P-04-466 Argyfwng Meddygol—Atal Cyflwyno Gwasanaeth Iechyd o Safon Is yng Ngogledd Cymru, a P-04-479 Deiseb Adran Pelydr-X ac Uned Mân Anafiadau Ysbyty Tywyn
P-04-466 Medical Emergency—Preventing the Introduction of a Poorer Health Service for North Wales, and P-04-479 Tywyn Memorial Hospital X-ray and Minor Injuries Unit Petition

[1] **William Powell:** I ask the petitioners to take their seats, please. I extend a warm welcome to Jennie Windsor, Brian Mintoft, Mike Parry and Dr Delyth Davies. We are very grateful to you for joining us this morning. I ask you to introduce yourself briefly and the organisation that you represent for the sound levels and for our record, and to then make a brief introductory statement about your position on your respective petitions. We will then get the session under way. As I said, I have an eye on the clock, but we will take those couple of minutes out in the course of proceedings. Over to you, Jennie.

[2] **Ms Windsor:** I am Jennie Windsor, minute secretary for Tywyn and district healthcare action group. This is following a petition that we sent in to protect the minor injuries unit at Tywyn hospital and to keep the x-ray unit open.

[3] **Mr Mintoft:** Excuse me if I cough; I am Brian Mintoft and I am chair-come-secretary of the aforementioned group, because nobody else wanted to do it.

[4] **William Powell:** A volunteer is better than several pressed people.

[5] **Mr Mintoft:** I am retired. I have nothing to do with the medical profession, but I am very appreciative of the medical profession, because I have had umpteen operations, and I had a transient ischaemic attack—a mini-stroke—about two years ago. So, I really appreciate what it does, and that is why I am very interested that other people should get the service that they deserve.

[6] **Mr Parry:** Good morning, Chair. My name is Councillor Mike Parry. I am the immediate past mayor of Pwllheli. I am chairman of the Pwllheli partnership and a former chair of the district council. I think that the wording in our petition sums up what I am doing here today in relation to health services.

[7] **Dr Davies:** I am Delyth Davies, a retired GP, and I am here to support my friend Mike. I have over 25 years' experience of general practice in Pwllheli, so I remember the good days in the past, and now is definitely not good.

[8] **William Powell:** Okay. You will have heard in our consideration of some of the earlier petitions some of the difficulties that we as a committee and our colleagues have had in engaging with another health board, which is not your own, and you may have had cause to reflect that there are some wider issues here in play. I will kick off with a question around transport. Do you feel that the Welsh Government's commitment to examining the local transport access issues that have been a considerable concern to many campaigners here in north Wales and elsewhere in any way alleviates the concerns that have been expressed with regard to having access to services? If not, what would you like to see coming from the Government to address those concerns? I do not know who is the most appropriate person to lead off on that.

[9] **Mr Mintoft:** In our area, there are certainly some short-term attempts. For example, there is a bus route being preserved between where we live and Dolgellau, which is along the coast road. However, that is a short-term thing—it is less than six months. You mentioned, actually, in relation to another petition, the X94 bus service, which is relevant to us. For

example, my wife had treatment in Wrexham and she used that bus service on occasions. Most of the time, I used to drive her to Wrexham for attention. There were attempts to preserve that, or to keep it going, but I do not know how long it will last. Some attempts are being made but, overall, I cannot see how any long-term measures can retain that, because it is so rural. Whatever bus service is there is not ever going to be busy. So, I do not know what the solution is, but it needs a different solution and a new way of thinking to enable transport in the area.

[10] **Mr Parry:** Similarly, Chair, on the Llŷn peninsula, we are literally out on a limb, so physically, for instance, for appointments in the acute hospital, it is impossible for people down the Llŷn to access services at the acute hospital and be back on the same day. Public services do not exist to that extent.

[11] **William Powell:** So, there need to be customised modes of transport.

[12] **Mr Parry:** Yes, there are small transport initiatives that have sprouted up that are helping, but they are not always available.

[13] **William Powell:** No, indeed.

[14] **Mr Mintoft:** On transport, if I could wave this map—you can have copies of it if you wish—it is actually a health service-produced map. You can see that the red areas mark where the general hospitals are and the accident and emergency units. That is the area that we live in, and that is the area where you live. The red actually represents public transport that will get you there in 30 minutes. That happens to be between 10 a.m. and 12 p.m. on a Tuesday; do not ask me why, but that is what the survey was. You can see that the colours thin out to different ones. The white, in effect, means it is more than 90 minutes.

[15] **William Powell:** That covers the whole of Gwynedd, and the whole of Powys.

[16] **Mr Mintoft:** Yes.

[17] **William Powell:** Large chunks of Ceredigion and Carmarthenshire are in the same position.

[18] **Mr Mintoft:** Our concern is around this area. It is separate from our main petition. You can see that our main general hospital here is Aberystwyth.

[19] **William Powell:** Yes, Bronglais.

[20] **Mr Mintoft:** It still takes an hour to drive to there. We currently have a concern, which we did not have before, about the facilities there being moved to Carmarthen, and you can see where Carmarthen is by comparison.

[21] **William Powell:** Absolutely.

[22] **Mr Mintoft:** Yet, the distances to the north Wales hospitals are equally large. I have some quotes on the times.

[23] **William Powell:** I was impressed by the turnout of people from your community and the Tywyn area, and Russell George and I were present at a meeting in Machynlleth in, I think, the spring of last year, when there was a really strong turnout from your community, from concerned patients, user groups and local councillors.

[24] **Mr Mintoft:** There is a lot of strong feeling in the area.

[25] **Mr Parry:** In relation to that, Chair, looking at the map—and I will not go into it in any depth today—I have an example of a 999 call down in Aberdaron on the Llŷn, where the ambulance came from Glan Clwyd. Now, you are talking two hours, and that is one way. You then have to get back to Bangor, which is the nearest acute hospital. That is not an isolated incident. I have made a request under the Freedom of Information Act—quite an extensive one—and that is due to be delivered to me today or tomorrow, so I will forward that to the committee.

[26] **William Powell:** That would be really helpful, to have clarity on that.

[27] **Mr Parry:** With the various tranches, you know—eight minutes, up to an hour and a half, or two hours. Another example is an ambulance that came from Dolgellau to the Llŷn, picked the guy up who, you know, had some kind of heart complaint—it is 999 again—and it got lost. So, he had to get up and show them the way. Now, I do not blame the ambulance service, because that is another issue. It is composite within the whole scenario. They are under tremendous pressure, as, indeed—[*Interruption.*]

[28] **William Powell:** Yes, indeed, and with the best will in the world, the more remote the source of the ambulance is—and sat-navs are notorious, particularly in the kind of parts of Wales that some of us live in, for taking you up one-way tracks and leading you into a bad place as well.

[29] **Mr Parry:** Yes, we are on very good terms with a lot of Polish lorry drivers. [*Laughter*.]

[30] **William Powell:** I can imagine that you probably are.

[31] **Bethan Jenkins:** Did the health board undertake a transport impact assessment when it was proposing the changes? In my area, Abertawe Bro Morgannwg Universtiy Local Health Board did not talk to First Cymru, which is the biggest transport provider, when it was making the changes to the south Wales programme. So, if it did, were you satisfied, and if it did not, why not?

[32] **Mr Parry:** Certainly, in our area, there was a PR exercise, for want of a better word, and I was involved on what they call a locality basis—I was invited to these rather intense meetings, and I refer to this in my submission. The questions there were fairly loaded and, while we had questions, there was no actual evaluation of what the results would be, if they should go a certain way. Unfortunately, we are now finding out what is happening with transport, closing minor injuries units and what have you. The golden hour is ticking, and we are not able to access it, and the results of that are horrendous for the patient and in terms of cost.

[33] **Mr Mintoft:** In our area, it is impossible to make the golden hour. It takes an hour by road, and pretty much an hour for an ambulance with flashing lights. The only way it can be made is by this red vehicle that comes down out of the sky—locally, it is called the Tywyn taxi, and that is not even run by the NHS.

[34] **William Powell:** Yes, the air ambulance, which is obviously subject to significant restrictions on its hours of operation and as a result of weather-related issues. Dr Davies, it is clear that you have some specific things to contribute here from your own background as well.

[35] **Dr Davies:** Well, times have changed. As regards the golden hour, it is much more important now for the golden hour to be accessed by an ambulance with paramedics than a

doctor, actually. If you have an ambulance with paramedics able to get to you in less than an hour, then you are actually safer than being treated by a doctor, really, and I think that the ambulance service is becoming very thinly spread and being criticised unfairly for not being able to reach places in a reasonable time.

[36] **Mr Mintoft:** I would agree with that; it is spread very thinly. The other day, within the last two weeks, there was a lady who needed to be moved. It was only about half a mile within Tywyn, and she needed a wheelchair for that to be done. They had to call an ambulance from Bala. There are supposed to be ambulances in Tywyn, but there were none to cover that area, so it took four hours to actually get that ambulance. It was not an emergency, but, it took four hours to get that in. Again, when the ambulance people got there, they did not know the place, as they had not been before.

[37] I am not blaming the ambulance service, as I think that it tries to do a very good job. However, about two months ago, within a one-week period, I saw three incidents where there were two ambulances together. The reason was that they had staffed an ambulance with one person. If somebody needs to be lifted and moved, they have to get another ambulance, so you end up with two ambulances in the same place doing just one job. I think that that is not good.

[38] **William Powell:** It is certainly not the best use of resources in any way.

[39] **Mr Mintoft:** Having one person can be useful if they can get there quickly and can deal with it, but in these specific incidences, which involve moving people, one person cannot do it.

[40] **Russell George:** Why were there two ambulances there?

[41] **Mr Mintoft:** Sorry?

[42] **Russell George:** Why were there two ambulances there?

[43] **Mr Mintoft:** The staff in the original ambulance could not move the person; they were not allowed to move the person. They had to get somebody else to help—

[44] **William Powell:** There was a manual handling restriction.

[45] **Mr Mintoft:** Yes, that is right; manual handling.

[46] **Russell George:** Did they need more than two people in that situation? Is that why there were two ambulances?

[47] **Mr Parry:** It depends. If they have to transport somebody who is having a heart attack to hospital, say—

[48] **Dr Davies:** There was only one person in the ambulance.

[49] **Mr Mintoft:** There was only one person in the first ambulance. That is the problem. They cannot move the person.

[50] **Russell George:** So, the second person who came in the second ambulance was not coming because the ambulance was needed, but because the second person was needed.

[51] **Mr Mintoft:** Yes, that is correct. They were needed to lift the person.

[52] **Russell George:** The issue is not really the ambulance, then; the issue is about the two members of staff required.

[53] **Mr Parry:** If they need to be given treatment on the way to hospital, they have to have the second person. They cannot go until they have the second person.

[54] **Russell George:** Clearly, while someone is driving, there needs to be someone in the ambulance to provide treatment. The ambulance is acting like a second vehicle to get the second person there; is that right?

[55] **Mr Mintoft:** Yes, although they are qualified staff. If there had been two of them in that ambulance, they could have dealt with it on their own, but they had to be called in because the first one could not deal with it. With the distances involved, it is silly, because the ambulance can sometimes take hours to get there. It is a waste of time.

[56] **William Powell:** In the brief moment that we have before 11 a.m., I ask you to give us your current view on the opening hours for MIU, which I know was a particular concern in the context of Tywyn. What are your views on that?

[57] **Mr Mintoft:** Our concern is enhanced because of the environment in which we live. The accident and emergency unit is a long way away, and the minor injuries units—I have changed the name slightly; they are local unscheduled care services—are very important to us. That is the first line, as it were, for patients. The fact that the hours have now been reduced—they were reduced from 1 October—is already starting to have an impact, and I have some examples of that.

[58] **William Powell:** We will return to that in a moment. As the library clock is telling us that it is 10.59 a.m., I think that we should prepare to stand and show our respects.

11:00

Safodd y pwyllgor am funud o dawelwch.
The committee stood for a minute's silence.

[59] **William Powell:** Thank you very much.

[60] **Mr Mintoft:** As I said, I have some examples where delay has been caused because the minor injuries unit has not been open, since 1 October. It is open between 10 a.m. and 6 p.m.; obviously, accidents and other incidents do not stop at 6 p.m. It is not open at weekends. There was a man with a dog bite, which could potentially be extremely serious, who decided that he did not want to go a long way; the place was closed, but he did not know that it was closed and had to check. He waited 15 hours for treatment. That could have been a major problem as he needed to be seen, checked over and stabilised. Before that, with the minor injuries unit—in fact, I put this example in my last correspondence to you—a friend of mine put his head through a glass door at 9 p.m. He tried to get minor injuries treatment, but could not, either in Tywyn or Dolgellau. He rang the out-of-hours service, which referred him to Bangor accident and emergency unit. That is a 140-mile round trip. He had no car—his wife did not drive anyway—and he had a 12-hour overnight wait for treatment, so I guess that he had a sleepless night. I have plenty of examples here, all since the MIU has gone to shorter hours. A lady with asthma who had difficulty breathing over the weekend was told by the out-of-hours service to ring Dolgellau, which referred her to Ysbyty Alltwen, which is nearer to Porthmadog. That is 43 miles away, therefore an 86-mile round trip. She decided to wait for Tywyn on Monday, and was treated for a chest infection. A 12-year-old boy with asthma had pneumonia some months ago, therefore his mother was very concerned. He recently had breathing difficulties on a Saturday. Tywyn was closed. The doctor was not available in

Dolgellau, although he was supposed to be. He went to Alltwen in Tremadog—an 86-mile round trip—to be treated for a chest infection.

[61] Those are the ones that we know about. Most of the time, as I said in my previous correspondence to you, we have no way of telling how many people are missing treatment and not being treated, or are travelling a long distance elsewhere to be treated. We are trying to put something in place, such as a Facebook page, for people to report those experiences. There will be some inertia in that, and we will not necessarily know, but the NHS will not measure those things—it measures the people treated once they come within its remit.

[62] **William Powell:** What is your perspective on the community health council and any engagement that you have had with it as far as this is concerned?

[63] **Mr Mintoft:** The CHC in north Wales was very helpful to us. I have something here to read out. As you know, the x-ray unit is still working.

[64] **William Powell:** Absolutely, and that is something that we are pleased about, in that it was reprieved.

[65] **Mr Mintoft:** It has two sessions. The morning session is fully utilised. The afternoon session is very well utilised—it is not totally full, but it is well used. That is great. In the case of the minor injuries unit, I am not sure whether the CHC agrees with the shortened hours, but it had to in the end, I think; I have talked to some of the people there. However, the CHC has been very helpful in trying to fight our case, and it took it a long time to get the solution that we have, which is that the x-ray unit is still open and the minor injuries unit is still working on shorter hours.

[66] **William Powell:** I believe that my colleague Russell wanted to raise issue around the out-of-hours service.

[67] **Russell George:** You mentioned the out-of-hours service. What improvements could be made to the out-of-hours service?

[68] **Mr Parry:** Abolish it.

[69] **Mr Mintoft:** I have forgotten his name, but we talked to the man who organises it for north Wales—I think that he sits in Caernarfon; it might be Bangor; sorry, it is Bangor. He said that less than 20% of doctors in north Wales are willing to participate in the out-of-hours service. I have talked to other people, and although I cannot say how often, it happens often that there is one doctor to cover from Bangor right down to our area for the out-of-hours service. That is not good enough. What happens—I have already referred to it—when someone rings up is that they are probably referred to A&E. Laughingly, I say ‘local’ A&E, because they are all a long, long way—

[70] **William Powell:** An hour and a half or two hours away in some cases.

[71] **Mr Mintoft:** Exactly. In a sense, I cannot blame the doctors. If they are sitting there, they know that they have to spend x amount of hours to get out to us and back.

[72] **William Powell:** That is dead time in the car with their driver, presumably.

[73] **Mr Mintoft:** That is right. They have a driver.

[74] **Russell George:** I was going to ask Dr Davies if the out-of-hours service in the past was a much better service. Is that your view?

[75] **Dr Davies:** It was certainly very different, and it was better.

[76] **Russell George:** How was it different in the past?

[77] **Dr Davies:** Each practice looked after its own patients, 24 hours a day. In the practice where I worked, there were six doctors, so it was a rota where you did one night in six. We had some difficulty in recruiting replacements. We had a husband and wife who left, and we wanted to recruit, but people were not applying for the job because they were going to have to work one night in six. They were not willing to come to Pwllheli, which is a very nice place to live, because they could get a job in Bangor or Wrexham where they did not have to do any nights.

[78] The other helpful thing, especially with evenings and nights on-call, was that if, for example, you were called to see an elderly patient whose spouse was frail and unwell, you also saw the spouse. Let us take the example of an elderly lady with pneumonia or bronchitis, who did not really need to go to Ysbyty Gwynedd, she could go into a GP bed in the community hospital, and if the husband was too frail to look after himself, but they managed together, you could ring social services and they would put the husband in a respite bed in Plas y Don. They would both come home from the respective places—where they had been looked after—in better shape than before the wife became ill.

[79] **Russell George:** Is it your view that the out-of-hours service should be improved or abolished? Mr Parry was saying that it should be abolished.

[80] **Dr Davies:** It is almost abolished already, is it not? I do not know. I think that the British Medical Association made a bad decision, really. I will add that I left before the big money came in.

[81] **Russell George:** Okay.

[82] **Dr Davies:** So now, it is big money and no nights.

[83] **Russell George:** Yes, I see.

[84] **William Powell:** Bethan has the final group of questions. I am conscious that time is pressing us a little.

[85] **Bethan Jenkins:** I just wanted to ask where you wanted to go from here. Obviously, we are concerned about the out-of-hours service, about the downgrading of the MIU and about transport. You have said that the CHC has been satisfactory, in terms of your negotiations with it, but where do you see movement now, in terms of holding the health board and the Minister to account on the changes and how they will affect people's daily lives? I appreciate the work that you are doing with regard to Facebook and people putting their stories there, but that will not be conclusive for the health board—it could just dismiss that and say, 'We dispute that that has happened; we think that our service is acceptable'. We need a qualitative analysis of what is happening. How do you see the whole process moving on, so that we can be secure in the knowledge that people are getting the treatment that they deserve, that the ambulance service is effective and that people are not suffering unnecessarily because of these changes?

[86] **Mr Parry:** I think that our submissions, Chair, will expand on and set the scene properly as to the problems; certainly, my submission does so.

[87] **William Powell:** Yes. The broader picture, and also issues around the consultation—

[88] **Bethan Jenkins:** Is there one thing, or a few things, that you would specifically home in on today?

[89] **Mr Mintoft:** At the top of my list—I thought that I was going to give a presentation today—there are two words: availability and accessibility. Those are the two problems. If you shorten the hours of whatever is available, there will be people who are ill or who have a problem outside of those hours. It is wonderful to have very skilled people in great places, who can offer wonderful treatment—I do not decry that at all—but it is no good if it is not available for people. That is what we are talking about: availability and accessibility.

[90] **William Powell:** That is fair enough.

[91] **Mr Parry:** Could I launch into this, Chair? At the outset, I need you to consider that in no way am I an expert witness, but I represent—

[92] **William Powell:** You speak from experience and on behalf of the people that you represent.

[93] **Mr Parry:** Yes, precisely. In the 30 years that I have been involved with local social matters, this matter has caused me the most concern, in terms of potential harm to our communities and to individuals.

[94] I worded the petition in a generic way because I was very aware that what Betsi was proposing was harmful to the majority of rural communities. I avoided being parochial. The main thrust of our petition fits comfortably with Tywyn's expressions of concern, articulated in that petition. If we look at the status quo, all of the symptoms of collapse are there: extremely low morale among staff; huge ambulance queues outside A&E; patients inappropriately placed in wards and homes because of bedblocking and non-availability of ambulances; a crisis in GP recruitment; the out-of-hours service not being user friendly or even responsive within acceptable parameters; and stories of near misses—which I can provide, of course. All in all, it is a complete lottery, which will, sooner or later, arrive at what will be, or have been, plainly avoidable tragedies.

[95] Where we live, the theory of the benefits and outcomes of the golden hour—which we referred to earlier—is a complete joke. It is a given today, sadly, that the Betsi board has been in a shambolic state. It has admitted to being dysfunctional, and is presently in a state of reconstruction. It is a scandal that the Auditor General for Wales had to get involved to highlight the problems with the board. The recent timely resignations and retirements within the board and the CHC locally and nationally tell their own story, in my view. Betsi now has a new chair, Dr Peter Higson, and I look forward to our meeting with him next week and wish him well. I shall not be taking any baggage with me to that meeting; I am quite open-minded about it. There is also, in our area certainly, contrary to Brian's, no public confidence in the function of the CHC, considered widely to be the lapdog of the Betsi board, as evidenced by mass resignations of CHC members—Councillor Peter Read from the executive board, Councillor Selwyn Griffiths, and Councillor Huw Edwards, the chairman of Gwynedd Council. Some of these members have 20 years plus standing on the CHC, which must, I suggest, signal something of significance. Gwynedd Council also passed a motion of no confidence in the Betsi board and in the CHC, to reflect what its communities were telling it. The effectiveness of CHCs depends, in part, on the public's perception of their reputation and standing. As far as I am concerned, they have no standing and their reputation is not to be envied. In my view, and that of many others, they need root and branch reform or even abolishing.

[96] With regard to the consultation process that Betsi Cadwaladr undertook, I attended a

series of what were called locality meetings, which were designed, in my personal view, to give some kind of endorsement and validity to the supposed research that they conducted within those meetings, under the guise of public consultation. It included a lot of leading questions and scenarios. On reflection, I was probably mugged. The limited public meetings also convened were also stage-managed and demand was not satisfied; Dr Delyth Davies would attest to that. Whilst I appreciate that the Betsi Cadwaladr board has a serious fiscal situation to deal with, the reconfiguration of services that has led to a poorer service and a threat to patient safety is totally unacceptable. Ironically, the whole new package that it put together was sold as offering a better and a safer service.

11:15

[97] At this juncture, it would be remiss of me if I did not pay tribute to the trust staff who are doing their best and operating under very frustrating and difficult circumstances. I am as frustrated as they are. If I achieve nothing else here today, I will be happy to have made you aware of some of the real problems troubling our health service in the rural regions. I can provide you with real life scenarios and examples that have been subjected to this systemic casino that we now have. I do not want the Assembly to be like the German nation after the war, being in denial of the atrocities that were taking place within their boundaries; I am telling you candidly today that people are, and will, suffer and die as a result of these changes. The priority has to be not particularly apportioning blame, but finding solutions. However, I find the complacency and denial by some politicians—not all, I must say—asserting that our health service is not in crisis, to be offensive and beyond belief. The individuals, including the First Minister, need a reality check.

[98] I have nearly finished now, Mr Chair. Any change, even a change for the better, is always accompanied by drawbacks and discomforts, and whilst one is not resistant to change, one is resistant to the outright dereliction of duty, or what is plainly a series of historical poor decisions, some of which clearly need to be reconsidered. Our healthcare system is in meltdown and on the pathway to becoming neither healthy, caring or a system. The onset of winter is likely to exacerbate problems and move our systemic difficulties from the general ward into intensive care, with the end result of unnecessary suffering. Let us face it: we do not have a healthcare system; we have a system of care that is ill. Seriously, our lives begin to end the day we become silent about things that matter. To conclude, Chair, do not take life too seriously; you will never get out of it alive.

[99] **William Powell:** Councillor Parry, thank you very much for that concluding statement, which addressed the couple of remaining questions that I had. One request that I would make to you on behalf of the committee is that you please send us an update when you have the meeting with the new chief executive, to which you have just referred. You said that you would leave your guns at the door and that you were hoping for a fresh start. It would be really helpful to us to have your perspective on that forthcoming meeting. Also, because of time constraints, we are not going to consider your evidence today, but we will do so at a future meeting and, hopefully, we will have that update from you by then as well. So, I would like to thank you very much for taking the time out to join us here at Prestatyn High School, and we shall come back to consider this evidence session at an early future meeting and we will hopefully hear more from yourself. If you have any other additional submissions in the meantime, please send them to us as a committee and we will take them forward.

[100] **Mr Mintoft:** I have four points that I would like to mention, which are single sentences. At the last meeting, you talked about the Tywyn hospital development. Sure enough, there is a development, but it is nothing to do with the MIU or the x-ray services that you were talking about. It is simply moving the health centre into a different building and providing some beds for dying people and people who are recovering. It does not affect what we have said. I agree about staff morale. On the reduction of the hours of staff, with fewer

people using the facility we can eventually see it dying. We have seen it elsewhere. They will say, ‘There are not many people using this, so we don’t need it’. That is the staff. There are also some skills there. Some of the nurses have been able to diagnose for years; they have done it well for people. They have the skills and the training, but they are now not allowed to do it. The new nurses being recruited are being recruited on only six-month contracts and they do not have any training to do that sort of thing, so the thing is deliberately being run down. Thank you very much.

[101] **Bethan Jenkins:** We do not have time now, but would you write to us saying what you think that we, as a committee, could suggest? You could include some ideas—perhaps you will know more once you have met with the new members of the community health council—so that we will have an idea of how we could satisfy the demands in your petition when we discuss it at the next meeting.

[102] **William Powell:** Diolch yn fawr am ddod heddiw, ac am y sesiwn y bore yma.

William Powell: Thank you very much for coming today, and for the session this morning.