



# Cyngor Gwledig

## LLANELLI

### Rural Council

*Clerc i'r Cyngor*  
**Mark Galbraith** A.C.I.S.  
*Clerk to the Council*

Adeiladau Vauxhall, Vauxhall, Llanelli, Sir Gaerfyrddin, SA15 3BD  
 Vauxhall Buildings, Vauxhall, Llanelli, Carmarthenshire, SA15 3BD  
 Ffôn / Tel.: (01554) 774103 Ffacs / Fax: (01554) 779250  
 E.bost / E.mail: enquiries@llanelli-rural.gov.uk

*Fy nghyf:* C/DJ/C17  
*My ref:*

*Eich cyfeirnod:* CS/CH01/180406.1  
*Your ref:*

*Gofynnwch am:*  
*Please ask for:*

19 May 2006

Mr A Brace  
 Chief Executive  
 Carmarthenshire Local Health Board  
 Unit 5, Parc Dafen  
 Heol Cropin  
 Llanelli  
 SA14 8QW

Dear Alan

#### **DESIGNED TO DELIVER: SHAPING OF ACUTE HOSPITALS IN MID & WEST WALES**

Following on from the Council's response to the review of general surgical services in Carmarthenshire, I am now able to respond to the regional review on behalf of the Council as follows:

1. Rather unsurprisingly, the Council cannot except any of the options put forward in the consultation document in so far as they affect the future of Prince Philip Hospital and the services it provides.
2. The Council appreciates the regional context and the requirements of the Welsh Assembly Government to carry out the review. To a large extent we agree that there are many advantages in linking hospitals together into networks so that they can make the best use of skills, expertise and resources across several sites, and the principle is generally welcomed.
3. In general terms the merger of NHS organisations, will no doubt streamline management and administration and will inevitably produce cost savings. On the other hand, it will ultimately lead to decisions being taken centrally with the decision makers being be far more remote and out of touch with the needs and aspirations of local communities. Streamlining will also mean diluted local representation on the new body,



Mae Cyngor Gwledig Llanelli yn croesawu gohebiaeth yn Gymraeg neu yn Saesneg  
 Llanelli Rural Council welcomes correspondence in Welsh or English

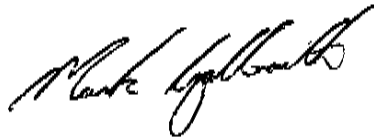


ultimately leading to local people having less of a say in issues affecting the local agenda.

4. We agree that hospitals should be linked by telemedicine and greater use of Information Technology should be encouraged. We also believe that Prince Philip Hospital should have its own air lifting facilities to improve accessibility. Under review proposals the potential exists to return some maternity and midwife services to the hospital and this is welcomed.
5. The Council supports the notion of creating centres of excellence which develop and support specialist skills, but there must be a fine balance between the idea and the expectancy on people to travel further afield for specialist care. The effect of extended travel to receive care would be profound for people living in rural areas. Looking at Llanelli's context and the levels of deprivation which exist: people in these areas may lose out and receive the poorest access to essential services, because they may end up having to travel to Carmarthen or Swansea.
6. The Council is disappointed that Prince Philip Hospital has been classified as a Local General Hospital under the review proposals and we find it difficult to accept the size of catchment areas defined in the report that a District General Hospital would be expected to serve. The size of catchment areas has been drawn from the English model which is primarily based on large conurbations with populations to match. With the exception of Cardiff and perhaps Swansea to a lesser extent, Wales has different characteristics; it is mainly rural and has a much smaller population in comparison to the English counties. This should be reflected in the regional model when defining catchment area sizes.
7. We note that 24 hour A&E departments and emergency surgery is excluded from the services portfolio of Local General Hospitals. Which is a fait accompli as far as the future of Prince Philip Hospital is concerned – this is unacceptable. A campaign was fought to reinstate A&E services on a 24/7 basis and the residents of Llanelli and District will not accept the loss of this service.
8. Given that Prince Philip Hospital serves a catchment area of 110,000 people and is located in an urban area with heavy industry, the hospital should be reclassified as a Linked-District General Hospital (L-DGH) at the very least. All essential services must be retained at the hospital including emergency surgery.
9. The Council has serious concerns over funding mechanisms for Acute Services and no costings have been provided in the report. The long term sustainability of hospital services in Wales is a worrying dilemma and the cost of change will place an increasing debt burden on the health service. Looking at the local scene as an example, the huge financial deficit of Carmarthenshire NHS Trust isn't going to go away because the Trust may be subsumed into a single organisation covering the whole of Dyfed.
10. The Council understands the need for a regional review. However, we have to focus on how this will impact upon local services. To that extent the Council cannot allow the

regional context to have a knock on effect on local services and what this may mean for the future of Prince Philip Hospital. The Council agrees with the philosophy that patients should access services at the nearest point appropriate to their needs. The nearest point appropriate to the needs of the people of Llanelli and District is Prince Philip Hospital.

Yours sincerely

A handwritten signature in black ink, appearing to read "Mark Llewellyn". The signature is fluid and cursive, written over a few lines.

Clerk to the Council