

17 May, 2006.

LLANELLI RURAL COUNCIL

Minute Nos: 43 - 46

At a Meeting of the **POLICY AND RESOURCES COMMITTEE** of the Llanelli Rural Council held at the Conference Room, Vauxhall Buildings, Vauxhall, Llanelli, on Wednesday, 17 May, 2006, at 4.45 p.m.

Present: Cllr. C. Edwards (Chairman)

Cllrs.

T. D. Bowen	R. E. Evans
S. M. Caiach	M. Howells
T. Devichand	M. P. Jones
G. H. Wooldridge	

Apologies: Cllrs. M. B. Hughes, T. J. Jones, A. S. Peters (Cllr. R. E. Evans deputising).

43. DECLARATION OF INTEREST

Cllr. T. Devichand declared an interest in Minute No. 45 as she was Vice Chairman of the Carmarthenshire Health, Social Care and Well-Being Committee and a member of the Community Health Council.

44. APPOINTMENT OF HUMAN RESOURCES SUB-COMMITTEE

RESOLVED that a Sub-Committee, comprising of the Chairman and Vice Chairman of Committee, Chairman of Council, Leader and Cllrs. M. Howells and G. H. Wooldridge, be appointed.

45. DESIGNED TO DELIVER: SHAPING OF ACUTE HOSPITALS IN MID AND WEST WALES

Cllr. T. Devichand declared an interest in the following item as she was Vice Chairman of the Carmarthenshire Health, Social Care and Well-Being Committee and a member of the Community Health Council.

Members were circulated with the above consultation document received from the Chief Executive, Carmarthenshire Local Health Board.

During the ensuing lengthy discussion, Members did not accept the options put forward which affected the future of Prince Philip Hospital and the services it provided. The regional context and the requirements of the Welsh Assembly Government to carry out the review

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were appreciated and Members agreed, to a large extent, that there were many advantages in linking hospitals together into networks so that the best use of skills, expertise and resources across several sites could be made, the principle of which was generally welcomed and it was felt, in general, that the merger of NHS organisations would streamline management and administration and would inevitably produce cost savings. However, ultimately this could lead to decisions being taken centrally, with the decision makers being far more remote and out of touch with the needs and aspirations of local communities. Streamlining would also mean diluted local representation on the new body, ultimately leading to local people having less of a say in issues affecting the local agenda.

It was agreed that hospitals should be linked by telemedicine and a greater use of Information Technology was encouraged. Members also believed that Prince Philip Hospital should have its own air lifting facilities to improve accessibility. Under review proposals, the potential existed to return some maternity and midwifery services to the hospital and this was welcomed.

Support was given to the notion of creating centres of excellence which developed and supported specialist skills, however, Members referred to the fine balance required between the idea and the expectancy for 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. Concern was raised that people living in the most deprived areas of Llanelli could lose out and receive the poorest access to essential services as they may have to travel to Carmarthen or Swansea.

Members voiced their disappointment that Prince Philip Hospital had been classified as a Local General Hospital under the review proposals and found 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 had been drawn from the English model which was primarily based on large conurbations with populations to match. With the exception of Cardiff and perhaps Swansea to a lesser extent, Wales had different characteristics; it was mainly rural and had a much smaller population in comparison to the English counties. It was felt that this should be reflected in the regional model when defining catchment area sizes.

It was noted that 24 hour A&E departments and emergency surgery was excluded from the services portfolio of Local General Hospitals and Members felt that this was a fait accompli as far as the future of Prince Philip Hospital was concerned which was found unacceptable. Reference was made of the campaign fought to reinstate A&E services on a 24/7 basis and to the fact that residents of Llanelli and district would not accept the loss of this service.

Given that Prince Philip Hospital served a catchment area of 110,000 people and was located in an urban area with heavy industry, Members stated that the hospital should be reclassified as a Linked-District General Hospital (L-DGH) at the very least and that all essential services be retained at the hospital, including emergency surgery.

Serious concerns were raised regarding the funding mechanisms for Acute Services and to the fact that no costings had been provided within the report. The long term sustainability of hospital services in Wales was a worrying dilemma and the cost of change would place an increasing debt burden on the health service and particular reference was made to the huge financial deficit of Carmarthenshire NHS Trust.

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Members referred to the impact of the regional review upon local services and what it would mean for the future of Prince Philip Hospital. It was agreed to the philosophy that patients should have access to the nearest point most appropriate to their needs, with this being Prince Philip Hospital for the people of Llanelli and its district.

RESOLVED that

- (1) Members' views, comments and concerns be forwarded to the Chief Executive, Local Health Board Carmarthenshire; and that
- (2) a campaign be orchestrated with immediate effect, against the reconfiguration of services by the Local Health Board at Prince Philip Hospital by canvassing public opinion and gathering petitions for signatures with the aid of campaign material i.e. a banner and the like.

46. STAFFING MATTERS

RESOLVED that the report of the Deputy Clerk (Training) be received and adopted.

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The Meeting concluded at 5.30 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 13 June, 2006, adopted by the Council.