



## Save Withy Bush A and E Campaign: Briefing Paper

### **Background context**

The 'Save Withybush A and E campaign' started in April 2018 after Hywel Dda University Health Board (HDUHB) released 'Our Big NHS Change', a public consultation regarding centralising all services, including A and E, through provision of a new hospital on the Pembrokeshire/ Carmarthenshire border. This would lead to a downgrade of health services currently delivered from Withybush hospital in Haverfordwest, which serves the whole of the Pembrokeshire population. Since our initial creation we have increased in membership to be a campaign group, comprising of 17,000 people, with most of our supporters residing in the areas of Pembrokeshire most affected by the proposed restructuring, namely those in the far West and North of Pembrokeshire.

Since the issue was initially raised there have been subsequent consultations and press release statements from HDUHB including, "Building a healthier future after COVID-19" which closed in June 2021. There is now a business case document- 'A healthier Mid and West Wales: Our Future Generations Living Well- Programme Business Case' Jan. 2022 and an appraisal group that includes citizens from each county area deciding the site of a new hospital in preparation for centralising and changing health services across Pembrokeshire and Carmarthenshire (last meeting May 25<sup>th</sup> 2022). The exact plans are not easy for a lay person to ascertain, but upon reading the various public documents we understand that:

- Withybush would no longer have A and E (emergency care) but would have a 24/7 GP-led urgent care centre dealing with minor injuries. Withybush General Hospital in Pembrokeshire and Glangwili General hospital in Carmarthenshire would become community hospitals, with a focus on "patients who do not need to be in an acute setting but need support".
- Services to be provided at Withybush and Glangwili include:
  - 24/7 GP-led urgent care centre
  - Therapy and nurse-led step up and step-down beds
  - Outpatient clinics and specialist ambulatory 'hot' clinics
  - Facilities for an identified range of day case procedures
  - Midwife-led units
  - Access to diagnostic support
  - Renal Dialysis and Chemotherapy

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### **"OUR LIVES MATTER"**

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## What are we concerned about?

We completely understand the need to modernise and change health services to ensure they are responsive to population changes and meet need and demand. However, we do not believe that the proposed changes meet either of these criteria for the following reasons:

1. The new hospital sites that are currently under consideration are on the East Pembrokeshire/ West Carmarthenshire border. HDUHB have stated that 'The health board's proposals for the new hospital, were mapped to ensure we provide an emergency service that is as close as possible to being within an hour of most populations in our area.' (<https://hduhb.nhs.wales/about-us/healthier-mid-and-west-wales/healthier-mid-and-west-wales-folder/a-healthier-mid-and-west-wales-frequently-asked-questions/>). However, this ignores the crucial fact that services need to be accessible to the whole population within the health board area. The focus on 'most' causes concern for those people who are on the periphery of the region; mainly those of us who live in far West and North Pembrokeshire. We do not feel that the community response model cited in 'A healthier Mid and West Wales' will adequately provide a localised A and E service.
2. Travel times to the proposed new sites will put many people in Pembrokeshire at risk. Examples of these include workers within the County's higher risk industries, such as the Valero Oil refinery and its Farming base. Pembrokeshire is also subject to significant seasonal population increases due to high levels of tourism during holiday periods.

Much health research discusses the 'resuscitative hour' in which critical care for trauma injuries are time dependent (once referred to less precisely as 'the golden hour'). This means that it is imperative for critically injured and ill people to receive medical attention quickly; preferably within the first hour. Firstly, poor road infrastructure means that citizens across Pembrokeshire; but particularly those on the geographical periphery of the proposed new site, will take much more than an hour to reach A and E. Secondly, there are only 7 ambulances within the Pembrokeshire area, which are regularly falling to attend incidents. Health services are known to be very stretched already, for example leading to issuing a press release on May 30<sup>th</sup> 2022 stating 'unprecedented pressure on services' stating 'we are keen that individuals choose the best level of care they need and help us to alleviate pressure on our Emergency Departments and across our services'. It is highly likely that ambulance services will be further stretched, due to increased distances to travel.

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3. Lastly, many people do not have access to a car; or when needing critical care are not in a state to be able to drive. There is poor public transport across the HDUHB region, and with more distance to travel to A and E the proposed plans place vulnerable citizens at increased risk; further increasing existing considerable health inequalities for those who do not have access to a car (most usually the elderly, disabled people, those on very low incomes and women who are often the main carers within families). Whilst transport is mentioned in the plans, this issue has not been properly addressed.
4. We are concerned that the various public consultation processes have not used the correct methodology. Whilst there has undoubtedly been public engagement since 2018 it has been piecemeal and selective. Firstly, they have not fully followed the Well-Being of Future Generations Act to enable co-production since there has not been ongoing conversation and they have not reached out to engage the geographical and disparate communities most affected by the proposals. For example, The 2018 consultation 'Our Big NHS Change' was generally online and available as paper copies within GP surgeries and libraries but very inaccessible in language and content. Secondly, they have not focused upon citizens who will be the most affected. In their own statement, HDUHB has said the site of the new hospital will be accessible to "most of the population". Therefore, even if there is majority support for the new site and proposed changes within consultations, it does not detract from the minority who will be gravely affected. Whilst the appraisal group includes 11 citizens from Pembrokeshire, this cannot be held to be representative, and neither does it address the problem of involving those who will be most affected. Thirdly, the public engagement exercises have not addressed the issues our campaign has raised and the first minister himself stated 'opportunities have come and gone in South West Wales because of people's attachment to the status quo prevented them [HDUHB] from being willing to move forward with plans that would have resulted in major investment in those services.' (FMQ March 1st). Our campaign is not attached to the status quo but, instead, has valid and legitimate concerns regarding the impact of the proposals that are not being addressed.
5. It is well known that HDUHB had been placed in targeted intervention, and is still under enhanced monitoring (last assessed 11<sup>th</sup> Feb. 2022) for financial mismanagement. We understand that there needs to be a business case presented to fund such wide scale changes; but the proposals are suggestive of making decisions based upon financial considerations rather than health need and population well-being. HDUHB has three times issued public statements regarding pressure on services requesting the public stay away and cite recruitment problems as background issues to the proposals. Whilst these are pressing matters; they should not form the basis of decision making that risks universal access to that most basic health service- critical care.

## Save Withybush Campaign

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### What we would like you to do

Please contribute to the plenary debate on Weds 29<sup>th</sup> June regarding this campaign and NHS services across Wales. We would suggest that proposals to centralise A and E services contravene the Welsh Government's health strategy outlined in 'A Healthier Wales' 2019 which states:

'When people need support, care or treatment, they will be able to access a range of services which are made seamless, and delivered as close to home as possible. Services will be designed around the individual and around groups of people, based on their unique needs and what matters to them, as well as quality and safety outcomes. People will only go to a general hospital when that is essential.' (p.4)

Critical care is essential and should be delivered locally. Additionally, moving A and E services so they create longer journeys affects equality issues for people in rural areas, and those without access to a car. We feel that this will impact equal access to services and increase health inequalities for vulnerable groups.

Whilst this issue is localised to West Wales at the moment, we believe that in the longer term other Health Board areas may well also centralise A and E services and therefore the risks and concerns are relevant to people across Wales. As Health Boards implement the Welsh Government's 'Healthier Wales' strategy and integrate health and social care services, it is important that infrastructure around proposed changes do not impact access for all to health services that are being centralised.

For more information please contact:

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