

11 June, 2025

LLANELLI RURAL COUNCIL

Minute Nos: 41 – 46

At the **COUNCIL** Meeting of the Llanelli Rural Council held at the Council Chamber, Vauxhall Buildings, Vauxhall, Llanelli, and via remote attendance on Wednesday, 11 June, 2025, at 6.00 p.m.

Present: Cllr. S. N. Lewis (Chairman)

Cllrs.

D. M. Cundy	R. E. Evans
M. V. Davies	J. Lovell
S. L. Davies	K. Morgan
T. M. Donoghue	J. S. Phillips
A. Evans	A. J. Rogers
E. M. Evans	W. E. Skinner
N. Evans	A. G. Stephens

Absent: S. M. T. Ford, J. P. Hart, S. K. Nurse

Together with representatives of Hywel Dda University Health Board:
Alwena Hughes-Moakes - Communications and Engagement Director
Nicola Couceiro - Head of Engagement
Gaynor Megicks - Engagement Officer
Daniel Warm - Head of Planning
Jon Morris – Clinical Lead MIU
Ben Rogers – Principal Programme Manager
Robin Ghosal – Respiratory Physician and Hospital Director Prince Philip Hospital
Meinir Williams – Deputy Head of Nursing

41. APOLOGIES FOR ABSENCE

Apologies for absence were received from Cllrs. S. R. Bowen, A. G. Morgan and O. Williams.

42. MEMBERS' DECLARATIONS OF INTEREST

Cllr. A. J. Rogers declared a personal interest in Minute No. 44, as his partner worked for Hywel Dda University Health Board.

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43. PUBLIC PARTICIPATION

There was no public participation in the proceedings.

**44. HYWEL DDA ENGAGEMENT – PRINCE PHILIP HOSPITAL
MINOR INJURY UNIT**

Cllr. A. J. Rogers declared a personal interest in this matter, because his partner worked for Hywel Dda University Health Board.

Further to Minute No. 17, the Chairman welcomed Alwena Hughes-Moakes - Communications and Engagement Director, Nicola Couceiro - Head of Engagement, Gaynor Megicks - Engagement Officer, Daniel Warm - Head of Planning, Dr. Jon Morris – Clinical Lead MIU, Ben Rogers – Principal Programme Manager, Dr. Robin Ghosal – Respiratory Physician and Hospital Director Prince Philip Hospital, Meinir Williams – Deputy Head of Nursing Hywel Dda University Health Board (HDUHB) to the meeting and invited them to address members regarding the public consultation outlining the four options for the future operation of the Minor Injury Unit at Prince Philip Hospital.

Ms Hughes-Moakes thanked members on behalf of the HDUHB representatives for the invitation to attend the meeting and proceeded to inform members of the health service they provide for 400,000 people. This was across a quarter of the landmass of Wales in Carmarthenshire, Ceredigion, Pembrokeshire as well as to communities on the borders in south Gwynedd, north Powys and Swansea/Neath Port Talbot.

Mr Warm then took members through the presentation which explained that HDUHB was seeking the public's views on the best model for the Minor Injury Unit (MIU) at Prince Philip Hospital following a temporary reduction in opening hours (from 24 hours a day to 12 hours a day) that was agreed by the Health Board in September 2024 and introduced on 1 November, 2024 for a period of six months, while options were developed for the MIU's future.

The urgent and temporary change to opening hours was made because of concerns about quality and safety, raised by Healthcare Inspectorate Wales (HIW). In addition to the safety and quality issues, there were a lack of doctors available to work overnight at the MIU, meaning the risk to safety was greater. There had been ongoing attempts to recruit doctors nationally, but it has not been possible to recruit enough doctors who were willing to work overnight at the MIU.

Introducing temporary and urgent service change could be difficult and was only done when the Board felt there was no other option to ensure the safety and quality of their services.

In November 2024, the Board considered how the longer-term options for the service delivery model at the MIU could be developed.

To support this work, three groups were established:

- a Steering Group, chaired by the Interim Executive Medical Director, with members of clinical and support staff, together with Llais (an independent statutory body, set up by the Welsh Government to give the people of Wales more say in the planning and

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delivery of their health and social care services), and Save Our Services Prince Philip Action Network (SOSPPAN) representatives.

- a Project Group, chaired by the Hospital Director at Prince Philip Hospital with members of clinical and support staff, together with Llais and SOSPPAN representatives.
- an options appraisal stakeholder group including members of Llais, SOSPPAN, and people who had expressed an interest in being part of the options development process.

At the Public Board meeting held in March 2025, the Board considered if they could reinstate the 24-hours every day opening hours at the MIU. Board members decided, largely based on staffing pressures and that a robust 24-hour rota was not in place, that it could not return to the original opening hours. The Board agreed that the temporary change to opening hours of 12 hours a day seven days a week should remain until a long-term option could be implemented.

Representatives made clear to members that no decisions about the future model for the MIU had yet been made and the HDUHB wanted to talk to members, its staff, patients, wider communities, organisations it worked with, and people who had an interest in health and well-being in the Board's area.

Members were informed, the options appraisal process developed a series of options for delivering healthcare at the MIU based on principles of care that were safe, sustainable, accessible and kind. Initially 12 options were identified but following an initial swift this was narrowed down to four options.

The four options that passed the hurdle criteria were put through the second check and challenged session. The four options were:

Option 1 – a 12 – hour doctor led unit

This model was based on the current 12-hours a day, seven days a week doctor led unit, with a further two hours staffing to allow patients in the unit to be treated. This would be in line with temporary closure model that has been in place since 1 November 2024 and open from 8am to 8pm every day.

The opening hours were based on reduced attendance numbers between the hours of 8pm and 8am, before the temporary change was introduced.

Option 2 – a 14 – hour doctor led unit

The option would operate the same as option 1 but would be open to the public for 14 hours; with a further two hours staffing to allow patients in the unit to be treated.

Option 3 – a doctor led phased option from 12 hours up to 24 hours

This option would initially be open for the current 12 hours, with a further two hours staffing to allow patients in the unit to be treated. It would then move to 14 hours, with a further two hours staffing to allow patients in the unit to be treated, and ultimately 24 hours overall. If this option was chosen, the phasing would be developed over time, but there would be a commitment to return to a 24 hour model, seven days a week as soon as it was safe and practical to do so.

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Option 4 – urgent care centre (Same Day Urgent Care (SDUC) type model) 14 hours a day, seven days a week.

This option would be a new way to deliver the service and would see the MIU and the Same Day Emergency Care (SDEC) services come together. SDEC provides tests and treatments for adult patients with medical problems that do not require hospital admission and can be accessed via a patient's GP. This would allow for more injuries/illnesses that need attention urgently but are not critical or life threatening, to be seen and treated, than the current service offers.

Same Day Urgent Care (SDUC) services provided immediate care for non-life-threatening illnesses on the same day you need help. Patients could be referred in by other professionals or attend on the day. They can diagnose and deal with many of the common problems including minor injuries normally seen at a MIU as well as minor illness.

Patients can be assessed, diagnosed, and treated and then they can return home the same day. They may be given a plan of care involving referrals to other services if necessary. These services would also develop links with community services so that patients can have tests and treatments for certain conditions, avoiding the need to come to the hospital.

There then followed a general question and answer session during which assertions were made about reverting to a full Accident and Emergency Service. It was explained this was not feasible because the hospital lacked other essential specialist services needed to support an A&E service. This had been the case for many years, dating back prior to the introduction of the current MIU model and the Acute Medical Assessment Unit. Moreover, the practice of medicine was becoming more complex, and treatments and care had advanced to a point where sub specialist doctors were now needed. Subsequently members then referenced the clinical staff shortages being experienced by the Health Board especially in not being able to recruit enough doctors and GPs to staff the MIU. By way of reply, Dr Morris who worked in the MIU stated whilst additional staff had been recruited there were still gaps in having the necessary cover in place for staff rotas. The other difficulty faced by the Health Board was that doctors and GPs were put off from joining the Health Board and working in the MIU because there was a growing tendency amongst younger job applicants and new recruits of not wanting to work anti- social hours. They were no longer prepared to work night shifts to support the 24/7 operation of the MIU.

Having concluded the online presentation and question and answer session, Health Board representatives were thereupon thanked for their participation, following which they withdrew from the meeting. Whereupon members deliberated as to how they should respond to the consultation proposals at this juncture, and it was

RESOLVED that:

- 1.The presentation be noted with thanks but for the time being no view be formally communicated to the Health Board about the four options set out in the presentation; and in the interim
- 2.Letters be sent to the Health Board and subsequently the Welsh Government, with the intention of seeking further clarification about the Board's current recruitment drive and attempts to employ additional doctors and GPs to support the ongoing operation of the Minor Injuries Unit service model, whatever this may look like going forward. Furthermore, whether Welsh Government was able to offer further assistance to the Health Board to address the current clinical staff shortages impacting upon the service considering the action taken thus far by the Health Board.

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3.The matter be revisited once again following the receipt of responses from the parties referenced in 2. above.

Cllrs. S. L. Davies, E. M. Evans, J. S. Philips and A. G. Stephens left the meeting during discussion of the above.

45. CONFIRMATION OF MINUTES

RESOLVED that the following minutes (copies of which had been previously circulated to members) be confirmed and signed as a true record of proceedings:

Annual Meeting	13 May, 2025
Council	13 May, 2025
Recreation and Welfare Committee	20 May, 2025
Policy and Resources Committee	21 May, 2025
Special Recreation and Welfare Committee	4 June, 2025

46. COUNCIL ANNUAL REPORT 2024/25

Members received the council’s annual report detailing key activities and achievements over the last year as well as noting the progress made with promoting and enhancing local biodiversity and moreover how the council had contributed towards the objectives contained in the Carmarthenshire Public Services Board’s local well-being plan.

Following discussion, it was

RESOLVED that the annual report be approved for publication on the council’s website and for immediate release to the Carmarthenshire Public Services Board.

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The Meeting concluded at 7.40 p.m.

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The afore-mentioned Minutes were declared to be a true record of the proceedings and signed by the Chairman presiding thereat and were, on 8 July, 2025 adopted by the Council.

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