



## RESPONSE TO THE CONSULTATION PROCESS

Our criticism of the entire process comes under four main headings:

### TIMING, PROCEDURE, EXCLUSION and SAFETY

#### TIMING

- multi million pound expenditure had been committed before the 'consultation' even started.
- Building work at Withybush, Bronglais and Glangwili was already well advanced whilst, in parallel, services and beds were being stripped out of Prince Philip Hospital.
- this was contrary to the principles of consultation in public bodies as set out by the Welsh Government and the Gunning guidelines on such issues, both of which emphasise the requirement for consultation at the FORMATIVE stage.
- the issue was raised publicly by SOSPPAN in their publication 'Question Marks' which was distributed in March 2012 and which is available on the website [SOSPPAN.co.uk](http://SOSPPAN.co.uk).

#### PROCEDURE

- the distribution pattern of questionnaires was designed to marginalise the population of Llanelli and district by skewing the 'random' distribution and deliberately asking questions relating to specific local situations to a wide uninvolved population to dilute the impact of negative responses.
- the procedure involved distributing questionnaires 'randomly' across the COUNTY areas of Carmarthenshire, Pembrokeshire and Ceredigion.
- this marginalised the major population centre of Llanelli which received only a tiny proportion of the questionnaires it would have received if the distribution was done in terms of hospital catchment populations.
- the resulting imbalance is clearly illustrated in the tabular analysis of the 'overwhelming' support for Option B shown on page 53 of the ORS report: the support is clearly from those in the Withybush, Bronglais and Glangwili catchment areas and the opposition is equally clearly from the Prince Philip catchment area but with a weighting which vastly diminishes the impact it deserves through the huge relative population affected.

## EXCLUSION

- the design of the questionnaire was such as to make the key issues unintelligible to a large section of the population.
- major contributions from elected representatives were ignored: from AMs, our MP, and several local authorities.
- the concerns of the CHC have been ignored.
- the overwhelmingly negative and hostile responses of their own 'focus groups' in the Prince Philip catchment area have been ignored.
- the statement from their own clinicians at PPH that the proposed changes are 'unsafe' was not only ignored but was misrepresented by referring only to an earlier statement endorsing the plans at that time.
- the largest petition in the history of the Welsh Government was ignored: 26000 signatures in a united public voice were not even granted the courtesy of acknowledgement, let alone respect.
- votes of non-confidence from Llanelli Town Council, Llanelli Rural Council and Burry Port Community Council, representing over 55,000 people were ignored: again without even the courtesy of acknowledgement.
- displays of support from all the Llanelli based Carmarthenshire County Councillors were ignored as were the concerns raised over the implementation of the Primary Care to be funded the County Council before any hospital changes can be made.

## SAFETY

- the implication that the public will be required to self-diagnose as to which hospital they should present themselves appears to be inherently unsafe and an abrogation of the Trust's responsibility, being contrary to the main reason for having a hospital altogether, which is to diagnose and treat patients.
- the question remains unanswered: 'If a nurse-delivered accident centre is a safe option for the large socially and economically deprived urban area served by Prince Philip Hospital, why is it not an equally safe option for any of the other Hospitals?'
- the question remains unanswered: 'Why is it that no independent robust risk assessment has been offered to support the proposal to downgrade the accident provision at PPH?'
- the proposals for change to the emergency provision at PPH have been denounced as 'unsafe' by all interested stakeholders from the clinicians at the hospital, patients, elected public representatives and the CHC.