



BAE ABERTAWE | SWANSEA BAY

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Gareth Howells
Director of Nursing and Patient Experience
Swansea Bay University Health Board
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25 June 2019

Dear Gareth,

MIU Singleton Hospital

This CHC previously considered the evidence put forward by the Health Board last year to support the case for the temporary closure of the Minor Injuries Unit (MIU) at Singleton Hospital and supported the Health Board's decision to do so. Your letter dated 8th May 2019 asked the CHC to consider a further extension to the closure period whilst alternative models for future provision were explored. Your letter also advised that the clinicians involved in planning future service provision wished to meet with our Executive to discuss their plans.

I can now confirm that the Executive Committee of Swansea Bay CHC met on 18th May 2019 and heard from Dr Stephen Greenfield, Clinical Lead for AGPU and MIU Singleton, Dr Chris Hudson, Clinical Director for Medicine and Unscheduled Care, Singleton and Dr Andrew Macnab, Clinical Lead for Emergency Medicine and Emergency Department Consultant Morrision Hospital regarding emerging plans for the Minor Injuries Unit at Singleton Hospital.

Chief Officer: Mwoyo Makuto

Chair: Hugh Patrick

The Executive notes the on-going background issues relating to the provision of the service to include:

- The fact that the service is not a traditional MIU service and the restricted treatments able to be offered there
- Unplanned closures presumably due to staffing shortages and not always being able to communicate such closures to the public
- Inappropriate presentations and the resultant delay in diagnosis and therefore treatment
- Inability to comply with service standards

We further note that the plan had always been to reopen MIU, however, there is now a question of whether that would be the best use of resources given diminishing staffing levels and the positive output from the re-directed resources from MIU, namely the AGPU, reduction in emergency attendances and the positive impact on ambulance conversion rates. The Executive also heard that reduced staffing levels raise clinical safety issues.

For the reasons briefly summarised above, we understand that clinicians convened to consider a number of options:

- MIU opens with current model in place
- MIU opens with a different model with the Nurse Practitioner's support
- MIU opens with the current model option 1, whilst working to deliver an alternative model
- MIU remains closed permanently
- MIU adopts a telephone first model

We heard that the clinician involved in the project recommended the permanent closure of MIU. The Swansea Bay Executive was invited to respond to 3 specific issues:

- An understanding of the new level of safety issues relating to the re-opening of the MIU at Singleton, in light of severe staffing issues
- The last 6 months have provided a better service for our patients showing more of an impact on unscheduled care than the MIU on its own could achieve

- Instead of re-opening, would the CHC agree to work with the Health Board to develop the model for the future- building on learning/experience over the last 6 months, investing resources in a different way , ie into AGPU

I will address these 3 points in turn,

An understanding of the new level of safety issues relating to the re-opening of the MIU at Singleton, in light of severe staffing issues

Our Executive accepts the information shared in relation staffing challenges and the likely impact on patient safety. We note that a number of options were explored, of which some would not rely solely on the successful recruitment of GPs. It would have been helpful to receive fulsome information in relation to how the various options were assessed. Indeed such information would be helpful not only for Executive but also in any engagement that takes place going forward. (I will address the need for engagement more comprehensively below.)

The last 6 months have provided a better service for our patients showing more of an impact on unscheduled care than the MIU on its own could achieve.

It cannot be denied based upon the evidence shared with the Executive that there is an apparently compelling case for the redirection of MIU resources to the AGPU. Given the positive impact on ambulance conversion rates and reduced emergency attendances it is very likely that both members of the public and patients would consider the new model as providing a better service to them. The concern is that no engagement has yet taken place with patients therefore a key aspect of the evidence that ought to have been considered in arriving at a model was not harvested.

Instead of re-opening, would the CHC agree to work with the Health Board to develop the model for the future- building on learning/experience over the last 6 months, investing resources in a different way, ie into AGPU

In the absence of any feedback from patients in relation to the new model, and the lack of in depth information in relation to the pros and cons of each of the 5 models considered, the Executive is not able to neither agree nor disagree with the proposal to permanently close MIU. The Executive would like to see meaningful engagement in relation to the Health Board's plans and would be happy to collaborate with the Health Board to that end. Such engagement should include an equality impact assessment. A key interest of the Executive is whether certain groups might be disproportionately affected by the change and how any such impact might be ameliorated.

As you will know, the CHC and the Health Board have a mutually agreed Service Change Protocol; it would be helpful if the proforma within that protocol could be completed so that we can ensure absolute transparency in relation to the case for change and how the clinical case has taken on board the views of members of the public.

In all other respects, the CHC is very keen to work with the Health Board to ensure that any plans that have the potential to benefit the majority of patients within our communities are taken forward without unnecessary delay.

The CHC is content to agree a further extension to the closure of MIU whilst engagement takes place. We consider that a further 3 months closure ought to be sufficient for that purpose but are open to receive the Health Board's own views in this respect.

I look forward to working with the Health Board as it explores its plans with patients and members of the public. Please do not hesitate to contact me directly if I can be of further assistance.

My best wishes



Yours Sincerely

Mwoyo Makuto

Chief Officer, Swansea Bay Community Health Council