

# BRIDGEND COUNTY BOROUGH COUNCIL

## REPORT TO COUNCIL

3 JULY 2013

### REPORT OF THE CORPORATE DIRECTOR - WELLBEING

#### NHS SOUTH WALES PROGRAMME CONSULTATION

#### **1. Purpose of Report.**

1.1 The NHS is consulting on changes to four key hospital services across South Wales. Abertawe Bro Morgannwg University Health Board (ABMU) carried an engagement exercise on possible options last year and Bridgend County Borough Council discussed those options on 12 December 2012 and the Leader responded to that engagement exercise on behalf of the Council. The deadline for responses to the consultation exercise is 19 July 2013. This report outlines the main changes, and their potential impact on services in Bridgend.

#### **2. Connection to Corporate Improvement Plan/Other Corporate Priority.**

2.1 This report links to the Single Integrated Plan priority of working to ensure people in Bridgend are healthier.

#### **3. Background.**

3.1 The NHS in Wales is facing huge challenges and clinicians across South Wales are agreed that the health service needs to make major changes so in future our healthcare services are safe, reliable and high quality. Information on why change is becoming urgent was set out in 'Why your local NHS needs to change' published in May this year.

3.2 The NHS's South Wales Programme was initiated by the Minister for Health and Social Services and has considered the future of consultant-led maternity services, neonatal care, inpatient children's service and emergency medicine (A&E) at hospitals in South Wales, serving five local health boards. These services comprise some of the most complex, specialist parts of the health system and the consensus view across the medical profession is that the status quo is not sustainable and does not deliver the right quality of care to the people of South Wales. The most acute emergency services (ie 'tier 1' or trauma services) will be concentrated between UHW and Morriston. While the majority of patients are not directly affected by how these services are delivered and will continue to receive treatment in the community or nearby, there will be knock on consequences for other services, and the changes will impact on the most severely ill and their families. A key factor within the South Wales programme is the future of services delivered from the Princess of Wales hospital in Bridgend (PoW).

## **4. Current Situation/Proposal**

4.1 Following an extensive clinician-led exercise working across South Wales to identify service pressures and solutions, public engagement from September to December last year, Community Health Councils have developed and refined a services of options for formal consultation (details can be found at <http://www.wales.nhs.uk/SWP/home>) and a further series of public meetings are currently underway. ABMU's 'Changing for the Better' engagement went beyond the acute services under consideration in the South Wales programme, setting out plans to bring services closer to people in their communities and own homes. There is much to welcome in these proposals, and they closely align with the council's priorities of young lives, strong communities and healthy living. As these aspects of 'Changing for the Better' were found to be uncontentious, AMBU is working to implement them.

4.2 Across the four health boards working together on the South Wales Programme, 300 senior clinicians have developed a series of recommendations:

### **Women in pregnancy and childbirth**

- The number of clinician-led obstetrics units in South Wales should reduce so units can meet appropriate training standards; that health rationale means a unit should have around 6000 babies delivered there each year
- Community midwifery and all antenatal and postnatal care should be provided as close to patients' communities as possible
- Low risk births can safely be supported at home or in midwifery-led units

### **Neonatal (newborn) and paediatric (children's) services**

There should be

- only be 2 or 3 specialist neonatal units
- one tertiary paediatric centre and one children's intensive care unit, in Cardiff
- between 2 and 5 consultant-led paediatric units

### **Emergency medicine**

- major A&E sites need specialist services operating 24/7 on the same site
- there should be fewer major A&E sites, between 3 and 6
- major trauma should be treated in either just Cardiff or Cardiff and Swansea

4.3 These services interact, so, taken together, these clinician recommendations mean that the South Wales programme is looking to concentrate high-end acute services into fewer, regional centres. Based on the scale of services in place, recent and planned investment and geographic spread this means that three of these regional centres are already fixed: Cardiff, Swansea and Gwent. Therefore, in addition, there needs to be either one or two hospitals in addition to be regional centres. These one or two will be chosen out of Prince Charles Hospital (Merthyr Tydfil), Royal Glamorgan Hospital (Llantrisant) and PoW. Six options were considered in last year's engagement exercise. Following feedback in that engagement, and assessing all of the options in terms of: impact on health, sustainability of services; equality and access; and finance, the two lowest scoring options were dropped from consideration, these were:

- UHW, Morriston, SCCC plus Princess of Wales Hospital
- UHW, Morriston, SCCC plus Princess of Wales and Royal Glamorgan

The remaining four options are presented for formal consultation are:

- **Option 1** UHW, Morriston, SCCC plus Prince Charles Hospital
- **Option 2** UHW, Morriston, SCCC plus Royal Glamorgan Hospital
- **Option 3** UHW, Morriston, SCCC plus Prince Charles and Princess of Wales
- **Option 4** UHW, Morriston, SCCC plus Prince Charles and Royal Glamorgan

The South Wales Programme's analysis of these options has concluded that while each of these four options could be made to be viable they differ in terms of impact on quality and sustainability, equality and access, and cost. The consultation document goes on to present option 3 as the 'Best Fit'

4.4 There are two main scenarios presented as far as the Princess of Wales hospital (PoW) is concerned:

- Services are enhanced and PoW serves a wider population, not just for Bridgend but for parts of Neath Port Talbot, Rhondda Cynon Taff and the Vale of Glamorgan as well (option 3)
- In options 1,2, or 4, some specialist services would be provided elsewhere eg Swansea and the Royal Glamorgan. For most people, the health services they access would be as close, or closer, to their communities as at present. The majority of PoW services would continue, including
  - Paediatric assessment
  - Midwife-led unit for low-risk births
  - Outpatient facilities
  - Diagnostics and scanning
  - Planned operations
  - Local accident centre/ major injuries

4.5 The council's interests are for the growing population of Bridgend to have the highest quality healthcare provision possible, but also want those services to be easily accessible nearby. Members have expressed concern about the distance patients and their relatives will have to travel for specialist acute services if the PoW is not a regional centre, this would be particularly difficult for some of the most vulnerable people in the north of the county reliant on public transport.

4.6 Geographically, in a 5 centre model, the PoW, is the most centrally located of the three hospitals, under consideration for regional provision and has the best transport links to the majority of people it would serve. Modelled travel times across South Wales under each of the options being considered for consultation show that if PoW were not to be a regional centre the travel times analysed would significantly increase to over 60 minutes for the coastal areas of the County, and the Llynfi valley. This would mean that many older people in the Porthcawl area, and residents of Maesteg and other parts of the valley, both groups of people often with limited access to private transport, would be significantly disadvantaged in terms of access to specialist acute services. Eg a woman in Caerau with a non-straightforward pregnancy would be likely to have significant transport difficulties in reaching a consultant-led unit to have her baby.

## **5. Effect upon Policy Framework and Procedure Rules**

5.1 There is no impact on the Policy Framework and Procedure Rules.

## **6. Equality Impact Assessments**

6.1 This report is for information. The NHS has carried out an equality impact as part of their preparation for this consultation.

## **7. Financial Implications**

7.1 None.

## **8. Recommendation**

8.1 Members will wish to consider responding to the South Wales programme consultation, and Council may choose to respond as a whole.

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## **Background documents**

Why your NHS needs to change (ABMU May 2012)  
Changing for the Better (ABMU October 2012)