INTRODUCTION

BMA Cymru Wales is pleased to provide a response to the consultation on the proposed South Wales Programme.

The British Medical Association represents doctors from all branches of medicine all over the UK; and has a total membership of over 150,000 including more than 3,000 members overseas and over 19,000 medical student members.

The BMA is the largest voluntary professional association of doctors in the UK, which speaks for doctors at home and abroad. It is also an independent trade union.

BMA Cymru Wales represents some 7,000 members in Wales from every branch of the medical profession.

RESPONSE

General principles:

BMA Cymru Wales accepts the principle that service reconfiguration is an inevitable response to the current climate of financial cut-backs, as well as to the challenges that patently exist to both the training of medical professionals and the recruitment and retention of medical staff.

We therefore recognise the concern that attempting to retain services as currently configured within the hospitals which presently serve the population across South Wales and South Powys presents the NHS in Wales with real and tangible difficulties in continuing to deliver and maintain quality service provision that can sustainably meet both public need and expectation.

As a general principle, BMA Cymru Wales supports reconfiguration of hospital services where good evidence can be provided that it can lead to real benefit to patients, and where the safety and standards of the particular services provided can be preserved and enhanced.

We do recognise that difficulties exist in relation to recruitment and retention within the area of South Wales and South Powys – as evidenced for example by a shortage of junior doctors – and we therefore accept that action needs to be considered which may involve a suitable reconfiguration of relevant secondary care service provision. We acknowledge, for instance, that as a result of recruitment difficulties, the current state of consultant-led A&E provision across the area is not tenable with problems also being
manifest in Obstetrics & Gynaecology and Paediatrics. We also note that there are not enough staff and associate specialist doctors to fill gaps where there are shortages of junior doctors. As such, we accept that simply maintaining the status quo is not an option and that, within current financial constraints, service reconfiguration of relevant services may have to be considered to ensure that safe levels of staffing can be provided for certain consultant-led services. The principles for both service reviews and hospital reconfiguration are outlined in two new BMA Welsh Council papers, which we attach with this submission.

**Reliance on a new hospital which does not yet exist:**

In considering the options which have been presented as part of this consultation, however, BMA Cymru Wales expresses significant concern that all four rely on the construction of the proposed Specialist and Critical Care Centre (SCCC) – a new facility to be built in Cwmbran by 2018–19 to provide services that are currently based at the Royal Gwent and Nevill Hall hospitals.

Our concern relates to the fact that there is presently no cast-iron guarantee that this proposed new facility will actually be delivered. Aneurin Bevan Health Board’s final outline business case is still awaiting approval from the Welsh Government and, although outline planning approval for the new centre has been obtained, full and detailed planning approval for the facility has still to be sought. There is still therefore a degree of risk that this new facility will not ultimately be realised.

Whilst we very much welcome the fact that clinicians have been involved in the work that has been undertaken to draw up the options now being put forward for public consultation, we also understand that the establishment of the SCCC – and the proposed transfer of consultant-led services that will accompany it – does not have support from a majority of consultants at the Royal Gwent Hospital who have already voiced their concerns to this specific proposal.

Until such time as there is greater certainty that the full go-ahead for the SCCC can be guaranteed, we believe it is dangerous that its establishment should be used as a basis for all of the options under consideration for the future of consultant-led maternity care, neonatal care, inpatient paediatrics and consultant-led emergency medicine to serve the populations of South Wales and South Powys.

Crucially, the plans to bridge the gaps in service – which are immediate – are not outlined, so we are unable to comment on any interim measures that would be necessary to get to 2018-19. It is quite possible that novel approaches, together with the training of relevant clinical staff in medicine and allied professions, could provide solutions to many of these sustainability problems within the same projected timescale and we are surprised that this does not appear to have been given consideration within the consultation document.

If one of the present four options is ultimately chosen, and it subsequently becomes apparent that the establishment of the SCCC will not after all progress, we are deeply concerned that the provision for this part of Wales of the consultant-led services referred to above could therefore be placed in jeopardy.

**Primary and community care:**

Whilst we welcome the references in the document to primary and community care services, and in particular the recognition of the need to strengthen GP services including during out of hours, we are deeply concerned that there is no specific detail provided within the document as to how this would be achieved.

It is the view of BMA Cymru Wales that such a strengthening of primary care provision should be in place before any changes are implemented to secondary care services. We note the reference within the consultation document to already developed plans for significant investment in primary and community services across South Wales and South Powys, but we would highlight our concern that no detail of what this will entail has been provided within the document. We note for instance that details are not provided of measures that may be required to strengthen out of hours GP services or address current recruitment challenges. We would also seek assurance that funding is available for such an expansion of primary care, and would stress that this is essential before we could support the South Wales Programme.
Given that there are currently recognised difficulties regarding GP recruitment and retention in Wales, it is extremely difficult for us to judge if what is proposed will be sufficiently robust to provide the increase in primary care provision that will be necessary to ensure the reconfiguration of secondary care services advocated by this plan will not prove detrimental to the quality of the services provided.

The ambulance service:

BMA Cymru Wales is equally concerned at the lack of clear detail provided within the document as to how the ambulance service will be enhanced to ensure that appropriate access for patients can be provided to those secondary care services which will in future be concentrated within fewer hospitals.

We note the reference to work having been carried out to look at journey times and how patients will be transferred between hospitals. We also note the reference to a significant piece of work being underway to review and develop new transport arrangements for sick and injured patients. We are deeply concerned, however, that neither of these references is backed up by firm conclusions and proposals as to how precisely the ambulance service will be appropriately enhanced. We believe this work should have already been completed, with clear proposals being presented for enhancement of the ambulance service as part of this consultation.

In addition, we note that the existing ambulance service has been under significant strain for some time and this is already manifesting itself in recognised underperformance in a number of areas. We would therefore question the ability of the service to cope with the extra demands that would be placed upon it by the proposed concentration of certain consultant-led services within fewer hospitals.

We note the assertion within the document that the costings included for the revenue implications of each of the four options presented “includes costs associated with Welsh Ambulance Service NHS Trust’s national modernisation programme on which the South Wales Programme will be dependent”, but we would question how this can be accurate when a significant piece of work to review and develop new transport arrangements is, according to the same document, still underway. How can we be sure how much the required enhancement of the ambulance service will cost, when part of the work to establish how it needs to be enhanced is still not complete?

The document states that a key part of the Welsh Ambulance Service’s clinical strategy is to reduce the number of patients who are taken to hospital unnecessarily by developing specialist and advanced paramedics who can provide care closer to patients’ homes. We would not necessarily disagree with this, but we believe that an evidence base for such a model should be presented to demonstrate how it can lead to a reduction in admissions. We note for instance that it will require a change in current practice, since first-responders do not presently discharge patients and this only occurs after they have been taken to A&E.

Training:

BMA Cymru Wales welcomes the references to training that are contained within the consultation document, and acknowledges that enhancing the effectiveness of training can be a recognised driver for service reconfiguration if it then ensures that doctors in training see sufficiently large numbers of patients to assist them in gaining the necessary level of experience and skills.

The consultation document states that the Wales Deanery believes that concentrating certain services in fewer hospitals will help training and also help the NHS in recruiting the doctors it needs to provide services. In general we would support this view, but we also recognise that when major centres become too big and too busy this effect can be negated, leading instead to the quality of training being compromised. Indeed we note there is evidence \(^1\),\(^2\),\(^3\),\(^4\) which demonstrates concentrating resources does not lead to cost saving, and can often lead to an increase. The same evidence does not suggest a material increase in quality of care occurs.

---

2. [http://www.york.ac.uk/inst/crd/CRD_Reports/crdreport8Sum.pdf](http://www.york.ac.uk/inst/crd/CRD_Reports/crdreport8Sum.pdf)
sometime the reverse, so the basis of the plan must be questionable both in resource terms and patient safety terms.

A careful balance may therefore need to be struck, and we would wish to be assured that appropriate workforce planning has been undertaken to effectively demonstrate that training will indeed be enhanced by the specific changes in service provision proposed within each of the options presented. Without such detail being provided, it is difficult for us to make a judgement as to the extent of the impact of the options proposed upon training for doctors.

Other areas of concern:

None of the options put forward in the consultation document address the shortage of hospital beds which currently exists within South Wales and South Powys, including ITU beds. The proposals do not therefore address the current inability of secondary care provision in the area to cope with peaks of demand.

It is similarly unclear how the hospitals that are chosen to retain full A&E provision will cope with the increased number of admissions they will receive, once patients are diverted away from other hospital where A&E services are to be downgraded. BMA Cymru Wales is concerned that plans are not also being put forward to increase bed numbers at the hospitals set to retain full A&E provision, in order to mitigate this problem.

In the view of BMA Cymru Wales, the consultation document seeks to downplay the effect of some of the proposed changes on patients in an attempt to bring consultees on board with the options being put forward. We also believe that the document is not explicit that a downgrading of A&E services in certain hospitals could in turn lead to a loss of other services from these hospitals. The document may therefore be failing to outline the full impact of the proposals.

Whilst we note the reference to an intention to establish a trauma network for South Wales, led by an experienced trauma clinician, we are concerned that full and detailed information regarding this proposal has not been able to be made available prior to this consultation being undertaken. This again means people are being asked to comment on a consultation document which does not provide full detail of what is being proposed.

We are concerned that the public might be confused as to where they should go for emergency treatment under different circumstances if the proposed changes are implemented. We would therefore seek assurance that an appropriate publicity campaign would be put in place to fully explain the impact of any changes that may be agreed.

Conclusion:

BMA Cymru Wales accepts that, within the context of finite resources and existing difficulties with recruitment and retention of medical staff, service reconfiguration may have a role to play in the safe provision and maintenance of certain consultant-led secondary care services.

We are nonetheless significantly concerned about a number of aspects of the proposals that have been put forward within the consultation document on the South Wales Programme. In particular, we would question the reliance of all the options presented on the building of a new hospital which does not yet benefit from either an approved final business plan or full planning consent.

We also have concerns that the consultation document fails in a number of areas to make a sufficiently detailed and evidence-based case for the changes that are proposed. For example, we believe it does not fully outline how both primary care services and the ambulance service will be appropriately enhanced; nor does it provide full and detailed modelling underpinned by appropriate workforce planning to demonstrate how training for doctors will be improved.
Contact for further information:
Rodney Berman
E-mail: Rberman@bma.org.uk
Tel: 029 2047 4620
Fax: 029 2047 4600
Mobile: 07867 356106