



CYNGOR IECHYD CYMUNED  
COMMUNITY HEALTH COUNCIL

BRYCHEINIOG A MAESYFED | BRECKNOCK & RADNOR

18.  
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Cyngor Iechyd Cymuned Brycheiniog a Maesyfed  
Brecknock & Radnor Community Health Council  
Neuadd Brycheiniog  
Ffordd Cambrian/Cambrian Way  
Aberhonddu/Brecon  
Powys  
LD3 7HR

31<sup>st</sup> May 2013

Ms Naomi Stocks  
Clerk  
Petitions Committee  
National Assembly for Wales  
Cardiff Bay  
CARDIFF  
CF99 1NA

Your ref: P-04-440

Dear Ms Stockes

## **BRONLLYS HOSPITAL – STROKE UNIT - PETITION**

1. I refer to the letter dated 8<sup>th</sup> April 2013 signed by the Chair of the Petitions Committee, William Powell AM, and to our subsequent telephone conversation. I note that the Petitions Committee is considering a petition which collected 2,220 signatures and was submitted by Mr M Eccles.
2. The Petitions Committee ("the Committee") will be aware that Powys Teaching Health Board undertook engagement in 2011 with the communities of south east Powys following the publication of its discussion document entitled "New Directions for Health Care Services for South East Powys". In January 2012, the Community Health Council responded to the engagement process. In particular, the CHC

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informed the Health Board that it (the CHC) would require the Health Board to undertake formal public consultation about any proposals to transfer the stroke rehabilitation unit, currently provided at Bronllys Hospital, to Breconshire War Memorial Hospital. In September 2012, the Health Board published its public consultation document which indicated its preferred option to relocate stroke rehabilitation services (the stroke unit) at Bronllys Hospital to Breconshire War Memorial Hospital.

3. As required by the Community Health Council a period of public consultation was initiated from 24<sup>th</sup> September 2012 to 30<sup>th</sup> November 2012. Towards the end of the consultation period – on Wednesday 28<sup>th</sup> November 2012 – the CHC Chair and Chief Officer received representation from Talgarth Town Councillors and the Chair of the Bronllys Hospital and Community League of Friends requesting an extension to the period for responses to the public consultation. I must advise that the CHC did not receive similar representation from any other areas of south east Powys. However the Community Health Council responded positively to the representations made and agreed (in conjunction with the Health Board) to extend the period of consultation until Friday 14<sup>th</sup> December 2012.

4. In respect of the period of engagement in 2011 and the formal public consultation in 2012, the Community Health Council followed the guidance issued by Welsh Government in March 2011 to the NHS entitled "Guidance for Engagement and Consultation on Change to Health Services".

5. In relation to the general principles for managing service change the Welsh Government guidance advises that a CHC should:

- carefully consider service change proposals and assess their benefits and risks to the community as a whole as well as particular groups
- work with the NHS body to seek views and foster debate
- take a strategic and “whole system” view of change proposals, and consider whether they are in the best interests of health services
- work with the NHS to address major and immediate concerns about safety and sustainability where urgent action is needed
- ensure that objections to change proposals are based on sound arguments in terms of how safe and sustainable services can be provided from within available resources
- propose alternative solutions for providing/maintaining safe and sustainable services within available resources
- recognise that maintaining status quo is not an acceptable response if safe and sustainable services cannot be maintained within the available resources
- in its dealings with NHS bodies on such issues of sensitivity, recognise the importance of due governance, including maintaining confidentiality, in line with the requirements set out in the CHC Member Code of Conduct.

The CHC carried out its responsibilities in the context of the guidance.

6. Following the closure of the consultation period, CHC members were provided with copies of the responses received by the Health Board and Community Health Council to the consultation proposals. Members were provided, also, with a systematic themed analysis of the responses received and with the CHC’s non-verbatim reports taken at each of the public meetings. It must be emphasised that the analysis provided by CHC officers was undertaken independently of the Health Board. In addition, Members also received an analysis in relation to stroke service

provision from 2009 to 2012 by GP practice. This data was supplied by the Health Board and is reproduced below:

Practice	2009/10	2010/11	2011/12
Ystradgynlais	25	19	12
Brecon	40	25	29
Knighton	6	6	5
Rhayader	6	6	4
Builth Wells	20	14	8
Llandrindod Wells	21	22	16
Crickhowell	19	12	12
Hay/Talgarth	14	10	7
Presteigne	7	10	5

7. Your letter refers to a petition containing 2,220 signatures, whereas page six of the enclosure to your letter refers to a petition of 3,144 signatures. The petition received and considered by CHC members contained 3,144 signatures. We were not and are not aware of a separate petition of 2,220 signatories.

8. The Welsh Statutory Instrument 2010 No. 288(W.37) [The Community Health Councils (Constitution, Membership and Procedures)(Wales) Regulations 2010] advises at Schedule 2 that this Community Health Council relates to the district of Radnorshire and Brecknock which forms part of the Principal Local Governance Area of Powys. In performing its functions, this CHC must have regard to the need within Brecknock and Radnor:

(a) for systematic, continuous engagement with the local population and community groups within its district, in order to appropriately represent the

public's view on the operation of the National Health Service within that district;

(b) to consider any proposed new service or service change within the context of such current priorities, resources and governance structures as are notified to it by the Welsh Ministers; and

(c) for constant evaluation of existing health services in its district.

In this regard, the CHC noted that of the 3,144 signatures, 82 were individuals resident in Brecknock and Radnor. The remaining signatures were resident in areas beyond the district of the CHC. Consequently I have to advise that the CHC did not have and does not have the authority to represent the views of patients and public resident beyond its area. Nevertheless, members received and considered the points submitted by the author (s) of the petition. CHC Members had to consider all the views expressed in the context of the both south east Powys and the catchment areas of the stroke rehabilitation unit, which includes much of the north of Brecknock and Radnorshire in addition to south east Powys. The Welsh Government guidance expects CHCs to '*take a strategic and "whole system" view of change proposals, and consider whether they are in the best interests of health services*'. The CHC had to carefully consider the proposals and assess their benefits and risks to the community as a whole as well as particular groups. In assessing the impact of proposed changes the Community Health Council is not permitted to take a partisan role.

8. The Petitioners to your Committee have stated that *they* (the CHC) *created a consultation process that was all smoke and mirrors*. I should emphasise to the Committee that the CHC did not create the consultation process. The Health Board and CHC in partnership followed Welsh Government guidance concerning the public consultation process. At the first public meeting, it was evident that the Health Board's consultation document was not as clear and as straight forward as it should

have been. At that and subsequent meetings the Health Board delivered a clearer presentation about its proposals. As stated above, whilst the consultation document was not as clear as it should have been, it did contain details of the Health Board's option proposals and the preferred option to transfer stroke rehabilitation services from Bronllys Hospital to Breconshire War Memorial Hospital. In its formal response to the Health Board, the CHC made it clear to the Board that future consultation documents had to be clear and understandable. In short (CHC) members expect improved quality documents that are "to the point".

9. CHCs listen to and consider the views expressed by public and patients and seek to reflect them in their work. If a health proposal is unpopular, CHCs are not able, simply, to say "No" and reject the proposal out of hand. The Welsh Government guidance is clear about how CHCs should respond if it cannot support a proposed service change, ie when the CHC considers the proposed change is not in the interest of the area. In the context of south east Powys members considered the Health Board's preferred option, for stroke rehabilitation services would be in the interests of the entire area.

10. I trust that the information presented above will assist your work.

Yours sincerely



**J D Adams**  
**Prif Swyddog**  
**Chief Officer**  
**Brecknock & Radnor CHC**

**Prif Swyddog Dros Dro**  
**Interim Chief Officer**  
**Montgomery CHC**