

Facebook Q&A on maternity and children's outpatient services **17th April 2018**

Question - "Hi there, I'd like to ask a question prior to the Q&A session this evening. Will the changes affect the Children's Centre or Children's Outpatients? We attend regularly with our young son, and would hate to have to go elsewhere, as this is a hugely valued resource and service. Thank you."

Answer - No, not at all. In fact we are looking to take this opportunity to expand some of those services and to also bring services closer together for mental health and physical health for children.

Question - "What provisions and financial help will be put in place for mothers who depend on public transport? From Tonypanyd I would have to either catch two trains or do a 40 minute walk, or two long bus journeys just to get to the Prince Charles Hospital in Merthyr Tydfil, let alone trying to get to Bridgend. It would be a lot harder for people further up the Rhondda valley. Will there be any financial help for mothers whose babies are in the NICU units, as public transport is expensive and there will be many who won't be able to afford to visit their baby every day, therefore missing out on precious bonding time.

Just to give some context to my question as this is an issue which worries me greatly. My daughter was born 10 weeks premature in 2013 (not in this area). Being separated was awful and not being able to see her everyday would have devastating. I was lucky I was able to get help from family driving me there daily to see her, but that would be impossible now. Also having had a C-Section public transport would have been extremely difficult if not impossible the first few weeks after the surgery.

I hope my question and its surroundings context have made sense. I am happy to explain myself further if it hasn't."

Answer - For families who are in receipt of benefits there are already systems in place to provide some financial support. Specifically for special care baby services we have also introduced a new initiative called BABI which enables us to provide parents with iPads so that they can see their baby at any time in the unit 24/7.

<http://cwmtaf.wales/innovative-technology-helps-new-mums.../>

We make provisions for parents who wish to stay with their baby if necessary and in cases where there is significant financial hardship and children might be in hospital for a long time there are charities that we can help to access for support for transport. If you're ever in these circumstances, please ask our staff.

Question – How many more departments are we going to lose at the royal? It's difficult to get to Merthyr from the Rhondda and many can't afford the travel fair. We have lost enough in the Rhondda it has to stop.

Answer - We are not currently planning to move any further services from RGH. In fact, we have recently moved a number of services to that hospital from Prince Charles Hospital, including breast cancer services, some urology services and some other surgical services. We would be happy to provide information off-line if you would like it.

Question - I have one question well maybe a statement. Royal Glam has more births than Merthyr and Bridgend. In recent weeks we have seen Merthyr hospital, bridgend and the Heath full to capacity and even some hospitals restricted because of the snow. (I know this is a rare occurrence) when I had my son had it not been for the fact I could have an emergency section working 10minutes sadly he wouldn't be with us today! Is that what it's going to take for you to stop this ridiculous "cost saving" idea. Someone to go through the heart ache of losing a child because of the "statistics" these are human beings you're dealing with not numbers on a piece of paper. Do what's right for your patients not what's right to keep the powers that be happy! There are other ways to save money and this isn't one of them!

Answer - You make an important point about capacity and this is why the building work is underway in Prince Charles and also in the Heath hospital to expand their units. Can I say absolutely, no money will be saved as a consequence of these changes. This is not a cost saving exercise. In fact some of the investments we are making will add to the overall cost of the service.

Question - If as you say this is not a cost saving exercise, why exactly are you doing it?

Answer - we need to have a minimum of 11 doctors on every tier of junior rota and we simply can't recruit enough to run services 24/7 on two sites. What we are trying to do, to minimise the impact overall, is provide good quality services in two places for most of the time but sadly we can't provide that overnight in both places.

Question - "What will be done to encourage more midwifery led births specifically home births within Cwm Taf? Currently there are insanely low home birth numbers in the area and those that do request home birth risk the plan being changed at the last minute due to community midwives being called into acute services. This is a VERY regular occurrence. The Birth place study shows that home is THE safest place for low risk multiples to birth and yet Cwm Taf does not seem to be taking this on board. It would also have a positive impact on the trust financially.

"This seems like the ideal opportunity to set up a dedicated home birth team of midwives both North and South".

Answer - We totally agree that for low risk women birth at home or in a midwife-led unit is an excellent and safe choice. However, we also recognise that the place of birth really must be the choice of the mother. We will be actively promoting midwife-led care so that the suitable mothers can make a truly informed choice about their place of birth.

Question -for responding. I think it's great that you are looking at ways to provide unbiased information for all women so that they are able to make an informed decision. What does that active promotion look like? Also how are you addressing the situation with community midwives being called in to acute services? Will there be changes to this current system in order to facilitate more midwifery led care outside of hospital?

Answer - We are working with our new head of midwifery to review all the literature and the working rosters for midwifery staff.

Question - My son has open access and can come into Ward 17, be monitored and eventually he can deteriorate and need to stay in (or he can sometimes be ok and go home). So if I've got this correct the daytime ward will still be open? If so how and when do they assess and transfer to another hospital which seems ridiculous because you are transferring the vulnerable (going out into a cold ambulance on IV won't help recovery)

Answer - This is exactly why those children with open access to the ward will need an individualised care plan. You're absolutely right, we wouldn't want any unnecessary transfers, and the important thing will be getting the child to the right place first time.

Question - I can't see how that doesn't just mean....go straight to a hospital further away for open access which isn't what we need. Is this a done deal or can we object?

Answer - The decision about the inpatient ward was subject to a significant public consultation almost four years ago so I am afraid that decision has been made and the change will go ahead. However, we really want to work with the small number of families that are known to us as their children have complex needs to make sure that we do everything possible to make this work for you and your child. Whilst we will obviously talk to you about your own child, if there are parents who would be willing to engage with us to look at this in more detail, please get in touch with us offline with your details and we will be in touch.

Question - What happens to children with open access to the ward? What happens if a child is on your ward at 9pm and no ambulances able to do the transfer as we all know there is already shortage in ambulances?

Answer - Any parent with a child (usually with complex needs) who currently has open access to Ward 17 will have an individual care plan agreed with them before any changes happen. The new paediatric Assessment Unit (PAU) at RGH will be open seven days a week (8am-10pm) and this will probably form a significant part of that care plan with different arrangements being agreed if services need to be accessed out of hours. We are planning to have a dedicated ambulance transfer service to support the PAU.

Question - Will these ambulances be run a private company similar to the Watch team based in Bristol where waits for critical care transfer ambulances have been ridiculous or based locally to avoid anxious waits?

Answer - We are currently working with Welsh Ambulance Service to get a solution in place.

Question - My daughter is one of the many children with complex needs who receive the 'open access' to ward 17. I read that you plan to have individual care plans agreed before any changes. This 24 service is going to be stop in a matter of weeks, I have not been contacted to start this process? Will there be two sets of notes, one on both sites? Have you ever tried going to a new setting and having to explain to staff who don't know your kid how complex their needs are... I currently don't need to do that at RGH. They know and understand my child. That takes so much stress away from the situation.

Also access to PCH certain times of the year is terrifying and I am treading the time when that journey needs to be made. I believe moving this service is a very dangerous move.

Question - Yep I agree with everything you have said. We arrive on ward 17 everyone knows my son (has since birth) all know his problems etc. He knows where we are going when we arrive so isn't frightened etc. They know all his history etc. When we have had to visit a different hospital in the past for surgery I've had to start the process again with a distressed child

Answer - Please can we reassure you that these changes are not going to be happening for many months yet and so we promise there will be plenty of time to work this through with you before the changes happen.

Question - Totally agree, our daughter is on volume 7 of notes, how will a unfamiliar doctor be able to access these when they are kept in another hospital?

Answer - Just to reassure you we have a single health record across the whole of Cwm Taf and our single record store is where all notes are kept so that they can be accessed and transported to where they need to be 24/7.

Question - What if there are no beds available in PCH or UHW for children. What are our choices? Who do we call? We currently have open access at W17 RGH.

Answer - Any parent with a child (usually with complex needs) who currently has open access to Ward 17 will have an individual care plan agreed with them before any changes happen. The new paediatric Assessment Unit at RGH will be open seven days a week (8am-10pm) and this will probably form a significant part of that care plan with different arrangements being agreed if services need to be accessed out of hours. I would like to reassure you that there will be no overall loss of beds in the system when this change takes place.

Question - So will there be xx amount of beds made available just in case for open access cases?

Answer - We haven't specifically designated a number of beds (we don't do that currently even in RGH). What is important is the individual care plan for the children with complex needs and that everybody knows where they need to go and that they get the right service when they get there. We absolutely commit to making sure this is done well before any changes take place.

Question - Thank you. But can you understand our concerns regarding bed spaces? These measures are shrinking the services so less spaces for those children who normally fill rgh. We've been to picu uhw and once extubated we expected a short turn at uhw but we were transferred to w17 rgh because there were no beds avail at uhw. We spent a further week at w17 before discharge. This is a real real worry. And its causing stress. I can't see it working in my opinion

Question - I am a single mum with a child with medical problems and spend many hrs on the ward. When my son eventually sleeps I can pop home, collect things (usually his prescribed milk) see my other child etc. Family members can visit to help me, however we currently live 12 minutes away. That will be impossible when I have to go 50 minutes with him. Also a 50 minute drive home from Merthyr when you've spent

numerous nights in a hospital with a sick child, probably not slept yourself will not be an easy or practical drive

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Answer - I am very sorry and I totally understand that this will be more difficult in the new service model. Once again, I reiterate that if there was any way we could recruit more doctors and retain the 24/7 service in RGH we would. Our priority has to be the safety of our patients and therefore if we don't have doctors resident overnight we can't guarantee safety.

Question - so it's easier to recruit Doctors for PCH than RGH although it's further away from Cardiff where most of the doctors live?

Answer - it's not about the location of the doctors it's about the numbers that we can recruit. The location of the overnight beds was decided as part of the public consultation in 2014.

Question - Why are you moving these services to old hospital when RGH is practically a new hospital and has better access and facilities for people to get to from all around. PCH is so out of the way and is a trek for people who don't drive and need to catch 2 buses to get to it. Are you trying to push everyone down the Heath as that's easier to get to than PCH?

Answer - The 2014 public consultation looked at all of the options and one of the significant factors was the distance people would have to travel and the number of people who would be affected. We will post the link to the original -consultation information that identified RGH as the place to change if you would care to have a look at it. <http://www.wales.nhs.uk/SWP/consultation-documents>

Question - On what basis was this change based on? How far did they base the distance on people travelling? You have not given a lot of thought to the people in the Rhondda, Pontypridd, Llantrisant or surrounding areas on the distances they have to travel especially in emergencies. The residents in Merthyr, Aberdare are laughing as they have a number of hospitals in stones throw from them. Also surely PCH is practically in the Gwent area as it's only about 2 minutes down the road for the Gwent sign plus Nevil Hall hospital is not that far away from it. The Gwent area has 15 hospitals, compared to Cwm Taf having only 7 (ok these are made up of the community and mental health ones to) and there are only two major hospitals within that area being PCH and RGH.

Answer - I know it's a lot of information to read but the website we linked you to above has all the details about how they calculated the distances, etc. It is under the heading 'how we got here'. I am not sure if you're aware but it was significant at the time that the children's services from Neville Hall will be moving to the new hospital in Cwmbran when it

opens in about 2020 and this was a big factor in identifying where the inpatient services would be.

Question - Was the closure of the neonatal ward always the plan when the unit was downgraded years ago? I believe this has always been the intention! How on earth do you expect the other neonatal units to cope with the added pressures of the unit closing at RGH ...when at the moment with the unit still open , RCT babies are being seen at singleton , royal Gwent and even as far as Somerset?

Answer - The neonatal unit was included in the 2014 consultation and as part of these changes extra neonatal cots are being built in PCH and UHW to address the problem that you have outlined.

Question - How many more cots will be available in PCH and UHW? surely not as many as we are losing from RGH?

Answer - When it went from a level 3 to a level 2 unit many years ago the current changes were not considered. These changes now are sadly as a consequence of the lack of junior doctors. There will be 19 cots in PCH in total and Cardiff are planning for about 15/20 extra cots over the next couple of years (this will be phased in line with a building programme).

Question - Will princess of Wales pick up any of these services with the upcoming boundary changes? Prince Charles is a long way from Bridgend.

Answer - These plans were never designed to move patients from PCH to Bridgend but any patient living in any of our areas can choose to access these services in whichever hospital is most convenient for them.

Question - thanks but the question is will princess of Wales pick up any of the services being moved. There is a children's centre and maternity services in POW? Will these remain or be considered as part of the centralisation. I appreciate that the deal is not definite yet but is the recommendation and it's more likely than not to go ahead than not

Answer - The public consultation back in 2014 determined that the paediatric inpatient and consultant-led maternity services would remain in Princess of Wales Hospital. It was also recognised that these services and the services in Cardiff may be more convenient for some people than going to PCH and this will be available to people. We can't comment on the decision around boundary changes because no decision has yet been made by Welsh Government.

Question - We also have used kids ward right for 10 yrs we have open access staff know my daughter well travelling new places is stressful for my daughter and new staff, plus length of journey added risk in winter road closures. Even more delays in accessing care.

Answer - Any parent with a child (usually with complex needs) who currently has open access to Ward 17 will have an individual care plan agreed with them before any changes happen. The new paediatric Assessment Unit at RGH will be open seven days a week (8am-10pm) and this will probably form a significant part of that care plan with different arrangements being agreed if services need to be accessed out of hours.

Question - What happens when the mountains are closed due to adverse weather? How do children from Rhondda Fach and Fawr access PCH and the help they need?

Answer – When we did the pilot of the PAU (paediatric assessment unit), we did it for a month in the summer and a month in the winter. What we found in both trials was that the vast majority of children, because the consultant was there seeing them straight away when they arrived, were able to be treated and discharged home without the need for an overnight stay. For the small number of patients who did need to stay in hospital they and their families would be transferred by ambulance and therefore not reliant on any bus services. All outpatients and day case operations will carry on in RGH exactly the same as now. It is only the small number of patients who will need to stay overnight and will transfer to Merthyr and our experience is that most parents will stay with them. We are looking at public transport services between the Rhondda and PCH to support visitors for a whole host of services (both ways). But as we know, there are limitations in the hours and frequency of public bus services generally.

Question - What happens to children in Merthyr who need assessing would they have to attend the RGH or is there going to be a facility at pch which also will offer this?

Answer - Children who are currently assessed at PCH will be assessed exactly the same way as they are now. We will also be looking to extend the learning from the PAU to PCH.

Question - I pray for all the young children and new born babies as this is not going to end well big mistake my grandson was on the ward with a infection for 2 weeks they could not find out were it was we were lucky to live 10 minutes away prince Charles is 60 minutes away a lot of traveling for parents visiting on top of the worries they have please think this through again and think of people not money saving

Answer - Please be assured this is absolutely not about money. This is about safe care. With all things considered, what we must have are resident doctors 24/7 to provide safe care for all our patients.

Question - I would like to understand what is happening in Wales regarding recruiting and training more paediatric and obstetric doctors? I seem to recall these changes to services were deemed the answer to recruitment problems. What progress has there been in training doctors since this was recognised as an issue?

Answer - There's been a lot of change in the way that doctors are trained across the UK in recent years. This has meant we have to almost double the number of doctors now to run safe rotas and whilst the numbers of medical students and trainee doctor posts has increased there are still lots of gaps where it is difficult to fill. We're not unique in Cwm Taf, this is a UK problem. We have tried very hard to also recruit from overseas but are somewhat limited by the current immigration regulations. Please be assured we are doing everything possible and if there's any way we could recruit more doctors we would.

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Question - As this option has been labelled as the 'least bad option' by SWP, what were the other 'bad options'?

Answer - I think it's important to recognise that nobody would want to be making changes like this unless it was absolutely necessary. There were a number of options, all of which are outlined in the consultation document, which you can access at <http://www.wales.nhs.uk/SWP/homeManage> South Wales Programme.

Question - Out of interest, what changes are being proposed?

Answer - Back in 2014 there was a big public consultation which resulted in the decision to change the paediatric, obstetric and A&E services at RGH. The A&E changes have already happened and this autumn the changes to the children's ward and the consultant-led maternity services will take place. We will place further information on our website now and send the link. Please see link <http://cwmtaf.wales/changes-to-childrens-inpatient-and.../Manage>