short/long term?'

'Small numbers won't save money, what are the outcomes like at the moment? Still need to staff SCBU.'

'Disagree with the proposals as will affect more than 36 babies a year. Growing birth rate in North Wales that needs to be factored into the changes. Also knock on effect of babies born in Chester coming to Wrexham and also babies who would have gone to Shrewsbury from North Powys.'

Finally, many people we spoke to told of us about their personal and very positive experiences of care by the neonatal units at Ysbyty Glan Clwyd and Ysbyty Wrexham Maelor. We close this section of our response with one of them:

'My daughter was born at 25 weeks last year. … it is unbearable to think what it would have been like had she been transferred to Arrowe Park on the Wirral. I would not have been able to see my baby as I was so ill, and my husband would have been torn between myself and the baby. My baby was so vulnerable, she needed twenty four hour care and could deteriorate very quickly. We are so lucky that she overcame so many different complications. I have my doubts this would have been the case if she had been moved in these early days or without the care of the Glan Clwyd team'.

C5 Vascular surgery services

People told us a number of things about the proposals for Vascular Surgery Services. Some supported the idea of centralising the service so that resources and expertise are on one site, but others did not. Many were concerned about the travel that might be involved. Some people said it was difficult to comment on the proposals if they did not know which hospital would be chosen as the specialist hospital.

People who agreed with centralising the service said things like:

'Some of the proposals are in a way a good idea as you can have centres providing expert, specialist care.'

'Any proposal which makes better use of staff and facilities and better use of financial resources is to be welcomed.'

'If resources are not available (eg shortage of specialists etc) then it makes sense to centralise to a degree although - if it's not broken don't fix it'.

'We have several major hospitals in our area which I believe would be quite capable of specialising in the fields being proposed to be outsourced to hospitals outside or our area. If attention was given to transferring more mundane surgical procedures to our community hospitals and thus freeing up area's in our major hospitals for more specialised departments – this then would improve patient's experience and complement the excellent work our hospitals are currently doing.'

Some also said:

'Where will the new centre be – how can we accept the proposals when we don't know?'

People who disagreed with the idea of centralising services were concerned that making one hospital a specialist centre would downgrade the other hospitals in North Wales with implications for patient care and staff. These comments are typical of those we heard:

‘Vascular complaints can affect all age groups within a community and should be available in at least one local hospital.’

‘As we get older, certain illnesses are more common so only having one hospital dealing with vascular problems is wrong – people from the Lleyn would maybe have to travel to Wrexham! Wrong!’

‘Centralising is only a short term approach to a long term problem. Team up with the Mersey deanery to share staff and open up North Wales to the expertise over the border’.

‘Nothing that centralises services away from the community is a good idea.’

Some people told us that the services should remain as local to them as possible, and were particularly concerned about emergencies:

‘Centres of excellence are a good idea to offer more knowledge and specialist skills. For more urgent illnesses it is ok to have a specialised centre, but not ok for emergencies.’

‘If any NHS services get centralised – ie from all three main hospitals at present to being concentrated on one hospital site, then we who are in the furthest areas would have long journeys on bad roads which are also extremely busy during the summer. We could suffer unnecessarily.’

‘Centralising specialist non -emergency services could give savings and improve service delivery, but emergency treatments and A&E must be maintained locally – we are overly reliant on the air ambulance which is a life saver for people in this area.’

Many people were concerned that having specialist services on one site only would mean that patients and their relatives would have further to travel:

‘Centralising some services such as vascular will necessitate many people travelling long distances which if an emergency could prove fatal’

‘De-centralisation would allow better access – not sure if centralisation is a good idea. Further to travel for some possible treatments.’

‘If there are changes to all three general hospitals so some only do certain specialities like vascular – if Wrexham is chosen then all patients from Llŷn, Anglesey, Caernarfon have to travel a long way. Could result in deaths especially using the busy A55. Proposals are only a good idea if no long distances involved as transport in North Wales is difficult and expensive.’

‘I think some of the proposals are a bad idea. If there are people that are very ill and need to get to a hospital with complex vein surgery , but the hospital near to them doesn’t have it then they are going to have to travel.’

People were also concerned about the impact of the proposals on the Ambulance Service and asked whether it could cope with more and longer journeys:

> *'… there is little consideration of the Ambulance Service who will be expected to provide the transport to the services. We understand they too are overstretched and over budget but they are a vital link and should be specifically covered in your plans.'*

C6 Other issues raised with the CHC

People who spoke to CHC members and staff about the health board's proposals, also took the opportunity to mention lots of other issues. People told us about their personal experiences of services – good and bad – and talked about issues like the cost of managing health services, whether there should be a charge for prescriptions and whether money from Wales was subsidising services in England.

We are not reporting or commenting on these matters here as they are not directly to do with the health board's proposals. But we will follow up on them in the coming months and on some specific concerns raised with us:

- Getting appointments to see the GP
- Waiting times at hospitals
- Problems with recruiting medical and other specialist staff
- Lack of NHS dentists in North Wales
- Whether charges should be made for parking at hospitals and
- Introducing a health lottery scheme.

Section D The CHC's assessment of the proposals

D1 Introduction

D1.1 How do we assess the health board's proposals?

The CHC is made up of lay people. We volunteer our time to check on health services from the public's point of view. Our job, therefore, is to assess the health board's proposals as members of the public who have particular knowledge or experience of health services. We offer, therefore, an informed lay view of the health board's proposals.

We take a common sense approach to this work and base our assessment of the health board's proposals on four things.

The first is what people told us about the likely effect of the proposals on them and their families.

The second is our analysis of the information we have gathered from the health board and other sources about the proposals and the background to them. A list of the documents is given in appendix 2 and a summary of the questions we asked health board managers is in appendix 3.

The third is the information members have gathered about services during our regular monitoring visits to hospitals, pharmacies and GP practices; and from our attendance at health board committee meetings, like the Quality and Safety Committee.

The fourth is Welsh Government guidance about the CHC's contribution to the consultation process. It says that **the CHC may refer a decision about a health board proposal to the Minister if it comes to the conclusion that a proposal is not in the interest of health services, or service users. It also says that the CHC must make clear the grounds on which it has reached its conclusion.**

In the sections D3-D7 below we say one of the following about each of the board's proposals:

- *The proposal **is** in the interest of health services or people who use services and why we think that is so*
- *The proposal **is not** in the interest of health services or people who use services and why we think that is so*
- ***We cannot say** whether or not the proposal is in the interest of health services or people who use services and what might help us come to a clearer conclusion.*

We believe that the CHC can say that a proposal is in the interest of health services or people who use services **if it can see that**

- The change is part of a logical longer term plan for health services
- There is a clear rationale for changing the service, which is based on good use of evidence about what works for patients
- It fits in with national policies
- There is evidence that the board can implement its proposals, and has a plan which maintains services during the change from the way it provides the service now to the way it plans to in the future

and if the proposals mean that

- People are able to reach the service when they need it – it is close enough, or there is reliable transport
- Services meet national care standards
- Services are effective – they make people better or they make it more likely they will be able to live independently and without pain, and they support people well at the end of their lives
- They are efficient – they make good use of the money available
- They do not discriminate against any community or part of the population
- The service will be firmly established and develop in the future – the proposal is not a short term service or financial 'fix'
- They will meet people's need for service – there are enough clinics, x-ray and other diagnostic services so that people can be seen and treated quickly or at the right time.

In short, that the quality of services will improve – they will be safer and more effective, and patients' experience of services will be better.

D1.2 The CHC's assessment

In section D2 we make comments that are relevant to all of the health board's proposals. Our assessment of each of the board's proposals is in sections D3-D7 below. We set out, briefly

- The proposal as we now understand it, based on the health board's consultation document, the answers it gave to questions put by members of the public and in response to our requests for information
- Aspects of the proposals we can support because we are satisfied that they fit our description of a proposal which is in the interest of people who use services, and the health service
- Any aspects of the proposals which concern us because they do not fit in with our description.

These comments then form the basis for our conclusions about each proposal.

D2 Comments which apply to all proposals

D2.1 The CHC agrees with the health board on several of the points it makes in its consultation booklet. We understand the pressures on health services everywhere. There is less money available for health care but greater demand for services as developments in diagnosis, treatment and care mean that the NHS can help improve more people's lives.

Nationally, the pressure from Welsh Government to stay within budget, reduce costs and achieve national standards (eg waiting times for services) is much greater than it has been in the past; and staff shortages in many disciplines means that agency and locum costs are high. We recognise that attracting people to work in North Wales can be particularly difficult.

We also agree that some of the services provided by the health board do not meet national standards and that the quality of services in some areas of North Wales lag behind others.

Taken together, we agree this means that some services must change. Our experience of the health service across North Wales, and our knowledge of services elsewhere, tells us that there are ways of providing care which is more effective and efficient and more acceptable to patients and their families. We agree that people should be admitted to hospital only when they need that sort of care.

D2.2 We understand that the health board has to deal with some difficult problems. Some community hospitals can no longer offer the right sort of inpatient care because the buildings are not designed for it. There are also tensions between national policies: providing services in North Wales **and** reducing costs may not be possible.

D2.3 During the consultation health board managers acknowledged that they need to do more work in several areas

- Providing services for people (patients and carers) living in rural areas and promoting better transport links
- Thinking about the needs of carers
- making sure that people can reach services within a reasonable time
- Joint planning between the health board and organisations which provide social care
- Helping people improve their own health by providing them with the right information and support
- Making sure people know what services are available and how to get access to them.

We agree, and welcome their comments.

D2.4 We have, however, other concerns that apply to almost all of the board's proposals.

Several of the proposals do not include enough information about current or forecast needs for services, and whether the services the health board proposes can meet those needs, now or in the future.

We can see no evidence that the health board has taken account of the local authorities' Local Development Plans which describe forecast changes in the population and their response to them .

The health board tends to present evidence which supports the approach it is taking to each of the areas for change. It does not discuss evidence which takes a different view and how it might deal with the risks arising from its proposals. It does not give enough information about both the benefits and risks of its proposals for patients and carers – and what it will do to deal with those risks.

Some of the proposals say that more people will be will be cared for at home, or in nursing or residential care homes. We have seen no evidence of discussion between the health board and local authorities and other providers of this sort of care. But we do know that local authorities (for example, Ynys Môn) are consulting on plans to reduce some of these services, not increase them.

Some of the proposals lack important detail. For example, it is difficult to say what the effect will be of centralising complex arterial surgery services if we do not know where the surgery will be done. We understand that the health board believes that if it develops detailed proposals it will be accused of taking a decision before the consultation began. But we believe that some of the proposals are not specific enough for people – or the CHC – to decide whether they can support them.

The health board has not provided enough information about the financial and staffing implications of its proposals to help people – or the CHC – to understand whether the proposals have a sound foundation and can be implemented. We know little about the assumptions made about savings on inpatient services and the effect this will have on patient care; how staff will be re-deployed to the community services and what skills are available now, by comparison with those which will be needed. Again, we know that providing detailed information may lead some people to think decisions have already been taken, but we believe that the health board has leaned too far in the other direction.

The health board has begun work to see if people would have equal access to services if its proposals were implemented. Some of its initial assessments are comprehensive and well thought through, but some are not. The work takes the views of health board staff into account but not patients or different sections of the community.

D3 Community health services

The health board proposes to increase the level of community based services it provides and, as far as possible, to care for people in one of the three district general hospitals only when that is necessary. It proposes to do this in three ways

- Establish an enhanced care service in all localities which will see GPs, community and specialist nurses and therapists working together to care for more people at home. This will mean fewer people having to be admitted to

hospital and quicker discharges home. This approach, where some patients are cared for at home for up to two weeks after they come home from hospital, has been piloted in North Denbighshire and is underway in Ynys Môn.

- Move as many other services as possible away from district general hospital settings to GP practices or community hospitals
- Increase the use of 'telehealth' ie using technologies which range from telephone consultations to monitoring vital signs so that people can communicate with health care professionals from home or at GP practices.

The health board believes that it will be able to close the equivalent of three DGH wards because care will be provided outside those hospitals.

D3.1 Aspects of the proposals which the CHC can support

We are satisfied that the board's proposals fit with its general plan for providing more care close to where people live, and in their own homes where that is possible. We welcome the health board's plans to co-ordinate the work of general and mental health community-based teams through locality management arrangements.

We acknowledge that the North Denbighshire pilot project is rated highly by the people who use it and their carers, and by the clinicians involved. The CHC's monthly review of feedback from the project shows that people using the service continue to be happy with the care they get.

We welcome the commitment to offer people care by Welsh-speaking members of staff.

D3.2 Aspects of the proposals which concern the CHC

There are several aspects of the proposals which concern us.

The health board says, rightly, that there is a lot of evidence to support the community-oriented model of care that it is proposing and its proposals put much of that evidence to good use. But they do not say how they will deal with the very real difficulties that other, similar places have had in implementing this model in rural and sparsely populated areas. The NHS in the rest of the UK has worked for years to find a way to move services into a community setting, with variable success. The health board tells us that the size and make-up of the community teams will vary according to local circumstances, but we are concerned that this might not be affordable in some areas in the longer term.

The health board does not have a coherent plan for using 'telehealth' approaches to providing services. We have seen limited evidence about three or four projects which involve telehealth principles, but there is no identifiable leader, project plan or evaluation programme for them. This is an important aspect of the general intent to provide services outside hospital.

The health board and its predecessors have tried to move services, for example, out-patient clinics, into a community setting before. Some efforts have succeeded, but

others have been short-lived as they have proved to be an inefficient use of staff time. We have seen no evidence that the health board's proposals take this experience into account.

The proposals will be funded from existing budgets. Although we have seen some information about the way this shift in funds can be achieved, there are some gaps – for example, the financial and staffing plans we have seen for the enhanced care service are based on historical rather than forecast costs.

The evaluation of the North Denbighshire pilot is incomplete. There is no evidence that this approach to care reduces admissions or contributes to shorter lengths of stay. We cannot be sure, therefore, about the potential the proposals have for providing effective and efficient care and thus the plan to reduce the number of beds at the DGHs.

There is no evidence of a serious assessment of the extra demands its proposals will make on other services, or whether there is the capacity to meet that demand.

D3.3 Conclusion

The CHC strongly supports a policy which will deliver effective care close to or in people's homes and, in principle, welcomes the idea of stronger community based clinical teams, providing services at GP practices and community hospitals and delivering services delivered. But it has reservations about the health board's proposals, based on the information currently available. We will not be able to say whether the proposals will, in practice, be in the interests of service users without further information and assurances about:

- Financial and staffing plans for the enhanced care service and the board's plans to transfer services from hospital to community settings
- The way that the effect of the enhanced care will be measured and monitored
- The risks associated with this general approach to providing services, and how the health board plans to take these into account
- Its telehealth plans.

D4 Community hospital services

The health board proposes very significant changes to community hospital services across North Wales. The health board says it will treat seven of the 20 community hospitals in North Wales as 'hospital hubs'. These will be centres which provide all the services that they offer at the moment and will, in the future, provide some services which are available mainly at the three general hospitals at the moment.

In order to do this, the health board proposes to close

- Seven of the 16 community hospital x-ray departments, and the service at Blaenau Ffestiniog health centre
- Seven of the 16 minor injury units and change the opening hours at four other units
- Four community hospitals entirely.

In connection with these proposals it also proposes to

- Support general practitioners to provide minor injury services in remote and rural areas
- Develop the out of hours service
- Open extended primary care centres in Flint and Llangollen, an integrated health and social care centre in Tywyn, and change the Ffestiniog Memorial Hospital into a base for primary and community health services
- Develop a new community hospital on the Royal Alexandra Hospital site

In this part of our response we outline the proposals for

- The x-ray and minor injuries services presently provided from community hospitals in Ruthin, Mold, Chirk, Colwyn Bay, Caernarfon, Pwllheli and Tywyn
- The community hospitals in Blaenau Ffestiniog, Flint, Prestatyn and Llangollen which the health board proposes should close completely or for the most part
- Developing services which will replace those services currently provided in the Royal Alexandra Hospital, Prestatyn, Glan Traeth, Lawnside Child and Adolescent Mental Health Services and Dental Clinics in North Denbighshire.

The CHC's view about these proposals follows each section and concludes with some comments which are relevant to all the proposals about community hospital services.

D4.1 X-ray and minor injury services

D4.1.1 The proposals

The health board proposes to:

Ruthin

- Close the minor injuries service and the x-ray department at Ruthin Community Hospital
- Provide those services at Denbigh Infirmary (8 miles away from Ruthin)

Mold

- Close the minor injuries service and the x-ray department at Mold Community Hospital
- Provide those services at Deeside Community Hospital (7 miles away from Mold) and Wrexham Maelor Hospital (12 miles away from Mold)

Chirk

- Close the minor injuries service at Chirk Community Hospital
- Provide minor injuries services at Wrexham Maelor Hospital (10 miles away from Chirk)

Colwyn Bay

- Close the minor injuries service at Colwyn Bay Community Hospital.

- Provide that service at Llandudno Hospital (8 miles away from Colwyn Bay) and at Ysbyty Glan Clwyd (11 miles away from Colwyn Bay)

Caernarfon
- Close the x-ray department at Ysbyty Eryri in Caernarfon
- Provide that service from Ysbyty Gwynedd (9 miles away from Caernarfon) and for some Arfon residents, from Ysbyty Alltwen

Pwllheli
- Close the x-ray department at Ysbyty Bryn Beryl and change the opening hours for the minor injuries unit
- Provide the x-ray service from Ysbyty Alltwen and support the minor injuries service to people in Dwyfor from there too

Tywyn
- Close the x-ray department at Ysbyty Tywyn and change the opening hours for the minor injuries unit
- Provide the x-ray service from Dolgellau Hospital (20 miles away from Tywyn) and support the minor injuries service to people in Meirionnydd from there too.

The board also proposes to provide minor injuries services to some people who live in rural and remote communities from general practice.

D4.1.2 Aspects of the proposals which the CHC can support

The CHC understands the health board's rationale for closing x-ray services at seven of the 16 community hospitals. We know that the numbers of people referred to community hospitals for x-ray services are generally low and this makes for an inefficient service. We also understand that when there are staff vacancies or absences because of ill-health, the x-ray service can be restricted at very short notice. This means people cannot rely upon it. The CHC also understands that the x-ray equipment at several of the hospitals has or will soon reach the end of its useful life.

We recognise that the numbers of people using the minor injuries service at most of the community hospitals is low and we have been long concerned about the restriction or short term closure of the services when there are staffing problems.

We believe that, for the most part (see below, Mold and Tywyn) that the proposals take into account the numbers of people who use the x-ray and minor injuries services at the hospitals.

The CHC agrees that the health board must find ways of providing more reliable x-ray and minor injuries services.

We also welcome comments made by the health board about making sure that minor injury services are provided by more general practitioners and that these must be widely advertised in local communities.

We welcome the plan to provide minor injuries units and GP out of hours based in the same places. This will mean minor illness and minor injury services can work more closely together. We welcome the board's plan to have advanced nurse practitioners working in minor injury units who are also trained to treat minor illnesses. We understand that this means they will be able to work as part of the out of hours service at weekends if needed.

The CHC welcomes the health board's commitment to make much better use of Ysbyty Alltwen so that it can provide a fuller service to people living in Meirionnydd, south Arfon and parts of Dwyfor.

We welcome the submission of the business case to Welsh Government to invest in the Tywyn Memorial Hospital , which will support new initiatives and services and provide modern facilities for the GP practice.

We welcome the health board's work with Hywel Dda Health Board and the Welsh Ambulance Service Trust to ensure that patients receive specialist services in the appropriate location.

D4.1.3 Aspects of the proposals which concern the CHC

There are three general aspects of all the health board's proposals which concern the CHC

- The distances people will have to travel for x-ray services
- Access to minor injury services and plans for providing minor injury services from general practice
- Implementing these proposals and communications with the public.

Getting to the right sort of care, quickly, is very important. We are not satisfied that the health board's proposals make it clear how the minor injuries units at the 'hub' hospitals, the out of hours service and primary care services will work together to provide a service in which people can have confidence.

We are not yet satisfied that the health board has a plan for implementing and communicating its proposals which means people can be confident they will get the minor injuries services they need from GP surgeries, the out of hours service and their community hospitals.

The health board's proposals mean that many people will have to travel further and make more difficult journeys than they do now to get to services they need. Specific concerns relating to particular communities appear below.

Ruthin

- We are not yet satisfied that the board has taken into account the needs of some of the people living to the south of Ruthin and its surrounding areas and to the west of Llangollen and its surrounding areas, in particular where travel and transport is concerned. With the proposed closure of Llangollen Community

Hospital (see below) some people from these areas will face significant problems with travelling to Denbigh and Wrexham for x-ray services in particular.

- It is not clear that GPs can provide a minor injuries service to people living in Ruthin and the Llangollen area and to people living in the rural areas to the south of Ruthin.

- We are not yet satisfied that the current service at Denbigh Infirmary has the capacity to deal with an increase in demand for a minor injuries service and in particular an x-ray service.

Mold

- We believe that the proposals have not fully taken into account the evidence about the comparatively high number of people using the minor injuries service and the x-ray service at Mold Community Hospital. We are not satisfied that the service proposed at Deeside and Wrexham Maelor Hospitals has the capacity to deal with an increase in demand for a minor injuries service and x-ray services.

- Many people in Mold and its surrounding areas face real problems with travelling to Deeside and/or Wrexham Maelor Hospital and that the journeys to these hospitals because public transport and road networks are poor. As we say above (D2.3), we know that the health board is looking again at access to services and transport, however we are not yet satisfied that the board has taken into account the needs of people in these areas when travel and transport is concerned.

- We believe that Mold is a natural 'hub' for many services for its town and neighbouring communities. We suggest that the health board looks at an alternative model for delivering minor injuries and x-ray services to those communities.

Given the points above, we do not understand why the health board has not designated Mold Community Hospital as a hub hospital, alongside the hubs for the other Flintshire localities.

Chirk

- The proposals are not clear about whether GPs could provide minor injuries services in Chirk and Llangollen and we are concerned that the needs of patients in the rural areas to the West of Chirk have not been addressed.

- We are not yet satisfied that the current service at Wrexham Maelor Hospital has the capacity to deal with an increase in demand for a minor injuries service.

- We are concerned that the health board plans to close services in Chirk (and Llangollen) before there is any certainty that the new primary care centre in Llangollen will be built. The costs and a staffing plan have to be finalised before a submission can be made to Welsh Government for funds. We understand why local people feel that they might lose services altogether.

Colwyn Bay

- We are not yet satisfied that the board has taken into account the needs of some of the people living in Colwyn Bay where travel and transport are concerned. Although we recognise that the transport links from Colwyn Bay to Llandudno and Ysbyty Glan Clwyd are stronger than in other parts of North Wales these journeys present problems nevertheless.

- We are not yet satisfied that the minor injury service at Ysbyty Glan Clwyd has the capacity to deal with an increase in demand if the Colwyn Bay service closes.

Caernarfon

- We are concerned that in-patients at Ysbyty Eryri who need an x-ray will have to be transferred to Ysbyty Gwynedd by ambulance.

- Patients and general practitioners report that it is difficult to make appointments for x-rays at Ysbyty Alltwen and Ysbyty Gwynedd. They can spend a long time trying to get through to make an appointment or to change it. Waiting times in x-ray department at the district general hospitals can be very long.

Pwllheli and Tywyn

- The county of Gwynedd covers more than 2500km^2. Average population density is 47 people per km^2, but that ranges from 144 people per km^2 in the northern ward of the county, Arfon, to 44 people in Dwyfor to the west and 22 people in Meirionnydd to the south. The figures for Ynys Môn, Conwy, Denbighshire, Flintshire and Wrexham are given in appendix 4.) Many people live in rural communities which are poorly served by public transport. Almost 20% of people in Gwynedd who are aged over 65 live in single person households. The most recent information available (2001, updated estimate to 2010) says that 24% of the people have no access to private transport. Distance to travel for services is, therefore, a very big issue. We are not satisfied that the health board has taken these facts fully into account.

- If the health board's proposals are implemented, getting to the nearest x-ray department will increase travel time by an average of one third for people living on the Llŷn Peninsula. It assumes that people living in Tywyn will travel to Dolgellau for an x-ray when the usual flow for local people and GP referral pattern is to Bronglais in Aberystwyth. The proposal disadvantages people living in rural communities and is not in keeping with national policies about services for this part of the population.

- The CHC is not satisfied that the knock-on effect of closing x-ray services is clear. We are concerned, for example, that orthopaedic and rheumatology clinics provided at Ysbyty Bryn Beryl and Ysbyty Tywyn will move to other sites where an x-ray can be taken on the day for those who need it. The alternative for those patients would be to make two journeys, one for an x-ray and another for the out-patient clinic. As the standard for reporting x-rays for out-patient clinics is presently 70% within 10 days, this may require careful planning on the part of

patients and the service. Of course, we recognise that some of the outpatient clinic sessions and x-ray sessions are not on the same day now, but the proposals would make this a fact for all relevant out-patient clinics.

- The CHC is not persuaded that the health board has given due consideration to the poor transport infrastructure of the south Gwynedd/North Powys/North Ceredigion areas. Public transport is sporadic and on poor roads often affected by adverse weather conditions. There is no community transport service in this area.

D4.1.4 Conclusion

The CHC understands the rationale for the proposed changes in x-ray and minor injury services provided from community hospitals, but cannot offer support for them. We will need assurances in several key areas before we can reconsider the position:

- Full account of the travel and transport difficulties which will face several communities, including people living
    - to the south of Ruthin and its surrounding areas and to the west of Llangollen and its surrounding areas
    - in Mold and surrounding communities in Flintshire and Denbighshire
    - rural areas to the west of Chirk
    - Colwyn Bay
    - rural and remote communities in Gwynedd
- The effect of closing x-ray departments on other out-patient and in patient services
- The rationale for making Holywell and Deeside Hospitals ‘hub’ hospitals, but not Mold Community Hospital
- The way the ‘hub’ hospitals, the out of hours service and primary care services will work together to provide a minor injuries service in which people can have confidence
- The capacity to provide service for more people at Denbigh Infirmary, Wrexham Maelor, Deeside and Holywell Hospitals, and Ysbyty Glan Clwyd,
- The plans for a primary care centre in Llangollen
- Ease of access to x-ray services at Ysbyty Gwynedd and Ysbyty Alltwen
- Plans for implementing and communicating the proposals to the public.

D4.2 Flint Community Hospital

D4.2.1The proposals

The health board proposes to close Flint Community Hospital. The service will be replaced in three ways. First, by an enhanced care at home scheme which aims to prevent the need for a hospital admission or reduce the time spent in hospital. Second, by admitting people who need a community hospital bed to Holywell Community Hospital.   And third, by creating a new extended primary care resource centre.

The board says it will

- Close Flint Community Hospital (which has 14 inpatient beds of which 10 beds are in use) a minor injuries unit and provides therapy services including audiology and phlebotomy, permanently
- Develop an enhanced care at home service
- Provide community-based beds and a minor injuries service at Holywell Community Hospital (5 miles away)
- Invest £4m in a new extended primary care resource centre to provide improved primary care and community services
- Consider providing other services such as clinics within the new primary care resource centre
- Work with Flintshire County Council on a joint plan to help local organisations to work together.

D4.2.2 Aspects of the proposals which the CHC can support

The CHC understands the proposals have taken into account the issues raised in previous reviews of the hospital and recommendations made, together with evidence about providing home enhanced care services in the North Denbighshire pilot. We further understand that the existing hospital building is not suitable for providing services that people will need in the future.

We welcome the health board's commitment to work with other organisations and provide patients with a 'seamless' health service.

D4.2.3Aspects of the proposals which concern the CHC

The health board's proposals are not clear on a number of issues, including:

- Whether there are enough beds at Holywell Hospital to meet the need for support step up/step down care and end of life care
- The site for the new primary and community care service
- the way the £4m investment in the service will be used, detail about the proposed expansion of primary care services and what those actual services will be and what the investment of some £4million will provide
- GP involvement in and support for these proposals, including the way GP practices in Flint will manage the care of their patients while in Holywell Hospital
- The way the health board will maintain services for local people as it closes facilities at Flint Community Hospital.

We are not persuaded that the health board has a financial and workforce plan which provides a firm basis to develop the community and primary care services nor the proposals for providing enhanced care within people's homes.

D4.2.4 Conclusion

Based on the information we have at the moment, the CHC recognises the benefits of the proposals for Flint. However, we cannot be sure that they will serve the

interests of people in Flint and its surrounding areas without further assurances from the health board about

- The capacity of the in-patient service at Holywell Hospital and the way Flint patients would be supported by their GPs
- The way it will plan and deliver services with other organisations in the public, voluntary and independent sectors, and tell people how they can get access to the service
- The financial and staffing plans for the services
- How it will identify a suitable site for locating a primary and community care centre and the services it will provide there
- The timetable for transferring and providing services as it closes facilities at Flint Community Hospital and completes the new primary and community care centre
- Its contingency plan for providing services if the business plan for a new primary and community care centre is not approved.

4.3 Llangollen Community Hospital

D4.3.1 The proposals

The board plans to close Llangollen Community Hospital, develop a new extended primary care centre which will house the GP surgery and other services and an enhanced care at home service.

The board says it will

- Close Llangollen Community Hospital, which has 18 inpatient beds, of which 10 are presently in use, permanently
- Develop the enhanced care at home service
- Provide community-based in-patient care at Chirk Community Hospital (7 miles) away or in local care homes
- Open a new extended primary care centre bringing together GP services and other general health care services, mental health care services and social care and voluntary sector services. The health board's preferred site for the development is at River Lodge in Llangollen

D4.3.2 Aspects of the proposals which the CHC can support

The CHC believes that the proposals have taken into account the evidence about providing home enhanced care services in the North Denbighshire pilot and that the health board has worked closely with the Denbighshire County Council, GPs in Llangollen and the voluntary sector.

We welcome the proposal to provide a primary and community health centre in Llangollen. We are satisfied that the health board and others have looked at different possible sites for the new centre, have come to the conclusion that the Llangollen Community Hospital site is not suitable and are looking at other options.

D4.3.3 Aspects of the proposals which concern the CHC

We are not yet satisfied that the board has taken into account the needs of some of the people living in Llangollen and its surrounding areas where travel and transport is concerned. For example, the proposals are not clear about whether GPs can provide a minor injuries service in Llangollen (see above) and we are concerned that the needs of patients in the rural areas to the West of Llangollen have not been addressed.

People told us that they felt the proposals did not provide any guarantee as to which services would be in place in Llangollen in the time between when its community hospital closes and when the new primary care centre opens. We understand their concerns.

We have not seen evidence that local care homes have the capacity to support the health board's proposals or of serious discussion with care home providers.

We are concerned that a business case to develop the new extended primary care centre is yet to be submitted to Welsh Government and that the costs of this new facility have yet to be finalised.

D4.3.4 Conclusion

Based on the information we have at the moment, the CHC supports the proposals for Llangollen. However, we cannot be sure that they will serve the interests of people in Llangollen and its surrounding areas without further assurances from the health board about

- The way it will plan and deliver services with other organisations in the public, voluntary and independent sectors, and tell people how they can get access to the service
- Its plans to provide clinical services in Llangollen and its surrounding area in the time between the closure of facilities at Llangollen Community Hospital and the completion of a new primary care centre.
- Confirmation that the GP services in Llangollen are committed to the plans to deliver the new service.
- It's response to the particular needs of rural communities, including those to the West of Llangollen.
- The way it will work with care home providers to make sure its proposals in this area will work well
- Its contingency plan for providing services if the business plan for a new primary and community care centre is not approved.

D4.4 Ffestiniog Memorial Hospital

D4.4.1 The proposals

The health board proposes to close Ffestiniog Memorial Hospital and to change the way it provides local services in three ways. First, it will develop the new enhanced

care at home scheme which is designed to look after more people in their own homes and not in hospital than has been possible before. Second, people who need inpatient community hospital services will be cared for at Ysbyty Alltwen. Third, it will invest £4m to re-develop the hospital to provide a base for primary and community health services.

The board proposes to:

- Close the 12 inpatient beds (8 beds currently in use), the minor injuries unit (which has been closed since June 2012) and the x-ray service which is currently provided at the health centre permanently
- Develop the enhanced care at home service
- Provide community-based beds from Ysbyty Alltwen (14 miles away)
- Provide a base for community services at the hospital site with enhanced community services, targeted health promotion activities and a base for community staff
- Provide minor injuries and x- ray services for people from the Blaenau Ffestiniog area at Ysbyty Alltwen

D4.4.2 Aspects of the proposals which the CHC can support

The CHC understands that the proposals have taken into account the issues raised and recommendations made in previous reviews of the hospital, together with evidence from the North Denbighshire pilot about providing home enhanced care services. We agree that the existing hospital building is not suitable for providing the in-patient services needed by people living in Blaenau.

We know that high levels of deprivation affect the health of local people and we are satisfied that the health board is working with Gwynedd Council and housing associations on this issue.

We welcome the health board's commitment to work with the local authority and voluntary sector organisations to provide patients with a 'seamless' health service.

We welcome the health board's commitment to realising the full potential of Ysbyty Alltwen.

D4.4.3 Aspects of the proposals which concern the CHC

The CHC is concerned that the health board has not taken full account of local people's needs. Blaenau Ffestiniog is in a rural area but has many of the problems usually associated with urban deprivation: low income households, low car ownership, poor housing. All these things make it difficult for people to get to services and for services to be delivered, to some people at home.

The CHC is concerned that Ysbyty Alltwen may not be able to meet the demand for step up/step down care needed by people from the Blaenau area.

We believe that GPs in Blaenau Ffestiniog might find it difficult to provide cover for managing their patients as in-patients at Ysbyty Alltwen.

We are particularly concerned about the way services will be provided to patients at the end of their lives.

We would like to hear more about local GP support for all or some of these proposals.

The CHC is very concerned about the proposed future use of the hospital and the planned investment of £4m. While we understand that the new development will be dedicated to clinical services, it is difficult to come to a view about the extent which they will benefit local people or provide efficient services without some more detail. We understand the concerns raised with us that the proposals do not provide any tangible description of what services will be available.

We are concerned that there is no information about how services will be provided between the time that the facilities at the hospital close and the planned development is complete.

We are concerned that a business case for developing the new extended primary care centre is yet to be submitted to Welsh Government and that the costs of this new facility have yet to be finalised.

We would also like to know more about the way the health board will work with other organisations in the public, voluntary and independent sectors to plan and deliver services, and tell people how they can get access to the services.

We have particular concerns about whether the health board, local authority and housing associations will be able to make progress with provision of essential extra care housing.

D4.4.4 Conclusion

Based on the information we have at the moment, the CHC agrees that the in-patient service at Ffestiniog Memorial Hospital cannot continue as it is. But it has strong reservations about the way the health board plans to provide services for local residents. The CHC cannot say that the proposals will serve the interests of people in Blaenau Ffestiniog and its surrounding areas without further assurances from the health board about

- Whether Ysbyty Alltwen will be able to meet the demand for services
- The way GPs will manage the care of patients admitted to Ysbyty Alltwen
- GP support for all the board's proposals
- The use of the hospital building for community services and possible expansion of primary care services and what those actual services will be
- The services which will be available to local people in the time between closing one set of services and developing the hospital building
- Its contingency plans for providing primary and community services if the business case for development of the existing site is not approved.

- Its plans for developing new health, social care and extra care housing with Gwynedd Council and housing associations.

D4.5 Tywyn Hospital

D4.5.1 The proposals

The health board proposes to change the way services are provided to people in Tywyn by closing the x-ray department at Ysbyty Tywyn, changing the opening hours for its minor injury service and investing £5.7m in an integrated primary care and community hospital on the existing Tywyn Hospital site. It will offer 16 inpatient beds, therapy services and outpatient facilities and services.

The health board submitted a business case to Welsh Government in June 2010 (with further information provided on request from Welsh Government in March 2011) for the development of this new facility.

The board says that it is working with neighbouring health boards – Hywel Dda and Powys - to look at the best way to provide specialist hospital care for people living in Tywyn and the surrounding area.

D4.5.2 Aspects of the proposals which the CHC can support

The CHC welcomes the submission of the business case to Welsh Government to invest in the community hospital facilities, bringing in new services and providing modern facilities for the GP practice.

We welcome work between the health board, Hywel Dda Health Board and Welsh Ambulance Service Trust to ensure that patients receive specialist services in the right place for them.

D4.5.3 Aspects of the proposals which concern the CHC

We are concerned that the business case submitted in June 2010 for the development of the hospital has not yet been approved.

D4.5.4 Conclusion

The CHC welcomes the development of an integrated primary care resource centre and community hospital and believes that it is likely to be in the interests of the people of Tywyn and the health service. But we need assurances about

- When Welsh Government will make a decision about the development of the centre
- The health board's contingency plan for primary and community services if the business case is not approved.

D4.6 Services in North Denbighshire

D4.6.1 The proposals

The health board proposes to change the way it delivers health services in North Denbighshire. The board plans to close Prestatyn Community Hospital and re-provide the services there in two ways. First, it will develop a new community hospital on the site of the Royal Alexandra Hospital, Rhyl. Second, it will care for patients who might previously have been admitted to the Royal Alexandra Hospital (which has not had inpatient beds since 2010) through its enhanced care at home scheme.

The health board will

- Close Prestatyn Community Hospital (which has 12 inpatient beds, of which 9 are in use), therapy services and occasional clinics, permanently
- Continue to develop the enhanced care at home service
- Develop a new community hospital on the Royal Alexandra Hospital which will provide a 30-bed in-patient unit, and the base for other services currently offered at the Royal Alexandra Hospital, Prestatyn Community Hospital, Glan Traeth, Lawnside Child and Adolescent Mental Health Service and local dental clinics.

D4.6.2 Aspects of the proposals which the CHC can support

The CHC is satisfied that the board's proposals fit with its general plan for providing more care for people within or as close to their own homes and for more joint working with social care and the third sector. We are also satisfied that the proposals are in line with national policies for enabling and supporting people to maintain their well-being and independence and also for moving services from hospital to community settings.

We believe that the proposals have taken into account feedback from the North Denbighshire home enhanced care pilot and that the health board has worked closely with the Denbighshire County Council, GPs in the Rhyl and Prestatyn areas and the voluntary sector on this project. Following the closure of 52 beds in the Royal Alexandra Hospital in 2010, we found that the needs of patients requiring in-patient care were re-provided through the Home Enhanced Care Service and this transition took approximately a week.

It is evident that the health board is already working with other organisations to make sure that individuals' health and care needs are met.

We welcome the health board's assurance that all out-patient services currently provided at the Royal Alexandra Hospital and the Prestatyn Community Hospital will continue unchanged until the new community hospital is completed and ready for use.

We understand that the proposals depend on the health board developing and getting approval for a business case for the new community hospital. We believe that the Royal Alexandra Hospital is the right site for the new hospital.

D4.6.3 Aspects of the proposals which concern the CHC

We are not yet satisfied that the board has taken into account the needs of some of the people living in Rhyl and Prestatyn and their surrounding areas where travel and transport is concerned, and we are aware that some people will continue to experience some difficulties in travelling to Ysbyty Glan Clwyd .

The proposals are not clear as to whether GPs in these areas will be able to provide minor injuries services.

We are concerned that there is no timetable for preparing and submitting a business case for the development of the new hospital or any contingency plan if the case is not accepted.

D4.6.4 Conclusion

Based on the information we have at the moment, the CHC supports the proposals for North Denbighshire services, subject to the board taking into account the needs of some people where travel and transport are concerned.

We can be sure that the proposals will serve the interests of people in North Denbighshire with further assurances from the health board about:

- How it will take account of the needs of some people where travel and transport is concerned
- How it will maintain services between the closure of facilities at Prestatyn Community Hospital and the re-development of the Royal Alexandra Hospital and when a new hospital opens
- The timetable for submitting a business case for the new hospital and its contingency plan if the case is not approved and funded.

D4.7 Comments about all the boards proposals for community hospitals

The final part of this section covers points which are relevant to all the proposals for changes in the North Wales community hospital service.

D4.7.1 There are many aspects of the health board's proposals which the CHC supports.

We are satisfied that the board's proposals to treat some community hospitals as 'hub' hospitals form part of a general plan for moving services from a hospital to a community setting and we support this approach to providing care.

We are satisfied that the board's proposals fit with its general plan for providing more care for people within or as close to their own homes and for more joint working with

social care, housing associations and the third sector. We are also satisfied that the proposals are in line with national policies for enabling and supporting people to maintain their well-being and independence.

D4.7.2 But we have some serious concerns about other aspects of the proposals.

The CHC is not persuaded that the health board has the basis for an effective implementation plan. We have seen little financial information or information about staffing plans. This means we cannot be sure that the health board has a financial and workforce plan which provides a firm basis for developing community and primary care services, or the proposals for providing enhanced care within people's homes.

We are also concerned about the relationship between the health board and general practitioners in some areas. People, quite rightly, rely completely on these two sets of health care professionals to work together. We have seen and heard evidence that this is not the case everywhere.

Health board managers have told us that people 'misunderstand' services or do not use them appropriately. But they also tell us that they will make plans for telling the public about services and how to get to them 'later'. This means that people cannot be confident they will get the care and support they need – in particular who can be cared for at home, and how that care will be organised and that means that neither they, nor we, can come to an informed view about the proposals.

Finally, in this section, the CHC is concerned that the health board's proposals represent an erosion of community-based services which runs against a national policy. The national policy says that community hospitals play an important part in making sure people have easy access to the care they need. It also means that people fear that many of the proposals are 'the thin end of the wedge'.

Experience tells them that when some services close, others follow. And plans to move services from district to community hospitals start off well, but then fade and disappear. This is not just a matter of whether people trust the health board to develop services as it says it will. This is about maintaining people's confidence in local health services. If people have no confidence they may not seek help at the right time and when they do, the treatment may be less successful and more expensive.

D5 Older people's mental health services

D5.1 The proposals

The health board proposes to change the way it provides care for older people with a mental illness so that a person is only admitted to hospital if there is no other way of assessing or treating them properly. The great majority of care will be provided in people's own homes by community mental health teams made up of medical, nursing and other professional staff. At the same time, the board will work with

general practitioners, general hospital staff and local authorities to help them identify older people who may be suffering from dementia or depression or another mental illness so that they have the treatment they need as early as possible. The board says it will

- Close the six in-patient beds at Ysbyty Bryn Beryl and nine in-patient beds at Dolgellau Hospital permanently
- Reduce the number of beds at Ysbyty Cefni from 25 to 18
- Move 15 in-patients beds from Glan Traeth to Ysbyty Glan Clwyd (or the new community hospital in North Denbighshire)
- Use this money to strengthen community mental health teams that are working now in some parts of North Wales and set up or build up teams where they are not working now
- Work with care home and residential home providers to increase the number of places available for local people.

D5.2 Aspects of the proposals which the CHC can support

The CHC is satisfied that the board's proposals fit with its general plan for providing more care close to where people live and with national policies and standards for caring for older people with a mental illness. It is clear that health board understands that older people's needs for mental health services can only grow, and that its general and mental health service staff and local authority staff must work together to make sure that an individual's care is well-co-ordinated, safe and effective.

We believe that the proposals make good use of the evidence about providing which care works well and, in particular, the evidence about early diagnosis, treatment and care planning. We think that the proposals will help the health board move more quickly towards providing a consistent standard of care across North Wales.

We welcome the recent recruitment of additional consultants in old age psychiatry and a nurse consultant.

We welcome the commitment to offer people care by Welsh-speaking members of staff and to find ways of doing this when none of the consultant medical staff speak Welsh.

D5.3 Aspects of the proposals which concern the CHC

The proposals can only work if the health board, local authorities, voluntary sector organisations and independent sector residential and care home providers work well together. On one hand, there is some evidence that health and local authority staff work together well in some places. On the other hand, there is no evidence of discussion about, let alone a plan for, providing day or short term respite support for patients and their carers. A new analysis of the likely demand for and supply of specialist residential care in different parts of North Wales seems essential, but is not apparent in the proposals. We are particularly concerned about the situation in South Gwynedd where there are few residential care homes able to support local need for respite care and re-assessment. We are also worried about persistent reports of problems with recruiting care staff to work in people's homes.

We are concerned that the proposals say little about carers' need for support. The need for such support can only rise alongside the needs of older people who have dementia or a mental illness.

Nor are we persuaded that the health board has a financial and workforce plan which provides a firm basis for the service it proposes to offer over the next five years, or beyond that.

We are not yet satisfied that the board has taken into account the needs of people living in rural communities. This is illustrated by the fact that people living in Dwyfor and Meirionnydd have to travel very long distances for in-patient assessment and care now. This will not change and is not acceptable.

We are concerned that none of the new consultant members of staff will be working in North West Wales.

We are not yet satisfied that the health board has a plan for implementing and communicating its proposals which means people can be confident they will get the care and support they need.

D5.4 Conclusion

Based on the information we have at the moment, the CHC supports the proposed developments in service for older people's mental health care. However, we cannot be sure that all the proposals will serve the interests of older people across North Wales without further assurances from the health board about

- The way it will plan and deliver services with other organisations in the public, voluntary and independent sectors, and in the residential care home sector in particular, and tell people how they can get access to those services
- The financial and staffing plans for the service
- Its response to the particular needs of rural communities, including those in south Gwynedd.

D6 Neonatal intensive care services

D6.1 The proposals

The health board proposes to change the way it provides care for newborn babies who need special or long term intensive care. It proposes to increase the staffing in the special and local neonatal care units at its three district general hospitals so that it meets the national standard for those services. It proposes to commission more services than it does now for babies needing complex and long term intensive care from Arrowe Park Hospital (part of the Wirral University Teaching Hospital NHS Foundation Trust).

The health board estimates that 60% of the babies born in North Wales who need long term intensive care will be treated at Arrowe Park Hospital. This means as many as 40 babies will be delivered or cared for at Arrowe Park Hospital each year. In the year to March 2011 15 babies of North Wales families were cared for in intensive care units in England at Arrowe Park Hospital or Liverpool Women's Hospital or elsewhere.

D6.2 Aspects of the proposals which the CHC can support

We are satisfied that the board's proposals fit in with its wider plan to provide services which meet national standards for care. The board has looked at and made good use of the evidence about effective neonatal services and has taken into account the experiences of the clinical networks in England which serve populations of a similar size and, in places similar density, to North Wales.

Like many people, we would prefer it if the long term intensive care service could be provided in North Wales, and this would, of course, be consistent with national policy. The health board estimates that the cost providing an intensive care service in North Wales is about £1m more than the cost of commissioning the service from Arrowe Park Hospital. We understand, however, that the current and projected birth rate in North Wales would make it very difficult to sustain such a service, even if the real problems of recruiting, retaining and training medical and nursing staff were left to one side. The CHC could not support the investment of £1m in a service which is at such high risk of failure.

We think that the proposals will help the health board provide an advanced standard of care for babies across North Wales. We believe that Arrowe Park Hospital remains a suitable place for providing services and can reach the staffing levels recommended for babies needing intensive care more quickly than a unit developed in North Wales.

D6.3 Aspects of the proposals which concern the CHC

The CHC is not yet satisfied that the health board has a plan for implementing its proposals. We understand that its calculations are based on a proposal prepared by the Wirral University Teaching Trust which has yet to be confirmed.

We are not yet satisfied that the board has taken into account people's concerns about the distances that families might need to travel, the problems of isolating babies and mothers from their family and other sources of support, and the problems of families who have other children to care for. Board managers have said they recognise these real problems, but they have not said what can or could be done to support families at such difficult times.

D6.4 Conclusion

Based on the information we have at the moment, the CHC acknowledges the benefits of the proposal to commission long term neonatal intensive care services from Arrowe Park Hospital. However, we cannot be sure that the proposals will

serve the interests of health services or the families who use the service without further information from the health board about

- The financial and staffing details proposed by Arrowe Park Hospital and the timetable for extending its unit and recruiting the necessary staff
- How it will reassure families who may need to use the service at Arrowe Park about the support which is or could be available to them.

D7 Vascular surgery services

D7.1 The proposals

The health board proposes to centralise a significant portion of the vascular and arterial surgery service. Two of the district general hospitals will care for patients having planned vascular surgery. They will be able to provide emergency surgery if absolutely necessary. All patients who need planned and emergency arterial surgery and almost all those needing emergency vascular surgery will be cared for at the third district general hospitals.

The board has not yet decided which hospital will provide the centralised service. It will use several criteria to help it make this decision. They include:

- The number of beds and critical care beds available
- The location of other teams and services who work with vascular surgeons
- Travelling time and access for patients
- The need to ensure the service is stable in the longer term.

The health board proposes to deliver some services in community settings. These include a vascular nurse outreach service, more support for community nurses so that they can provide care at home for patients who have had vascular surgery, and running the AAA (abdominal aortic aneurysm) screening service. It is not yet clear whether these services will be provided from general practices, community hospitals or both.

D7.2 Aspects of the proposals which the CHC can support

The CHC is satisfied that the board's proposals mean that it will meet recognised standards for providing effective complex vascular surgical services. There is strong evidence that centralising these services means more people can be treated successfully. It is consistent with national policies for this area of care.

The proposals will not require any significant additional spending. The proposals mean that the service will be able to treat all the patients it does now. They take the impact of the AAA screening programme into account (ie more planned repairs now, but fewer emergency repairs in the future).
We welcome the reassurance that the proposal will not add to waiting times for care and may make them shorter.

D7.3 Aspects of the proposals which concern the CHC

The CHC is concerned about the impact of the proposals on other services. For example, radiologists need to have vascular surgical colleagues on site when they are involved in procedures which involve blood vessels serving the heart; doctors of any specialty may need help from a vascular surgeon with a patient; emergency departments may need urgent support from this group of specialist surgeons.

We also want to be sure that the designated centre has enough intensive and high dependency beds to care for the additional patients having complex or emergency vascular surgery. It seems possible that planned operations for other patients who need intensive and high dependency care might be cancelled and re-booked if there are not enough beds.

We remain concerned that it will be difficult to retain nursing staff in the hospitals which care for people having planned vascular surgery alone. We understand that staff 'will rotate through' the centralised and the other units, and this will help staff maintain their skills. But it is easy to see how some members of staff might find that difficult as well as unattractive. We are concerned that the standard of service provided in the 'other' two hospitals will fall.

D7.4 Conclusion

The CHC acknowledges the weight of evidence in favour of centralising complex arterial surgery at one of the three district general hospitals, although it has concerns, based on the information it has at the moment, about the effect of centralising all but planned vascular surgery services as well. We cannot be sure that the proposals will serve the wider interests of people who use the service (ie those other than the 300 people who it is estimated will need complex arterial surgery each year) without assurances from the health board about

- The likely impact of its proposals on other services provided from the three district general hospitals and the steps it plans to minimise them
- A workforce plan which shows how it will recruit and retain staff for the service at all three district general hospitals
- The number of intensive care and high dependency beds available at the designated centre.

Section E Recommendations

Our comments on each of the health board's proposals include requests for more information or assurances about some services. This final section of our response says what we think the health board could do to make its proposals work better for people, or what it could do to give people – and the CHC – more confidence that its proposals will serve their interests

Work with local authorities, the ambulance service and other organisations

The health board has a good record of work with local authorities and the Welsh Ambulance Service in particular, on ways to co-ordinate, if not completely integrate, health and social care services. Several projects have led to much greater co-operation between practitioners and organisations. These proposals, however, demand further, closer work and with more organisations – including voluntary and independent sector organisations which provide transport, residential and care home services, and care in people's own homes. We would like to see strong and visible leadership on this issue from the health board and a renewed and continuing emphasis on this area of work.

Telehealth plan

The health board has begun work on using technology to help it reach and support more people close to or in their own homes. We believe that a clear, health board-wide plan for making more use of technology – from telephones to vital signs sensors – would give better support to the proposals for community-based care.

Equal access to services

The health board must make sure that its proposals do not discriminate against any group of people or communities. It has completed the initial stages of work on Equality Impact Assessments for each of the proposals. Some of the work is comprehensive and of good quality but some is not. A full assessment of the proposals, which reach and then go beyond the basic legal requirements of the Equality Act 2010, must be completed. The assessments must include the vies of patients and different sections of the community.

Transport plan

Health board managers acknowledge that they must do more work on the issue of transport and access. We know that there have been several discussions with community transport providers and others in past months. We believe that a board-wide plan and strong leadership on this issue will provide the right foundation for this work.

Work with Hywel Dda and Powys health boards and the Welsh Ambulance Trust

We know that the health board has been working with managers at Hywel Dda and Powys health boards and the Welsh Ambulance Service on services to people living in South Gwynedd. It would be helpful if the boards and WAST gave details of any practical agreements they have reached which will ensure that the people from South Gwynedd are referred to services in South Wales only when the patient needs it. A joint statement about continued access to services at Bronglais Hospital would also be welcome.

X-ray services

We believe that improvements are needed to the system for contacting x-ray services, booking appointments and waiting times in some x-ray departments.

We believe that the health board should think again about centralising x-ray services and consider, among other things, whether it could provide x-ray services for people in North Powys and North Ceredigion at Tywyn Hospital or Machynlleth.

Respite care and support for patients and carers

We believe that respite care and support for patients and carers is an issue which is relevant to people of all ages and living with all types of condition. It is so important that we think that the health board and other organisations should work together on a plan for developing effective services across North Wales.

Appendix 1

Who contacted the CHC with their comments?

The CHC collected comments about the health board's proposals from more than 1800 people. Many of them completed the short questionnaire we put together to help people record their thoughts. We asked:

- How did you find out about the proposals?
- Do you think they will affect you or members of your family?
- If so, how do you think they will affect you?
- Do you think any of the proposals are a good idea?
- Do you think any of the proposals are a bad idea?
- Is there anything else you would like to say?
- Please tell us – your gender, your age and where you live.

People's comments are represented in section B of the CHC's response. In this appendix we provide some information about the people who made those comments. There are two things to bear in mind when looking at the figures. First, not everyone answered all our questions or wanted to give information about themselves. Second, the numbers of people we reached is directly related to the limited resources we had available for the work, much of which was done in person by CHC members. We will be looking closely at this information to see how we can do better next time.

Almost half of the people who we spoke with or contacted us learned about the proposals from local newspapers, television and radio. Another 18% found about them by word of mouth.

70% of the people who commented said that they thought the proposals would affect them or a member of their family.

Comments came from people in areas of North Wales. A high proportion of the people who commented came from Denbighshire and Flintshire, with fewer from Wrexham and Ynys Môn. Relatively speaking, few of the people who commented directly to the CHC live in Gwynedd, but the CHC met with Gwynedd residents in several other forums during the consultation.

The majority of the people – 70% - who contacted us were women.

Most of the people who contacted us were older people, 40% of them aged 66 years old or more. Only 20% were aged under 35 and we were able to make direct contact with very few people under 16 years old.

The CHC produced versions of its general information leaflet in Bengali and Polish and these were distributed to members of those communities by CHC members.

Appendix 2

Papers for health board and sub-committee meetings posted on its website including:

- Agenda and minutes for meetings of the health board, finance and performance committee, the workforce development committee Jan 2010 to Sep 2012
- Papers presented to those meetings, including
  - Operational plan 2012-13
  - Capital programme 2012-13
  - GP access to radiology (magnetic resonance and computerised tomography 20 Mar 2012
  - Savings plan Dec 2011
  - Management cost savings report Dec 2011
  - Capital report 2011-12 and 2012-12 Dec 2011
  - Setting nursing and midwifery budgets Nov 2011
  - Continuing health care costs Nov 2011
  - Income and Expenditure budget 2012-13
  - Workforce planning update June 2012
  - Medical workforce recruitment Apr 2012
  - Annual budget plan 2012-13
  - Draft Community Nursing & Midwifery Strategy

Papers provided by the health board in response to our questions including;

- Finance overview 2 Oct 2012
- Additional financial information about proposals 2 Oct 2012
- Telemedicine papers: appendix 3 of a report, telehealth monitor information, telerehab update
- 'Drive time' papers
- Location and age of x-ray equipment
- Frequently asked questions paper prepared by the health board Aug 2012
- Summaries of public meetings prepared by Opinion Research Services
- Number of attendances at community hospital at MIU and x-ray departments
- Workforce (all but the first also on the health board website)
  - Statement on workforce plans
  - Risk levels – medical staff recruitment
  - Proposed commission for nursing staff training places
  - New and extended roles for NHS staff
- GP Practices in North Wales that provide a minor injuries service Oct 2012

Papers relating to the consultation including:

- Service review project board papers 2009-2012: maternity and neonatal care services; older people's mental health services; vascular surgery services;
- Paper for the board 19 July 2012
- Consultation booklet - *Healthcare in North Wales is Changing* - 20 Aug 2012
- Equality Impact Assessments relating to the health board's proposals
- Literature and evidence reviews commissioned by the health board

Other papers produced by the health board including:

- Neonatal Intensive Care Services for North Wales supplementary Briefing Paper
- Business Justification Case for Integrated Primary Care & Community Hospital Services – Tywyn Hospital

- Vascular Services in North Wales Independent Commentary Clinicians Workshop
- Vascular Service Review Report on Emerging Findings of the Review
- Vascular Surgery & Carotid Endarterectomy Public Report 2010
- Vascular Surgery Activity Data Information
- Enhanced Care Briefing Paper
- HECS Part 1 Background & Establishment
- HECS Part 2 Executive Summary
- Project Initiation Document Roll out of Enhanced Care Draft
- Improving Health Care – Localities and Communities
- North Wales Clinical Strategy Primary Care & Community Services SBAR 2010
- Population profile impact on the use of maternity, neonatal, gynaecology & Paediatric Services

Other papers and publications including:

- Setting the Direction: Primary & Community Services Strategic Delivery Programme: Welsh Government 2010
- Rural Health Plan: Welsh Government 2009
- Designed for Life: Welsh Government 2005
- Healthcare across the UK: NAO 2012
- The Best Configuration of Hospital Services for Wales: A Review of the Evidence : WIHSC 2011
- Agenda for change pay scales 2012-13
- Estimates for + 60/65 years single person households (ONS)
- Households with no vehicle (ONS)
- Travel times for health care (ONS)
- Analysis of activity – vascular surgery service (BCU)
- Ready Steady Go telemedicine toolkit (Department of Health)
- Transcripts of relevant Senedd and National Assembly for Wales Health and Social Care Committee and Children and Young People Committee discussions and evidence heard by the committees
- Care Close to Home: Sarah Purdy The Lancet UK Policy Matters Oct 2011
- Care Closer to Home – Narrative Report: Royal College of Physicians 2012
- CHC member reports of meetings about community transport services 2012
- Provision of Services for Patients with Vascular Disease 2012 (Vascular Society)
- Rural Health Telemedicine: Welsh Government Mar 2011
- Chronic Conditions Medicine Demonstrators Final Report Sep 2011
- Engagement & Consultation on the Strategic Service Model Project Initiation Document December 2011
- North Wales Clinical Strategy Meeting report 2008 (Health, Wellbeing & Local Government Committee)
- Profile of North Wales - Public Health Wales 2011

Appendix 3

The CHC asked the health board for several items of information during the consultation period: they are listed in appendix one. These were followed up with health board managers and clinicians in person towards the end of the consultation period. This appendix summarises the questions put to them.

Questions raised about each of the proposals

1. What do you know about the demand for the service now and in the future? Will your proposals meet that demand?
2. Is there evidence which says that other service providers' plans have been taken into account in the proposal eg
   - general practitioners (or their representatives)
   - Welsh Ambulance Service Trust
   - Local authorities
   - Voluntary sector organisations
3. What are the risks associated with the proposals and your plans for minimising them?
4. Will people be able to choose to be cared for by staff who can speak Welsh?
5. What do the relevant representative organisations (eg BLISS, Age UK, Age Concern, Alzheimer's Society) have to say about the proposals?
6. Is there a communications plan which will help people understand what services are available to them?
7. What are the financial and staffing consequences of the proposals?

Questions raised about particular services

Neonatal services

- Number of cots, current and planned staffing levels
- Facilities and support for families cared for at Arrowe Park Hospital
- Safety and quality of service at Arrowe Park Hospital
- Contingency plans if Arrowe Park is unable to accept a mother or neonate
- Effect on recruiting and retaining nursing staff allied health professionals at the three DGHs
- Effect on medical staff training
- Effect on the development of a foetal medicine unit
- Effect on the quality of care at the three district general hospitals
- Longer term consequences of commissioning neonatal intensive care outside North Wales for North Wales services

Older people's mental health services

- What plans have you made for day and short term respite care?
- Is it wise to rely on a community-based OPMH service when there are so many older people living alone in Gwynedd, Conwy and Denbighshire, and it is difficult to recruit to home-based care staff in some areas?

- What information do you have about the provision of specialist residential care facilities across North Wales? How does this fit in with your proposals?

Vascular surgery services

- Will the proposals make it harder to recruit nurses with the right qualifications to the hospitals which do not do the complex work? Will the staff there now be de-skilled?
- Are there sufficient critical care beds at any of the three DGHs to support the centralised service?
- What criteria will you use to decide on the location of the specialist unit?
- Will the fact that there is a specialist unit at the Countess of Chester play a part in the decision you come to?
- Do you have any plans to move out patient follow up to community locations or use telephone consultations or similar?
- Do you think your proposals will change the waiting time for planned vascular or arterial surgery?

Community hospitals

- What help can people get with travelling costs?
- What evidence do you have that the volume of service you plan to offer will not mean that people have to wait longer to be seen, diagnosed and treated?
- What commitments can you make to services at Alltwen? What is Alltwen's planned capacity? What is in use now? What will be available if these changes are made?
- What services do you plan to deliver from each of the community hospital sites you plan to retain?
- What is the forecast impact of these (and any of the other proposals) on the out of hours service?

Locality and community

- What evidence is there from the two years of HECS about avoided admission and reduced lengths of stay?
- What drives the apparently uneven distribution of staff between localities shown in the financial information you publish?
- What training will be available to staff so they can deliver the best care to people with dementia, people with learning disabilities and people with a mental illness?

Financial issues

- The use of the discretionary capital fund
- Please explain your capital plans as they relate to community hospitals. Please confirm the indicative sums for each development, the basis for those sums, and the stage of development – eg outline business case, full business case, Welsh Government agreement
- Have you done a full financial assessment of the proposals and applied due diligence?

X-ray

- What is the trend in the use of plain x-ray as a diagnostic tool?
- Have any GP surgeries got access to PACS?
- What are the performance indicators for radiology about how long it takes to report on an image and get the report to the referring clinician – including GPs? What is performance like and will the proposals have any effect on it?
- What is the age and condition of the x-ray equipment in each of the departments you plan to close?

Staffing

Is there a workforce plan associated with the service reviews (either stand-alone or part of a financial analysis and framework) which shows the

- current workforce profile
- the forecast profile for each year of outline implementation programme
- the training requirement and associated costs
- for each of the areas under review?

Appendix 4

Selected population characteristics, North Wales Unitary Authorities

	Area sq km	Population density[1]	Single person households[2]	% Households with no vehicle[3]
Ynys Môn	711	98	4579	20.8
Gwynedd	2535	48	8593	23.8
Conwy	1126	102	9222	24.2
Denbighshire	837	112	7177	23.7
Flintshire	437	348	8183	19.1
Wrexham	503	268	7943	24.7

Notes

1 ONS Jul 2012: 2011 Census release

2 ONS custom report Oct 2012: est households of one woman aged over 60 years or one man aged over 65 years, 2010

3 ONS custom report Nov 2012 : est households with no vehicle 2010 (less reliable because numerator from 2001 census and denominator from 2011 census)

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9 January 2013

Professor Merfyn Jones
Chair
Betsi Cadwaladr University Health Board
Ysbyty Gwynedd
Penrhosgarnedd
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LL57 2PW

Dear Professor Jones

NHS Service Changes 2012: supplementary response

1 I write following our meeting with your colleagues on 7 December 2012 and subsequent meetings of the Community Health Council executive committee on 21 December 2012 and 8 January 2013. This letter supplements our response of 28 November to your proposals to change services.

Further discussion of your proposals and the CHC's response

2 We discussed the CHC's response to your proposals for changing services at our meeting on 7 December. The response said that we could not be sure that any of the proposals were in the interest of people who use services, or the health service, without some more information and assurances. Health board managers said they would send more information which they planned would provide the details and assurances we asked for.

3 The CHC agreed that it would hold a special meeting of its executive committee to discuss this information and managers said they would attend that meeting to answer any questions. Board managers sent a paper which commented on the concerns raised in our response, supported by 30 additional documents, on 14 December. Several of these added new information to that provided during the consultation, and other documents added welcome detail. We put all of the papers up on the CHC website.

4 Ms Baxter, Mr Bradshaw, Dr Williams and Dr Stockport met with members of the CHC executive on 21 December 2012. A minute of the discussion is attached. I am sure you will appreciate that the very few days available for reading the papers provided by the board, and then gathering the views of CHC local committee members, meant that we could not discuss them with board managers in any great depth.

5 Health board managers referred to a suite of technical documents which would be presented to the health board meeting on 18 January. Some of the technical documents (for example the cases for change, literature reviews) are already available to the public. We understand that other papers will include information for each of the service areas under review about

- affordability (revenue and capital implications, financial risk assessment, transitional costs)
- value for money (summary of benefits, benchmarking of costs, risk assessment)
- deliverability (workforce implications, implementation plan and timescales)

These papers had not been made available to us by the time the CHC executive committee met on 8 January.

The CHC's assessment of the health board's proposals after discussion following the consultation

6 The CHC looked again at its assessment of the health board's proposals in the light of new information. It used the same criteria which are in paragraph D1.1 of its response. We base our view on

- the information board managers provided during the consultation period and as a result of the CHC's response to it
- the assumption that the technical documents which will be presented to the board on 18 January show that the proposals
    - are an efficient use of money
    - are based on clear and acceptable evaluations of their financial, workforce and service implications
    - provide the basis for maintaining and developing good services in the future

and that health board members agree that the information in these papers means they can be sure they are fulfilling their public duties.

If the technical documents do not provide the assurance the CHC has asked for, we will review the conclusions below as soon as possible after your meeting on 18 January.

7 The CHC believes that, on balance, several of the board's proposals will be in the interest of people who use services, and the health service. These are the proposals for

- The enhanced care service
- Moving services from acute hospital settings to general practice and community settings
- Neonatal intensive care

8 We believe, however, other proposals will need to be modified if the CHC is to be confident that they will be in the interest of people who use services. The CHC will also need further assurances on some aspects of these services, for example, co-ordination with local authorities, voluntary and independent sector organisations, and progress on transport. They are:

- Community hospital services, including minor injury and x-ray services
- The complex vascular surgery service
- Older people's mental health services

The enhanced care service

9 The CHC recognises that the enhanced care service is an important development. People who have had the service in North Denbighshire and Ynys Môn all say it is very helpful. We know that the service is provided only in specific circumstances: for up to two weeks – but sometimes longer - for people who would otherwise be admitted to hospital or who would have to stay there for longer than is absolutely necessary.

10 We also understand that not everyone will be able to have this service. Some people will still have to be looked after in hospital for different reasons, including their home situations and the possibility that there will be times when there are too few community-based staff to look after all the people eligible for the enhanced care service.

11 The CHC will be monitoring several aspects of the enhanced care service implementation programme:

- The characteristics of people who are referred to the enhanced care service, but are not accepted onto it, so we can be sure that people in different parts of North Wales have equal access to the programme
- The way the service is funded, so we can be sure that it really does reduce the need for beds in the district general hospitals and bed closures there do not prevent improvements in acute health care
- The way the health board tailors the enhanced care service to meet the needs of different , and in particular rural, communities

Moving services from acute hospital settings to general practice and community settings

12 The CHC welcomes
- the board's commitment to moving services so that people do not have to travel to one of the district general services
- its statement about its plans for developing the use of telemedicine

13 We will monitor closely:
- The movement of services from DGHs to general practice and community settings to be sure that all people in North Wales have access to services closer to their homes

- The movement of services **between** general practices and community hospital settings and **between** community hospitals to be sure that any knock-on consequences for patients and carers are anticipated and addressed
- Changes in services at community hospitals to be sure that any knock-on consequences for inpatient services are anticipated and addressed

Neonatal intensive care

14 The CHC welcomed information about the support families could expect if they had to travel to Arrowe Park for care, and assurances about the cost of the service.

15 We believe that the health board should do all it can to explain this complex service more clearly to members of the public. A lot of concern and distress could be avoided if the board makes it completely clear that newborn babies from North Wales have been cared for in specialist units in England for many years and there are aspects of the proposed service which may mean more babies will be cared for nearer their own families in the future.

16 We are making plans to find out as much as possible about the experiences of families who use the service at Arrowe Park.

Community hospital services, including minor injury and x-ray services

17 The health board has reassured CHC members on the important question of whether the closure of some community hospital beds and services will mean those remaining can cope with the increased demand. Health board managers have assured us, for example, that the number of x-ray sessions available will be enough to meet people's needs.

18 We welcome the health board's commitment to
- look at South Gwynedd and North Powys x-ray service
- consider a centralised x-ray appointment booking service, staffed throughout office hours.

19 We understand that health board managers are thinking again about whether Mold Community Hospital should be designated a hub hospital. We will review our response on this issue when we know what the health board decides to do.

20 We remain concerned about your proposals for x-ray services.

Access to out-patient x-ray services

21 We raised three specific concerns with you about the proposed closure of the service at Ysbyty Bryn Beryl: that there could be an effect on other outpatient services; that patients would have to make separate journeys for an x-ray and an outpatient consultation; and that patients would have to travel longer distances. You told us that if outpatient services were affected, you would re-locate the outpatient clinic too; that some patients

had to make two more journeys already; and that they have to travel for services now. This means services to that community will not improve and may get worse. This is not acceptable.

22 We have similar concerns about outpatient services at Eryri Hospital and in particular, the Rapid Access Chronic Obstructive Pulmonary Disease (chest) clinic.

Access to x-ray services for inpatients

23 We raised concerns about the number of patients who would have to travel to Ysbyty Gwynedd by ambulance for an x-ray. You told us that during 2011/2012 this had affected only 50 patients. We are still concerned about this and more so when we take into account the fact that your proposals are likely to mean a more intensive use of both acute and community hospital beds. One possible result of closing the x-ray department is that fewer patients will be suitable for transfer to Eryri hospital because they may need an x-ray to identify and quickly treat conditions like heart failure, chest infection and possible fractures – with a knock on effect on access to beds in acute hospitals. An alternative is that more elderly, frail patients will have to be taken to Ysbyty Gwynedd for an x-ray, with consequences for ward staff (unless there is a plan for a different sort of patient escort) and the ambulance service, not to mention the effect on patients.

24 We have similar concerns about the effect on in-patient services at Ysbyty Bryn Beryl, where we understand that the number of people who need an x-ray is greater than that for Eryri Hospital.

25 We are also concerned about your proposals for minor injury services for people living in Gwynedd and think that you could usefully review the proposed opening hours at Ysbyty Bryn Beryl, Tywyn Hospital, Ysbyty Alltwen and Dolgellau Hospital. It is difficult to understand why the service at Bryn Beryl and Tywyn should close at 6pm which is exactly the time when people might need it as general practice minor injury services close too. And why the service at Ysbyty Alltwen and Dolgellau Hospital should close at 8pm, leaving the emergency departments at Ysbyty Maelor and Ysbyty Gwynedd as the only options available after that, and at some distance for many people.

26 We look forward to considering the health board's proposals for designating hub hospitals in Flintshire and for x-ray and minor injury services in Gwynedd, in the light of its consultation.

Flint Community Hospital

27 We welcome the additional information about the estimated demand and capacity for inpatient beds at Holywell and Mold Hospitals

28 The CHC's response to the health board's consultation made it clear that we support its plans for inpatient and outpatient services in Flint. We welcome the health board's statement that it intends to pursue the development of a new primary care resource centre and that it has plans for maintaining all but in-patient services while the full business plan is being developed.

29 We would not, therefore, make a formal objection to this proposal, but we must register real concern about the planned implementation programme and timetable for the development. In-patient services would be closed before the enhanced care service has been introduced; and other services will be removed from the hospital before there is a firm plan for the new centre, or even a site identified for it.

30 We must also register our concern about the contingency plan if Welsh Government does not provide the money to build the new primary care resource centre. As it stands, the plan appears to be to rely on temporary accommodation for the displaced services over an extended and unspecified period.

31 We believe that the health board should consider what it can do to reassure people in Flint about access to services in the short and longer term, including an amendment to its timetable for implementing the proposed closure and other service changes.

Llangollen Community Hospital

32 We welcome information provided about the multi-agency project team to plan and deliver the Llangollen Project, and that clinical services are to be provided in the period between closure of the beds and the hospital and completion of the new primary care resource centre from the current Health Centre. The health board's plan to make structural improvements in the Health Centre so it can accommodate these services is also welcomed. We note that the business case for the development of the primary care resource centre is part of the all-Wales capital programme, that a site is available and that the health board is confident that the business case for the development will be approved. The involvement of local GPs in planning the developments and their support for the enhanced community services programme is reassuring.

33 The CHC would not object, in principle, to this development. We are however, concerned about the implementation programme and timetable and for the same reasons outlined in paragraph 31 which relate to Flint Community Hospital. We believe that the implementation plan must take into account the shortage of local authority and independent sector residential care and the impact this is likely to have on the demand for hospital and community health services.

34 We think the health board should consider what it can do to reassure local people about access to services in the short and medium term.

Ffestiniog Memorial Hospital

35 We welcome the additional information about the estimated demand for inpatient beds at Ysbyty Alltwen, and outline plans for services which could be provided from the hospital premises.

36 We remain concerned about the co-ordination of care between the health board and general practice staff. We understand that the enhanced care service will be provided under contract. We are concerned, however, that without the active support of general practitioners for your proposals, services to local people may break down.

37 We must also register our concern, as we have for the changes involving Flint and Llangollen Community Hospitals, about the contingency plan if Welsh Government does not provide the money to develop the hospital site. As it stands, the plan appears to be to make changes so that services can develop only over an extended and unspecified period.

38 Once more, we believe that the health board should consider how it can reassure local people about access to services in the short and medium terms. In the meantime, we will monitor ease of access for local people to community hospital beds and the options developed with local GPs for care of patients from Blaenau in Ysbyty Alltwen.

Tywyn Hospital

39 We note that the health board is confident that Welsh Government will approve the business case in early 2013 for the development of the hospital site as an integrated primary care resource centre.

40 We look forward to seeing the promised joint statement with Hywel Dda Health Board which says how the health boards will take into account the needs of patients from South Gwynedd who attend Bronglais Hospital and then need specialist hospital care. Patients should not, unless necessary, be referred for specialist care to other Hywel Dda hospitals.

North Denbighshire

41 We welcome the further information and assurances provided about

- travel and transport
- maintenance of outpatient services provided at Prestatyn Community Hospital
- the Board's commitment for the development of a new hospital.

42 The CHC supports, in principle, the health board's proposal to close inpatient services at Glen Traeth and provide care at Glan Clwyd Hospital on Ablett ward instead. We are concerned, however, about recent reports that beds at both Glan Traeth and on Ablett ward are full, and the number of places in specialist residential and nursing care homes is falling. We would like to know if this might lead the health board to re-consider its proposal.

43 We will monitor progress with developments in North Denbighshire through our membership of the North Denbighshire implementation project team.

The complex vascular surgery service

44 The CHC agrees, in principle, with the health board's proposals for providing complex vascular surgery and appreciates the further information provided about medical staffing, core vascular surgery services, the impact on radiology and other disciplines and the use of intensive care and high dependency beds. It would have been helpful to know more about your plans for retaining and recruiting nursing staff at all three sites.

45 You gave your reasons, again, for not selecting the site for complex surgery before the consultation. This does not alter our view that this makes it difficult to consider, in full, the implications of your proposals. For, example, we are concerned about the connection

between your decision about the site for complex vascular surgery and your forthcoming decisions about centralising acute general surgical services

46 We will wait for your decision about the site for complex vascular surgery and the implications this has before commenting any further. In the meantime we will make plans to monitor the effect of your decision on recruiting and retaining nursing staff in this specialty.

Older people's mental health services

47 We welcome the additional information provided by the board which includes details about enhanced support by mental health-trained nurses for patients on community hospital wards, the care home liaison nurse service and the appointment of dementia advisers. It reinforces our understanding of the different components of the service: for people with dementia, for people with a different type of mental illness, for people who are acutely ill and need inpatient assessment and treatment; for people who need care at home or day services; for people who need respite care at home, or in a hospital or residential setting. We are happy to endorse the proposals as a significant step forward in this important area of care.

48 However, we are concerned that people living in Gwynedd and in South Gwynedd in particular, will not have access to the same level of service as people living elsewhere in North Wales. We understand that the service there is relatively less well developed than elsewhere, but we believe that your proposals should include measures to make up the difference as quickly as possible.

49 We remain of the view that it is not acceptable to require people to travel such long distances for inpatient care. We recognise that you used some of the beds at Bryn Beryl and Dolgellau for respite care and this is no longer regarded as the best way of supporting patients and their families. You now offer people a choice between Wrexham and Cefni for inpatient care but the distances to travel – for older people and their families – are so great that this is no real choice at all. We do not accept the argument that people have been travelling these distances since you closed the beds (without consultation) some time ago and your proposals mean no change. It was not acceptable then, and it is not acceptable now. We would like the board to consider an extension of its Registered Mental Health Nurse support for general wards to create some capacity for local assessment and treatment of patients where that is possible.

50 You acknowledge that the need people living in South Gwynedd have for residential respite care is not met at present. We would like the board to say how it will meet those needs if not now then in the medium term.

Comments on issues which affect all proposals

Relationship with local government and local government plan

51 The CHCs welcomes the additional information about your work with local authorities about local development plans, which are variously at advanced and developmental stages. We were disappointed however, by your response to our call for greater

concentration on and investment in other aspects of the working relationships between health and social care services. While a strategic forum may be helpful in the longer run, the CHC is more concerned about progress with co-ordinating and integrating health and social care so that it benefits people now.

Relationship with providers of nursing home and residential care

52 The CHC welcomes information about the discussions taking place between the health board and public and independent sector providers of specialist nursing and residential care. We are concerned, however, by the absence of a strategic plan for securing the right number of places in all areas of North Wales. Indeed, we hear reports of fewer places, and some closures. We think the health board should consider what it can do to reassure people that care providers are working together to make sure its proposals will work in practice.

Services delivered by voluntary sector organisations

53 Several of the board's proposals involve greater involvement of voluntary sector organisations in delivering services. The CHC welcomes this development as voluntary sector organisations are often able to provide more flexible support for patients and carers than their partners in the statutory sector. We are conscious that funding for voluntary sector organisations can be uncertain: health board contracts for services can help stabilise the situation. However, voluntary sector organisations are stronger in some parts of North Wales than others. We believe that the health board must tailor the way it implements some of its proposals to take this into account and so ensure that people have access to good services, wherever they live.

Evidence relating to your proposals

54 The CHC commented on the way the evidence used by the service review groups is presented to the public. We said that there was little reference to any evidence which did not support the health board's proposals and the way it had dealt with this. The board invited us to clarify any conflicts of evidence or any additional evidence which we believe should be considered. The CHC does not have the resources to conduct its own analysis of the evidence. We merely commented that it would be unusual if there was no conflicting evidence for any of the board's proposals and if this was not reflected in the risk analyses used by the implementation boards. Some of this contrary evidence is referred to in the papers considered by the primary care implementation board, for example; but it was not included in the consultation material and members of the public do not have direct access to it.

Workforce and financial implications of your proposals

55 The documents you sent to us, or were referred to in your paper, added little to the information the CHC had already and did not address our concerns. It seems possible that the information we need will be in the technical papers which you will discuss on 18 January. We will make no further comment on this matter, therefore, until we have seen them.

Transport

56 The health board's response to our comments about transport services is disappointing. It makes much of a one-day survey of outpatients and comes up with the completely predictable result that most people going to the clinic used private transport. The information the board needs is from people who were not there – who do not have easy access to private transport and for whom public transport is not an option. We are particularly concerned about people who do not get to appointments because they

- are not told they may be eligible for hospital transport
- are reliant on support from a paid carer, who cannot be available at short notice
- do not like to tell the GP that going to clinic is difficult and allow an appointment to be made.

The board's statement about the discussions it has had on this subject does not amount to the board-wide plan and strong leadership we hoped for. It focuses more on the problems than any potential solutions. The CHC is planning how best to make a strong contribution to future discussions.

Equal access to services

57 The health board's response to the CHC's questions about the likely impact of its proposals on equal access to services makes it clear that there is still a lot of work to be done. We are concerned about the fact that the health board may take decisions about services without this information. At the very least we think that the health board should publish a communication and engagement plan that clearly sets out how it will find out about the likely impact of its proposals on different groups of people and communities. Only then will it be able to decide what, if any action, is needed to ensure equal access to services, and how it should monitor the effect of its proposals in the longer term.

Summary

58 The CHC will reconsider its response to the health board's proposals for changes to services when

- It has reviewed the technical papers which will be discussed by the health board on 18 January
- The health board's decision about whether it will designate Mold Community Hospital as a hub hospital is known

- The health board responds to our comments on
  - The implementation plan and timetable for the closure of Flint Community Hospital
  - The implementation plan and time table for changes at Llangollen Community Hospital
  - The implementation plan and time table for changes at Ffestiniog Memorial Hospital
  - X-ray and minor injury services in Gwynedd

- The coordination of health and social care services – in practice
- Plans for voluntary services organisations to deliver care
- Assuring equal access to services.

Yours sincerely

Christine Evans (Miss)
Chair

Cc Mrs Mary Burrows, Chief Executive, Betsi Cadwaladr University Health Board

Extract from the Minutes of the Executive Committee Meeting held in the Boardroom, Betsi Cadwaladr Community Health Council, Council Chamber, Cartrefle, Cefn Road, Wrexham Friday 21 December 2012

Present:

Chair	Miss Christine Evans	
Vice Chair	Ms April Harper	
Chief Officer	Mrs Pat Billingham	
Local Committees:	Chairs	Vice-Chairs
Conwy	Mrs Pearl Roberts	Mrs Nerys Cossey
Denbighshire	Mrs Carole Lapham	
Flintshire	Mr Gordon Donaldson	
Gwynedd		Ms Hilary Scott
Wrexham	Miss Jan Greasley	Mrs Joan Lowe
Ynys Môn	Mrs Denise Harris-Edwards	
In Attendance:	Mr Neil Bradshaw, Executive Director of Planning, BCUHB Mrs Sally Baxter, Assistant Director of Planning, BCUHB Dr Chris Stockport, BCUHB Dr Olwen Williams, BCUHB Chief of Staff, Primary Community & Specialist Medicine Clinical Programme Group Mrs Carol Williams – Deputy Chief Officer Ms Sue Irlam - Office Manager, Bangor	
Apologies:	Mrs Roma Goffett, Mr Colin Herbert, Mrs Delyth Wilson, Mrs Vera Wilson, Mrs Chris Jones, Mr Dylan Murphy	

MINUTE	ITEM
12.131(2.1)	The Chair welcomed the officers of the health board to the meeting. It was noted by Mr Bradshaw that the additional information provided by the health board was work in progress. A suite of documents is being prepared for the Board meeting on 18 January 2013, some of which are already in the public domain. The Board will make a decision which will be the best configuration for health services for North WaleS.
12.131(2.2)	**Flint Hospital Proposals** It was noted that the transition period for community based services will take a period of time and some services may be retained on the Flint hospital site for a time and these will be made know to the CHC. Should the Board agree with the changes 18 January 2013 there will be a transition period before full implementation. It is accepted by the health board that work needs to be done with local communities where any change in the number of inpatient beds will have an

MINUTE	ITEM
	impact. It was noted the proposed primary resource centre will cost in the region of £4 million. The resource centre will not replace the hospital but will build on existing services.
12.131.(2.3)	**Joint Working with Health and Social Care** It was noted that following the immediate closure of the Royal Alexandra Hospital and the commencement of the Home Enhanced Care (HECS) pilot in North Denbighshire there had been local authority and CHC representation on the project board. Both health board staff and health and social care staff share the same office, have access to the same files and have the same approach to care. It was noted that this has led to increased efficiency and the patient receiving care in a consistent manner. The enhanced care model has now been rolled out to Ynys Môn, where the local authority has been fully supportive. It was acknowledged that where there is not full local authority support this can lead to delays. In areas such as South Wrexham and South Denbighshire where there are two local authority partners there have been some delays but these are being worked through. It was noted that the GPs are independent contractors. However the GPS are recompensed for work undertaken under enhanced care.
12.131(2.4)	**Mold Community Hospital** It was noted that the health board may be reconsidering the location of the proposed hub hospital in the light of the responses received to the consultation. With regard to the localities it was noted that these had been agreed with the local authorities. When proposing the location of the hub hospitals transport had been a consideration. It was noted that not all localities will have a hub hospital but will be coterminous with x-ray and other services. With regard to x-rays services it was noted that the proposals were to make the services more resilient and to give patients faster and improved access to the service.
12.131(2.5)	**X-ray Services** Concern was expressed that should x-ray services be removed from a community hospital where these are currently available then other clinics which need access to x-ray services may also be relocated. It was noted that there could be a combination of clinics being moved with some remaining in the community and being further developed where possible. It was acknowledged that a single telephone number to make an

MINUTE	ITEM
	appointment for an x-ray would be of benefit and is being considered although not directly part of the consultation.
12.131(2.6)	**Financial Information for Neonatal Intensive Care** It was noted that the finances for neonatal intensive care had not been agreed as yet as this would have presumed the outcome of the consultation. It is known that the services provided would be levied at a certain tariff and that there would be a saving of £1 million should neonatal intensive care be provided at Arrowe Park. It was confirmed that the jointly appointed consultant has been part of the on-going discussions.
12.131(2.7)	**Home Enhanced Care Service** It was noted that the health board has data to show where referrals to the home enhanced care service was inappropriate. Few referrals are turned away and only generally turned away as the patient is already receiving intermediate care for example. It was noted that enhanced care will included palliative care and the delivery of end of life care at the most appropriate place.
12.131(2.8)	**Next Steps** It was noted that the Board of the health board will meet to make it decision on the proposals on 18 January 2013. The CHC will note the areas which it can support prior to the Board meeting so as inform the Board's decision making process. The CHC will provide a supplementary response to the health board which will be agreed and signed off by the Executive Committee on 8 January 2013. It was noted that there will be areas where the CHC cannot be satisfied that the proposed changes are in the interest of the health service/service users as they have not met the criteria as defined. The Chair thanked the officers for attending the meeting for and providing the additional material.

GIG CYMRU NHS WALES | Bwrdd Iechyd Prifysgol Betsi Cadwaladr University Health Board

Healthcare in North Wales is Changing

COMMUNITY SERVICES REVIEW - IMPLEMENTATION

PROJECT GOVERNANCE FRAMEWORK

1. BACKGROUND

In November 2011 BCUHB considered a set of initial reports on work underway in relation to a number of key areas for the development of our services.

In July 2012, a series of papers were presented to our Board which summarised the response of the clinically led working groups to the case for change and identified changes to services which were proposed.

The Board considered the recommendations presented and agreed that we should enter a period of formal public consultation on the following areas:

Localities and Community Services
Older People's Mental Health
Neonatal Intensive Care Services
Vascular services – major and complex arterial surgery

Following the formal consultation period the feedback received was presented to the Board. Recommendations were made on which of the proposals presented in July 2012 should be taken forward, including any amendments to proposals in the light of the consultation feedback.

This paper outlines the project structure required to implement the Community Services Review recommendations approved by the Board on the 18th January 2013.

2. PROJECT STRUCTURE

The project structure (see Appendix 1) will provide the overarching governance framework to manage the implementation of the approved final proposals of the Community Services Review. In brief, this includes:

- The Executive Team will act as the **Project Board** with the Director of Primary, Community & Mental Health as Executive Sponsor for the changes in community services

- A **Project Team,** which will be the key recommendation making body for managing the changes and will take recommendations to the Executive Team for final sign off and approval. The Project Team will be led by the **Executive Sponsor**, supported by a **Project Director** and **Clinical Lead.**

- The Project Team will also provide progress reports to the **Primary & Community Implementation Board** and the proposed **Strategic County Forums.**

- The Project Team will develop and oversee the process for the implementation of the approved proposals and manage the service and estates implications. The membership of the team will draw upon **professional guidance and advice** provided by **project workstreams** on matters relating to clinical and financial services, human resources, information/information technology and estates.

- The Project Team will include the **planning/project leads** of each of the project workstreams who will be the nominated points of contact for professionals for the individual project workstreams. The **Project Director & Project Manager** will support the project team and co-ordinate the overall project plan and workstreams to ensure that the work of the individual workstreams leads to a cohesive and co-ordinated services and estates re-provision strategy.

- Various **Project Workstreams** will be established which will engage with clinicians and staff on the ground and lead the respective detailed planning and implementation work. They will produce **detailed plans** to inform the successful re-provision of services and estates, considering the implications of the project upon their respective areas of responsibility and upon other services.

- A **Communications Strategy** will ensure that an open, transparent two way communication system is put in place between stakeholders and those directly involved in each project. This will ensure that regular and proactive briefings and information is given to all stakeholders, including patients, carers & families, primary care contractors, staff & their representatives, and the media throughout the course of the project. A Communications lead for Project will also act as the 'point of contact' for stakeholders to raise questions or concerns as the project develops

- The BCU **Stakeholder Reference Group and Locality Stakeholder Groups** will have a key role to advise, comment on and contribute to the work of each project as these progress.

The remainder of this paper outlines the Terms of Reference and memberships for the project team and various workstreams which will form the project structure. Together, these provide the governance framework within which all involved in the project structure will work. The Terms of Reference and project team/workstream memberships will be discussed further with those involved and may be amended in line with these discussions.

The project structure/governance framework seeks to ensure that the project is delivered in transparent partnership with stakeholders to secure the safe and efficient delivery of the approved final proposals.

It should be noted that the membership of the project team & project workstreams may alter and/or expand during the course of the project.

3. TERMS OF REFERENCE AND MEMBERSHIP OF PROJECT GROUPS

3.1. Project Team

The Project Team is the key recommendation making group for the project, responsible for ensuring the safe delivery, within agreed project timescales, of the service changes and estate re-provision strategy.

The Project Team is accountable to the Executive Team of the BCU Health Board (Project Board) via the Executive sponsor, and will also report to the relevant CPG Boards.

The Project Team and Project workstreams will develop and agree service plans and agree a 'critical path' / implementation plan for service re-provision. These plans will be taken to the Project Team for approval. Following agreement, the Project Team will receive regular updates from the Project Workstreams on the implementation of changes and transition of services to other sites.

The Project Workstreams will also lead the development of the business cases which are required to secure funding for new premises as required, for approval by the Project Team and Project Board, and submission to Welsh Government.

The Project Team will:

- Approve the Terms of Reference and membership of all project workstreams
- Approve and monitor a project plan which details the timescales by which all project workstreams will work
- Receive and approve regular updates on the work of the individual project workstreams
- Ensure the production of a co-ordinated service and re-provision estates strategy.
- Ensure the production of all subsequent business cases are co-ordinated
- Ensure that the project takes full account of national, regional and local policy drivers and documents
- Ensure that links are made with any of the other relevant HCiNWiC projects, eg OPMH
- Ensure that there is a risk register for the project, that this is kept up to date and that mitigating actions are in place where necessary to ensure delivery of the project plan

- Monitor expenditure against the approved financial plan as agreed by the project board. Budgetary control, including virements of budget, would be in accordance with the organisation's standing orders and scheme of delegation as designated for each CPG and Corporate Function and Department.
- Approve a communications/information briefing that will be issued after every Project Team for staff and stakeholders via the Communications Lead
- Ensure that the work of the individual project workstreams is co-ordinated and complementary to ensure the development of a comprehensive services and estates re-provision plan
- Ensure that linkages are made between the work of the individual project teams and other projects planned and/or underway across North Wales
- Consider the potential wider impact of service changes identified by the individual project workstreams.
- Liaise with BCU Stakeholder Reference Group as required to ensure that the views of the Reference Group are incorporated into the processes of the project.

The recommendations of the Project Team will be developed through consensus, taking account of the advice received from both the Project Workstreams and Stakeholder Reference Group. Once a consensus has been reached, all members will be expected to comply with the agreed decision.

Additional membership of the Project Team may be agreed following discussion with the Chair.

The Chair of the Project Team will nominate a Vice Chair in his absence. Meetings will be deemed quorate when at least a third of the membership of the Project Team is present, including the Chair or Vice Chair.

The Project Team will meet on a regular basis. During the initial establishment of the project structure, the Project Team will meet on a fortnightly basis. Thereafter, the dates of the meetings will move to monthly.

All meetings of the Project Team will be minuted, with minutes issued within 2 working days of each Project Team meeting. Agendas and papers for Project Team meetings will be issued no later than 2 working days prior to each Project Team meeting.

The membership of the Community Services Project Team is included in Appendix 2.

3.2. <u>Project Workstreams</u>

There will be various project workstreams established to develop detailed plans for each element of the project. (see Appendix 1)

There will be 8 project workstreams as follows:

- Enhanced Care at Home (established)
- Llangollen (established)
- North Denbighshire (partly established)
- Flint
- Blaenau Ffestiniog
- MIUs
- X ray
- Decommissioning (estates)

The core membership of each service project workstream will include:

- A locality lead or CPG lead who will chair the project workstream
- Senior project manager
- Senior representation from appropriate Clinical Programme Groups and Locality Leadership Teams (including social services)
- Senior representation from the planning department
- Representatives of clinical staff (as appropriate) who are involved in the delivery of the relevant services for each project workstream
- Estates officer
- Senior Workforce lead
- Community Health Council representation
- Staff side representation
- Finance officer

Membership of the Project Workstreams may be further extended with the agreement of the respective clinical lead.

For its respective area, each project workstream will:

- Consider the approved service proposals and develop implementation plans to meet agreed timescales, including consideration of all staffing and estates implications
- Identify the potential wider impact of service proposals upon other service areas
- Ensure the delivery of the implementation plan to the agreed timescale
- Liaise with other project workstreams to ensure that a co-ordinated approach is taken to the delivery of all agreed proposals
- Prepare written reports on progress to be shared and discussed with Project Team, providing the Project Team with regular updates
- Identify any risks associated with its respective area of work and ensure these are included in the project's overall risk register, with actions to mitigate each risk identified.
- Develop business cases to support the required development of premises
- Ensure an on-going EqIA is undertaken and reviewed

The project workstreams will meet as often as necessary to complete their work within the timescales set in the project plan. Minutes or action plans will be produced for all project workstream meetings.

3.3 Decommissioning Workstream

The remit of this workstream will be to provide building, infrastructure and other property advice, guidance and practical assistance to support other workstreams, and will therefore include:

- Provision of support for the relocation of services and departments to other locations by providing suitable accommodation
- Preparation of plans for the separate or collective closure of buildings on the site
- Review of the condition of the existing infrastructure at various sites and the to continue to support services on an interim basis
- To develop and maintain an action plan for the Project Team which captures and monitors the progress of action on individual issues
- Identification of risks, recorded in a risk log, with mitigating actions and reported to the Project Team on an on-going basis
- Preparation of any relevant sites for disposal
- Safe closure of sites to agreed timescale

3.4 Workforce Support

The Project Workstreams and Project Team will include representation from W&OD corporate department and staff side.

The project will result in significant change for a number of employees of BCUHB and must be supported throughout the implementation process. The Project Workstreams will therefore:

- Work in partnership with TU Reps to ensure that the All Wales Organisational Change Policy is applied fairly and consistently across all staff groups within a locality where changes are being implemented
- Develop an action plan for the project workstream to ensure key tasks and milestones on the range of relevant HR and employee relations issues, (particularly '1to1' meetings, consultation and communication) are in place
- Develop and maintain appropriate staff information and monitoring systems as part of the redeployment process
- Identify and highlight risks to the Project Team on an on-going basis
- Provide information to staff as part of staff briefings, working closely with the communication leads
- Ensure that staff are informed of relevant support mechanisms throughout the change process.

3.5 Finance Working Group

The finance working group will ensure the coordination of all financial issues related to the project, to include the monitoring of expenditure against the overall approved financial plan as agreed by the Project Board, development of the financial elements of business cases in line with WG guidance and consistency of financial technical matters, eg, financial and capital accounting.

Finance officers will also support each project workstream to ensure that any financial implications are correctly identified and managed in line with the technical information supporting the project. Any significant variations will be reported to the Project Team.

Financial risks will be included in the risk logs developed and managed by each of the project workstreams.

3.6 Development of Hospital Hubs and Community Hospitals – Working Group

'Hospital Hubs' are to be the focal point where a broader range of services are delivered to a consistent level of quality and safety. These hubs will be the base for urgent care such as GP out of hours services and minor injuries. There will be a wider range of services such as outpatient services, therapy services, diagnostic testing and support, with improved access, including x-ray, ultrasound, and near patient pathology testing.

The hospital hub sites will also support mental health services in the community bringing more local access to memory clinics and other services.

The development of the Hospital Hubs offers the potential to make a positive difference to the delivery of local services and allow the provision of more care to more patients in local settings.

A working group will also be established to further develop the proposal to establish hospital hubs and also describe the future role of the other community hospitals in North Wales.

3.7 Primary & Community Services Priorities (not subject to formal consultation)

A small group will review progress being made in delivering the recommendations of the Locality and Community Services Review which were not subject to formal public consultation.

These have been included in the BCUHB draft planning priorities 2013-2016, and are already being progressed/led by CPGs, Locality Leadership Teams and corporate departments including the Corporate Nursing Department and the Primary Care Corporate Department.

These include:

Targeted Prevention (including locality priorities, falls prevention, Telehealth & Telecare)
Shifting Care into Community Settings (including outpatient services, pulmonary rehab and CPG priorities)
Primary Care Services (including GP access, GP workforce planning, Enhanced Services such as COPD, Pharmacy Common Ailments Project)
Carers Strategy (being led by the North Wales Carers Strategic Group)

3.8 Communications Strategy

The Communications lead on the Project Team will have the specific responsibility for ensuring that there is an open, transparent two way communication system in place between stakeholders and those directly involved in the project.

In particular, the Communications lead will:

- Promote and support the project through the proactive communication of key messages as the project progresses with key stakeholders* using a variety of communication methods. This includes the production of ongoing regular briefing and information updates to all stakeholders, and the production of a specific briefing following each Project Team
- Ensure that all written briefings and information sheets are bi-lingual
- Prepare regular press releases regarding progress with the project
- Act as a point of contact for stakeholders to raise questions or concerns as the project develops and in this way seek to 'rumour bust'
- Advise the Project Team of any concerns regarding communications and of corrective actions that may need to be taken

Communications will be led by the Director of Governance and Communications who will nominate a Communications Lead for the Project.

* key stakeholders include: the public, patients, their families and carers, staff, primary care practitioners, all Locality Leadership Teams and CPGs, Local Authorities (officers and members), town and community councils, voluntary sector, WAST, CHC, Police and Fire Service

3.7 Stakeholder Reference Group

The established BCU Stakeholder Reference Group will have a key role in which they will advise, comment on and contribute to the process and approach of the project. The Group will provide the Project Team and Health Board with assurance that the views of stakeholders have been taken into account by the Project Workstreams.

The Project Workstreams will link with the Locality Stakeholder Groups to ensure that local stakeholders are involved and informed.

3.8 Equality Impact Assessment

BCUHB has a statutory duty to promote equality and work has already been undertaken to assess the potential impact of the HCiNWiC proposals on protected groups. Work will continue to ensure that, as far as possible, arrangements are developed in full recognition of diverse needs, and potential adverse impact or unfavourable effects for some groups are identified and that steps are taken to mitigate these effects. Each Project Workstream will ensure an on-going Equality Impact Assessment is undertaken as part of the implementation process.

4. DELIVERING THE PROJECT WORKSTREAMS

4.1 Monitoring Progress

Task lists have been drafted to support the Project Workstreams in developing and implementing plans, in the following key areas:

- Clinical Safety & Management
- Workforce
- Estates
- Communications

The project leads for the workstreams will report progress against these task lists at each Project Team meeting using a briefing template (see Appendix 3).

The approved proposals and timeline for implementation is included at Appendix 4.

4.2 Risk Register

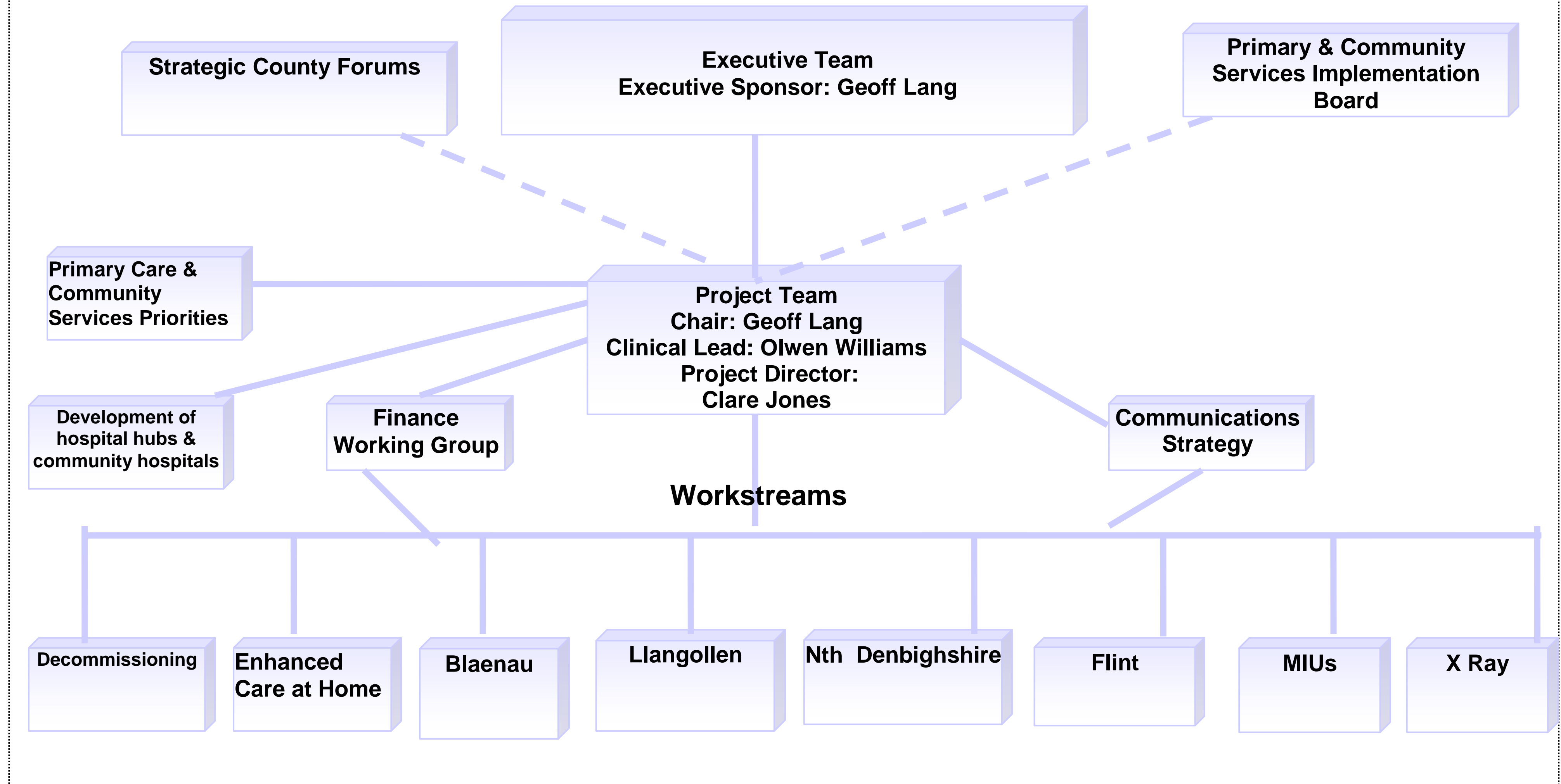
A risk log has been developed for each Project Workstream. The risk log will be regularly updated, with mitigation actions included.

Significant risks will be reported to the Project Team at each meeting

5. SUMMARY

This paper has outlined the project structure that will be established for the implementation of the agreed proposals under HCiNWiC – Community Services Review. It has outlined the terms of reference of the Project Team and Project Workstreams, these being founded on the principle of inclusion and transparent partnership working with key stakeholders.

Appendix 1



Area of Representation	**Name**
Executive Sponsor	Geoff Lang
Project Director	Clare Jones
Clinical Lead	Olwen Williams
Project Manager/Support	tbc
Project Workstream Planning/Project Leads: • ECH • MIUs • X Ray • Ffestiniog • Flint • Llangollen • North Denbighshire	• Ellen Greer • Lowri Welnitschuk • Pat Youds • Chris Rudgley • Robin Wiggs • Ian Howard • Yvette Drysdale
Community Health Council	Tbc
Community Clinical Director	Tbc
PCSM CPG ACOS (Ops)	Jon Falcus
PCSM CPG ACOS (Nursing)	Chris Lynes
Radiology CPG ACOS	Alison Kemp or Pat Youds
Therapies & Clinical Services CPG	Iain Mitchell
Patient Services/Facilities Lead	Heather Piggott or Paul Clarke
Estates Lead	Andy Williams
Communications Lead	Andy Scotson
WOD Lead	Lesley Hall
Staff Side	Billy Nicholls
UNISON	Lynda Owen
Finance Lead	Viv Vandenblink
Admin Support	Ceri McGaugie

Appendix 3
Project Workstream Update Briefing

Project Workstream:		**Project Manager:**	**Date of meeting:**
Present:		**Apologies:**	
Actions completed since previous report			
1			
2			
3			
4			
5			
6			
7			
8			
Further actions to be completed			
	Action	***Lead***	***By When***
1			
2			
3			
4			
5			
6			
7			
8			
Key Decisions agreed			
1			
2			
3			
4			
5			
Significant risks, concerns, delays to report to Project Team			
1			
2			
3			
4			
5			

Locality	Location	Service Change Consulted	Interim provision	Final Proposal	By
Anglesey	Ysbyty Penrhos Stanley	Change in MIU hours	Current MIU hours	Hours will be increased to 7 days per week; 8am to 8pm	8/4/13 (after Easter)
Anglesey	n/a	Provision of Enhanced care at Home service	ECH started but for 'step up' patients only	Full Locality service	July 2013
Arfon	Eryri Hospital	Cessation of X ray service on site	9 sessions per week	3 sessions per week	April 2013
Arfon	n/a	Provision of Enhanced care at Home service	Core community services	Full Locality service	April 2014
Arfon	Ysbyty Gwynedd	Provision of nurse led minor injuries service	Nurse Triage in place ED and GP out of hours co-located	Rapid minor injury nurse led see & treat service	Feb 2013
Dwyfor	Ysbyty Bryn Beryl	Change in MIU hours	Current MIU hours	Hours will be changed to 7 days per week 10am-6pm (April-September) and 5 days per week (October – March).	Feb 2013
Dwyfor	Ysbyty Bryn Beryl	Cessation of X ray service on site	3 sessions per week	2 sessions per week	April 2013
Dwyfor	n/a	Provision of Enhanced care at Home service	Core community services	Full Locality service	March 2014.
Dwyfor	Ysbyty Alltwen	Change in MIU hours	Current MIU hours	Hours will be changed to 7 days per week; 8am to 8pm	Feb 2013
Locality	**Location**	**Service Change Consulted**	**Interim provision**	**Final Proposal**	**By**

Dwyfor	Ysbyty Alltwen	Increase in X ray sessions	Current x ray sessions	Same sessions but with daily service	April 2013
Meirionnydd	Ffestiniog Memorial Hospital	Cessation of minor injuries service	Current MIU hours	Service provided from Ysbyty Alltwen; 7 days per week; 8am to 8pm and continue to commission from local GP practice	Feb 2013
Meirionnydd	Blaenau Ffestiniog Health Centre	Cessation of X ray service	Current x ray sessions	Service available in Ysbyty Alltwen	April 2013
Meirionnydd	Ffestiniog Memorial Hospital	Closure of community inpatient beds	Current provision	Closure of inpatient beds Enhanced Care at Home service Inpatient service at Ysbyty Alltwen	By April 2013 June 2013 In place
Meirionnydd	Ffestiniog Memorial Hospital	Improvement to premises and facilities	Current premises	– joint initiative with BCUHB, housing associations and LA	2015/16
Meirionnydd	Dolgellau Hospital	Change in MIU hours	Current MIU hours	Hours will be changed to 7 days per week; 8am to 8pm	Feb 2013
Meirionnydd	Dolgellau Hospital	Increase in X ray sessions	Current x ray sessions	Same sessions with daily service	April 2013
Locality	**Location**	**Service Change Consulted**	**Interim provision**	**Final Proposal**	**By**
Meirionnydd	Tywyn Hospital	Change in MIU hours	Current MIU hours	Hours will be changed to 7 days per week 10am-6pm (April-	Jan 2013

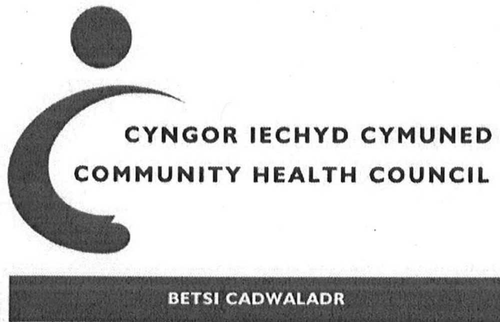
				September) and 5 days per week (October – March).	
Meirionnydd	Tywyn Hospital	Cessation of X ray service	Current provision	Service available in Dolgellau Hospital and Machynlleth Hospital	April 2013
Meirionnydd	Tywyn Hospital	Development of premises to include PCRC	Current premises	New primary care premises and upgrade to parts of the hospital	2014/15
Meirionnydd	n/a	Provision of Enhanced care at Home service	Core community services	Full Locality service	June 2013
Conwy West	n/a	Provision of Enhanced care at Home service	Core community services	Full Locality service	July 2013
Conwy East	Colwyn Bay Hospital	Cessation of minor injuries service	Current provision	Service to be provided from LLGH and YGC	Feb 2013
Conwy East	n/a	Provision of Enhanced care at Home service	Core community services	Full Locality service	July 2013
North Denbighshire	Prestatyn Hospital	Closure of community inpatient beds	Enhanced Care at Home	Closure of inpatient beds Enhanced Care at Home service Inpatient service at Holywell Hospital Development of new community hospital	By April 2013 In place April 2013 2015/16
Locality	**Location**	**Service Change Consulted**	**Interim provision**	**Final Proposal**	**By**
North Denbighshire	Royal Alex	Development of new community hospital facility	Current premises – decanting facilities off-site may be required	Development of new community hospital to replace various community premises	2015/16

North Denbighshire	Ysbyty Glan Clwyd	Provision of nurse led minor injuries service	Nurse Triage in place GP support in ED	Rapid minor injury nurse led see & treat service ED and GP out of hours co-located	Feb 2013 Spring 2014
Central/South Denbighshire	Ruthin Hospital	Cessation of minor injuries service	Current provision	Service to be provided from Denbigh Infirmary	Feb 2013
Central/South Denbighshire	Ruthin Hospital	Cessation of X ray service	Current provision	Service available in Denbigh Infirmary	April 2013
Central/South Denbighshire	Denbigh Infirmary	Increased MIU hours	Current MIU hours	Hours will be increased to 7 days per week; 8am to 8pm	Feb 2013
Central/South Denbighshire	Denbigh Infirmary	X ray service on site with increase in sessions	Current x ray sessions	No change with daily service	April 2013

Locality	Location	Service Change Consulted	Interim provision	Final Proposal	By
Central/South Denbighshire	Llangollen Hospital	Closure of community inpatient beds	-	Closure of inpatient beds Enhanced Care at Home service Option to spot purchase care home care Inpatient service at Chirk Hospital	By April 2013 June 2013 April 2013 In place
Central/South Denbighshire	Llangollen Hospital	Cessation of minor injuries service	Current MIU hours	Commission service from GP practice	Feb 2013
Central/South Denbighshire	Llangollen Hospital	Development of PCRC & re-provision of services	Primary Care premises	New PCRC	2014/15
Central/South Denbighshire	n/a	Provision of Enhanced care at Home service	Core community services	Full Locality service	June 2013
North West Flintshire	Holywell Hospital	Increase MIU hours	Current MIU hours	Hours will be increased to 7 days per week; 8am to 8pm	Feb 2013
North West Flintshire	Flint Hospital	Closure of community inpatient beds	n/a	Closure of inpatient beds Enhanced Care at Home service Inpatient service at Holywell Hospital Pilot purchase of 1 nursing home bed for palliative care	By April 2013 June 2013 In place April 2013
Locality	**Location**	**Service Change Consulted**	**Interim provision**	**Final Proposal**	**By**

North West Flintshire	Flint Hospital	Cessation of minor injuries service	Current MIU hours	Service to be provided from Holywell Hospital	Feb 2013
North West Flintshire	Flint	Development of PCRC & re-provision of services	Current hospital premises	New PCRC	2015/16
North West Flintshire	n/a	Provision of Enhanced care at Home service	Core community services	Full Locality service	June 2013
North East Flintshire	Deeside Hospital	Minor Injuries service	Other local Community Hospital MIUs	Explore paramedic service options with WAST	2013/14
North East Flintshire	n/a	Provision of Enhanced care at Home service	Core community services	Full Locality service	October 2013
South Flintshire	Mold Hospital	Cessation of minor injuries service	Current MIU hours	Hours will be increased to 7 days per week; 8am to 8pm	Feb 2013
South Flintshire	Mold Hospital	Cessation of X ray service	10 sessions	Reduce to 6 sessions with daily provision	April 2013
South Flintshire	n/a	Provision of Enhanced care at Home service	Core community services	Full Locality service	October 2013

Locality	Location	Service Change Consulted	Interim provision	Final Proposal	By
North Wrexham	n/a	Provision of Enhanced care at Home service	Core community services	Full Locality service	April 2014
Central Wrexham	n/a	Provision of Enhanced care at Home service	Core community services	Full Locality service	April 2014
Central Wrexham	Wrexham Maelor Hospital	Provision of nurse led minor injuries service	Nurse Triage in place ED and GP out of hours co-located	Rapid minor injury nurse led see & treat service	Feb 2013
South Wrexham	Chirk Hospital	Cessation of minor injuries service	Current provision	Service available at Wrexham Maelor	Feb 2013
South Wrexham	n/a	Provision of Enhanced care at Home service	Core community services	Full Locality service	June 2013
All	GP practices	Provision of minor injuries enhanced service in remote practices	Current provision (variable across localities)	Commission in identified practices and those areas affected by MIU changes	Feb – April 2013



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4 March 2013

Mrs Lesley Griffiths
Minister for Health and Social Services
Cardiff Bay
Cardiff CF99 1NA

By Email

Dear Minister

Proposals for changes to health services in North Wales

I write on behalf of the North Wales Community Health Council (also known as the Betsi Cadwaladr CHC). The CHC has carefully considered the Betsi Cadwaladr University Health Board's proposals for changes to local health services. We are writing to you to set out our response to the health board's proposals. Our views are in the three sections below.

We believe that several of the proposals will benefit local people.

We cannot, however, support the health board's proposals for the minor injury, x-ray and older people's mental health service for people living in rural Gwynedd. We set out our reasons for this in section 2 below.

We also wish to bring concerns about some of the proposals to your personal attention as set out in section 3.

1. Aspects of the proposals which the CHC supports

The CHC supports several aspects of the board's proposals. They include

- The development of primary and community services
- Expansion of the enhanced care service
- The provision of more care at home for vulnerable people including those who are mental health service users
- The proposals for community hospitals, including changes to inpatient facilities
- Centralising specialist and emergency vascular surgical services
- Provision of complex and longer- term neonatal intensive care services at Arrowe Park Hospital

2. Aspects of the proposals which the CHC cannot support

The CHC cannot support the health board's proposals for the minor injury, x-ray and older people's mental health service for people living in Gwynedd as they stand.

- We believe that the changes proposed by the health board for these services are not in the interest of people who use the services because
- They limit people's access to services to an unacceptable degree
- They do not take account of the needs of people living in rural areas
- Taken together, the proposals for change represent a significant reduction in the level of service provided to people living in Gwynedd.

People, particularly in South Gwynedd, will not have access to the same level of service as other people living in North Wales. They will not meet the standards for access which the CHC expects of good quality services.

Minor Injury Service

We are not persuaded by the board's argument for minor injury services for people living in Gwynedd that GPs provide a service during most of the day and the out of hours (OOH) service covers the night. There are only two (at best) OOH doctors covering south Gwynedd. The experience of the OOH service in Gwynedd is that people are often asked to go to Ysbyty Alltwen, Dolgellau Hospital or even Ysbyty Gwynedd, Wrexham Maelor and Bronglais Hospital in Aberystwyth as the only options available and at some distance for many people.

X-ray Service

The health board has made some concessions on x-ray services. Some sessions will run at Bryn Beryl and Eryri hospitals. We welcome the assurance given by the health board that it will take action to make the best use of these sessions for local people and is committed to providing them in the long term.

We believe however, that the loss of valued x-ray services from Tywyn Hospital represents a significant reduction in the quality of services in that area. The nearest services (proposal to use Bro Dyfi in Machynlleth, Dolgellau and Bronglais) involve round trips of 30, 40 and 60 miles respectively from Tywyn (more for people who travel to Tywyn in the first place).

Older People's Mental Health

We wish to make it clear that we welcome recent developments in community-based services for older people with dementia or a mental illness – and said so in our responses to the health board's consultation document. However, the service is relatively less well developed in rural Gwynedd than elsewhere. We believe that further thought should be given to the plans for Gwynedd so that we can be sure older people's mental health services will meet people's needs quickly and for the long term.

The CHC is unable to support the health board's current proposals for these services as they stand. We believe more urgent, detailed work needs to be done to generate and provide a wider range of local support for this vulnerable patient group. We urge the Minister to set a definitive timescale for the completion of this work.

Members and officers of the CHC are ready to speak with whomever you appoint to advise you on these matters, and to provide evidence to support our views.

3. Concerns about some of the health board's proposals

The CHC has paid close attention to the regulations and guidance which apply to this aspect of its work. The document attached at appendix 1 describes the way it used the regulations and guidance to draw up the criteria by which we then assessed the health board's proposals.

The health board responded to CHC requests for information about its proposals both in person and in writing. Board managers and senior clinicians met with CHC members and officers on six separate occasions to discuss aspects of the proposals. Despite detailed discussion, the CHC is left with serious concerns about some aspects of the proposals.

3.1 Serious reservations

The CHC recognises that the health board's proposals for Llangollen, Flint, Prestatyn and Blaenau Ffestiniog community hospitals may bring welcome service development for local people.

We raised very specific concerns about the risk that Welsh Government would not meet the capital costs associated with the health board's proposals. We were pleased to hear that the health board has had written assurance from the Director General/Chief Executive of NHS Wales. He confirmed Welsh Government's commitment to the five capital schemes – a new community hospital in North Denbighshire, new primary care resource centres in Llangollen and Flint, redevelopment of facilities in Blaenau Ffestiniog and the redevelopment of the Tywyn Community Hospital.

Although this gives the CHC some further assurance regarding this aspect of the health board's plans, the CHC has serious reservations about the timetable for the health board's plans for implementing its proposals. Specifically, we have seen little evidence of a plan which protects services during the change from the way the health board provides those services now, to the way it plans to provide them in the future. We were particularly concerned by the health board's recent decision to stop admissions to the community hospitals identified for closure before this consultation process finished.

The timetable for implementing some of the proposals – community hospital closures and changes in particular – mean that current services will be lost before new services are in place. The health board tells us that measures which should (but might not) ameliorate the negative effect of its proposals are all 'under way' – but plans for implementation are imminent.

We are not yet satisfied that the health board has a plan for implementing and communicating its proposals which means people can be confident they will get the care and support they need.

We would like you, through your advisers, to monitor and hold the health board to account for ensuring that the health board's transitional arrangements and timetable for implementation of the proposals for the community hospitals are adequate to reassure local people on two points:

- You are satisfied that the health board has made adequate arrangements to protect services during the transition periods and that it has identified and taken action to deal with any risks to patients during that time
- That the timetable for implementing the proposals for building new facilities is adhered to.

3.2 Other Concerns we wish to bring to the Minister's attention

A number of issues troubled CHC members throughout their discussion about the health board's proposals. They are all important issues, which is why we are bringing them to your personal attention.

1. Several of the proposals will mean patients and carers have to travel further (and in some cases *much* further) for services. The health board may cut its costs, but the cost in terms of time, money and stress rises for patients and their families. We discussed this with the health board in respect of its proposals for neo-natal intensive care services, in particular.

2. The health board is responsible for providing services across North Wales and to communities which are very different from one another. The CHC wants to see that all people have access to the same quality of service. But the models of care proposed by the health board do not always reflect the different needs rural, low income and other communities have for services. Nor do they reflect the situation in different parts of North Wales. This is evident in the proposals we have formally referred to you for your decision, but there are other examples: shortages of independent sector residential and care services in some areas; voluntary sector services which are strong in some areas but not others.

3. We are concerned that losing a specialist service like the intensive care neonatal service from North Wales means that we will lose other specialist services too – and it will become ever more difficult to recruit staff to the NHS in North Wales. We believe that there must be serious discussion about this – and action. We believe there must be a parallel discussion at local level about the effect that centralising services (for example at Ysbyty Glan Clwyd) will have on services provided from the other hospitals in North Wales, and the people they serve.

4. The loss of specialist services from North Wales means that more people will be cared for by people who cannot speak Welsh. The CHC discussed this in respect of the neonatal intensive care service, in particular – but recognised it was an important feature of other specialist services provided to North Wales residents by English hospitals.

5. Several of the board's proposals rely on additional capacity in primary care services. Many GPs in North Wales are at or nearing retirement age and it has proved difficult to recruit new GPs to North Wales practices. The health board's plans for modernising primary care are still at an early stage. It seems likely therefore, that the health board will struggle to implement some of its plans for moving care closer where people live, in some localities. This includes the plans for establishing the enhanced care service in all parts of North Wales.

6. The board plans to transfer funds from acute to community services. The evidence that better community services allow boards to reduce acute hospital services is weak. The health board has not been able to reassure us on this point.

7. We are concerned that some of the proposals will have consequences which are yet to be quantified on, for example, advanced training medical and nursing staff in vascular surgical services and obstetrics.

As noted above, we will be happy to discuss these matters with you or your advisers.

Yours sincerely

Christine Evans (Miss)
Chair

Enclosed: Appendices - 'Making the right contribution'

cc. Mr David Sissling, Director General/Chief Executive, NHS Wales
Professor Merfyn Jones , Chair, Betsi Cadwaladr University Health Board
Mrs Mary Burrows, Chief Executive, Betsi Cadwaladr University Health Board

GIG CYMRU NHS WALES | Bwrdd Iechyd Prifysgol Betsi Cadwaladr University Health Board

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Dyddiad/Date: 2nd April 2013

Dear Christine

Proposals for Changes to Health Services in North Wales

Thank you for sending Mrs Mary Burrows a copy of your letter dated 4 March 2013 to the Health Minister setting out your response to the Health Board's proposals.

We are pleased that the Community Health Council believes that several of the proposals will benefit local people and can therefore give support to these proposals, as outlined in section 1 of your letter.

We note however that the CHC feels it cannot support some of the proposals, that there remain serious reservations about others and also concerns about further aspects of the service reconfiguration. We are clearly very concerned to identify how we may work together to address these concerns, given the shared responsibility of the Health Board and the CHC to ensure sustainable services, deliverable within resources, which best meet the needs of our population.

We note that you have included with your letter to the Minister evidence of the discussions and further information which was provided by the Health Board in response to CHC members' queries throughout the process.

Set out below are our responses to your concerns which we hope will provide the further assurance that we will continue to work with you to reach a satisfactory position.

ASPECTS OF THE PROPOSALS WHICH THE CHC IS UNABLE TO SUPPORT

We understand that you have concerns about the aggregated impact of proposals on communities living in Gwynedd and particularly south Gwynedd. We understand also that you are aware of the need to balance a number of factors in the development and delivery of safe and sustainable services for the whole population, as recognised by the WG Guidance for Engagement and Consultation on Changes to Health Services and acknowledged in the criteria within your working definition of the phrase "not in the interest of the Health service or service users". This includes, for example, the need to balance the needs of the population of the Health Board as a whole with the specific needs of

individual local communities; and the need to balance local access with the need to ensure services meet national standards, are effective and efficient. This has presented particular challenges in relation to the service areas you identify and we are aiming to find ways of addressing these where possible.

We have continued to consider the way forward for the area following the consultation process. We have held two meetings with senior elected members and officers of Gwynedd County Council to discuss their concerns and to agree how we can work together to develop the new service models for health and social care, including in those areas where significant changes have been proposed under Healthcare in North Wales is Changing.

Minor Injuries Services

We acknowledge your concerns that the changes proposed for Minor Injuries Unit hours would mean that there is no MIU open overnight in the area. This is, however, consistent with other MIU opening hours across North Wales, in both urban and rural areas. Demand for MIU services during the overnight period in general is low; and in the south Gwynedd area there are significant seasonal variations. Furthermore, Tywyn Hospital and Bryn Beryl Hospital, Pwllheli have not previously provided a 24 hour service.

You are aware that we have proposed to continue the MIU services at Tywyn and Bryn Beryl – notwithstanding that these are not strategic hospital hubs – for 5 days a week with an extension to 7 days a week during summer months in recognition of the seasonal variation in need.

We agree that in such a rural location there must, however, be a way to access minor injuries services overnight, as we have previously acknowledged in our letter of 26 February. In that letter we set out our view that such access could be safely delivered by the presence of Advanced Nurse Practitioners at the local hospital sites, supported by GP Out of Hours cover. From our analysis of demand and the current utilisation of the GP cover available in the area we believe this to be entirely feasible. We would wish to discuss this option further with yourselves and identify how we might take forward this new approach. As part of this we would propose to monitor the use of the service to ensure that the proposed arrangements are meeting the needs of local people and ensure that any issues are addressed.

X ray services

In your response you have acknowledged that the Health Board amended the original proposal to concentrate all X ray services at the hospital hubs following comments received during the consultation, retaining a level of service at Bryn Beryl Hospital and Eryri Hospital, Caernarfon in addition to the hospital hubs. In response to your concerns regarding the longer term viability of these services we have confirmed our commitment to optimising the use of these services and to their ongoing provision.

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The X ray service at Tywyn presents a greater challenge. The service was previously only provide for one day a week and usage was relatively low, with many patients already using services at other hospitals in the area including Bronglais Hospital, Aberystwyth. Whilst we recognise that the loss of this day of service does of course represent a reduction in service, this was weighed against the need to ensure we can deliver a service reliably and consistently. We heard from local people during the consultation that travel to Machynlleth was preferable to travel to Dolgellau and therefore are working with Powys Health Board to allow access to services at Machynlleth. We have continued to provide this service at Tywyn for the time being, pending the resolution of these issues.

As previously confirmed, we are firmly committed to the development of Tywyn Hospital and we have shared the WG correspondence confirming the inclusion of the redevelopment of the hospital within the all Wales Capital Programme. We have worked closely with representatives of the Tywyn Memorial Hospital Defence Committee in the past and would wish to collaborate further with yourselves and other stakeholders on the development of service plans for the redeveloped site once approval of the business case is received.

Older People's Mental Health

We acknowledge your continued support for the developments which have taken place in community-based services for older people with mental health needs. The strategic plans for development of these services across North Wales were widely supported during the consultation. You have also confirmed that you understand and accept that acute specialist assessment and treatment needs to be provided in a specialist inpatient facility and acknowledged that our proposals to relocate such services from Llangefni to Ysbyty Gwynedd would help improve access for the population of rural Gwynedd.

In our letter of 26 February we acknowledged that the withdrawal of the historic provision of inpatient care in local NHS facilities in Hafan Ward and Uned Meirion in Dolgellau and Pwllheli has left a gap in care provision locally, notwithstanding that some of this care may not have been primarily for health reasons. Furthermore, in previous discussions you have however agreed that a return to the previous service model was neither feasible nor desirable.

We have confirmed our commitment to work with Gwynedd County Council, the CHC, third sector and other partners to explore in detail the options that may be available to us to jointly meet the need for alternative local provision. We have acknowledged that there is not a simple alternative solution to the current problem and have confirmed our commitment to seek an innovative solution to meet the needs of local people and their families. We believe that working together in this way offers the greatest potential to find a bespoke solution.

We can confirm that we have commenced the establishment of the workstreams to address these issues.

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The Gwynedd and Anglesey work stream for this service has been established and its inaugural meeting will take place on 10th April. At this meeting terms of reference and detailed time line and critical milestones will be agreed. This will also agree key actions for those communities with specific needs in relation to access and respite. A review of the current case load is presently underway looking at the re-assessment and respite needs of service users and carers to inform the development of a robust model of care which is safe and sustainable for the future. Membership of the work stream will include representatives from hospital and community mental health teams, social services, CHC, workforce and trade unions. This work stream will also link into established support groups within the local communities.

ASPECTS OF THE PROPOSALS ABOUT WHICH THE CHC HAS SERIOUS RESERVATIONS

We note that you have referred to the written assurance we have received from the Director General / Chief Executive of the NHS in Wales regarding commitment to the five capital schemes which were included within the consultation proposals. However, you still have serious reservations regarding the timetable for the Health Board's plans

We previously advised that implementation plans are now in place and they demonstrate how local access will be maintained during the transition from existing services and sites to the new proposals.

You informed us that you would be monitoring this aspect of our work very closely and seeking ongoing assurance from the Health Board, through this implementation phase, that patients were not adversely affected. You also confirmed that you will be asking the Minister through her officials to do the same.

We confirmed that outline implementation plans had been shared with you and we welcome the additional scrutiny and challenge provided by the CHC as the plans become a reality.

You will be aware that we have requested involvement of CHC representatives in the implementation project structure in order to ensure direct opportunity for your input and challenge during the process. We respect that you would wish your representatives to have observer status, in order to maintain your independent scrutiny, much as your representatives have had independent observer status in working groups to date throughout the development of the proposals for consultation and planning of the consultation itself.

With respect to the implementation timetable, we note your concerns regarding the Health Board's decision to begin closure of community hospital beds during February. The Health Board had clearly marked the intention to begin implementation of the Board's decisions early in this calendar year. We accept that the commencement of implementation has caused some anxiety and opposition in some communities where beds are identified for closure and that the Health Board will need to work hard to ensure that patients, their

families and communities can see and be confident in the alternative services which are in place.

We have clarified in previous communication with yourselves that there is sufficient bed capacity within nearby community hospitals to provide care for those who need care in a community hospital bed. Additional capacity is being opened at Holywell Hospital to support patients from Prestatyn and Flint. Chirk Hospital has sufficient capacity to provide for patients from Llangollen and Ysbyty Alltwen has capacity for patients from Blaenau Ffestiniog.

Similarly, alternative services are in place at the designated hospital hub sites for minor Injuries and X rays. As you are aware, we have also revised proposals following the consultation to retain X ray services at Bryn Beryl Hospital (Pwllheli) Eryri Hospital (Caernarfon) and Mold Community Hospital in order to maintain capacity at these sites and improve access.

In addition, minor injuries services are being provided at Llangollen Health Centre in the interim pending commencement of provision of the service by the GP practice. GPs in Blaenau Ffestiniog will continue to provide a minor injuries service.

We acknowledge that there will be a short gap before the implementation of the Enhanced Care at Home service whilst the service model is adapted to reflect the needs of each locality and the staffing resource is redeployed to deliver the new model of care. We have always highlighted and acknowledged that there would be an interim period before the service was able to be implemented in view of the need to transfer resources. However, we would emphasise that alternative services are in place during this interim period as outlined above.

The Enhanced Care at Home service is already in place in North Denbighshire and therefore residents of Prestatyn had access to this service before the closure of the hospital beds. In other localities the work is well underway and in the remaining three localities where community hospital beds are closing we have committed to rapid implementation by the end of May, to allow for redeployment, recruitment and training. We anticipate the service will be in place in seven in total of the 14 localities of North Wales by the end of June and the whole of the region by 2014. We are keen as with other service change implementation work that you continue to be involved and we hope that you will be able to continue to be involved with the Implementation Project Board as you have been since 2010.

Your final concern relates to the timetable for implementing the proposals for new build facilities. We understand that you wish to see delivery of the proposals within the timescales we have outlined given their importance and prominence in the consultation discussions. We would like to assure you that work to develop relevant business cases has commenced. We anticipate that the Strategic Outline Case for the proposed new facility for North Denbighshire will be submitted to the BCU HB Board for approval by May of this year; that the business case for Llangollen Primary Care Resource Centre will be

submitted to the Board by the autumn; and that business cases for new primary and community facilities in Flint and Blaenau Ffestiniog will be submitted for approval by spring of 2014. This is in line with the timescales we indicated during consultation. We will report progress to you on a regular basis and feel that it would be of benefit to involve CHC representatives in the development of the service model and business cases; we already have representation from you on the North Denbighshire project and are grateful for this input.

To conclude, we understand and acknowledge that there are concerns to see all proposals come to fruition in a way that is timely, safe and provides reassurance for yourselves and, importantly, for communities. We acknowledge that there are areas where you continue to have concerns and would reiterate our commitment to working together to address these issues and seek solutions which are mutually agreeable.

OTHER CONCERNS OUTSTANDING

1. Costs and impact of travel

We have acknowledged the cost and the impact of additional travelling on patients and carers. We appreciate that any change in service location can cause additional travelling for patients. We have highlighted to you the work that has commenced with community transport providers and local authority transport managers. We do accept and have been open in accepting that we cannot resolve transport requirements for everyone and that some patients and their families may regrettably need to travel further; the Board believed this is offset by the gains for patients across North Wales through more services delivered in the community and increased sustainability and consistency of service. The detailed equality impact assessment work which was undertaken has highlighted issues in relation to local areas and the project teams working on implementation will be taking forward work to seek to mitigate the effects of these.

In relation to neonatal intensive care services, we again accept that there will be considerable travel involved for some through the implementation of the proposed service agreement with Arrowe Park. We have confirmed that for mums and babies requiring neonatal intensive care at Arrowe Park there will be a 24/7 specialist transfer service in place as part of the contract. Furthermore, the provision of accommodation for partners and families will help avoid the need for frequent travel back and forth. We will, in discussion with Arrowe Park and with voluntary sector organisations, look to co-ordinate other support for families needing this service. Although the issue may be significant for those affected, we believe that the families of the 36 or so babies who will be cared for at Arrowe Park will be better served by the new service, for the reasons we have outlined previously in relation to achievement of standards, sustainability and consistency of service in the face of recruitment challenges.

2. The proposals do not reflect different needs

We share your view that all people should have access to the same quality of service across North Wales, and in different communities. This cannot in our view mean that all communities would have the *same geographical access* to services.

We have addressed the concerns you have raised regarding some of the services in rural Gwynedd in particular in the earlier sections of this letter. We have sought to ensure that the same set of services is accessible within the same travelling times across North Wales; this was one of the principles in designing the system of strategic hospital hubs.

In general, the evidence in relation to population health needs has been reviewed and provided a foundation for the work in each of the service review projects which has led to the proposals; you are aware of the thorough work undertaken by colleagues in Public Health Wales which supported the case for change for each of the service areas. Equality profiles were developed for each of the six counties as part of the equality impact assessment work that has been undertaken and the EqIA work has also identified needs of some specific community groups – in addition to geographical communities – which will be addressed as the implementation progresses and service design and delivery ifs finalised.

The needs of communities where there are high levels of social disadvantage and low income are well recognised; as an example, the North Denbighshire project is founded upon consideration of the local community needs and the support for a major new build in this area is to a great extent based upon the recognised need for good access to community facilities in an area of need.

Further, we have adapted the service model to ensure that some elements of service – such as minor injuries – continue in some of the more rural areas where very local access may be more important in view of the unplanned nature of need for these services.

We believe that the service models are adaptable to respond to the needs of different communities. The Enhanced Care at Home service is being developed within each locality according to the case of need within each locality – it is not based on a “one size fits all” model. This takes account of the different services that may – or may not – be already in place in the area including the services of third sector organisations.

We would welcome further discussions with you if there are other specific areas where you feel that there are needs which are not being addressed.

3. Loss of specialist services in North Wales

We are also concerned not to lose specialist services from North Wales; our aspiration as a Board is to provide services within the area for our community. As we have discussed with you in the past, the integration of the former health organisations into a single

networked organisation offers improved opportunities to bring back to North Wales which previously might have been provided out of area.

There are some very specialised services however which we cannot provide in North Wales and it is accepted by our communities that some of these will be delivered in England. Examples include the major trauma services for adults and specialised surgery for children.

With regard to the impact of centralisation of services at any one of the hospital sites in North Wales, we have publicly confirmed that the three acute hospitals will play an important role in service provision for the region. Part of the consideration of any proposals for change is the impact on other clinical services. This is not to say that there may not be further changes proposed to service delivery in order to ensure the sustainability of the whole health service in North Wales, but that we need to ensure that there is coherence in the clinical services provided at each of the hospitals.

4. Welsh language service provision

We are equally keen to ensure that people are cared for by people who can speak Welsh where that is their choice. It is an important feature of services provided to our residents in English hospitals. However, our paramount consideration must be the safety and quality of services, and that we strive to ensure services are available in the language of choice. Our Welsh Language Scheme confirms our commitment to this in respect of services provided by BCU HB and also by other providers from whom we commission services. The Board monitors progress against the Welsh Language Scheme and reports to the Welsh language Board.

5. Additional capacity in primary care services

The capacity of primary care has been a recurrent theme in feedback from the consultation process. Where we have identified specific involvement of primary care – such as in the Enhanced Care at Home service and in the development of specific local enhanced services – we have confirmed that a service level agreement would be established to recompense practices for the additional capacity required.

The Primary Care Support Unit works with GP practices in addressing problems of recruitment to principal and other GP vacancies wherever possible. The challenges of an ageing GP workforce are not unique to North Wales and we are keen to work with practices to identify innovative solutions to service delivery including increased use of advanced practitioner posts.

6. Transfer of resources from acute to community services

The development of community based services and the transfer of resources - including staffing – into community settings is a fundamental plank of national (and international) strategy. The development of targeted prevention services, enhanced care at home and

moving care from acute hospitals to the community was supported by an absolute majority, in each case, of those who responded to the consultation.

We reviewed the evidence on locality and community services to inform the proposals that were developed. The originating question considered in the literature review was:

"What is the current evidence base on how health care services can be delivered outside the acute District General Hospital setting, to give the best and fairest health outcomes with best value for money?"

The review found that there was good evidence in respect of some interventions (notably health promotion and lifestyle interventions) in relation to health outcomes; hospital admissions; length of stay; and importantly, quality of life and patient satisfaction. There was mixed evidence in relation to other interventions, such as around case management for older people and chronic conditions, intermediate care and other community based service initiatives, but there was good evidence in relation to many of these in respect of quality of life and patient satisfaction.

The summary of the literature review concluded that

"Many of these primary and community based interventions are designed to meet the needs of older people and those with (often multiple) chronic conditions. However, few of them have yet been implemented systematically on a scale large enough to have a significant impact on the current acute hospital model for dealing with these needs. For this reason, there is often a lack of evidence, and service planning will need to be sensitive to patient and public preferences even more than where evidence is firmer.

Moving towards a service which empowers people and supports them to maintain their well being and independence will require a large shift towards primary and community health care services, which may not be cheaper, but is likely to be more effective and sustainable in the long term than our current acute hospital centric model."

Recognising the need to ensure that the services we are implementing will support the required shift of resource from acute hospitals to the community, we have scheduled the implementation of the Enhanced Care at Home service such that the service will be in place for the whole catchment population of Glan Clwyd Hospital by June of this year. This will enable us to review the impact on admissions and length of stay at Glan Clwyd, as well as evaluating outcomes and patient satisfaction; such that we can be sure that the model is delivering as expected.

We very much valued your support in undertaking the original patient and carer satisfaction surveys of the pilot for the enhanced care at home service, which as you are aware showed very high levels of satisfaction, and we hope that we will be able to work together once more in evaluating the ongoing developments.

GIG CYMRU NHS WALES | Bwrdd Iechyd Prifysgol Betsi Cadwaladr University Health Board

7. Consequences for staff training

You have noted concerns that some consequences are yet to be quantified – for example on advanced training medical and nursing staff in vascular surgical services and obstetrics.

These were issues which were raised during the consultation and to which we responded in our Board paper (18 January.)

We are setting in place arrangements to ensure that appropriate and sustainable training, of high quality and meeting national standards, is in place for all our services. You will be aware that the issue of sustainability of training, and trainee rotas, was one of the key drivers in many of the service change proposals.

We are confident that we have considered the impact and consequences of the service change proposals as far as possible. It is not feasible to eliminate every risk; however, the implementation process will monitor and manage the risk registers for each service area and escalate any issues of significance to the executive team.

I am aware that this response is lengthy. However it felt important to respond to your remaining concerns as fully as possible and to emphasise our wish to work with you to take forward the service change proposals – including those areas where we have identified further work needing to be undertaken. The implementation of proposals will be challenging and it is in all our interests to work collaboratively to ensure that the proposals deliver the best outcomes for our patients and communities. I hope that this letter has provided you with further assurance about our intentions to do so and would be happy to discuss any aspect of our response with you.

Yours sincerely

Geoff Lang
Acting Chief Executive

cc Mrs Pat Billingham, Chief Officer, CHC
Mr David Sissling, Director General/Chief Executive, NHS Wales
Professor Merfyn Jones, Chair, Betsi Cadwaladr University Health Board

Ref:GD/02

10 April 2013

Professor Mark Drakeford AM
Minister for Health and Social Services
Welsh Government
Cardiff Bay
Cardiff
CF99 1NA

Dear Minister

Proposals for changes to health services in North Wales

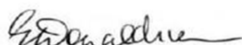
The full Council of the Betsi Cadwaladr Community Health Council (CHC) met yesterday and members expressed disappointment that the CHC still awaits a detailed response to the CHC's letter to your predecessor Minister dated 4 March 2013.

We have received a substantial response on 5 April from the Acting Chief Executive of the Betsi Cadwaladr University Health Board to the issues raised in our letter of 4 March.

However, the CHC is now being invited to participate in the various project teams and workstreams to take forward implementation of the changes and, as the incoming Chair of the CHC, I am keen that the CHC's views on the consultation are reviewed and considered by yourself, particularly because we have identified areas of serious reservation around protection of services during the transition periods and risks to patients during that time. Please note that the transition period actually began when the Health Board started closing Community Hospitals, which was some time before our letter of 4 March.

We look forward to receiving your views.

Yours sincerely



Gordon Donaldson
Chair

cc Carwyn Jones AM, First Minister

Ref:GD/01

Your ref: GL/sb/lh/459

10 April 2013

Mr Geoff Lang
Acting Chief Executive
Betsi Cadwaladr University Health Board
Executive's Office
Ysbyty Gwynedd
Bangor
LL57 2PW

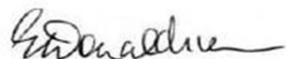
Dear Geoff

Re: Proposals for Changes to Health Services in North Wales

We welcome your letter of 5 April 2013 addressed to the previous Chair of the CHC, Miss Christine Evans, setting out the Health Board's responses to the concerns raised by the CHC in our letter to the Minister dated 4 March 2013.

We are still awaiting a detailed response from the Minister's office.

Yours sincerely



Gordon Donaldson
Chair

Mark Drakeford AC / AM
Y Gweinidog Iechyd a Gwasanaethau Cymdeithasol
Minister for Health and Social Services

Llywodraeth Cymru
Welsh Government

Eich cyf/Your ref
Ein cyf/Our ref: MB/MD/1713/13

Mr Gordon Donaldson
Chair
Betsi Cadwaladr CHC
Bangor Office
11 Chestnut Court
Ffordd yr Parc
Bangor, Gwynedd, LL57 4FH

12 April 2013

Dear Mr Donaldson

Proposals for Changes to Health Services in North Wales

Thank you for your letter of 10 April asking for a response to your predecessor's letter of 4 March formally referring some aspects of Betsi Cadwaladr University Health Board's (BCUHB) service change proposals for Ministerial determination.

I write to you having seen Geoff Lang's letter of 4 April expressing the Health Board's wish to work collaboratively with the CHC to resolve outstanding concerns and collectively ensure the best standards of care are provided to the people of North Wales. You will also be aware of the First Minister's recent announcement calling for an independent review of whether there is a service model which would allow North Wales to become self sufficient in complex neonatal services in the longer term and within available resources. Officials are now working to clarify the practical arrangements and timescales involved in commissioning this review, including how best to tie matters in with the Health Board's own review of acute services due to take place later this year.

I am very keen to remove public uncertainty over the future shape local NHS services by ensuring the current phase of the service reconfiguration process is brought to a timely conclusion. With this in mind, I would encourage your CHC to consider carefully the Health Board's offer for further discussion on the matters highlighted to me as being of particular concern to the Council. That seems to me to be a reasonable and constructive way forward and would not preclude the CHC from referring outstanding areas of concern to me for determination. I ask only that the discussions take place quickly and that you advise me of the outcome before the end of April.

Bae Caerdydd • Cardiff Bay
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CF99 1NA

English Enquiry Line 0845 010 3300
Llinell Ymholiadau Cymraeg 0845 010 4400
Correspondence.Mark.Drakeford @wales.gsi.gov.uk

Wedi'i argraffu ar bapur wedi'i ailgylchu (100%)
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I am copying this letter to Professor Merfyn Jones and Mrs Mary Burrows, Chair and Chief Executive of the BCUHB, respectively.

Yours sincerely

Mark Drakeford AC / AM
Y Gweinidog Iechyd a Gwasanaethau Cymdeithasol
Minister for Health and Social Services

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www.communityhealthcouncils.org.uk

Ref:GD/02b
Your ref: MB/MD/1713/13

16 April 2013

Professor Mark Drakeford AM
Minister for Health and Social Services
Welsh Government
Cardiff Bay
Cardiff
CF99 1NA

Dear Minister

Proposals for changes to health services in North Wales

Thank you for your letter of 12 April.

When the Board (BCUHB) published its report on the outcome of the Public Consultation in January this year, your predecessor gave the CHC six weeks in which to decide whether to make any formal objection to its proposals for changes in local services. You will be aware that we met with health board managers and clinicians on several occasions during the consultation process and we continued discussions with the health board during this period. Our experience was that while the Board said it was prepared to talk, there was little evidence of willingness to make amendments to their proposals or make any other changes which would satisfy our objections and concerns. Indeed, the Board began to implement its proposals immediately, even while we were in the process of preparing our referral, starting with community hospital closures.

Our referral was sent to your predecessor on 4 March. We were confident that we had carried out our duties conscientiously and in accord with the guidance in “Together for Health”. We believed that the Minister would recognise the urgency of our concerns about the effect on patients and local people and the risk to services, and would set up a scrutiny panel without delay.

Having carried out our duties to the best of our abilities and, I believe, complying with the requirements of the guidance your officials have provided, we are very dismayed that you have not set in motion the procedures for which you are responsible.

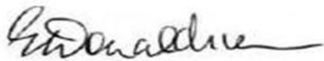
You refer to Geoff Lang’s letter of 4 April. It is a comprehensive position paper on our present objections and concerns, but gives us no prospect whatsoever of achieving any further

amendments or compromises which could alter our letter to you of 4 March. We will not be requesting a special meeting to discuss Mr Lang's letter, although, as usual, we shall take every opportunity to represent the interests of patients in every working group and consultative committee the Board may establish in the course of carrying out its proposals.

Please do not delay any longer. We share your keenness to remove public uncertainty on the future shape of NHS services. Further delay to the end of this month will mean that the Board will be over ten weeks into carrying out its proposals, regardless of any directions or requirements you may plan to make when you receive the recommendations of your scrutiny panel.

CHC members have fulfilled the responsibilities set out for them in both legislation and guidance. Please now demonstrate, without any further delay, that you will do the same.

Yours sincerely



Gordon Donaldson
Chair

cc Chair and Chief Executive, BCUHB

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www.communityhealthcouncils.org.uk

Ref:GD/02c
Your ref: MD/1883/13

8 May 2013

Professor Mark Drakeford AM
Minister for Health and Social Services
Welsh Government
Cardiff Bay
Cardiff
CF99 1NA

Dear Minister

Proposals for changes to health services in North Wales

Thank you for your response of 24 April.

Members are very keen to know about the procedure and timescale you will be following in reaching your determination on our referral and in providing the assurances sought on the serious reservations and concerns the CHC expressed on the BCUHB's proposals.

We are assuming that the guidance outlined by your predecessor Minister, "Together for Health - NHS Service Change Plans Referrals from Community Health Councils (CHCs)" issued in December 2012, particularly sections 9-14, will be the process followed and we would be interested in receiving confirmation of this, the timescale envisaged for reaching your determination and whether your officials will require any further evidence from the CHC to facilitate your decision.

Yours sincerely

Gordon Donaldson
Chair

Mark Drakeford AC / AM
Y Gweinidog Iechyd a Gwasanaethau Cymdeithasol
Minister for Health and Social Services

Llywodraeth Cymru
Welsh Government

Eich cyf/Your ref
Ein cyf/Our ref MB/MD/2240/13

Mr Gordon Donaldson
Chair
Betsi Cadwaladr Community Health Council
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Bangor LL57 4FH
Sue.Irlam@bcchc.org.uk

16 May 2013

Dear Mr Donaldson

PROPOSALS FOR CHANGES TO HEALTH SERVICES IN NORTH WALES REPORTED TO WELSH MINISTERS IN ACCORDANCE WITH THE COMMUNITY HEALTH COUNCILS (CONSTITUTION, MEMBERSHIP AND PROCEDURES) (WALES) REGULATIONS 2010

Thank you for your letter of 8 May about the process for dealing with your Council's referral of some aspects of the Betsi Cadwaladr University Health Board's service change proposals.

I propose to make a determination on the changes which the Council has stated it cannot support as set out in its letter dated 4 March:

Minor Injury Services – specifically in relation to those people living in Gwynedd;

X-ray Services – specifically the loss of x-ray services from Tywyn Hospital;

Older People's Mental Health Services – specifically in relation to those people living in rural Gwynedd.

As I explained in my letter of 24 April, I will base my decision on advice provided by my officials. Given the nature of the proposals referred, and the fact that the majority of the Health Board's proposals have been agreed by the CHC, I am not minded to convene a Scrutiny Panel to advise me on these matters. However, I may at some stage need to call

for an external independent expert opinion and I will advise you immediately if this proves necessary.

In the meantime, I would invite the Council to set out more fully the reasons it is not persuaded by the Health Board's arguments for the changes to the services in question. I would be grateful to receive this additional information as soon as possible but no later than Friday 24 May please. Officials will be writing separately to the Betsi Cadwaladr University Health Board offering a similar opportunity for further comment on the issues referred by the Council.

I do not intend to reconsider any matters which have been agreed between the Council and the Health Board. The concerns and serious reservations raised in your letter of 4 March would appear to relate primarily to the Health Board's proposed transitional arrangements and implementation timetable. These are matters properly for local agreement between the Council and the Health Board in accordance with the National Guidance for Engagement and Consultation on Changes to Health Services in Wales.

As with our previous correspondence, I am copying this letter to Merfyn Jones, Mary Burrows and Carol Lamyman Davies.

Yours sincerely

Mark Drakeford.

Mark Drakeford AC / AM
Y Gweinidog Iechyd a Gwasanaethau Cymdeithasol
Minister for Health and Social Services

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22nd May 2013

Your ref: MB/MD/2240/13

Mark Drakeford AM
Minister for Health and Social Services
Cardiff Bay
Cardiff
CF99 1NA

BY E-MAIL

Dear Minister

Proposals for changes to health services in North Wales

Thank you for your letter of the 16th May 2013.

In our letter of the 4th March 2013, we wrote to you setting out our response to the health board's proposals and our views were set out in three sections stating

- We believe that several of the proposals will benefit local people
- We cannot, however, support the health board's proposals for the minor injury, x-ray and older people's mental health service for people living in rural Gwynedd
- We wished to bring concerns about some of the proposals to your personal attention.

Your letter of the 16th May invites the CHC to set out more fully the reasons why it is not persuaded by the health boards arguments for the changes to the services in question. The health board decided on 18 January 2013 that it would make the following changes to services for Gwynedd residents:

- Close the x-ray department at Tywyn Hospital
- Reduce the opening hours for the minor injuries unit at Tywyn Hospital
- Close the x-ray and minor injuries services at Ffestiniog Memorial Hospital
- Reduce the opening hours for minor injuries service at Ysbyty Alltwen
- Reduce the opening hours for the minor injuries service at Ysbyty Bryn Beryl
- Reduce the number of x-ray sessions provided at Ysbyty Bryn Beryl

- Reduce the number of x-ray sessions provided at Ysbyty Eryri
- Close permanently the inpatient service for older people with a mental illness at Ysbyty Bryn Beryl and Dolgellau Hospital

We believe that these changes are not in the interest of people who use the services because

- They limit people's access to services to an unacceptable degree
- They do not take account of the needs of people living in rural areas
- Taken together, the proposals for change represent a significant reduction in the level of service provided to people living in rural Gwynedd.

What we mean by this 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 than previously to get to routine (and not specialist) 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. The board's plans make this more likely for people living in rural communities than others.

Our view about older people's mental health services is slightly different. The great majority of services can and should be provided at or near to people's homes. In-patient services should be reserved for urgently required care or specialist assessment, where that is necessary. However, it is not good enough to argue that better diagnosis and community based care will prevent breakdown and the need for inpatient care – when the service in Gwynedd (see below and by the health board's own admission) cannot yet provide an effective diagnostic and care service; and the only inpatient care is, for some communities as much as 60 or 70 miles away. The health board says that people have to travel to specialist centres for treatment all the time. This is not comparable to travelling to Gobowen or Manchester for tertiary services: the condition of the patient, their likely age, the growing number of older people who will need specialist mental health services all make this a very different proposition.

We have written at length about our objections to the proposals for x-ray services, minor injuries services and older people's mental health services in Gwynedd. Our views, and those of local people, are described in detail in our response to the health board's consultation document (28 November 2013), our supplementary response (9th January 2013) and our letter to you of 4th March 2013.

For ease of reference, we draw these together in the appendix 1. Appendices 2, 3, 4 and 5 provide full copies of all the documents submitted to your office by the CHC.

The papers we sent you and your officials included a number of other comments which are relevant to our objections. They include the following:

> 'During the consultation health board managers acknowledged that they need to do more work in several areas:

- providing services for people (patients and carers) living in rural areas and promoting better transport links
- thinking about the needs of carers
- making sure that people can reach services within a reasonable time.'

They have not done the work required to persuade the CHC that these issues have been resolved.

We also said:

> … the CHC is concerned that the health board's proposals represent an erosion of community-based services which runs against a national policy. The national policy says that community hospitals play an important part in making sure people have easy access to the care they need. It also means that people fear that many of the proposals are 'the thin end of the wedge'. Experience tells them that when some services close, others follow. And plans to move services from district to community hospitals start off well, but then fade and disappear. This is not just a matter of whether people trust the health board to develop services as it says it will. This is about maintaining people's confidence in local health services. If people have no confidence they may not seek help at the right time and when they do, the treatment may be less successful and more expensive.

Services at every one of the community hospitals in Gwynedd have been closed or reduced. Primary care services in Gwynedd are at the edge of their capacity. The health board does not have a plan for boosting primary care so that it can support its other strategies for 'care closer to home' and centralising acute and specialist services.

I am very concerned that members of our Gwynedd Local Committee report to me:

- we are angry that the concerns raised about services in Gwynedd are seen as not important enough for independent scrutiny
- we are disappointed and dismayed that the Minister takes over 2 months to reply to our formal objections – and places a five-day deadline on us
- we spent many unpaid hours putting together documents which contain all of our arguments – and the Minister clearly takes no account of them

You will understand my concerns, Minister, when I remind you that all CHC members are volunteers giving their time and energy for the benefit of the Health Service and its patients, and I fear that their perception is that their work has been disregarded or undervalued. I have thanked and congratulated our Gwynedd Committee on once again providing the CHC with their advice at short notice and I hope this will encourage them to continue their valuable work.

We believe we have made all reasonable efforts to provide information and arguments to support our view. As suggested in our letter of the 4th March, members and officers of the CHC are willing to meet with your advisers and we propose that

an early meeting be convened in either our Bangor or Wrexham office in order that you are fully apprised in reaching your final decision.

Yours sincerely

Gordon Donaldson
Chair, North Wales Community Health Council

Cc Professor Merfyn Jones, Chair, Betsi Cadwaladr University Health Board
Mary Burrows, Chief Executive, Betsi Cadwaladr University Health Board
Carol Lamyman- Davies, Director, Board of Community Health Councils in Wales

Yr Adran Iechyd a Gwasanaethau Cymdeithasol
Department for Health and Social Services

Llywodraeth Cymru
Welsh Government

Date: 05 June 2013

Mr Gordon Donaldson
Chair
Betsi Cadwaladr Community Health Council
11 Chestnut Court
Ffordd y Parc
Parc Menai
Bangor Gwynedd LL57 4FH

admin@bcchc.org.uk

Dear Mr Donaldson

Proposals for changes to health services in North Wales

I refer to your letter of 22 May to the Minister of Health and Social Services, about your referral of some elements of Betsi Cadwaladr University Health Board's proposals for changes to NHS services in the North Wales area.

The Minister agrees that it would be helpful for officials to meet with the Council in order to gain a better understanding of your concerns for these services. He has also asked officials to arrange a similar meeting with the Health Board.

I have recently joined the Department to support the Minister with the Reconfiguration Plans and myself and my colleague, Carl Eley, will be available to visit the Council at your Bangor Office on either Tuesday (11 June) or Wednesday (12 June) next week if that would be convenient. My assistant, Sue Gibbons, will be in touch with you shortly to confirm arrangements.

I hope this will be convenient and we look forward to meeting you.

Yours sincerely

Frances Duffy
Director

Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board

Mr M Drakeford
Minister for Health & Social Services
National Assembly for Wales
Cardiff Bay
Cardiff
CF99 1NA

Ein cyf / Our ref: NB/sld

☎: Geoff Lang – 01248 384910
Gordon Donaldson – 01248 679284

Dyddiad / Date: 13th June 2013

Dear Minister,

PROPOSALS FOR CHANGES TO HEALTH SERVICES IN NORTH WALES

Following constructive meetings with your officers this week, the Health Board and the Community Health Council believe that there is a way forward to resolve the matters that the CHC had referred to you with respect to the above.

We have agreed to meet within the next two weeks and hope to be in a position to write to you following our meeting.

We are copying this letter to Merfyn Jones (Chair, BCUHB), Pat Billingham (Chief Officer, CHC), Cathy O'Sullivan (Acting Director, Board of CHCs in Wales) but making no public comment before the conclusion of our discussion.

Yours sincerely,

MR GEOFF LANG
ACTING CHIEF EXECUTIVE
BETSI CADWALADR UNIVERSITY HEALTH BOARD

MR GORDON DONALDSON
CHAIR
NORTH WALES COMMUNITY HEALTH COUNCIL

c.c. Mr Merfyn Jones, Chair – BCULHB
Mrs Pat Billingham, Chief Officer – BCCHC
Mrs Cathy O'Sullivan, Acting Director – Board of CHC's in Wales

Mark Drakeford AC / AM
Y Gweinidog Iechyd a Gwasanaethau Cymdeithasol
Minister for Health and Social Services

Llywodraeth Cymru
Welsh Government

Eich cyf/Your ref NB/sld
Ein cyf/Our ref MD/01307/13

Mr Geoff Lang & Mr Gordon
Donaldson

Suzanne.Didcote@wales.nhs.uk

21 June 2013

Dear Mr Lang and Mr Donaldson

Proposals for changes to health services in North Wales

Thank you for your joint letter of 13 June, advising you are working together to resolve the matters which the CHC had previously referred to me for determination.

I am very pleased to hear of the progress being made and that my officials have proved helpful in this respect. I note you intend to meet again within the next two weeks.

I shall not progress my determination of those matters which the CHC has previously referred to me and will instead look forward to receiving your report of your meeting in due course.

As with your letter, I am copying this response to Merfyn Jones, Pat Billingham and Cathy O'Sullivan.

Yours sincerely

Mark Drakeford

Mark Drakeford AC / AM
Y Gweinidog Iechyd a Gwasanaethau Cymdeithasol
Minister for Health and Social Services

Bae Caerdydd • Cardiff Bay
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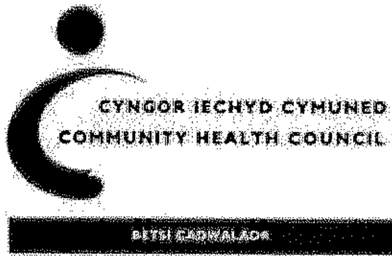


GIG CYMRU
NHS WALES

Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board

Professor Mark Drakeford AM
Minister for Health and Social Services
Welsh government
Cardiff Bay
CARDIFF
CF99 1NA

3 July 2013

Dear Minister

PROPOSALS FOR CHANGES TO HEALTH SERVICES IN NORTH WALES

We are writing on behalf of the North Wales Community Health Council (also known as the Betsi Cadwaladr CHC ('CHC') and Betsi Cadwaladr University Health Board ('the Health Board') concerning proposals for changes to health services.

On 4 March this year the CHC wrote to you to set out its formal response to the Health Board's proposals. The CHC's views were given under three areas within the response:

- aspects of the proposals which the CHC supported
- aspects of the proposals which the CHC could not support
- some additional concerns which the CHC had in relation to the proposals

In your response to the above, you confirmed that, informed by your advisers, you would review those aspects which the CHC could not support, i.e. the Health Board's proposals for the minor injury, x-ray and older people's mental health services for people living in Gwynedd The CHC said that people, particularly in South Gwynedd, will not have access to the same level of service as other people living in North Wales and that the Health Board's proposals could not meet the standards for access which the CHC expects of good quality services.

In the interim the CHC and the Health Board have continued to work together on our shared approach to the proposals, as is required by the Guidance for Engagement and Consultation on Changes to Health Services. In addition, we were pleased to have the opportunity to discuss the matters with your advisers.

On 24 June, representatives of the Executive Committee of the CHC met with officers of the Health Board to seek to confirm a locally agreed position on the proposals. This letter sets out the position which has been reached regarding the CHCs outstanding concerns relating to the Health Board's proposals. This agreement has been formally supported by the Executive Committee of the CHC and the Health Board.

Minor Injury Service in South Gwynedd

The CHC was concerned about plans to reduce the opening hours for the Minor Injury Unit at Tywyn Hospital. There was particular concern about access to minor injury services, plans for providing minor injury services from general practice and the cover afforded by GPs in the out of hours period. We have reviewed the activity data for the Minor Injury service since the change of hours to 10 am to 6 pm on weekdays, and extending to include weekends from April to September. We noted that there has been little demand for the evening period, whereas there has been a demonstrable level of demand during the new period covered from 10.00 am to 12.00 midday. Whilst the changes have been in place for a relatively short period, it appears that the community is adapting to the new hours of service.

We believe that the major concern lies in ensuring that there is adequate and effective response from the GP out of hours service to support minor injuries and illnesses. We note that the Health Board is developing the role of the Advanced Nurse Practitioner in this area, but that this will take some time to implement. We also note that improvements in communication and response are anticipated should the planned business case for redevelopment of the hospital and associated co-location of the GP practice be confirmed.

We are agreed therefore that the revised hours for the Minor Injury service should continue, but that together we will monitor and review the demand for the service over a longer period and discuss any amendments that might be needed through the Service Planning Committee. In monitoring the revised hours of this service the CHC need to be satisfied that the health board has plans for implementing and communicating its proposals which would mean that people can be confident they will get the minor injuries services they need from GP surgeries, the out of hours service and their community hospitals.

X-ray Service

We noted that the X-ray service has continued to be provided at Tywyn Hospital whilst there have been ongoing discussions about the proposals for change.

We acknowledged that the Health Board had already made some concessions on X-ray services across North Wales. However, we agreed that there remain significant concerns about the travel required for the population of Tywyn and surrounding areas should the X-ray service move to Machynlleth or Dolgellau as envisaged. The Heath Board has also acknowledged the strength of feeling of the local community and the perception that the future of a wider range of services provided from the hospital in Tywyn is not secure.

The CHC acknowledged that the difficulties in staffing the service, which were instrumental in the original consideration of the changes, are still material and present a challenge to the Health Board.

We reached agreement that the X-ray service at Tywyn Hospital should continue to be provided there for two sessions a week as now. The Health Board agreed to explore with neighbouring Health Boards the potential for the service to be staffed by their radiology teams rather than BCU HB radiology staff, to reduce the potential for disruption arising from staffing difficulties. The Health Board is therefore withdrawing its proposal to end the X-ray service at Tywyn.

Older People's Mental Health

We acknowledged that an implementation group has been established and an action plan developed for the establishment of alternative services in the community to mitigate the impact of the closure of the beds at Uned Hafan (Bryn Beryl, Pwllheli) and Uned Meirion (Dolgellau). The implementation group includes representatives from the Health Board, CHC and other stakeholders.

We agreed that this action plan should be agreed, monitored and challenged through the existing mechanism of the Service Planning Committee between the CHC and the Health Board, to ensure that the CHC has assurance that the plans are being delivered and that people's needs will be met. We agreed that there should be clear targets for achieving progress and timescales for reporting to the Service Planning Committee. (We agreed that the progress should be reported in September 2013 and December 2013 and thereafter on a 6 monthly basis, unless otherwise required).

We also agreed that there must be good communication with the local community on the progress of the action plan. We noted that communication with stakeholders is a key part of the implementation group's work. Nevertheless we agreed that it would be beneficial to produce an update on progress for sharing more widely within the local community following each milestone report to the Service Planning Committee.

Conclusion

On the basis of the above having been agreed in respect of each of the areas that the CHC previously said they could not support, the CHC is now able to confirm that the Health Board has considered the objections raised and modified the original proposals to meet these objections, in accordance with section 55 of the Guidance for Engagement and Consultation on Changes to Health Services. The CHC is content that we have reached a local resolution which is acceptable, subject to the outcome of the agreed monitoring and review processes identified above being satisfactory.

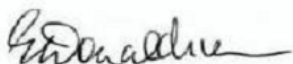
We would wish to note further that the Health Board recognises the need to continue to work together on the areas on which the CHC had expressed serious reservations, and other concerns. In Gwynedd in particular, the CHC is concerned that the health board's proposals rely on additional capacity in primary care services and it is proving difficult to recruit new GPs to North Wales practices. It is important therefore that the Health Board places additional priority on ensuring adequate capacity in services when implementing plans for moving care closer to where people live in these localities. Whilst these matters

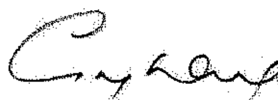
do not necessitate formal agreement of a local resolution at this stage, it is important that these matters are worked through, so that the CHC can say that there is appropriate assurance in place.

Finally, we note that discussions with your advisers drew attention to the need for closer consideration of and improvement to transport infrastructure in the rural areas of North Wales and in south Gwynedd in particular. Both the CHC and the Health Board welcome the concerns about rural transport expressed by your advisers and would ask Welsh Government to continue to give attention to ways of improving transport in general for these areas.

We hope that this joint letter gives sufficient assurance to you that we have made progress on the areas of concern previously raised. We would be happy to provide any further information as needed.

Yours sincerely





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Chair
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Geoff Lang
Acting Chief Executive
BCU Health Board

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cc Mr David Sissling, Director General/ Chief Executive NHS Wales
Mrs Cathy O' Sullivan, Acting Director, Board of CHCs in Wales
Ms Frances Duffy, Director, Health & Transport (Service Reconfiguration)

Extract from Draft Minutes of the Executive Committee Meeting North Wales Community Health Council, Council Chamber, CHC Offices, Cefn Road, Wrexham, LL13 9NH, Tuesday 2 July 2013, 10.00am

Present:

Chair	Mr Gordon Donaldson	
Vice Chair	Mrs Pearl Roberts	
Acting Chief Officer	Mr Dylan Murphy	
Chief Officer Designate	Mr Geoff Ryall-Harvey	
Local Committees:	**Chairs**	**Vice-Chairs**
Conwy	Mrs Nerys Cossey	Dr Garth Higginbotham
Denbighshire		Miss Christine Evans
Flintshire	Mr Russell Jones	
Gwynedd	Mrs Vera Wilson	
Wrexham	Mrs Jackie Allen	
Ynys Môn	Mr Mark Thornton	Mrs Denise Harris Edwards
In Attendance:	Mrs Chris Jones – Deputy Chief Officer Mrs Carol Williams – Deputy Chief Officer Ms Sue Irlam - Business Manager,	
Apologies:	Mr David Cooper, Mrs Roma Goffett, Mrs Rita Jones, Ms Hilary Scott	

	Other Business
	The agenda was varied at this stage to allow discussion around the Joint Report of the Healthcare Inspectorate Wales and the Wales Audit Office regarding governance arrangements at the Betsi Cadwaladr University Health Board. Members received the report, the CHC press statement and the draft action plan prepared by the CHC following the publication of the joint report. The following points were noted: • The action plan details the concerns raised, CHC comments and proposed actions • The CHC had not been made aware of the report in advance of its publication • The joint report noted a restructuring of the organisation was underway and a turn-around plan was in operation though not all health board members were aware of this. • The joint report was not concerned with the recent public consultation as regards Healthcare in North Wales is Changing nor the way the CHC conducted itself throughout the consultation • The joint report is critical of the governance arrangements of the health board; the CHC has no remit to challenge or influence the structure of the health board • The draft action plan proposes how the CHC will respond to the report • It was noted that the CHC will embark on a publicity campaign to remind the general public about the role of the CHC and improve the public perception of

	the CHC. This would also facilitate a better understanding of the work of the CHC and the distinction between it and HIW • Work will also be undertaken in the area of infection control measures and complaints advocacy. • The CHC should be known as the North Wales CHC, which should reinforce its independence from the health board. • Noting the previous good relationship with the health board, it is the intention to make this relationship more formal with more emphasis on written communication • The Board of CHCs has received some communication following the publication of the report which suggests that the CHC could have challenged more effectively the health board on various matters. The Acting Director of the Board is responding as appropriate and an invitation will be extended to meet with the Chief Officer. • It was felt the failings of the health board demonstrated a lack of joint working across the health board. • It was felt that the Independent members of the health board and the CHC would benefit from closer working with one another; previous attempts to contact the independent members had been unsuccessful • It was noted that the role of the CHC during the consultation process differed from the public perception. The CHC was required to operate within strict guidelines and was not able to act as a mouthpiece for all those who had concerns about service changes. • It was agreed that any contacts with the various 'health pressure groups' would need to be consistent as all were members of the North Wales Health Alliance. Thanks were noted to the Chief Officer for the timely production of the action plan. **Resolved:** **That the action plan would be amended prior to it being circulated to the Executive Committee.** **That the members of the Executive Committee would pass any comments as regards the action plan to the Chief Officer** **That the action plan would be circulated to the wider membership once all changes and comments had been incorporated.**

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8th July 2013

Geoff Lang
Acting Chief Executive
Betsi Cadwaladr University Health Board

Dear Mr Lang

Reporting of Healthcare Associated Infections
(including MRSA & Clostridium Difficile)

I would like to take this opportunity to introduce myself; I am the new Chief Officer for the North Wales Community Health Council. I was formerly the Chief Officer of Chester & Ellesmere Port CHC and I have provided host support to their successors, Patient Forums and, most recently, Healthwatch.

In the light of the Joint Review of Governance Arrangements at Betsi Cadwaladr University Health Board undertaken by Healthcare Inspectorate Wales and the Wales Audit Office I am looking at how the CHC monitors the quality of infection control practice in North Wales hospitals.

The Health Board has, in the past, provided the CHC with copies of its Quality and Safety reports which include key indicators for C. Difficile and S. Aureus. However, I cannot see that the CHC has been included in the more immediate reporting of the Outbreak Control Group or that the CHC is involved with the on-going monitoring of the quality of infection control practice at Glan Clwyd, Ysbyty Gwynedd or any other of the Board's hospitals.

I have some experience of involving CHC and Patients' Forum members in monitoring infection control practice. I ran a national campaign for the Commission for Patient & Public Involvement in Health which surveyed all 168 English Acute Hospitals on a single day and produced a detailed report highlighting best practice. The North Wales CHC Visiting & Monitoring Group intend to undertake this survey in hospitals across North Wales over the coming weeks.

I attach for your information a copy of the survey form. It was created with the involvement of Infection Control professionals at national level and was designed to be used by volunteers. It has been used by over 1000 volunteers in 168 hospitals and has produced consistent results. The survey is focused on simple observations and questions associated with good hygiene practice. A poor result does not show that C. Difficile or MRSA is present but it does indicate that infection control practice could be improved and levels of risk reduced.

I would very much value your support for the CHC undertaking this project. One of our most important functions is to listen to the concerns of the public and patients and to take appropriate action. We find that the issue of hospital acquired infection causes a great deal of concern and fear. The CHC is anxious to help the Board identify ways in which to improve performance and reduce healthcare associated infection.

In the meantime, I would be grateful if you could;

- arrange for the CHC to receive the Outbreak Control Group reports directly
- advise me promptly by email of outbreaks and associated ward closures as they happen
- advise me immediately by email of any untoward events associated with healthcare acquired infection.
- consider how the CHC can be kept informed of the activities of QSLOG
- nominate and Independent member to work closely with the CHC's Visiting & Monitoring Group on its survey of infection control practice.

Yours sincerely

Geoff Ryall-Harvey
Prif Swyddog / Chief Officer

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8th July 2013

Geoff Lang
Acting Chief Executive
Betsi Cadwaladr University Health Board

Dear Mr Lang

FLINT PRIMARY CARE RESOURCE CENTRE PROJECT BOARD – 3RD JULY 2013

I met with Cllr Ian Roberts, Cllr Rev Brian Harvey and Mr Mike Evans on Friday 5th July and they expressed a range of concerns about the quality of information presented by your staff at the meeting of the Flint Primary Care Resource Centre Project Board on 3rd July.

Specifically, these concerns relate to the presentation of a document populated with information that appeared to have been simply cut and pasted from the Llangollen 'risk register'. The Health Board has a duty to make decisions about the provision of Healthcare in Flintshire based on the specific needs of the local population and this cannot be regarded as acceptable practice.

I understand that that one of Flint's GP practices has fairly recently acquired new premises and that this is held on a long lease. This makes it unlikely that this practice would move into the new premises. Given that a major part of the Health Board's original case for the Primary Care Resource Centre was based on centralising the town's three practices, there must now be concerns about the viability of the plan.

You will be aware of concerns expressed by Flintshire County Councillors and the Action Group that Betsi Cadwaladr University Health Board have inappropriately linked the closure of Flint Hospital and the opening of the Primary Care Resource Centre, so you will not be surprised to hear that they now feel that an apparently

compromised case for the Primary Care Resource Centre must naturally lead to a review of the closure of Flint Hospital.

Cllr Roberts has also informed me that the Health Board team made some claims about progress in relation to planning permission for the Primary Care Resource Centre which are not supportable. Cllr Roberts assures me that a site for Primary Care Resource Centre has not yet been identified on the Flint Town Centre Redevelopment Plan and that this may prove problematical at this late stage in the process.

It is my experience that any NHS organisation working through contentious changes to provision of healthcare must be meticulous in the robustness of the evidence they present to sceptical local community leaders. Sadly, this does not seem to have been the case on 3rd July. I should be grateful for your comments on this matter.

Yours sincerely,

Geoff Ryall-Harvey
Prif Swyddog / Chief Officer

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8th July 2013

Geoff Lang
Acting Chief Executive
Betsi Cadwaladr University Health Board

Dear Mr Lang

JOINT PRESS RELEASES

I write to inform you that, as from today, any joint press releases, on any issue, must be cleared through my office and permission granted in writing. I will liaise with the North Wales CHC Chair and any relevant CHC officer regarding clearance.

Until further notice there can be no presumption that the CHC would wish to be involved in any form of joint announcement or publication or, indeed, be referred to directly in any BC UHB document without that reference having been cleared through my office.

With regard to the joint letter to Prof Mark Drakeford, the CHC will be preparing its own press release on the agreement and its implications. We will provide BC UHB with a copy before it is released so that it might be checked for accuracy. We would expect a reciprocal arrangement.

Thank you for your cooperation in this matter.

Yours sincerely,

G.A. Ryall-Harvey

Geoff Ryall-Harvey
Prif Swyddog / Chief Officer

CYNGOR IECHYD CYMUNED GOGLEDD CYMRU / NORTH WALES COMMUNITY HEALTH COUNCIL

REVIEW OF HEALTH INSPECTORATE WALES AND WELSH AUDIT OFFICE REPORT ON BETSI CADWALADR UNIVERSITY HEALTH BOARD

ACTION PLAN

PAGE	PARA Nº	SUMMARY	PROPOSED ACTION
6	1	Previous Health Inspectorate Wales/Wales Audit Office reviews have raised concerns about the Betsi Cadwaladr University Health Board	The North Wales Community Health Council (CHC) will seek agreement from Health Inspectorate Wales that it will, in future, engage the CHC before and during reviews of Betsi Cadwaladr University Health Board as the CHC believes it can provide valuable intelligence from its hospital visits and inspections and from public and patient engagement.
9	13	Various independent reviews over the past 12 months have raised concerns about governance and leadership	The North Wales CHC will seek an assurance from Health Inspectorate Wales & Wales Audit Office that they will, in future, inform the CHC of any serious concerns about the Health Board which may affect its ability to deliver high quality, resilient, safe services.
9	15	Concerns about reporting arrangements for C.Diff outbreaks and related deaths.	The North Wales CHC is extremely concerned about the Health Board's actions in relation to the C.Difficile outbreaks at Glan Clwyd. In response, we will the monitor the Health Board's performance more closely (*See Page 4 – Ref 18|52 of this document*). We will also undertake a major survey to gauge the quality of infection control practice at all North Wales hospitals. The North Wales CHC will invite Independent Members of the Health Board to become involved in its Visiting & Monitoring programme to help the Health Board close the gap between "Ward and Board".

PAGE	PARA Nº	SUMMARY	PROPOSED ACTION
10	21	The Health Board need to press on with the implementation of "*Healthcare in North Wales is Changing*".	The North Wales CHC will continue to monitor the progress of Betsi Cadwaladr University Health Board towards implementation of its proposals for changes to some health services in North Wales -- paying particular attention to the issues raised by the CHC with the Minister for Health & Social Services in our letters of 4th March and 22nd May 2013. We will monitor the implementation of the service changes against the Helath Board's planned schedule and formally raise concerns around any slippage with the Betsi Cadwaladr University Health Board Chair & Chief Executive.
12	25 &26	Effectiveness of the Health Board and Sub-Committees	The North Wales CHC will offer continuing support to Independent Members of the Health Board and will formalise the relationship between the North Wales Community Health Council Chair / Betsi Cadwaladr University Health Board Chair and Chief Officer / Chief Executive. We will request that representatives of the North Wales Community Health Council attend all appropriate Health Board meetings as observers with speaking rights. We will raise any future concerns about the operation of meetings in writing with the Health Board Chair and Chief Executive and we will monitor progress towards resolving the issues identified.
14	32	Concerns about insufficient pace of change. Problems with providing the Health Board with papers in a timely fashion to aid decision making.	The North Wales CHC will continue to monitor the pace of change as part of the agreement we have brokered with the Minister. The North Wales CHC will monitor the implementation of the service changes against the planned schedule and formally raise concerns around any slippage with the Betsi Cadwaladr University Health Board Chair & Chief Executive.

PAGE	PARA Nº	SUMMARY	PROPOSED ACTION
15	35	Appointment of Hospital Site Managers not implemented effectively.	The North Wales CHC will, in future, request role descriptions and person specifications for all major new appointments. The CHC's Visiting and Monitoring Group has requested meetings with all of the Hospital Site Managers so the North Wales Community Health Council better understands their role and remit and how it will improve governance, accountability and patient safety. We will ensure that the Site Managers develop an understanding of the role of the Community Health Council in monitoring local services by a process of briefings and regular communication
15	39	Betsi Cadwaladr University Health Board had major financial challenges.	The North Wales CHC will seek Wales Audit Office advice on the robustness of Betsi Cadwaladr University Health Board financial plans when they are published.
16	41	Executive Management Team Issues	It is difficult for the CHC to assess the effectiveness of relationships within the Health Board team. We will, in future, raise any concerns about dysfunctional Health Board level relationships with the Minister.
17	44	C. Difficile Outbreak	We will seek involvement in the report being prepared by Prof. Duerden. We have not received a request to contribute to the report at this time. We have written to the Health Board informing them that we will undertake a major survey to gauge the quality of infection control practice at all North Wales hospitals. The survey has been prepared and will be commenced before 30th September 2013.

Page	Para Nº	Summary	Proposed Action
18	52	Operation of the Quality & Safety Committee	The North Wales Community Health Council has written to the Acting Chief Executive of the Health Board requesting that; - the North Wales Community Health Council receive the Outbreak Control Group reports directly - the Health Board advise the North Wales Community Health Council promptly by telephone to the Chief Officer (*followed up in writing*) of outbreaks and associated ward closures as they happen - the Health Board advise the North Wales Community Health Council immediately by email of any untoward events associated with healthcare acquired infection. - the Health Board consider how the North Wales Community Health Council can be kept informed of the activities of the Health Board's Quality & Safety Leads Operational Group (QSLOG) - the Health Board nominate an Independent Member to work closely with the North Wales Community Health Council's Visiting & Monitoring Group on its survey of infection control practice.
19	60	Delay in approving 2012/13 Draft Financial Plan.	The North Wales CHC will keep Betsi Cadwaladr University Health Board financial plans under review and raise concerns where we believe that the financial position is adversely affecting the health board's ability to deliver high quality, safe, sustainable services.
19	61	Breach of Standing Financial Instructions	The North Wales CHC will seek an assurance that the Welsh Audit Office will inform the North Wales Community Health Council immediately if it discovers that the Health Board is failing to comply with Standing Financial Instructions. We believe that a failure to comply with such basic good practice is an indication of a failing organisation.
20	63	Savings made by delaying treatment	The North Wales CHC will monitor the effect of savings on waiting times by a statistical "before and after" comparison using data we will request from the Health Board. The CHC will report directly to the Minister whenever it believes that the Health Board are using this strategy.

Page	Para Nº	Summary	Proposed Action
21	66 & 67	Delay in implementing turnaround plan.	The North Wales CHC will write to the Minister, the Health Inspectorate Wales and the Wales Audit Office requesting that in future the North Wales Community Health Council should be closely involved in the Review process when the local Health Board is failing the public and patients to the extent that an urgent turnaround plan is judged necessary
22	72	The Health Board is in a difficult financial position, requiring urgent change to move to a more stable position.	The North Wales CHC will continue to monitor the pace of change as part of the agreement we have brokered with the Minister. The North Wales CHC will seek more openness around Betsi Cadwaladr University Health Board finances and fitness for purpose. The North Wales CHC will scrutinise the proposals for acute clinical service change and assess whether the financial plans support the interests of people who use health services and the health service. In order for us to say this, the financial plans must be clear and comprehensive, match service plans and take account of any risks.
23	78	Progress in developing and implementing strategic planning and change is slow.	The North Wales CHC will continue to monitor the pace of change as part of the agreement we have brokered with the Minister. The North Wales CHC will continue to contribute to the debate around the review of acute clinical services; scrutinise Betsi Cadwaladr University Health Board's engagement and consultation arrangements; and scrutinise Betsi Cadwaladr University Health Board's proposals following the public consultation.
24	79 - 83	Health Board culture, operation and support.	The North Wales CHC intends to reach out to Independent Members and strengthen links with the Health Board. We believe that greater Independent Member involvement with the North Wales Community Health Council could help remove the "Board to Ward" gap.

PAGE	PARA Nº	SUMMARY	PROPOSED ACTION
25	85 & on	Recommendations to improve the effectiveness of the Health Board and capacity of Independent Members.	The North Wales CHC will foster greater co-operation between the Health Board and the North Wales Community Health Council. We will seek co-option of North Wales Community Health Council representation on all Health Board groups and sub-committees, as observers with speaking rights, in order to promote the role of the North Wales Community Health Council as “Critical Friend”. We will seek involvement of the North Wales Community Health Council in the induction and continuing training of Independent Members. We also believe that Health Board staff induction training should raise awareness of the CHC’s role. We have prepared a concise presentation that we are happy to share with the Health Board.

Geoff Ryall-Harvey
Prif Swyddog / Chief Officer
Cyngor Iechyd Cymuned Gogledd Cymru / North Wales Community Health Council
Draft 2 - 09/07/2013 10:39