

Why the plans for Prince Philip Hospital are Flawed and Unworkable.

10 Points to Consider.

(Any Body that has a responsibility for the Welfare of the people of Llanelli needs to ensure that the following points are addressed to ensure the safety of our population)

1. At a recent meeting with the Hywel Dda Health Board representatives from SOSPPAN were told that, regardless of the Consultation, Prince Philip Hospital would lose its status as a level 2 Accident and Emergency Service.

Further to this the replacement Local Accident Centre will be "Nurse Led" instead of the current "Doctor Led" unit and there will be a new Emergency Medical Assessment Unit.

Hywel Dda states in its Consultation Document that this will not deliver the same services as at present and they will remove the A&E sign from above the door to be replaced with Local Accident Centre (NOT Emergency Medical Assessment Unit).

This is a blatant down grading of the Hospital by Hywel Dda directly against the statements and promises issued by the ministers in the Welsh Government.

By going against the Welsh Government's commitment to the people of Llanelli regarding their Health and Welfare the LHB is clearly in breach of the duty of care care placed upon them by the elected members.

The change to the current hospital provision should therefore be stopped and new plans proposed.

2. Risk Analysis

When asked, through a Freedom of Information request (FOI 65), if a Risk Analysis had been carried out, Hywel Dda replied with the following information in June 2012:

Prince Philip Hospital does not provide a full A&E service.

The hospital operates as a level 2 A&E unit which means that it does not have the back up services, including paediatrics and emergency surgery, to deal with all emergency patients and has operated as a level 2 A&E unit since 2007.

As no changes have taken place to A&E in that time frame there is no requirement to undertake a risk assessment, however risk within the unit is continually monitored and any issues highlighted in the Health Board's risk register.

This implies that, although important changes ARE being made to the current provision, Hywel Dda have not bothered to take into account any potential risks that these changes will inevitably have on the local population.

The change to the current hospital provision should therefore be stopped until a full independent and impartial Risk Analysis has been carried out.

3. According to Professor of Health at Sheffield University, John Nicholls, not only is the "Golden Hour" key but his four year study of A&E provision has proven that people have a better chance of survival the closer to the place of treatment they are.

There is therefore not only an argument of no further removal of services from Prince Philip but restoration of certain A & E services that have already been removed.

The change to the current hospital provision should therefore be stopped and new plans proposed that take into account Professor Nicholls findings and prevent harm to the local population.

4. Another expert having his observations and recommendations manipulated by Hywel Dda is Professor Marcus Longley, who has stated that although it is acceptable to have a "Minor Injuries Unit" and an A & E as separate departments, they should be on the same premises.

As this does not fit with the Hywel Dda plans, they have decided to dismiss this part of the report yet "cherry pick" those other parts that can be manipulated to support their case. This is in spite of the fact that they did not provide any data to Professor Longley for the production of his report.

The change to the current hospital provision should therefore be stopped and new plans proposed that properly take into account Professor Longley's findings: with A & E and the MIU (Local Accident Centre) on the same site in Llanelli.

5. Primary Care: At the Consultation Meeting the public were told that no change to the provision of hospital care would be made until upgrades to the provision of Primary Care had been implemented enough to take up the slack.

Mr Purt himself admitted that Primary Care is currently failing and admitted that that the infrastructure and more importantly, the staffing levels of GPs and District Nurses, was woefully inadequate.

The change to the current hospital provision should therefore be stopped until Primary Care has been proven to work efficiently and effectively through the GP and District Nurse services.

6. The County Council currently provide much of Community Care which is a central plank in the provision of Primary Care. If the plans for the hospital are to be implemented successfully further Community care will be required to be supplied by the Council. Where is the funding for this to come from?

At a recent meeting with Carmarthenshire County Council, Mr Purt the Chief Executive of Hywel Dda stated that this extra available money was still being agreed.

Hospital changes should not start until this funding has been allocated by the Welsh Government to the County Council as it has a direct impact on the provision of Primary Care which in turn needs to be proven before changes are instigated.

7. Diagnosis: changing the name outside PPH will not change the treatment inside. How are we, the public, supposed to diagnose ourselves or our relatives and ensure they go to the correct place?

This situation could still lead to preventable deaths; the very reason that they are using to justify changing the name.

Do we instead call an ambulance regardless, to be triaged by the Paramedics, as is happening in Rochdale, putting extra workload on the Ambulance Service?

It has been recommended to Hywel Dda that an extensive publicity campaign would be essential so that the public would be aware of where they would need to go in an emergency.

No hospital changes should be made until a system has been devised that ensures that before a patient self presents they can have absolute confidence that they will be attending the correct hospital. This is an obvious Safety Issue.

8. Location: Hywel Dda Trust stated at the recent Public Consultation Meeting that they will not be sending the majority of emergency patients to Murrison although they say that it is entirely up to the Paramedics to make the choice. This is already leading to overcrowding in Glangwili and subsequent "backups" in Llanelli with people being kept on trolleys overnight.

People are being discharged in the early hours of the morning in West Wales Hospital Glangwili, to make room for more urgent cases, with no transport home. The cost to the individual for transport can be as high as £74.00 by taxi, which is often the only means of transport available.

Neither of these scenarios is acceptable and the proposed changes to the system will only increase the number of people being sent to West Wales Hospital, Glangwili.

Until a solution is found to this ongoing and increasing problem no further changes should be made to the current hospital provision.

9. Transport: If you only have access to Public Transport it takes at least two and a half hours to get to West Wales hospital in Glangwili from Llanelli, which makes both attending as an outpatient and visiting sick family and friends virtually impossible.

This of course impacts adversely on the health of both Inpatients and Outpatients.

Even if you have transport there is little room in the Car Park and there is no extra space available. Many people have to return home and miss their appointments, causing medical staff to waste their precious time and costing patients money, time and unnecessary stress. A "Lose, Lose" scenario.

Until a solution is found to this ongoing and increasing problem no further changes should be made to the current hospital provision.

10. Systems: We know from previous Hywel Dda Board meetings that the computer Systems governing Appointments and Transport pickups are not integrated and are therefore not working effectively, costing a huge loss of money. This needs to be addressed as a matter of priority.

Until a solution is found to this ongoing and increasing problem no further changes should be made to the current hospital provision.