

22nd August 2023

Mr Jack Sargeant MS
Chair –Petitions Committee
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P-06-1350 Re-open Dyfi Ward at Tywyn Hospital now

Dear Mr Sargeant,

The Tywyn Hospital Action Group has been informed by your Committee’s deputy clerk that their petition, as above, is to be considered by your committee on Monday 11 September.

The Tywyn Hospital Action Group has been asked to submit any final comments to your Committee by Midday, August 25th. They have asked the Community Hospitals Association if it would submit observations on the situation. We receive such requests from community hospital users across the UK not infrequently and we are pleased to make the following general observations and some comments specifically about Tywyn.

GENERAL OBSERVATIONS

Closure of services to “protect patient safety” is the most common reason we hear for decisions by healthcare management to suspend or remove services. There are no definitive measurable standards for “safe staffing of community hospital wards” in the UK. The view expressed by management on patient safety standards is judgemental, based on the mix of patient’s pathways supported by the ward, on the technology available, on the proximity of the ward to other healthcare services and a host of other factors.

Although considerations of patient safety will always be a factor and will be considered carefully by healthcare management, our experience is that financial issues are invariably a significant consideration also. In many cases where services have been suspended in a community hospital, we have discovered that the financial status of the healthcare provider is fragile and that the search for financial “savings” has been helped by withdrawing community hospital services.

The withdrawal of “closer to home services” from a community hospital, invariably leads to more community ill-health, but this usually only becomes visible to the public sometime after the healthcare service withdrawal event, when a public health study reveals the deterioration that has occurred in patient outcomes.

Our advice to “community hospitals action groups” is to seek regular and intensive engagement with the healthcare service provider to seek to restore appropriate local population services. When difficulties of recruitment are postulated as a reason for staff non-availability, the community often has greater experience of solving staff recruitment challenges, and more time and determination to succeed, than the often overworked NHS HR department.



COMMENTS SPECIFICALLY ABOUT TYWYN.

As we understand it, and as is stated in the Tywyn petition, engagement between the Betsi Cadwaladr University Health Board (BCUHB) and the Tywyn community prior to the removal of in-patient services has been very limited. The Tywyn community action group feels that they had no prior warning and no opportunity to discuss alternatives at all.

Perusal of BCUHB Board papers indicates that the current financial status of BCUHB is “fragile” and that there is limited confidence expressed in the Board papers that the “savings” that will be derived from the various service reductions will meet the Board’s planned “savings” figures. The suspicion exists in the Tywyn area, that it is financially convenient to BCUHB, for the Board to leave a modern 16 bed unit closed and idle.

The Minister for Health and Social Services has recently reset BCUHB’s special measures targets. Her May 2023 progress report lists one key area as “operational delivery” and includes elimination of 156 week (3 year) RTT waits. She requests that the Board recommences an effective implementation of “planned care”.

To leave a modern 16 bed unit unused in this period of NHS service delivery crisis reflects adversely on BCUHB management. The closed ward in Tywyn hospital, in just the 18 weeks since its closure, has lost the NHS more than 1,700 potential bed days of quality care. From a “whole healthcare systems” perspective this is a significant loss of healthcare capacity and will have impeded efforts to reduce waiting lists etc.

The Dyfi ward in Tywyn hospital was examined by Healthcare Inspectorate Wales just prior to the pandemic and found to be contributing positively to meeting the healthcare needs of the area. That positive contribution is no more. Tywyn is part of the very small “De Meirionnydd Cluster”. The Cluster’s most recent plan, does recognise that some staff recruitment for the hospital should be a priority in the area, but the Cluster does not include specific plans to resolve any ward staff shortage.

CONCLUSION

The continued closure of the Dyfi Ward in Tywyn is not only the deprivation of a “care closer to home” service to the residents of the Dyfi area, but a huge waste of modern resource by BCUHB while the NHS faces crisis level waiting lists and a growing unhealthy population.

In our view, it should be a BCUHB priority to work closely with the Tywyn community to develop a constructive path to the reopening of the Dyfi ward, within a few weeks.

Yours sincerely

Tom Brooks

Committee Member for Wales
Community Hospitals Association