

Maintain 24 hour access to the Minor Injuries Unit (MIU) at Prince Philip Hospital, Llanelli

Y Pwyllgor Deisebau | 3 Chwefror 2025
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Petition title: Maintain 24 hour access to the Minor Injuries Unit (MIU) at Prince Philip Hospital, Llanelli

Text of petition: Hywel Dda University Health Board are proposing that the Minor Injuries Unit (MIU) at Prince Philip Hospital (PPH) in Llanelli be downgraded to a 12 hour service from a 24 hour service.

As the largest urban population in Carmarthenshire and one of the largest in the Hywel Dda University Health Board area, Llanelli requires, at the very least, 24 hour access to the MIU at PPH.

A reduction of services at PPH will see a greater number of people seeking treatment at the A&E services in Morriston and Glangwili Hospitals, resulting in longer wait times at both locations.

It is not acceptable for the health board to reduce this service to just 12 hours a day (8am - 8pm).

To ensure that the people of Llanelli receive access to the medical treatment they deserve and to prevent overcrowding at other A&E departments nearby, this change at PPH must not be allowed to proceed.

This petition is calling on the Welsh Government to intervene on the decision by the Health Board and prevent this change from happening at Llanelli, thus protecting and maintaining a 24 hour MIU service.



1. Background

The Minor Injury Unit (MIU) in Prince Philip Hospital, Llanelli, treats patients over the age of one with a range of minor injuries. It is staffed by GPs and nurse practitioners and can treat patients with problems including muscle and joint injuries, burns and scalds, minor head injuries, minor eye injuries, and wounds.

An Acute Medical Assessment Unit (AMAU) staffed by senior doctors and nurses on the same site treats patients with a wide range of medical conditions, including strokes and chest conditions.

The MIU and AMAU were opened in 2016, following the closure of Prince Philip Hospital's accident and emergency department as part of a wider redesign of hospital services in Wales.

Health Inspectorate Wales (HIW) conducted an unannounced inspection of the MIU over 3 days in June 2023. HIW found that "significant pressure" on the unit was "impacting on the delivery of safe care."

While HIW say that "inspectors were assured that patients presenting with minor injuries were receiving a good level of safe and effective care from a skilled workforce" the inspection report highlights a number of significant concerns, including:

- Medical and surgical 'surge' patients were being accommodated on the unit beyond the lengths of stay associated with an MIU, some up to 5 days, due to a lack of bed capacity in both the Prince Philip Hospital and other acute hospitals.
- Surge patients were on trolleys for extended periods. These patients were generally older and acutely unwell and the available equipment did not provide the necessary comfort for long stays, which increased patient susceptibility to pressure damage and falls. There was only one toilet and no hygiene facilities available for patients on the unit.
- Inspectors were not assured that surge patients received timely care when awaiting a medical bed within the hospital or that those waiting

to be moved by the Welsh Ambulance Service Trust (WAST) to another acute site received timely transfers.

- Staff felt under pressure and professionally conflicted in their roles and responsibilities when expected to care for longer stay, non-minor injury patients.

On 26 September 2024, Hywel Dda University Health Board agreed that the MIU in Prince Philip Hospital should be closed overnight (8pm to 8am) for a period of six-months from 1 November 2024.

The overnight closure was agreed due to “the significant and continued lack of medical cover, leading to clinical concerns in relation to patient safety and the impact on staff welfare.”

The board heard that there was a “deteriorating ability to find suitably qualified doctors to cover the rota”, which meant that the MIU was led by nurse practitioners only on multiple occasions. This lack of cover was particularly affecting overnight shifts. The impact on the workforce was “high levels of stress, anxiety and the inability to do the job they are employed to do, plus increased risk to those patients presenting to the MIU without a suitably qualified doctor.”

2. Welsh Government response

The Welsh Government’s response to this petition emphasises that local health boards are “responsible for ensuring the provision of safe, good quality clinical services to their local population.”

The Cabinet Secretary for Health and Social Care says that he expects Hywel Dda University Health Board to continuously monitor the change and that Welsh Government officials will do the same.

The Cabinet Secretary also says that Hywel Dda University Health Board have commenced work on considering the future of the MIU and will undertake a “clinically led appraisal for the long-term model for the minor injuries unit.”

The health board must follow Welsh Government guidance on making changes to health services when considering these changes.

3. Welsh Parliament action

The overnight closure of the MIU has been raised by several Members of the Senedd in questions both to the First Minister and the Cabinet Secretary for Health and Social Care.

For example, on 1 October 2024 Lee Waters MS asked the First Minister whether she would call on Hywel Dda University Health Board to “think again” about the change.

The First Minister responded:

The health board has attempted, as I understand it, to recruit qualified doctors to support the unit, but has been unsuccessful, meaning that the unit has become an emergency nurse practitioner-led service. And part of the problem was that, between February and July, there were 42 uncovered slots in the rota. Now, the primary responsibility of a health board is to make sure that the services they offer are actually safe. And so, that is what they are trying to do. But I think that it is important for the health board to make sure that they listen to the local population, and that they make efforts to make sure that the staff that are needed are in place. But the staff who are currently there are not equipped to deal with major issues, and the stress of people turning up with major issues is causing a significant number of absences. I do think that we have to be practical and realistic about the situation, but, of course, it's up to the health board to make a call.

Every effort is made to ensure that the information contained in this briefing is correct at the time of publication. Readers should be aware that these briefings are not necessarily updated or otherwise amended to reflect subsequent changes.