

**Petitions Committee Rapporteur Visit to Prince Charles Hospital
Renal Unit, Merthyr**

19 January 2012

Present:

- William Powell AM, Chair
- Bethan Jenkins AM
- Robert Kendrick, lead petitioner and patient at the renal unit
- Dr Mat Davies, renal unit clinician
- Kathryn Amaro, nursing manager of the renal unit
- Richard Parry, B Braun
- Allison Williams Chief Executive, Cwm Taf Health Board
- Dr Christopher Jones Chairman, Cwm Taf Health Board
- Debbie Owen, Cwm Taf Health Board Communications Manager
- Abigail Phillips, Clerk to the Petitions Committee
- Sarita Marshall, Deputy Clerk to the Petitions Committee
- Alex Feeney, NAW Press Officer

Background:

The Committee received a petition calling for a new renal unit at Prince Charles Hospital in November 2011. The petition was submitted by a renal patient and collected in the region of 1,150 signatures. The wording is as follows:

***Petition for a new renal unit at Prince Charles Hospital,
Merthyr Tydfil***

The current unit was built in 1989 to treat up to 16 patients per week that number has now grown to 52. So with the rising number of renal patients rising annually it is really important that we have a new renal unit.

The following are just a few of the problems that we have to put up with:

- 1. No Isolation Area (which could lead to cross infection)*
- 2. Only one toilet for all patients both male and female*
- 3. Cramped waiting room*
- 4. Poor airconditioning*
- 5. Unit has been flooded on a number of occasions*

During its first consideration of the petition, the Committee agreed to visit the unit before considering its next action.

Existing Unit

We chatted informally with patients and staff at the unit. We were told that the unit has been located in a portocabin since 1989 and that the 'life expectancy' of the facility within the portocabin was seven years. The Chair of the Health Board told us that the number of patients requiring treatment at the unit has increased threefold since the unit

was opened, and that Merthyr has the highest incidence of renal illness in Wales.

Clinicians and patients told us that dialysis takes up to 3.5 to 5 hours at a time, and that patients may require this treatment for three days a week for the rest of their lives. We were also told that some of the patients receiving treatment in this unit live as far away as Llandrindod Wells. With travel time, this can mean a 7.5 hour day for some patients. Given the amount of time patients spend in the unit, comfort and practicality are key concerns.

We witnessed the close quarters within which patients are treated and staff operate. We were told how the lack of space impacts on the dignity of patients and how it is difficult to manoeuvre trolleys and equipment. There is no space for an isolation unit, meaning that patients with infectious illnesses, such as 'flu, are treated in the main unit, which can lead to cross-contamination.

Patients described some of the problems experienced in the unit. These included flooding and residual damp; condensation; inconsistent air conditioning, leaving patients cold; the fact that there is only one toilet for all patients and staff, and that this is also used by ambulance staff due to the nature of their job; and unsuitable fluorescent lighting.

One patient told us that, two years ago, the unit was declared unfit for use and that the unit falls below the legal standards for space between beds/treatment chairs and toilet facilities. This was confirmed by staff at the unit. She also pointed out the lack of canopy at the entrance, meaning that patients are at the mercy of the elements in transferring between ambulance/car and the entrance. This is a particular problem for those on stretchers.

Staff told us that they found the working conditions cramped, which made manual handling difficult and that there is a lack of privacy for the patients. We were told that private consultations have to take place in a room that doubles up as a store cupboard. We were also told that the water treatment facilities at the unit were below par and that the conditions make it difficult for the cleaners to do their job, although they do very well under the circumstances.

The unit has two televisions, which some patients watch. However, for those who want to sleep, the sound from the televisions can be a problem. Patients told us that, ideally, they would like individual television monitors, as in other renal units, but at the very least, they would like to have headphones so that people can choose whether they listen to the television or not.

We were told that there is a waiting list to receive treatment at the unit, and that many have to travel to Cardiff for treatment. Conversely, some patients opt to travel to Cardiff to receive treatment due to the condition and lack of facilities at the Prince Charles Hospital unit

The waiting room has space for nine seats only, but there may be as many as 19 patients at the unit at any one time, and some of these patients are in wheelchairs, which require more space and room to manoeuvre.

Partnership Arrangements at the Unit

The Chief Executive outlined the partnership arrangements under which the unit is operated. The partners are: the Welsh Health Specialised Services Committee (which is made up of representatives of every health board), Cardiff and Vale University Health Board as the clinical service provider, Cwm Taf Health Board as the landlord, and B Braun, a private company commissioned to provide the consumables and fittings for the unit.

We were told that commissioning a private company to provide this service saves the NHS up to £20 per person per dialysis session, compared with the cost to the NHS of providing this service through its own means. We were told that competitive tendering provides best value.

Plans for New Unit

The Chief Executive told us that WHSSC has decided unequivocally to retain a renal service in Merthyr. It had decided that Prince Charles Hospital was the preferred site due to the size of the unit required. Architectural plans were displayed in the waiting area for the new unit, which was proposed in 2010. The CE explained that any capital investment needs to be future-proof, so the proposed unit needed to have reinforced foundations and roof to support any storeys that may be added in the future.

Due to a cut in NHS funding (we were told that by the Chair of the Health Board that the all-Wales capital fund had been reduced by 40 per cent), this proposal is no longer possible within the current financial settlement. It was felt that once other upgrading on the site has been completed, there would be existing space within which the unit could be located. However, the space will not become available until 2018, which all parties agree is too long to wait.

WHSSC then took the decision to look at options for a third party to develop a unit within three miles of the hospital and has identified a site adjacent to the new Merthyr health park, which is due to open in September 2012. There are disadvantages in not being connected to the main hospital in terms of the close proximity of doctors and the need to use ambulances in an emergency and the time delay involved

in that. The nursing manager also pointed out that a number of people with renal disease also suffer with co-morbid illnesses and that the number of dependent patients will increase as people live longer and that therefore an on-site model would be preferred. However, the CE told us that the off-site model works in the unit in Pentwyn, Cardiff and elsewhere.

Other options considered include construction adjacent to an ambulance station, and converting former blocks of accommodation on-site. However, it has been decided that the footprints of these locations are not the appropriate size and shape.

Therefore, the option on Merthyr health park is now being actively pursued and feasibility work needs to be completed and a tendering process started. It is thought that the planning permission is likely to be granted and it is estimated that the construction would take less than 12 months to complete. However, were capital money to become available, the CE told us that they would revert to plan A and build the unit proposed in 2010 on the periphery of the site.

As this model would be developed by a third party, there will not be upfront costs and therefore the development is not dependent on capital. It is estimated that the final cost of this development would be £6.5 million. We have been informed that the originally planned development on the hospital site would have cost between £4 and 4.5 million in capital.

Renal Unit at Pentwyn, Cardiff

Patients and staff spoke of the unit at Pentwyn, Cardiff. The representative of B Braun told us that the unit there is state of the art and fitted to the European standard, that it is located in a converted unit on an industrial estate (and is therefore not on a hospital site) and that it was built at a much lower cost than that of building an NHS building from scratch. This unit also provides water treatment that is cannot be provided at Prince Charles Hospital.

Outcome of Meeting

The Chief Executive made a commitment to the petitioner that she would ensure that WHSSC met with patients to discuss the proposal, so that patients could raise any concerns around access and so on.

Suggested Further Action

The Committee may want to visit the unit in Pentwyn, Cardiff, to discuss the advantages and disadvantages of the off-site model with patients and staff.

**Committee Service
January 2012**