

21 November, 2013.

LLANELLI RURAL COUNCIL

Minute Nos: 306 – 309

At a **SPECIAL COUNCIL** Meeting of the Llanelli Rural Council held at the Council Chamber, Vauxhall Buildings, Vauxhall, Llanelli, on Thursday, 21 November, 2013, at 6.00 p.m.

Present: Cllr. T. J. Jones (Chairman)

Cllrs.

F. Akhtar	T .Devichand
L. A. Beer	G. N. R. Edwards
T. Bowen	H. J. Evans
L. J. Butler	R. E. Evans
D. M. Cundy	S. N. Lewis
M. V. Davies	A. G. Morgan
S. L. Davies	C. A. Rees
A. J. Rogers	

306. APOLOGIES FOR ABSENCE

Apologies for absence were received from Cllrs. S. M. Donoghue, M. L. Evans and W. V. Thomas.

307. MEMBERS' DECLARATIONS OF INTEREST

No declarations of interest were made.

308. SUSPENSION OF STANDING ORDERS

The Chairman announced in order to engage in full debate, it would be necessary to suspend Standing Orders in part. This was necessary to lift restrictions on time limits for making points, asking questions and generally speaking on issues and it was

RESOLVED that Standing Orders 12.2, 12.3, 12.4, 12.5 and 12.6 be suspended.

309. YOUR HEALTH YOUR FUTURE – PRINCE PHILIP HOSPITAL

Further to Minute No. 288, the Chairman welcomed Assembly Members, Keith Davies, Rebecca Evans, William Powell, Simon Thomas and Joyce Watson to the meeting to discuss the following points:

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- The decision made by the Health Minister, Welsh Government, that Prince Philip Hospital (PPH) should have an Emergency Nurse Practitioner (ENP) service supported by GP's and as recommended by the Scrutiny Panel in its report – “On proposed service change proposals at PPH”.
- The impact the decision had over the Petition Committee's deliberations at the National Assembly for Wales, in hearing the petition to reinstate full Accident and Emergency Services at the hospital.
- The impact the decision had over the capacity of the Welsh Ambulance Service NHS Trust (WAST); inevitably more patients would be transferred to other hospitals.
- What avenues of redress would be available to the general public to challenge the Health Minister's decision via the National Assembly for Wales or Welsh Government going forward and how best could the five Assembly Members assist in this regard in putting forward any representations on behalf of Llanelli residents.
- Hywel Dda Health Board's (LHB) decision to suspend all elective orthopaedic surgery for six months raised widespread concern; it placed doubt over plans to make PPH a centre of excellence for orthopaedic surgery and whether there was a genuine desire to deliver on this promise. In the short term it raised concern over the effective use of resources with beds and staff resources not being fully utilised with patient waiting lists being compounded. In the longer term the concern was ultimately that no operations would be performed at the hospital leading to the further downgrading of hospital services. The local perception was the LHB was being led by its escalating debt burden and not by its promise to deliver better patient outcomes.

(1) THE HEALTH MINISTER'S EMERGENCY CARE MODEL

Having opened the proceedings, the Chairman invited the Clerk to highlight a number of inaccuracies in the Scrutiny Panel's Report on the Proposed A&E Service Change Proposals at PPH, for the benefit of the Assembly Members. The Clerk replied stating the Health Minister's decision was based upon the following inaccuracies:

Point 2, 'Safety and benefits of the ENP + GP model'

The eighth bullet point stated the proposed model was similar to the service provided at Singleton Hospital. This was not true; Singleton had a doctor/GP led service supported by ENPs not an ENP led service supported by GPs as the report advocated.

Point 3, 'Safety and benefits of the ENP model'

After the fifth bullet point the comment in italic font was wrong; it contradicted itself.

Under the Technical Documents section, Context and Rationale, the third sentence was incorrect. The Community Health Council (CHC) had advocated a doctor/GP led model and not a nurse led service. The CHC had recently confirmed this.

Under the section 'Results of the consultation process'

The third bullet point inaccurately stated the CHC's main counter proposal was the Emergency Department should be replaced with an Urgent Care Centre that would have 24 hour GP support. This was wrong; the CHC advocated that doctors/GPs should be leading the service.

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Under the section ‘Developments subsequent to the consultation,’ third bullet point – the penultimate sentence was wrong, as previously stated the model in Singleton was GP + ENP not ENP + GP.

The fourth bullet point – the report identified a full impact analysis was not complete on these two models. Why not? Despite this, no direction had been given to the CHC from the Minister nor had any statement been made in the Senedd to say this was required.

Under the section ‘Issues specific to PPH made by CHC members,’

The second bullet point was wrong – this was a repeated theme, hence the belief the Scrutiny Panel had mixed this up.

The seventh bullet point stated PPH should continue to provide a doctor led service, proving the point the CHC advocated a doctor led service and not ENP led as stated earlier in the report. Furthermore, the eighth bullet point – the CHC had been assured that any solution would be clinically led; despite this assurance the model was now to be ENP led.

The eleventh bullet point stated the panel was careful to clarify the CHC agreed the model of care that had been suggested. The CHC confirmed an Urgent Care Centre with ENPs and GPs working together. This should read GPs leading ENPs.

Under ‘Conclusions’

Point 1, second bullet point. The ENP model (LHB’s preference) would probably provide less effective and less accessible healthcare with more patients being transferred to other services. However, the LHB had maintained all along the model would make no difference to the service, with service remaining similar to the current emergency care model; clearly this was not the case. The LHB had misled the public during the consultation stage.

Under point 3, first bullet point, the commissioners (the LHB) had overestimated the confidence of the ENPs to handle some conditions without medical support; this was very worrying.

The second bullet point was also a concern; it stated the number of ENPs trained/in training was currently not sufficient to run a 24/7 service.

The third bullet point stated GPs with experience of Emergency Departments would have to grow.

Point 5 stated any proposed model for care delivery must be clinically led; i.e. by doctors.

Point 10 – the impact assessment and modelling of patient flow was a work in progress. This should have been done prior to recommending the model of care.

Having covered the inaccuracies, the Clerk with the consent of the Chairman, called upon the Leader of Council to address the Assembly Members with some further points of clarification and issues. The Leader thanked the Assembly Members for attending and proceeded to put the following points to them:

According to the CHC, no directions or guidance had been issued to it by the Health Minister on how to go about implementing the model. It was told to sort it out with the LHB.

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The Minister's recommendation had been made on the advice of one panel representative with a background in Emergency Care – Dr Jim Wardrope. Who is to say he was right and why wasn't there more than one panel member with expertise in A&E advising the Minister over such an important issue? Another expert could have provided a second opinion?

The Minister's decision was based on an entirely new option that had not been subjected to any form of scrutiny. Furthermore, members of the public had been denied an opportunity of commenting on its merits/demerits. It did not form part of the LHB's original consultation plans: this was unfair and undemocratic.

The Minister's decision had not been subjected to any form of scrutiny at the National Assembly other than in the Senedd in September when he made his announcement. This was unfair and undemocratic. Assembly Members had also been denied the opportunity to scrutinise the decision. This was wrong!

Questions were put to the Minister during the plenary session when the decision was announced. Unfortunately, the debate ran out of time during the session. The Council felt a number of important points were made by Assembly Members but were not fully answered or simply avoided by the Minister during the debate. If no further mechanism existed to scrutinise the decision, the Council was of the opinion this was undemocratic, unfair and wrong. Therefore, did Assembly Members agree with the Council's views and if so, what could be done about the present situation?

In reply Keith Davies, thanked Members for the opportunity of attending the meeting and addressed Members. With permission of Cllr. T. Devichand (the Chair of Llanelli Constituency Labour Party - CLP), he read out correspondence which he had received of today's date from the Health Minister to the CLP which read as follows:

“Thank you for your letter following our meeting in Llanelli on 21 October. I was very grateful for the opportunity to meet with you and to listen to your concerns about health services in the Hywel Dda Health Board area, particularly at Prince Philip Hospital.

Dealing with the specific points you raise in your letter:

1. The Local Emergency Department at Prince Philip Hospital will be clinically led by doctors and delivered in conjunction with emergency nurse practitioners. Patients attending the unit should have direct access to a medical opinion when required and I'm clear that responsibility for clinical leadership in such circumstances should rest with the General Practitioners or Consultants as appropriate. Modern health care depends on clinical teams working together, combining the very real skills and abilities of both nurses and doctors, so that both make a distinctive contribution to best outcomes for patients. I am advised that the planning is based on the existing flow of patients although there might be a slight reduction in the numbers of patients seen if any quality or safety issues are identified. This means that more than 95% of patients will continue to be treated at the Unit.

2. Hywel Dda Health Board has established a clear process led by clinicians working in Prince Philip Hospital to be followed prior to implementing service change. I will be kept informed of progress and officials will ensure the model of care remains consistent with my decision detailed in my speech to the Senedd on the matter in September.

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3. Hywel Dda Health Board will be providing update reports as part of their plan to communicate development to the Llanelli population. I note the Llanelli Star are running a series of 6 helpful and informative articles on elements of clinically led workstreams service in their recent issues.

4. I am keen that people should be able to access the health services that they need at the times that they need them and that people can access key sites and services in a more sustainable way. This is why the Welsh Government is working closely with our partners in the Local Health Board, SWWITCH Regional Transport Consortia, Carmarthen Council and bus operators to identify a range of affordable solutions that will ensure that people can continue to access the services that they need.

I hope you find this reply helpful”.

Members welcomed the news and were pleased that the voices of the people living in Llanelli had been listened to. However, Cllr. Devichand highlighted the point made in the letter about public transport arrangements; this was a concern stating the Health Minister promised to look at this.

The Chairman then invited the other Assembly Members to comment on the content of the letter.

Joyce Watson stated every party had been consistent and united and it was pleasing the Minister had listened to us. This statement put to bed the uncertainty, conjecture and misinformation surrounding the model of emergency care to be provided; the clarification was welcomed.

Rebecca Evans welcomed the clarification and remarked upon the comment made earlier in the meeting about one A&E expert being involved; her understanding of the situation was that all A&E practitioners were involved in the plans to develop the emergency care model advocated for PPH.

William Powell, Chairman of the Petitions Committee, thanked Members for the invitation to attend the meeting and said the letter was welcome news. It was a source of reassurance because there had not been a positive response from the Hywel Dda Health Board as far as the Petitions Committee's dealings with it were concerned particular when seeking information from it and in response to various questions posed.

The Committee had decided to write to the LHB one final time copying in the Minister stating it absolutely required answers to the points raised with the LHB over the A&E service. He felt the LHB had failed to demonstrate any respect for the work being undertaken by the Petitions Committee. In light of the news heard this evening the Committee would be writing to the Health Minister seeking clarification.

Mr Powell referred to forthcoming meetings of the Petitions Committee on 26 November and 10 December, 2013, and requested the critique of the Scrutiny Panel's report prepared by the Clerk be sent to him electronically along with the other papers circulated during the meeting. The information would be used to inform its deliberations and in order to take matters forward. Mr Powell thanked the Council and commented it was good there was cross party support for PPH.

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Simon Thomas stated there was a great deal of difference between a GP/doctor led emergency service supported by ENP's compared to the service being ENP led. The news announced by Keith Davies, was different so if there had been a change in policy from the Minister then this was welcomed. Mr Thomas commented that he had undertaken research on the ENP led model and discovered there were a number of conditions and ailments which weren't treatable by ENP's, meaning the patient would need to be transferred elsewhere. The list which he read out was fairly extensive. Clearly such a model with its limitations wouldn't work for Llanelli and that's why he opposed it. He informed Members he would be seeking clarification from the LHB and Minister on this policy shift and would be asking them lots of questions. He sincerely hoped it was a policy shift because under the previous ENP led model 80% of A&E issues couldn't be dealt with in Llanelli. It was important to seek as much information as possible by asking questions. He agreed with Mr Powell that communications with the LHB was poor; assurances from it that it could deliver the model was still required.

Keith Davies then went on to state that he had attended a meeting recently in Burry Port with the CHC where the Vice Chairman, LHB was in attendance. When questioned about the suspending of orthopaedic surgery at PPH for six months the Vice Chairman claimed not to know anything about it. Mr Davies commented the LHB was a shambles.

Mr Davies referred to two press releases issued by the LHB about orthopaedics and winter planning. One of the releases had been tabled with tonight's agenda papers; whereas the other release which he referred to encouraged AMs who had complaints over the orthopaedic service and elective surgery, that they should contact the Chief Executive, LHB over their concerns. He then noted an example of a patient who had a hip problem since 2009 and was now scheduled to have a hip replacement in the summer of 2014 all the while the person had suffered a great deal of pain over a period of five years; this was unacceptable.

During the general discussion that followed Members welcomed the letter as well as the contributions from the Assembly Members. Debate then focussed on the status of the Minister's letter to the CLP and whether it was in the public domain. By way of response Mrs Evans stated the correspondence was formal, it was not an internal private document. In support of this, Mr Davies commented that the Medical Officer for Wales had seen this letter before it was finalised. Members reiterated the letter provided good news but there was no guarantee over the substance of the letter until the LHB delivered the solution the people of Llanelli sought. Members enquired whether the LHB would take notice of the letter. Mr Davies stated he was a resident of Llanelli and wanted a doctor led service. The LHB had to listen to the Health Minister, the issue had been discussed before the Welsh Government. Mr Powell in support of his earlier request for information from the Council asked whether he could also be provided with a copy of the Minister's letter so it could be released to the Petitions Committee as it would inform its next actions. He continued the LHB would be under no illusions we were fighting them. Indeed, the devil was in the detail but the LHB needed to deliver the detail. Mr Thomas commented the Health Minister was an honourable man he had worked with him for over 20 years; he made a commitment to put this in place so there were no issues from that standpoint. However, there needed to be a formal process in the Senedd to produce an official statement; it was crucial that the LHB was made to comply. The LHB would be required to describe the service and the timescale for its implementation; a commitment had to be put in place with the LHB's planning and delivery arrangements. Mr Thomas in indirect reference to the LHB's planning and delivery referred to the legislative provisions of the NHS finance Bill : in future all Health Board's would be required to budget plan over a three year period instead of annually as was the present case. Many Health Boards

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would respond positively to this change whereas others would probably not cope so well and would find it a huge challenge to produce a three year plan detailing costings and arrangements. In concluding the discussion on this agenda item, Mrs Watson said the letter was indeed good news and they (the Assembly Members) would look to force through an official statement in the Assembly. Finally, the importance of the role of the CHC was underlined and this would continue to be the case with its future interactions with the Health Minister and the LHB. Members remarked and paid tribute to Mr Tony Wales the CHC Chairman and this was echoed by the Assembly Members. Members felt the Council should formally write to the CHC acknowledging its appreciation for the work undertaken by it but particularly by the Chairman, Mr Wales, often under very difficult circumstances.

(2) THE IMPACT ON THE PETITIONS COMMITTEE

Members referred to the second agenda item whereby two questions had been prepared for Mr Powell in his capacity as Chairman of the Petitions Committee.

The questions listed below were annotated as originally presented on the agenda and based upon the previous recommendation that the emergency service at PPH was to be ENP led. Clearly they would need to be modified to reflect the service now being a doctor led service as specified in the Minister's letter read out by Mr Davies earlier. The questions posed to Mr Powell were:

- (i)** The Petitions Committee had yet to formally conclude its deliberations on the petition raised to save the A&E service. Given Mr Drakeford's decision statement made at the Senedd recently about the hospital's A&E service could you in your capacity as Chairman of the Petitions Committee confirm what will now happen to the petition please in light of that decision? For the avoidance of doubt, does the Minister's decision have an impact on future Committee deliberations concerning the hearing of the petition through to any likely outcome or decision that the committee might wish to make? Indeed, does the Minister's decision have the effect of making the petition redundant or somewhat academic?
- (ii)** Still focussing on the Minister's decision over the status of the A&E service going forward, what scrutiny arrangements existed at the National Assembly to examine how the Minister arrived at his decision please? The Council had discussed the Scrutiny Panel's report at a meeting held in October. This report guided the Minister in arriving at his decision. However, on the face of the report findings the Council was not convinced it provided sufficient detailed arguments as to how it arrived at its recommendation for the A&E service at PPH. If further scrutiny of a Ministerial decision was unlikely because procedure did not permit this within the framework for dealing with the CHC referral then is it within the remit of the Petitions Committee to scrutinise the decision if, for example, a new petition was raised by the public to give effect to this?

In response to these questions, Mr Powell stated he would clearly need to seek legal advice and because of the prevailing circumstances surrounding the Minister's letter. However, he went on to state the petition was still live; he didn't believe the consideration of the petition was academic nor did he feel the petition was redundant. He referred to the very helpful critique prepared for this evening's meeting and repeated he would use the information to help inform the Petitions Committee's future deliberations and most certainly at the meeting scheduled for

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10 December, 2013. Clearly sufficient time needed to be allocated for a full discussion of the new information and also the details provided by the Council. There had been a vast amount of support for the petition; the Committee would be in a stronger position if it had sight of the correspondence and the Minister's letter ahead of the meeting to be held in December.

Members stated the support in Llanelli for the petition was incredible, they stated the service model now being advocated was the bottom line in terms of what was acceptable and it was important to continue actions; safety was a major concern.

Members commented they had faith in the Health Minister and Assembly Members but not in the LHB. Could the Health Minister deliver on his word? What would happen if the LHB stated it did not have the funding to deliver. In response Rebecca Evans stated the Health Minister would not ask the LHB to deliver a service without giving it the necessary resources. Members queried the lack of accountability of senior LHB officials and wondered how they were still in employment; the Council had no confidence in the LHB Management team.

In closing discussion on the agenda item Mr Thomas and Mr Davies made reference to the Judicial Review proceedings being brought against the LHB and the Health Minister. The announcement that the emergency service model at PPH would now be doctor led was likely to have a bearing on how proceedings would be taken forward.

(3) THE IMPACT ON THE WELSH AMBULANCE SERVICE

Prior to discussing the impact the reconfiguration of the A&E Service had over the capacity of WAST; the Clerk, to help facilitate discussion, referred to a recent patient case where the patient had suffered a bad experience because of failings with the current level two type A&E service configuration. Inevitably the ENP model of care would lead to more intra hospital transfers from PPH to other hospitals, exacerbating the situation.

The Clerk commented the identity of the individual in the following example would remain confidential and proceeded to read out the patient case whereby a member of the public had to be transferred by another family member back and fore between PPH and Glangwili Hospital using their own transport:

“At 11.30 am an ambulance was called as the patient was disorientated and unable to stand, suffering from severe pain in the right hand side of the head and was shaking on the right side of the body; the family thought the patient was having a stroke.

A First Responder attended within 10 minutes of the call, an ambulance attended from Whitland about 20 minutes after the First Responder. The ambulance crew informed the family that only one 999 emergency ambulance was covering Llanelli on that day.

The patient was admitted to PPH at 12.30 pm and was seen by a junior doctor. The patient was still shaking on the right side of the body and suffering severe pain on the right side of the head and was unable to stand. A stroke was ruled out, but the patient needed to be seen by a Ear, Nose and Throat (ENT) consultant. There was no ENT consultant in PPH so the patient needed to be transferred to Glangwili. There was no ambulance available. The family was asked if they could transport the patient to Glangwili in their own transport. The patient was unable to stand up at this point, so medication was given for the pain, nausea and dizziness. At

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approximately 3.00 pm, one hour after the medication was administered the patient was helped into a wheelchair by a nurse and a porter wheeled the person to their car for the family to transport the patient to Glangwili.

The patient suffered severe pain and dizziness in the car on the way to Glangwili and was taken to A&E and subsequently transported by wheelchair to a ward to be seen by the ENT consultant.

The patient was seen by the ENT consultant who concluded the patient had to be admitted to hospital and be seen by a medical consultant. No medical beds were available at Glangwili but contact had been made with PPH and a bed was available for the patient. The family was told that if they could transport the patient back to Llanelli, the patient would be admitted straight onto a ward.

Again the family transported the patient in their car and arrived back at PPH at approximately 5.30 pm. Contrary to information given by staff in Glangwili, the patient was made to wait in the A&E waiting room in a wheelchair for 45 minutes before being readmitted to an A&E cubicle. The patient was still suffering from severe pain and unable to walk. The patient was seen by various doctors and admitted onto a ward at 11.30 pm the same night; six hours after arriving back at PPH and 11 hours after being originally admitted to A&E.

Both the patient and the family thought this was a very frightening situation that had been made much worse by being expected to transport the patient between hospitals. What if something serious had happened to the patient during the journey or the driver had become distracted by the distress the patient was in. At the time the family just did as they were asked but looking back they concluded they would not do the same again.

However, on a more positive note both the patient and family had nothing but praise for the first class treatment the patient received once admitted to a ward on PPH”.

Mrs Watson commented that this type of incident should not happen. She stated she had been consistent about her stance over accessibility to services and living in a rural area. People needed ambulance transportation and other forms of public transport to support the service especially when patients were being discharged from hospital late at night and in the early hours of the morning. This type of incident should not be tolerated. Different solutions were needed and the Welsh Emergency Medical Service had been charged to deliver those transport solutions in the different forms needed. Mrs Watson referred to the wasted resource of ambulances not being used where they were really needed; she referred to ambulances being used for appointments rather than strictly for emergencies. In the long term this put more pressure on the service and on A&E services in Wales. The pressure on the ambulance service needed to be reduced, there had been huge investments but also there were still on-going issues that needed to be resolved; cases such as the one referred to by the Clerk were happening all too often. Mrs Watson referred to the eight minute response performance indicator target, this needed to be looked at again in light of the current circumstances. A fast emergency response time was essential but for non-emergencies a different arrangement was needed. The system needed to be completely reorganised and reviewed. The review needed to look at what people required so the right vehicles were available for the right people in an emergency. Mrs Watson referred to the First Responder service, this could provide limited emergency care in the appropriate setting, so everything needed to be looked at including A&E.

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Mr Powell supported Mrs Watson's comments but added the impact of the lack of out of hours GP appointments compounded the problem and brought its own pressure on the ambulance service and on A&E. A graded more realistic approach was necessary to assess how the ambulance service should be used. Staff morale had suffered as a result of the escalating pressures on the service. Mr Powell then had to leave the meeting.

Members referred to examples of people being stranded down in Glangwili. Families on benefits simply couldn't afford to pay a £60 taxi fair if having to return to Llanelli from Carmarthen in the early hours of the morning. Access and egress from hospitals was a major concern and this would only get worse under an ENP led emergency care model; more patients would be transferred and treated at other hospitals. Members didn't believe the voluntary driver scheme for transporting patients back and fore from hospital for non emergency appointments was currently in place in Carmarthenshire. This needed to be addressed.

Mrs Watson responded further and stated the ambulance service could not refuse to take people. She suggested that perhaps some people were discharged during the early hours because they should not have gone to hospital in the first place. For example people under the influence of drugs and or alcohol. She was aware of repeat callers who on weekends called out ambulances because they were intoxicated. It was essential therefore to develop criteria so the ambulance service dealt with priority health care emergencies.

Members commented the situation wasn't helped because there weren't enough ambulances available; the case example read out to the meeting was ridiculous and should never have happened. Assembly Members were informed the Council had repeatedly sent invitations to WAST to attend a Council meeting to discuss the impact the plans to reconfigure health care services had on its service, but WAST had repeatedly ignored or declined previous invitations.

The ambulance service was using First Responders to help meet its performance targets and people didn't feel safe. Given the pressures now faced by Paramedics many were leaving Wales following their University training; this was a concern. Members requested the support of the Assembly Members to get the ambulance service to attend a future Council meeting to discuss the various points of concern.

Mr Thomas responded by stating he was disappointed that the ambulance service refused to meet with the Council and suggested the Clerk contact all five Assembly Members to help facilitate a future meeting. They would ask WAST to attend a meeting because after all it was a publicly accountable body. Mr Thomas added he supported what the Health Minister was currently doing in this area particularly separating patient transport from the emergency service. He referred to the patient case example and said the importance of developing the use of telemedicine hopefully would help mitigate against this happening again in the future. He stated when the patient was readmitted to PPH, the patient should have been treated as a direct admission on to a ward. Generally speaking, he also felt Wales needed a proper resourced Air Ambulance Service. The current service was limited because it couldn't work properly at night or in bad weather. The service also needed more helicopters. Members concurred with this and earlier comments made about the out of hours service. GP surgeries not being open compounded the problem with people then self presenting at hospitals.

Mrs Evans offered to take up the case example if required but this would need the individual to approach them before matters could be taken forward. In support of Mr Thomas' remarks about telemedicine, she added that £150 million was being invested in telemedicine next year.

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Members felt there was no dialogue between the LHB and WAST; they simply didn't engage. They were of the opinion that the ambulance service would be left to sort out the transport arrangements in order to comply with the emergency service model now being advocated.

(4) AVENUES OF REDRESS TO CHALLENGE THE MINISTER

Assembly Members were asked what avenues of redress might be available to the general public to challenge the Health Minister's decision and how they could personally help in this regard. By way of response and given the circumstances surrounding the Minister's latest announcement that the emergency service at PPH would be doctor led, it was suggested by Mr Thomas that it would be more appropriate now to scrutinise the decision as opposed to challenging it, given the policy change : Members concurred.

(5) ELECTIVE ORTHOPAEDIC SURGERY

Members sought Assembly Members' views on the LHB's decision to suspend all elective orthopaedic surgery for six months, only for it then to do an apparent U turn. Concern was expressed about what this revealed about the planning of the LHB both in the short and longer term. Ultimately, Members felt this could lead to no operations being performed at PPH leading to the further downgrading of hospital services. The local perception was the LHB was being led by its escalating debt burden and not by its promise to deliver better patient outcomes.

Mr Davies referred to his earlier remarks about the LHB's stance over orthopaedics and stated the people of Llanelli had no confidence in the LHB. Mr Thomas in support of the Health Minister stated the Minister wasn't made aware of the situation by the LHB, it simply hadn't told the Minister about its plans. Mr Thomas concurred with the Council, the decision had more to do with its debt burden and wondered how the LHB could justify its position. The decision was certainly more about money rather than to do with winter planning and the development of contingency plans.

In concluding the debate, Members commented that all the agenda items were linked. They stated they trusted the Health Minister and the Assembly Members but questioned how much trust did the Minister have in the LHB. Members were naturally frustrated on how all matters had evolved and wanted the Minister to scrutinise the LHB as far as possible with the LHB being instructed what to do. In response to this Mrs Evans stated it was the role of the CHC to scrutinise the LHB but suggested the Council wrote to the Minister in order to pursue these concerns with the Chairman and Chief Executive of the LHB, and offered her assistance in this regard. This offer was appreciated and accepted by Members.

The Chairman thereupon thanked the Assembly Members for attending the meeting and the Council unanimously moved a vote of no confidence in Hywel Dda Health Board, and it was

RESOLVED that:

1. A letter be sent to the Health Minister, Welsh Government highlighting the concerns and issues raised during the meeting, also requesting whether a copy of the letter which Mr Keith Davies read out to the meeting could be released to the Council for its information.

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Furthermore, the Health Minister be informed of the Council's unanimous vote of no confidence in Hywel Dda Health Board.

2. A similar letter be sent to the Chief Executive, Hywel Dda Health Board informing of today's meeting and the Council's vote of no confidence in the Health Board. The letter shall seek clarification about the points raised about the A&E service in light of the Health Minister's announcement that Prince Philip Hospital is to have a doctor led service. Furthermore, a request be made for a Health Board representative to attend a future Council meeting to discuss orthopaedics more fully (to which Minute No. 288 also refers).

3. A further invitation be extended to the Welsh Ambulance Service NHS Trust to attend a future Council meeting in light of Assembly Members offer to help facilitate such a meeting.

4. A letter of support and thanks be sent to the Hywel Dda Community Health Council (CHC) over its role and involvement in the health care reconfiguration plans thus far, specifically referring to the role played by Mr Tony Wales, CHC Chairman,

5. In support of Mr Williams Powell's request to receive an electronic version of the agenda papers and background documents circulated at today's meeting, copies be emailed to him in his capacity as Chairman of the Petitions Committee, National Assembly for Wales in order to aid the Committee's deliberations regarding the hearing of the petition raised for the reinstatement of the A&E service at Prince Philip Hospital and in readiness for its scheduled meeting to be held on 10 December, 2013.

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The Meeting concluded at 7.45 p.m.

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The afore-mentioned Minutes were declared to be a true record of the proceedings and signed by the Chairman presiding thereat and were, on 10 December, 2013, adopted by the Council.