

Haygarth's Response To Chief Executive Andy Williams

2nd October 2006

Mr Andy Williams
Chief Executive
Powys LHB
Mansion House
Bronllys
Powys

Dear Andy,

As a Practice we are absolutely stunned by your complete failure to honour your words to the Practice. After coming into post you came and saw all the Partners and asked us to work with you. You told us you had no plans to close Bronllys Hospital now or in the immediate future. You gave us your word that if at any stage you were planning to close Bronllys Hospital; you would come to the Practice to discuss it with us first. We accept you spoke to Dr O'Reilly in his capacity as Clinical Lead but he was sworn to secrecy as a result of that meeting and was unable to discuss with the full partnership your intentions, therefore this came to us as a complete surprise as we had always trusted you and your word.

We have read the proposals that you have placed before the Board on Wednesday 27 September and are amazed by the many inaccuracies contained within them. Firstly you appear to have split our Practice in two. Hay-on-Wye Surgery, Talgarth Surgery and Bronllys Hospital have always acted as one "health-community". Patients from both ends of the Practice attend Hereford, Nevill Hall, Bronllys, Brecon, Llandrindod and Builth Hospitals. This would be the vast majority by referral options. Contrary to popular belief, Hay patients go to Nevill Hall and Talgarth patients go to Hereford. So on developing plans, we do feel you need to get the facts right that we are one health economy and we would like to continue this way in the future.

Within your plan, you look to axe the inpatient beds from four units within Powys. The creation of a Stroke Unit for the whole of Powys based out of Llandrindod Wells. At your Clinical Leads meeting, where Dr O'Reilly was present, you gave a time frame of 8-12 months for the closure of these Units if your proposals were adopted by the Board and you could go out to Consultation and if this Consultation was successful. Within your Board papers, at no stage do you state a time frame on the new services that you plan to put in place. You discuss developing Primary and Community Care Centres, Local Care Teams, Allied Health Professional Services linked to Local Care Teams, the establishment for Community Nursing Out of Hours Service, Enhanced Children's Services, Enhanced Diagnostics Services, increased Day Surgical activities, Outpatient activities, integrated Day and Assessment Care Services, and the establishment of a South Powys Admission Centre. At no stage in the document do you give any time frame for these proposals. As GPs, the timing on many of these is impossible for us to predict but with regards development in Primary Care, we are well aware that they can take anywhere between 3 and 5 years and that is in a fast tracked supported approach. Your Primary Care Estate Developments give a

priority of Primary Care Estate Development within 3-5 years. Yet your timeframe to close hospitals is twelve months. Where do all the patients access a service in the meantime?

Palliative care is an area of clinical work that Powys Community Hospitals are very active in. Locally in Bronllys we have worked with the LHB, LHG and before that Powys NHS Trust to develop palliative care services in a Bronllys Hospital environment. We have Palliative care beds, palliative care day beds and this service is supported by two of our partners who are trained in palliative care. They are also involved with the Macmillan Medical Palliative Care Services. Your plans do not mention what will happen to this service. It does not mention that it will be transferred nor does it appear to mention very much at all about palliative care. This is a major omission on your part, and if you had sought clinical advice prior to the creation of this plan it would have been pointed out to you. Patients who are dying, particularly of cancer and other conditions that require the facility of palliative care, usually like to die close to families where it is at all possible. As a practice we support a patient's decision to die at home, but in saying that, the majority choose to die in our local community hospital where that is appropriate. You cannot remove this service without a viable community based replacement.

You appear to be closing a substantial number of beds in Mid and South Powys, at a time when bed occupancy in Powys is probably at its all time highest and neighbouring DGHs are full. In Bronllys we have 24 patients, Builth has 10 patients, and we do not understand where all these people will go to receive care. The existing facility at Brecon and Llandrindod Hospitals will not be able to provide it, especially when Llandrindod will be having a specialist County-wide Stroke service. Major new building will need to take place. Bronllys has a fully resourced Day Hospital with patients attending daily. Within the plans, we do not see where those patients are going to receive a service. There is no impact assessment for the radical change in healthcare services for these patients, or even if they will be able to access the service in the future.

As your plans stand at present, you will decimate healthcare in Powys. You will radically increase the number of out of county referrals for all including basic care. With patients accessing services out of the county, there will be no need for a new South Powys Hospital, as patient referral flows and treatment patterns will alter in the intervening years while we await the build of a new hospital. This will lead to a gross inequity of service with patients in our area having to travel far further than other areas in Powys for care and in our opinion, their health will suffer.

One of the criticisms consistently levelled against the health service is poor planning and we are afraid to say that these papers presented are an example of this poor planning. As Chief Executive of an LHB, you had all practices in South Powys communicating and working together to develop a new hospital in South Powys. We were working on this based not on the site of a new hospital, but on what services the population required and that once the services had been developed, then the hospital site would have come afterwards. Along with this, you were working with Transport Groups, the Council, and Patient Representatives so this was a joined up and fully supported community approach to healthcare in South Powys. For some reason, you have chosen to tear apart this good work and the extensive healthcare planning which

has been taking place in Powys over the last year. We can only assume that you have done this for purely financial motives, to balance the annual accounts. We are horrified that in your position as Chief Executive of our LHB you would choose to put the healthcare of our population at risk, purely to balance the financial budget. We are amazed that you would come and present plans such as these to the general public with no communication beforehand with Primary Care within the county. This poor communication will only lead to rumour and supposition, but maybe that is what you want!

On many occasions over the last few weeks, employees of the LHB have made the accusation that Primary Care will not embrace change to improve the healthcare of the population. This could not be further from the truth. You only need to ask your Medical Director, Director of Primary Care or Director of Nursing about the massive changes that our Practice has carried out over the last five years. These changes have improved access to all levels of Primary Care staff and hopefully have allowed our patient population to access the right person at the right time for the right medical management.

As a Practice, we have met with you on many occasions regarding a new healthcare facility for South Powys. At no stage over the last three years have we ever said no to the closure of any facility, as long as its replacement was on stream and providing a better standard of healthcare. As long as the service is a first class service, which is delivered in an accessible location, and that would mean good public transport links and good car parking, with an excellent clinically governed service, then as a practice we would support it. We are sure our patients would agree with us on this. What we cannot support under any circumstances is the plans you have presented giving massive closures, massive reductions in healthcare services for our patients, with a hiatus of possibly 3-5 years before you might develop further services. This is not acceptable to us as a practice and we are sure our patients would not tolerate it either.

We would urge you to withdraw immediately what we believe are financially driven plans and represent to us and the practice population a clinically led, clinically driven clinical service plan to improve the health of our population for many years to come. We are happy to be involved in helping you develop this plan but only if you guarantee that you will not remove our present clinical services without replacement.

Yours sincerely

Dr Sean O'Reilly, Dr Nansi Evans, Dr Mary Hughes, Dr Pete Howard, Dr Julie Grigg, Dr James Wrench, Dr Antonia Bradley.

CC General Public