



**TYWYN & DISTRICT HEALTH CARE ACTION GROUP.
GRWP GWEITHREDU GOFAL IECHYD TYWYN AR CYLCH**

2nd September 2013

Re: Tywyn Memorial Hospital X-ray & Minor Injuries Unit Petition

Thank you for the opportunity to comment on the correspondence of 7th August 2013 from Geoff Lang, BCUHB and the written statement by Mark Drakeford of 17th July 2013 regarding changes to Health Services at Tywyn Hospital.

We would also like to take the opportunity to thank the CHC who recognised the difficulties faced by Health Service patients in the rural area of South Gwynedd and have put in considerable time & effort in discussions with BCUHB & Health Service Officials to communicate those difficulties.

We pleased to hear about the promised development of Tywyn Hospital as a Primary Care Centre and look forward to experiencing improvements of health care in the area as a result.

X-Ray service

We are pleased that it has been agreed, as per our petition request, to continue the X-ray service at Tywyn Hospital for 2 half-day sessions a week. This saves considerable inconvenience & travel difficulties for those requiring X-rays. It should also enable orthopaedic sessions with Bronglais, Aberystwyth staff to continue to be held in Tywyn Hospital thus saving minimum 70 mile round trips for the patients involved. This should also benefit some patients in North Powys & North Ceredigion.

We believe this is a logical conclusion where the vast majority of X-ray referrals (BCUHB statistics published Jan 2013) are made by local doctors and the Health Minister has now announced firm plans to develop Tywyn Hospital as a Primary Care Centre.

Minor Injuries Service in South Gwynedd

We note the aims of BCUHB from their Equality Impact Assessment published in January 2013 (P18) "The proposals aim to provide equality of access and service provision across the region". We believe this not to be achieved in the case of Tywyn & District.

We are disappointed in that the proposal to reduce the hours of availability for the MIU have gone ahead, even though there is a promise to review the on-going demand.

The problem that we see in monitoring this situation is not statistics related to those who are treated but of those who have to be treated elsewhere (e.g. A&E depts.) or who do not receive treatment at all. Can we monitor calls to MIU when closed?

We believe that by reducing the availability of MIU facilities fewer people will be able to use them & as a result future statistics will be used to close down further. The need however has not gone away!

We believe that many who need treatment, bear in mind that they often will personally need some diagnostic reassurance, will head for an A&E department if they can, although many old & infirm (we have a disproportionate aging population in the area), will not be able to do so. **Do we really want to increase traffic to A&E departments?** People know they exist, are available at all hours, and can provide whatever diagnosis, treatment or referral may be needed.

It may be obvious, but people do not have unexpected accidents or injuries within pre-determined days or hours! The problem of moving the hours of availability to earlier in the day (G. Lang BCUHB letter) means that the evening hours (6pm to 8pm) are no longer covered. This also applies to closing the MIU service at



weekends in the winter (Nov – March) bearing in mind the increased risks in darkness & poor weather conditions. This coincides with GP surgeries **not** being available except for the Out of Hours Service, which will most likely refer the patient to an A&E Dept.

Why not ensure that unplanned Minor Injuries treatment is available through doctor's surgeries in "normal hours" & retain some evening hours & weekend hours in the hospital? By doing this the patients would be better served. With the present proposal of closing at 6pm approximately 300 people would have to travel to, for example, Dolgellau MIU (when it is open), a 40 mile round trip with little or no public transport! (BCUHB statistics Jan 2013). In addition, at present it is not at all clear that Doctor's surgeries can deal with unscheduled injuries. (To get an appointment with Doctor or Nurse it may take up to 2 weeks).

Transport.

There are many references to the difficulties in the BCUHB & the Minister's documents.

In the petition covering document we included the statement "*Public transport is extremely sparse & reduces year by year with no prospect of improvement*".

The BCUHB document makes proposals for consultations with transport organisations to try to improve the situation. The Health Minister's statement reinforces these actions to be taken

However, we believe that because of the distances involved and the naturally sparse population in a rural area we are extremely unlikely to see any improvement in this area. The BCUHB proposals recognise that transport budgets are under threat and an increase in services is unlikely. We are still experiencing periodic reductions of bus services.

Transport organisations do not have a duty of care to the people of Wales but the Health Service does.

Tywyn Station is on the Cambrian line & is approximately half a mile from the hospital. Perhaps this may be of use when considering travel for health care in the region?

Conclusion.

We believe that by reducing the availability of MIU treatment at Tywyn Hospital without any improvement of transport arrangements or immediate clarity of availability for treatment of unscheduled injuries at Doctor's surgeries, the BCUHB aim of "*providing equality of access and service provision across the region*" has NOT been met and indeed **the equality of service has been reduced.**

Brian Mintoft
Secretary

p.s. A few months ago a disabled friend of mine managed to fall & put his head through a glass door at 9:30pm at night. When his wife rang the OOH service she was told Tywyn MIU is closed, Dolgellau MIU is closed got to Bangor. The distance to travel is 140 miles round trip, they have no car. He had a sleepless night & went to Tywyn MIU at 10 am the following morning!

I know this can be dismissed as an isolated incident but I can assure you it is not! We are considering real people with real problems & not just statistics.

