

Response from Andy Williams, Chief Executive of Powys LHB to concerns raised by Ann Lloyd, Chief Executive NHS Wales regarding the Board's meeting of 27th September, 2006

5th December 2006

Mrs A Lloyd,  
Head, Department for Health & Social Services  
Chief Executive,  
NHS Wales,  
Cathays Park,  
CARDIFF, CF10 3NQ.

Dear Ann,

#### LHB BOARD MEETING PROCEDURES AND SERVICE CHANGES

I am writing in reply to your letter of the 20th November 2006 concerning the above.

Since receiving your letter I have reviewed again the organisation's Standing Orders in respect of the conduct of Board meetings. I have also discussed the procedures and the position with the Chairman. As a consequence I am satisfied that the Local Health Board's meeting on the 27th September 2006 was called, conducted and reported in accordance with the organisation's Standing Orders. I am also satisfied that those Standing Orders have been drawn up in accordance with the regulations and guidance issues by Welsh Assembly Government.

The agenda item in question relating to the next steps that should be taken in the implementation process for "Doing More, Doing Better" was debated at some length and is clearly a complex and potentially controversial subject. The issues raised with the Minister seem to centre around proposals that the Board might adjourn before voting on this agenda item and also on some proposed amendments to the recommendations that were discussed at the Board. In both cases the Chairman considered these proposals and ruled in accordance with the Standing Orders. The voting was conducted and recorded by a show of hands, again in accordance with Standing Orders. Having carefully considered all of the relevant information I am satisfied that nothing improper or irregular has occurred and there is no breach of our Standing Orders in respect of these processes.

During the course of the discussion regarding the proposals considered by the Board I reported that a number of general practitioners had indicated to me that they did not support the proposals set out in the paper. I reported this openly to ensure that the Board was in a position to make any decisions with the full knowledge of both the views in support and opposed to proposals for the future development of services. During the course of the discussion there was also debate about the additional detail and reassurances that would need to be incorporated in any proposals that were finally approved for formal consultation. This discussion included contributions from the Consultant Associate Member of the Board and her comments were noted and an

undertaking given that the concerns she had raised would be addressed in the work to finalise recommendations. It is important to stress that the Board was not at this stage being asked to make any decisions in respect of service change, simply to initiate a process to develop proposals for public consultation that would occur in the New Year. The proposed changes in Powys are controversial, requiring as they do a shift of resource from the existing service provision, particularly community hospitals, to investment in new service areas including community services and improved access to secondary care. There have been, and continue to be, differences of opinion amongst clinicians and other stakeholders regarding the relative priorities of these different services. The Local Health Board has taken steps to ensure that it is fully aware of the views of all the stakeholders and will take account of these views in developing its formal proposals for consultation.

The process supporting “Doing More, Doing Better” is based on extensive series of consultations and engagement, including formal staff engagement through the Partnership Board as well as engagement with clinicians through the Local Medical Committee, Commissioning Advisory Groups, and the Consultant Staff Committee. In addition the Local Health Board has in place the normal range of communications mechanisms that you might expect including a key briefing system, a newsletter and an active website which includes specific areas for “Doing More, Doing Better”. The first stage of the consultation process involved the Chairman and I in undertaking approximately 80 meetings including a significant number of public meetings run in conjunction with both Community Health Councils in Powys. The Community Health Councils continue to be engaged in this work through membership of the “Doing More, Doing Better” Steering Board which also includes representation from the voluntary and independent sector and from the County Council. More recent initiatives include detailed briefings with County Councillors and further work is planned to engage key opinion holders through the establishment of a Clinical Services Modernisation Board and through an amended version of the existing Health, Social Care and Well-being Planning Board.

Turning to the issues in Knighton, and in particular at Knighton Hospital, it is true to say that there have been a number of service changes which have been forced upon the Board for operational reasons. These include changes in the provision of outpatient services at the hospital and also some difficulties in maintaining the x-ray service there. In response to criticisms from the community I offered an apology on behalf of the Local Health Board and gave an undertaking to change the way in which the Local Health Board worked with the community. As a consequence a specific group has been established under the chairmanship of the Community Health Council with support from the Local Health Board to review and advise on the development of the services in that area. Terms of reference for the group have been delayed slightly as I have been keen to engage the County Council in this process as well and would, if possible, like to establish joint terms of reference for the group reflecting the requirements of both the Local Health Board and the County Council. To that end I have been working with the Director of Social Services on this locally. I will work with this group and through the other consultative mechanisms in place within the Local Health Board to ensure that all relevant parties are appropriately engaged in any decisions about changes in service. I have explained that under certain circumstances operational requirements may mean temporary changes in service provision, although

even in these circumstances I would of course seek to advise all relevant parties of any changes which may be being made on this basis.

Dealing with the specific queries raised by (a name has been redacted under exemption s40 of the Freedom of Information Act) letter regarding the obstetric and gynaecology outpatient clinic and the clinic run by Dr. Dunn, I can confirm that both of these outpatient services have relocated from Knighton and are being provided in other community hospitals in Powys. The change in respect of obstetrics and gynaecology was forced upon the Local Health Board as the visiting consultant who had previously undertaken the sessions withdrew from this work as part of negotiations with his host Trust around the implementation of the new consultant contract and a revised work plan. The local general practitioners were informed of these circumstances and all the patients affected by these changes were written to by the Local Health Board. The service continues to be provided within Powys although patients in the Knighton area, because of the geography, are given a choice as to whether to attend in Powys or at Hereford District General Hospital. Dr. Dunn's clinic was relocated following full discussion with her regarding her workload and also the requirement to achieve improved access standards for outpatient services. Dr. Dunn personally explained the change to all of her patients as they attended the clinic and again the general practitioners were informed.

The Local Health Board is currently working through some of the most difficult service changes that the health service in Powys has had to confront in recent times. There is considerable concern amongst some communities about the impact of change on their local health service and there are differences of views amongst some of the key stakeholders as to the most effective way forward, both in terms of the detail of service delivery and the timing of any changes. The Local Health Board is also taking this work forward in a climate in which it is struggling to meet its financial and service delivery obligations. Nevertheless the Local Health Board has, and continues, to work very positively on the service development agenda, conducting its work in a professional and open manner and ensuring through an extensive consultation process that all relevant and interested parties have an opportunity to both understand what is happening and to contribute and influence decisions regarding the future provision of services in the county.

I hope this letter addresses the concerns that you had. If there are any further issues you would like me to clarify please let me know.

Yours sincerely,

ANDY WILLIAMS CHIEF EXECUTIVE